Rwanda PY4 Summary & Results

Geographic Implementation Areas

Provinces
- 5/5 (100%)

Districts
- 16/30 (53%)

Facilities
- 254/538 (47%)

Population

Rwanda
- 11,533,446

MCSP-supported areas
- 6,563,087

Technical Areas

Program Dates

April 1, 2015–March 31, 2019

Cumulative Spending through End of PY4

[redacted]

Demographic and Health Indicators

Indicator	# or %
MMR (per 100,000 live births)[1]	210
NMR (per 1,000 live births)[1]	32
TFR (births per woman)[1]	4.2
CPR (modern methods)[1]	48%
ANC 4+[1]	44%
SBA[1]	91%

Source: [1] Rwanda 2014–15 Demographic and Health Survey.

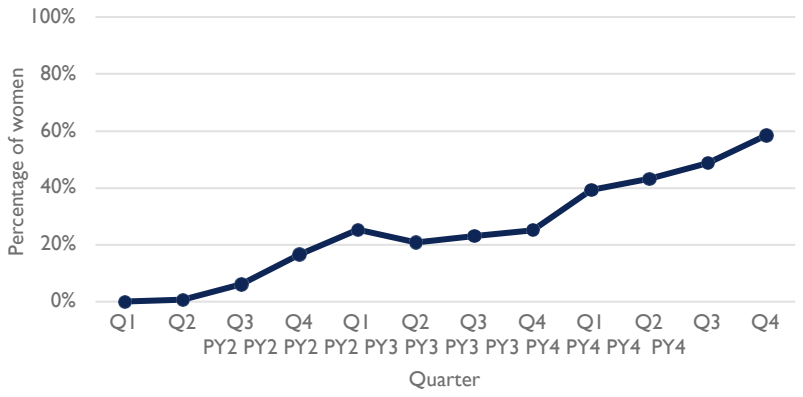
Strategic Objectives

- 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, participation, and use 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.

Key Accomplishment Highlights

- MCSP-supported facilities reached 7,783 victims of GBV in PY4.
- MCSP screened 140 women suffering from obstetric fistula, leading to 57 successful surgical repairs.
- The percentage of women who deliver in a health facility and adopt a PPFP method before discharge increased from 0% to 59% from 2016 to 2018 in 10 MCSP-supported districts.
- The percentage of sick children treated according to the national protocol increased from 54% to 85% in MCSP-supported districts.

Figure 1. Women delivering in facilities who adopted a PPFP method prior to discharge



