Rwanda EPCMD Country Summary, March 2017

Community Health Workers dance during a fistula awareness campaign organized by MCSP. Photo by Mamy Ingabire

Selected Demographic and Health Indicators for Rwanda					
Indicator	**Data**	**Indicator**	**Data**	**Indicator**	**Data**
Population[1]	11,533,446	TFR (births per woman)[3]	4.2	DTP3[4]	98%
Live births/year[2]	377,892	CPR (modern methods among married women)[3]	48%	Pneumonia[2]	Care seeking 50.2% Antibiotic treatment 12.8%
MMR (per100,000 live births)[3]	210	ANC +4[3]	44%	ORT[3]	43% children under 5
NMR (per 1,000 live births)[3]	20	SBA[3]	91%	Stunting (height for age <5)[3]	38%

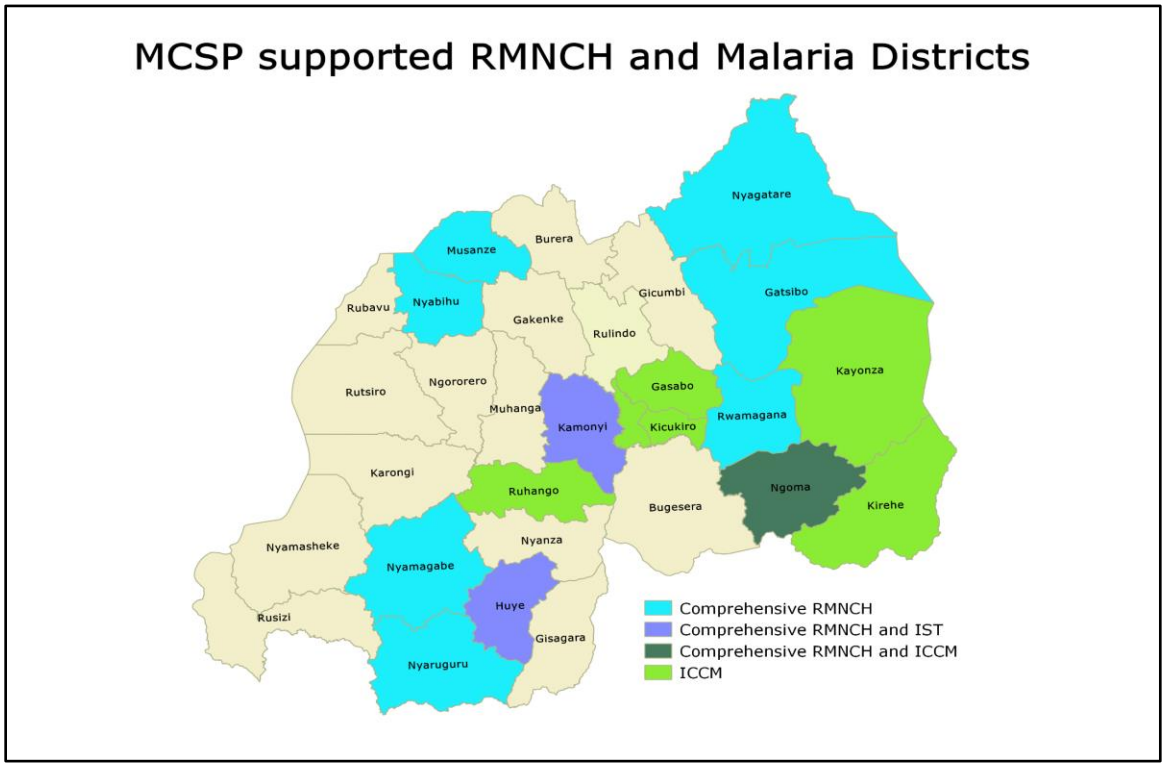
Sources: [1] National Institute of Statistics of Rwanda, 2016 projection [2] UNICEF Statistics, Rwanda, 2013 [3] Rwanda 2014-15 Demographic and Health Survey Key Findings [4] UNICEF Data: Monitoring the Situation of Children and Women; Child Health; Immunization: 2016

Strategic Objectives

- Improve the quality, equity, gender sensitivity, and sustainability of RMNCH and malaria services along the continuum of care;
- Support the scale-up of high-impact interventions to improve RMNCH and malaria outcomes in the public and private sectors;
- Increase community mobilization for, participation in, and utilization of high-quality RMNCH and malaria services;
- Build capacity to use data for decision-making and action at all levels of the health system;
- Increase capacity to manage and control malaria in Rwanda as the country approaches pre-elimination.

Program Dates	April 2015–March 2018 (estimate)
Financial Summary	Spending thru PY2 [redacted]; PY3 Budget [redacted]; Total [redacted] by end of PY3
Geographic Scope	**RMNCH Districts:** Nyaruguru, Nyamagabe, Huye, Musanze, Nyabihu, Kamonyi, Nyagatare, Gatsibo, Rwamagana, and Ngoma **iCCM Districts:** Kayonza, Kirehe, Ngoma, Gasabo, Kicukiro, Nyarugenge, and Ruhango **Malaria Pre-elimination districts:** Gakenke and Rubavu **IST Districts:** Huye and Kamonyi

	No. of provinces (%)	No. of districts (%)	No. of facilities
Geographic Presence	5 of 5 total provinces (100%)	16 of 30 total districts (53%)	254 out of 538 public health facilities
Technical Interventions	Child Health, Community Health and Social Behavior Change Communication, Malaria, Maternal Health, Newborn Health, Family Planning/Adolescent Sexual and Reproductive Health, Gender, Health Systems Strengthening, Quality Improvement		



Key Accomplishments

Overview

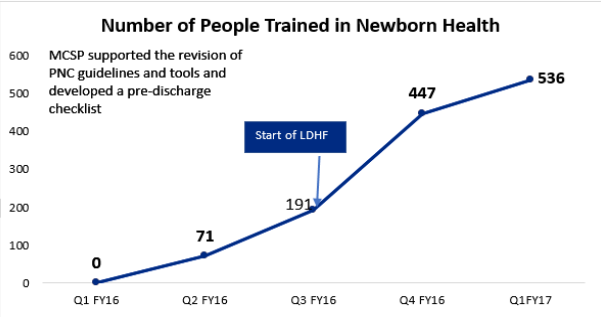
The Rwanda Maternal and Child Survival Program (MSCP) is supporting the Government of Rwanda to introduce and scale up high-impact health interventions such as comprehensive prevention and management of postpartum hemorrhage, practice improvement for Essential Newborn Care focusing on newborn asphyxia management, postpartum family planning (PPFP), and iCCM to achieve the ultimate goal of ending preventable maternal and child deaths (EPMCD). MCSP Rwanda works closely with the MoH, policymakers, health care providers, civil society, faith-based organizations, and communities in adopting and accelerating proven approaches to address the major causes of maternal, newborn and child mortality, and seeks to improve the quality and equity of health service delivery from the community to the hospital. In PY2 MCSP worked in 10 RMNCH supported districts and 6 Malaria/iCCM districts. MCSP will continue expanding to all supported RMNCH districts in PY3. These ongoing activities support the Government of Rwanda's Health Sector Strategic Plan III (2013-2018), Economic Development and Poverty Reduction Strategy (2013–2018), and USAID/Rwanda's commitment to ending preventable child and maternal deaths.