Rwanda

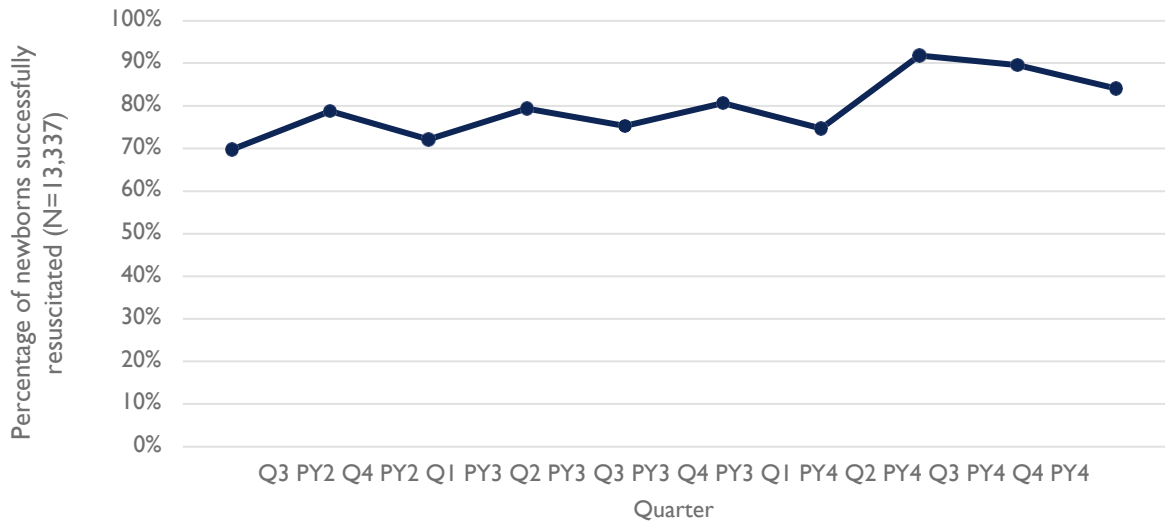
Key Accomplishments

In PY4, MCSP continued building on PY1–PY3 investments in capacity-building and the integration of high-impact interventions into national-level policies (RMNCAH policy), strategy documents (Health Sector Strategic Plan IV; MNCH; and FP/adolescent sexual reproductive health policy), guidelines (clinical and community mentorship), training tools, and the national HMIS. As a result of these investments, routine practice in MCSP-supported districts and nationwide now incorporates evidence-based interventions such as PPFP. Through mentorship and regular interaction with its MOH and Rwanda Biomedical Center counterparts, MCSP continued to support provision of quality RMNCH and malaria services in 16 districts, and maintenance of clinical skills, QI, and use of data for decision-making and action at all levels of the health system.

Second National Stakeholders Scale-Up Workshop

MCSP collaborated with the MOH and other partners to convene the second national stakeholder workshop on PPFP and the Essential Newborn Care/Helping Babies Breathe scale-up following the inception meeting in 2016. These workshops aimed to share district and hospital experiences in scaling up the two interventions and learning from the 10 districts to help expand to all districts. The 245 workshop participants included MOH representatives, director generals from all hospitals, and key partners supporting implementation of FP, including UN agencies, nongovernmental organizations, civil society organizations, and districts.

Figure 2. Increased the number of successful newborn resuscitations in 172 health facilities



Source: Rwanda HMIS.

To ensure the MOH had the tools and information to continue to scale up this work, MCSP shared costing data and analysis for PPFP and Essential Newborn Care/Helping Babies Breathe to inform central and district-level planning for sustaining these interventions in their districts and nationally. As a result of MCSP's costing exercise, an Excel-based modeling tool that allows for scenario analysis, including flexibility in scale-up sequence, intensity, duration, and activity components (e.g., change frequency of mentorship visits) to model the costs for scaling up and sustaining the MCSP PPFP intervention is now available to national policymakers and district health management teams to inform scale-up planning.

Promising Trends in MNCH

Figures 3 and 4 illustrate two promising trends in MNCH where MCSP made significant contributions. The percentage of women delivering in a health facility who received a uterotonic in the third stage of labor

remains high, which was achieved partly through Mentorship by the Rwanda Society of Obstetricians and Gynecologists in MCSP-supported districts. In addition, health facilities' adherence to the IMCI protocol is improving through the adapted low-dose, high-frequency IMCI training program, leading to improved screening and diagnostics illustrated by Figure 4 showing the number of children under age 5 being treated for diarrhea in the 10 MCSP-supported districts.

Figure 3. Maintained high coverage of women delivering in a health facility who receive a uterotonic in the third stage of labor