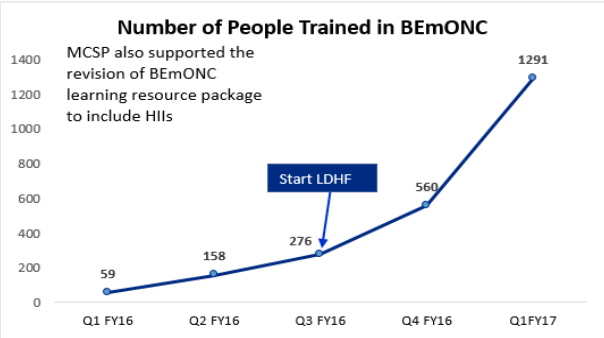
Increased National, District-Level, Facility-based Service Provider, and CHW Capacity

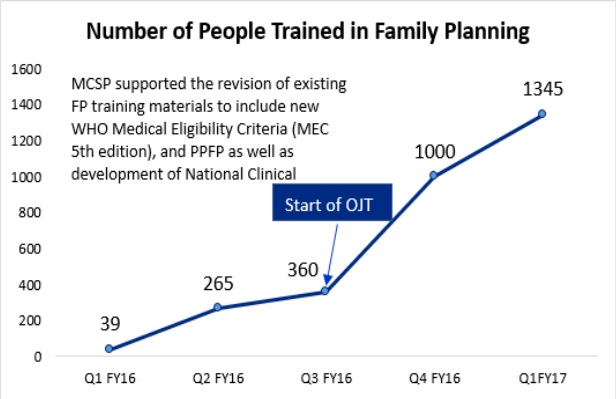
MCSP has reached a total of 15,534 individuals to date (84% of the target to date), including health care providers and community health workers (CHWs), central level MoH staff, and District Health Management Teams, through capacity building activities for RMNCH. MCSP introduced the use of a locally designed Low Dose High Frequency (LDHF) training and mentoring approach to build capacity of providers in maternal and newborn care as an alternative to classical off-site group-based training. The LDHF approach is a simulation and practice based, on-site competency-based training and mentoring approach. The purpose of this program is to reinforce and maintain capacity (skills and knowledge) of health providers with the ultimate goals of improving quality of service delivery and health outcomes. As part of this approach, MCSP established two capacity-building centers in Rwamagana and Musanze, and equipped the centers to serve as skills labs consistent with MCSP's on-site capacity-building approach. MCSP's capacity-building activities ranged from training in counseling and provision of family planning methods, malaria diagnostics using microscopy, iCCM, essential newborn care with focus on newborn resuscitation using LDHF, BEmONC, FANC, community mobilization, gender integration, adolescent-friendly health services, data analysis using Geographic Information Systems (GIS), and quality improvement using facility level electronic dashboards. These efforts and MCSP's ongoing mentorship approach are expected to contribute to improved management of childhood illness, provision of family planning services, quality of maternal and newborn health care services including increased access to MgSO4 at the health center level, increased capacity of facilities to attract and provide services to young people, and increased demand for health services by the community as well as data use for continuous quality improvement.

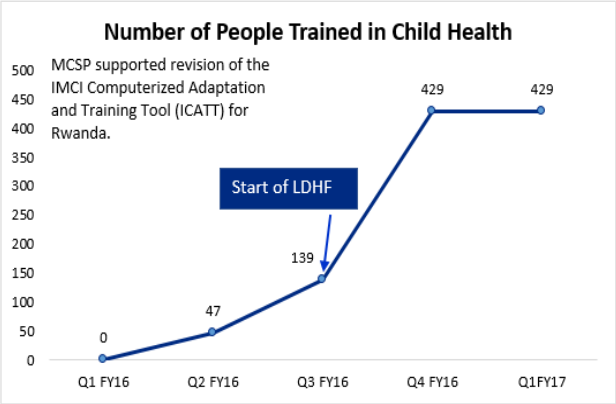
To inform intervention design and measure progress over time, a baseline health facility assessment and provider skills and knowledge assessment conducted during the first year of the project were used to identify training and service delivery gaps. MCSP, in collaboration with MoH and RBC, also held a workshop to define capacity building benchmarks for MCSP Rwanda. The workshop brought together health sector stakeholders from the MoH, RBC, USAID, and MCSP to finalize and validate capacity-building benchmarks and facilitate better coordination and measurement. The workshop finalized the benchmarks including baselines and targets for September 30th, 2018 as well as a monitoring plan.

Figure 1. A snapshot of key outputs relating to capacity building (number of people trained)



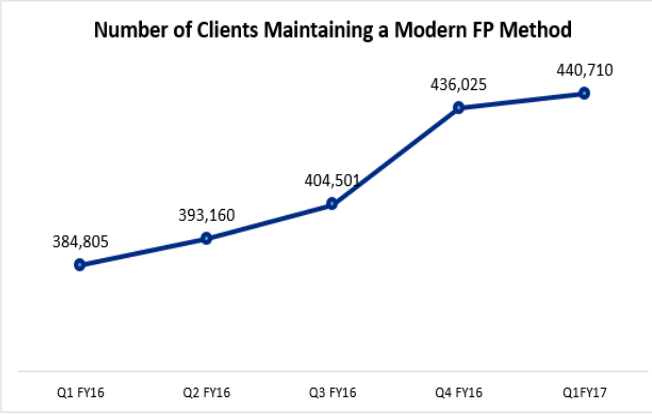


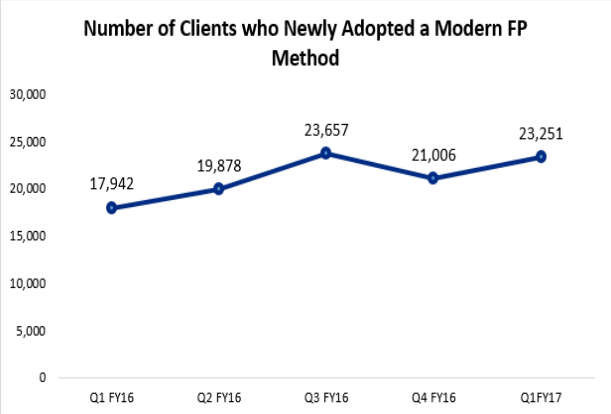




These capacity-building activities have prepared facilities to provide quality RMNCH services, and MCSP is now focusing on continuous mentorship to ensure retention and use of acquired knowledge and skills. During this program year, the number of clients who newly adopted modern FP methods increased from 71,676 (baseline in October 2015) to 105,734 during Q1 PY3, and those maintaining a modern method of FP increased from 380,732 (baseline in October 2015) to 440,710 by the end of December 2016. Uterotonic coverage increased from 85% in Q1 FY16 to 97% in Q1 PY3, while the 4 ANC standard visits increased from 36% in Q1 FY16 to 37% in Q1 PY3. In addition, MCSP in collaboration with MoH and RBC, conducted three fistula screening and repair campaigns where a total of 128 clients from Nyamagabe, Nyagatare, Nyaruguru, Musanze, Huye, and Ngoma districts were screened, and so far, 66 clients have been repaired successfully at Ruhengeri hospital in Musanze district. The remaining cases were not repaired for various reasons, including timing since delivery, extensive lesions, and severe vaginal fibrosis. Others presenting conditions such as stress incontinence were referred to the district hospital for support.

Figure 2. A snapshot of trends in key maternal health and family planning indicators by quarter: October 2015 to December 2016