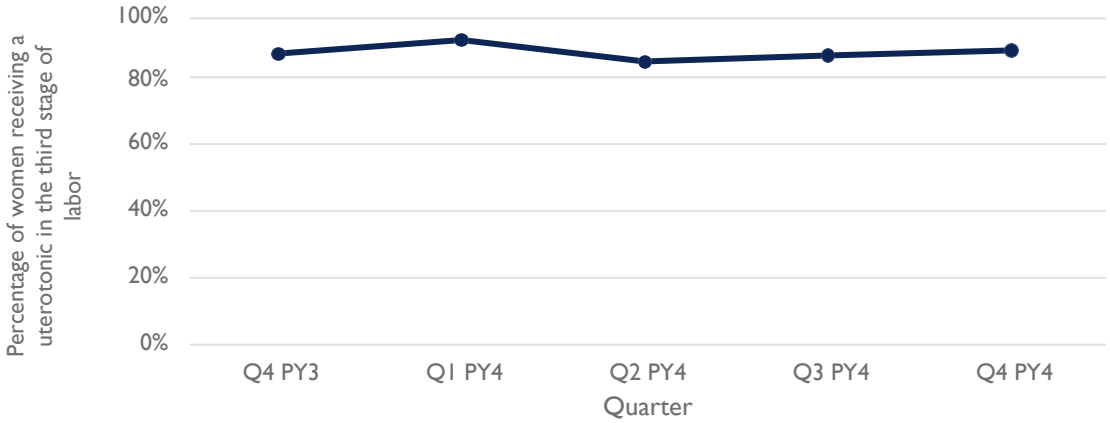
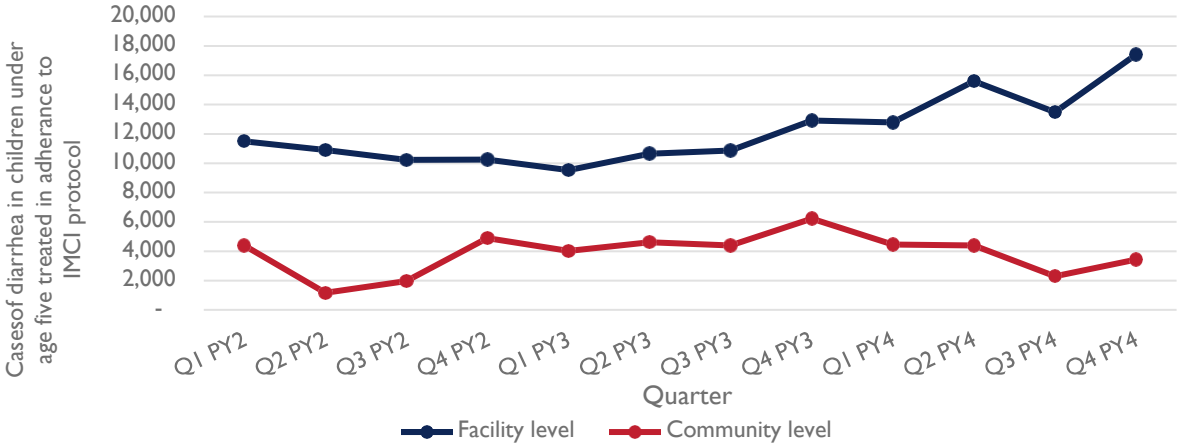


Figure 4. Improved adherence to the IMCI protocol through increased treatment of diarrhea cases at the facility level and community level in the 10 MCSP-supported districts



Source: Rwanda HMIS

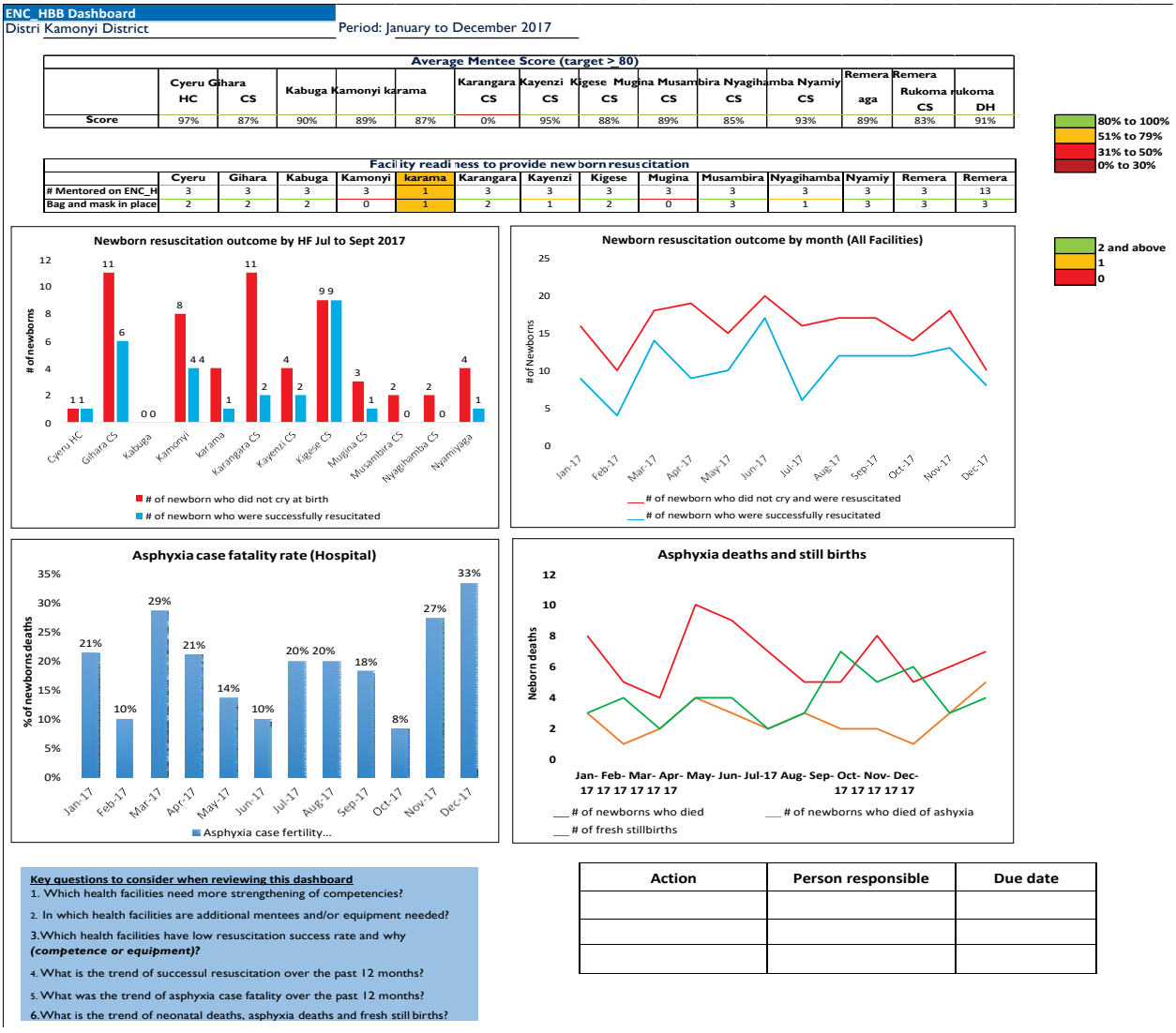
Validation of National Strategies

MCSP continued its technical leadership role at the national, district, facility, and community levels, working closely with the MOH, Rwanda Biomedical Center, and other implementing partners. MCSP finalized two national 5-year strategies: the FP/Adolescent Sexual and Reproductive Health Strategic Plan 2018–2024 and the MNCH Strategic Plan 2018–2024, with validation of the fully costed plans done by the Maternal Child Health TWG in Q4. The two national strategies provide a road map of effective approaches, strategies, and priorities to accelerate reductions in mortality and an emphasis on reaching and meeting the health needs of adolescents. (The minister of health approved both strategies in November 2018.)