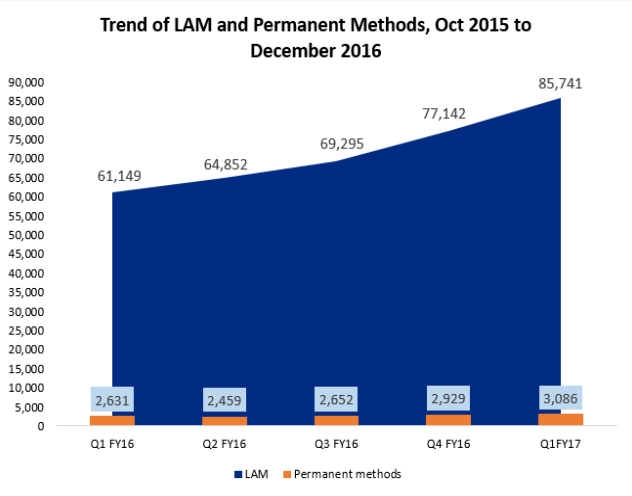
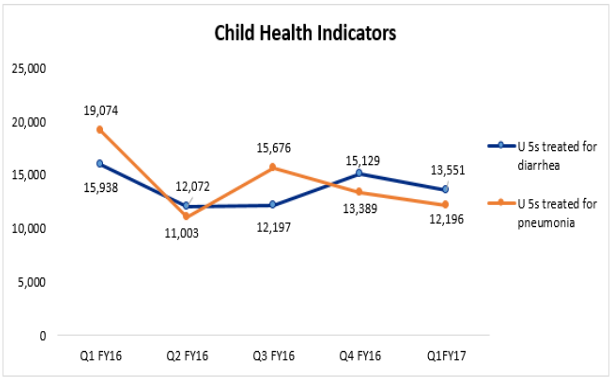
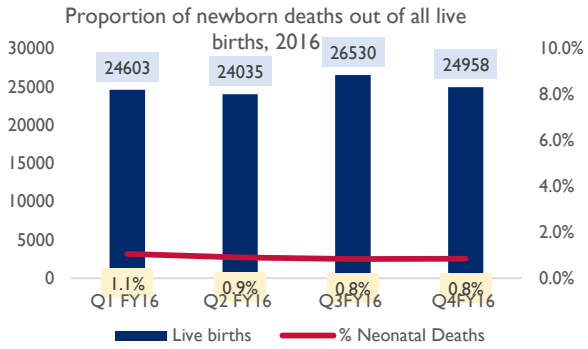
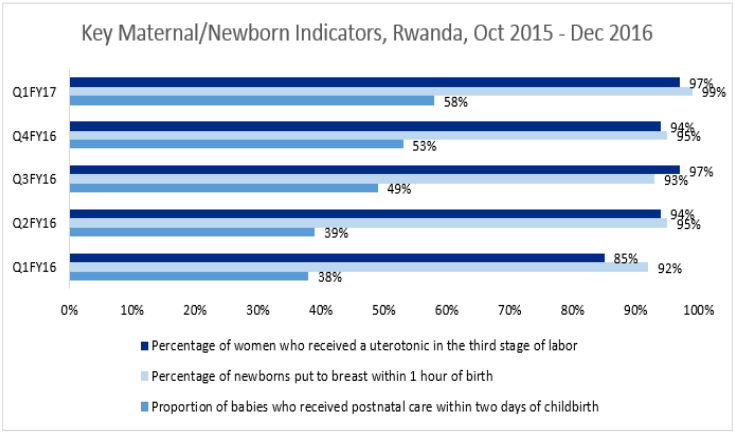


Figure 3: A snapshot of trends in key newborn and child health indicators by quarter, October 2015 to December 2016







Upon completing the LDHF and mentoring cycles in essential newborn care in the 10 RMNCH districts, health care providers are more knowledgeable and better skilled in newborn resuscitation. Current quarterly trends showed a decrease in number of neonatal deaths (259 deaths in Q1FY16 to 123 in Q1PY3).

MCSP also built capacity to properly diagnose childhood illnesses and consequently prescribe appropriate treatment according to national guidelines. A slight reduction in number of diarrhea and pneumonia cases was also noted at the facility level. MCSP will continue to mentor all providers and will closely monitor progress toward ending preventable deaths among children.