Data for Decision-Making

MCSP continued to support the MOH at the national, district, facility, and community levels to improve data quality and use in decision-making through use of the DHIS2 dashboards for monitoring RMNCH indicators. In PY4, districts and hospitals continued to use dashboards created in PY3 to develop QI action plans to identify and address performance gaps. MCSP, in collaboration with the Planning, M&E, and Business Strategy Division/Rwanda Biomedical Center, organized a workshop that brought together hospital data managers and M&E staff from the same hospitals to follow-up and facilitate the creation of similar dashboards for health centers located in their catchment areas (see Figure 5).

Figure 5. Essential Newborn Care/Helping Babies Breathe dashboard used at the district and hospital levels



By the end of the workshop, functional DHIS2 dashboards with self-updating (relative period) charts had been developed for all 160 MCSP-supported health centers and M&E staff committed to holding 1-day sessions at their respective hospitals to orient health center data managers and *titulaires* (health center managers) on use of the dashboards for continuous QI.

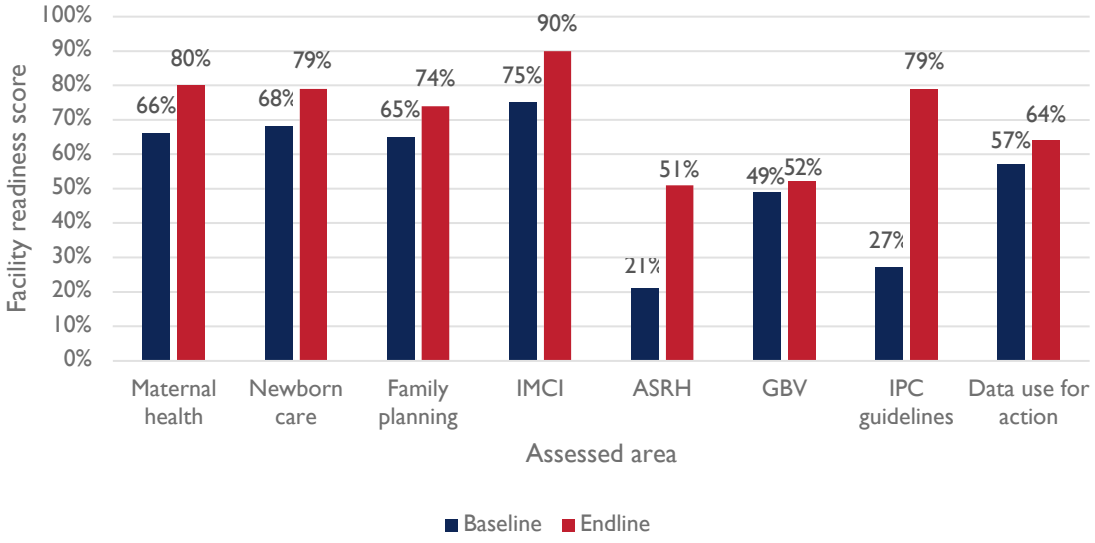
Obstetric Fistula Screening and Repair

MCSP continued to provide high-quality screening and repair services to women suffering from obstetric fistula in the new MCSP-supported fistula repair site at Kibungo Hospital. In total, MCSP screened 140 women, which led to 57 repairs, 30 of which were complicated cases. In November 2017, the International Federation of Gynecology and Obstetrics sponsored an obstetric fistula surgeon to travel to Rwanda to perform surgeries and train Rwandan gynecologists on fistula screening and repair of complicated cases. To support sustainability and integration of obstetric fistula screening in routine hospital services, MCSP oriented 21 general practitioners from MCSP-supported hospitals on obstetric fistula screening. MCSP, in collaboration with Jhpiego/Miles for Mothers and CARE also supported the social rehabilitation and reintegration of 65 women in Nyaruguru, Huye, Gatsibo, and Ngoma districts whose obstetric fistulas had been repaired.