Cross-cutting areas

Integration of GBV Services

MCSP supported the integration of GBV services into existing RMNCH services to screen, identify, treat or refer GBV cases by training 468 health care providers from 10 districts. The health care providers were trained in gender integration and GBV care and treatment, including how to provide gender sensitive, respectful services and address gender issues that lead to disrespect and abuse in service delivery. Analysis of gender related data shows a gradual increase in GBV survivors receiving MCSP-funded GBV care services from 524 in Q1 FY16 to 1,235 in Q1 PY3.

Improved National Policy Environment and Resources for RMNCH Service Delivery

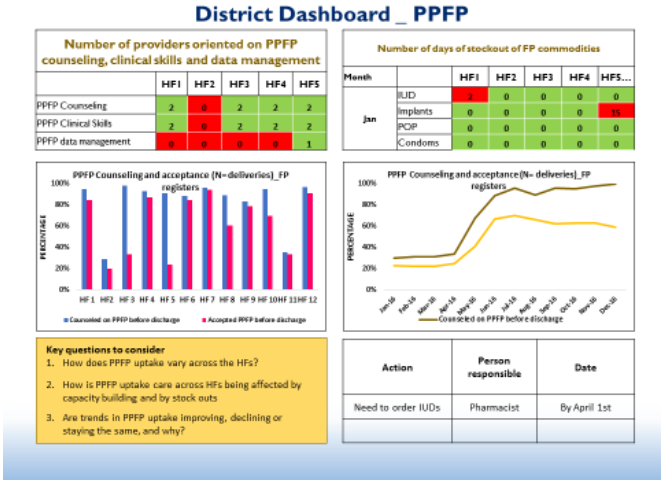
MCSP facilitated and made significant contributions in several national technical working groups, workshops, and stakeholder meetings where new approaches were adapted and evidence reviewed by MoH and RBC. These workshops included PNC national guidelines and tools dissemination to health facility managers and health care providers (PNC register, PNC file, pre-discharge checklist, and PNC card for mother); workshop to develop national mentorship guidelines and update existing mentorship tools in preparation for onsite mentorship to be conducted in all supported districts; the first national stakeholders' consultation on integration of Respectful Maternity Care in maternity services; and review and contributions to accreditation and QI policy.

Community Mobilization and Social Behavior Change Communication

MCSP in partnership with the MoH revised existing community mobilization materials including the community mobilization framework and training materials. MCSP also supported the MoH/Rwanda Health Communication Center (RHCC) to review and validate the community mobilization framework. In addition, MCSP piloted the Community Action Cycle (CAC) approach and a total of 4,845 individuals in Nyaruguru district were trained in partnership with RHCC.

Improved Use of Data for Decision Making

MCSP also played a catalytic role in rolling out use of routine data for improved quality of health services, an approach that was later expanded by the MoH beyond the 10 MCSP-supported districts. MCSP along with MoH convened workshops to work with health facility managers and quality management teams to develop specific dashboards for improved data management and quality improvement (QI) for health services. All 10 MCSP supported districts are currently using the dashboards to identify their gaps and set actions for improvement. Following these workshops, MoH adopted this approach and expanded to all districts in Rwanda and have rolled out a training based on the MCSP model.



In addition, all LDHF sessions include a module on QI and during mentorship visits, mentors work with the mentees to ensure they are using data for decision making.

Strengthened Case Management of Malaria in Children under Five

Rwanda has experienced a significant increase in malaria cases and as a result, MoH and partners have intensified efforts to test and treat malaria cases. 2,488 new CHWs were trained by MCSP in case management with ACTs and 611 cell coordinators were trained on malaria data quality. From October 2015 to date results show that CHWs tested 203,233 children under five and a total of 125,708 positive rapid diagnostic tests (RDT) were treated by CHWs from the 7 malaria supported districts in accordance with the national guidelines. Furthermore, home based management of malaria for adults started in Q1 PY3 and CHWs tested 194,383 adults and a total of 149,533 RDT positive were treated by CHWs from 7 malaria supported districts. MCSP also supported health facilities to perform quality control of malaria diagnostics through microscopy.

Challenges

MCSP faced challenges obtaining IRB approval from the Rwanda National Ethics Committee due to lengthy procedures and requirements which delayed implementation of several MCSP learning questions including malaria studies and the Core funded Maternal Perinatal Death and Surveillance and Response assessment. MCSP also struggled to implement the full extent of post-training activities where providers shifted to other facilities and districts. This is an ongoing challenge in Rwanda but recognizing this, MCSP is working with MoH and districts to develop strategies where health workers remain in districts for longer periods of time. MCSP also experienced a delay in implementation of mentorship activities because there was no MoH approved mentorship guideline at the beginning of the year. However, MCSP worked with MoH and other partners to adopt guidelines for mentorship, and the team was able to start mentorship during the last quarter of the PY2

Way Forward

In PY3, MCSP Rwanda will continue to provide support to all levels of the health system and align activities in support of key Government of Rwanda priorities, and will focus on implementing high impact interventions in all ten MCSP-supported districts. MCSP will largely shift from the PY1 and 2 focus on training and capacity building to mentorship, skills retention, supervision and supporting systems to sustain approaches beyond the MCSP program. MCSP will fully expand into 10 districts in PY 3 and some select training will be required to orient providers and district health staff. In Q1 PY3, MCSP convened two stakeholder meetings for scale up on PPFP and ENC/HBB respectively and a scale up management team was established to coordinate next steps and monitor progress and discuss challenges.

Selected Performance Indicators to Date			
MCSP Global or County PMP Indicators	**Baseline**	**Target[1]**	**Achievement**
Number of children under 5 tested for malaria at the community level	47,063	87,729	203,233 (MCSP supported efforts to train CHW in iCCM which contributed to this significant increase in children tested for malaria at community level)
Number of newborns not breathing at birth who were resuscitated in USG-supported programs	8,000	9,250	5,922 (MCSP continued activities of training providers in BEmONC, to include newborn resuscitation)
Number of women receiving surgery for fistula from USG-supported programs	NA	63	66 (successful surgeries to repair fistulas were completed during by Dec. 2016)

[1] Target is the FY16 annual target plus the Q1 target for PY3.

Selected Performance Indicators to Date			
MCSP Global or County PMP Indicators	**Baseline**	**Target[1]**	**Achievement**
Number of people trained through MCSP-supported programs (FP/RH; maternal health; newborn health; child health; and M&E).	NA	18,416	15,534 (this includes all personnel trained throughout Q1 PY3 through MCSP activities)
Number of people reached by at least one Reproductive Maternal, Neonatal and Child Health (RMNCH) message through MCSP supported platforms	NA	74,826	79,300 (MCSP supported and strengthened existing platforms including parents' meetings and fathers' groups (among others) to provide health BCC messaging. This is the number of people reached with messages on FP/RH, MNH, and malaria)
Number of clients who newly adopted a modern FP method at MCSP supported health facilities.	71,676	97,943	105,734 (MCSP efforts to improve competencies and increase the confidence of health care workers to provide modern FP methods to women contributed to this significant increase in clients who newly adopted methods)
Number of people participating in an activity pertaining to gender norms that meets minimum criteria	NA	4,334	4,267 (In PY2, 574 people participated in community based activities that address gender norms with the support of MCSP and 3,693 in Q1PY3)
Number of women reached with education on exclusive breastfeeding	85,167	117,894	119,055 (This increase in mothers who received messages in the maternity on exclusive breastfeeding is linked to MCSP activities in training providers to provide counseling and support to recently delivered mothers)
Number of additional USG-assisted community health workers (CHWs) providing family planning (FP) information and/or services during the year	NA	3,208	3,617 (These newly added CHWs were trained in family planning services during PY2)
Number of women giving birth who received uterotonics in the third stage of labor through USG-supported programs	85,167	117,442	117,745 (This increase is due in part to the significant efforts MCSP has made in training providers in the use of uterotonics during the third stage of labor and their life saving effects)