Results of Endline Facility Readiness Assessment

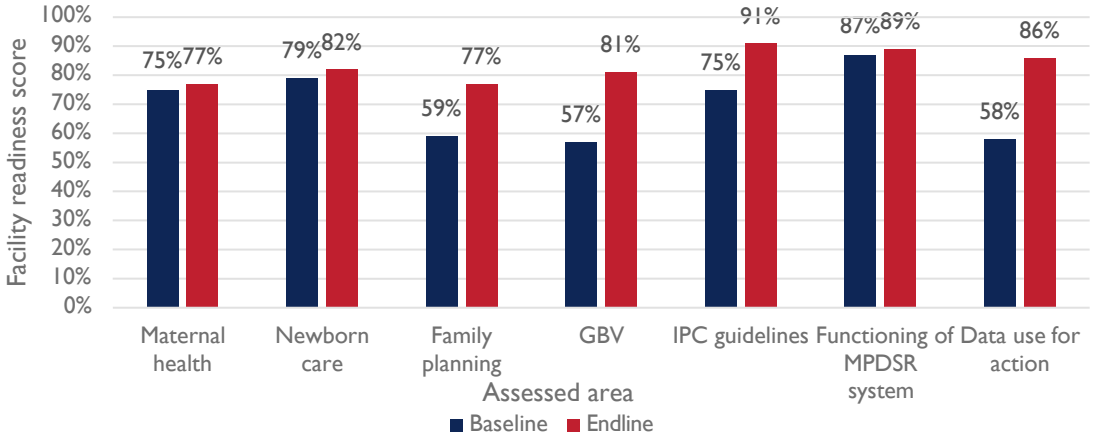
Health facility readiness scores in all assessed areas improved at the 52 sampled MCSP-supported health centers (Figure 6). Availability of IPC guidelines and provision of adolescent sexual and reproductive health services showed the highest increase, probably due to their relatively lower availability at the start of the project. The smaller improvement in readiness to provide GBV services at the health center level could be explained by MCSP's greater focus on hospital-level Isange One Stop Centers where most GBV cases are referred for comprehensive post-GBV care. Health facility readiness scores also improved at the 12 MCSP-supported hospitals (Figure 7).

Figure 6. Facility readiness to provide RMNCH services improved at all MCSP-supported health centers (N=52 health centers)



Note: Each indicator is a composite indicator that includes key equipment, protocols/job aids, commodities, trained staff, and an enabling environment for the relevant services.

Figure 7. Facility readiness to provide RMNCH services improved at all MCSP-supported hospitals (N=12 hospitals)



Note: Each indicator is a composite indicator that includes key equipment, protocols/job aids, commodities, trained staff, and an enabling environment for the relevant services.

Way Forward

With the exception of the malaria program and a few remaining activities, MCSP has ended program implementation in the 10 MCSP-supported districts in Rwanda. MCSP will continue to support the MOH/Rwanda Biomedical Center to ensure sustainability of MCSP approaches and strategies and effective transition to the new USAID bilateral program. MCSP will also provide high-level support to the MOH to prepare for the International Conference on FP hosted by the Government of Rwanda in November. The conference will showcase 14 accepted abstracts highlighting approaches and learning in FP under MCSP. MCSP is also planning a high-level dissemination working meeting with the senior management team at the MOH highlighting end-of-project results, most effective approaches, and key recommendations.

Selected Performance Indicators for PY4	
MCSP Global or Country PMP Indicators	**Achievement**
Number of children under age 5 tested for malaria at the community level	211,077 (target: 152,450, >100% achieved)
Number of women receiving surgery for fistula from US Government-supported programs	74 (target: 70, >100% achieved)
Number of people reached by at least one RMNCH message through MCSP-supported platforms	840,967 (target: 800,000, >100% achieved)
Number of clients who newly adopted a modern FP method at MCSP-supported health facilities	120,770 (no target defined)
Number of people participating in an activity pertaining to gender norms that meets minimum criteria	1,809 (target: 2,112, 86% achieved)[1]
Number of women reached with education on exclusive breastfeeding	88,672 (target: 100,809, 86% achieved)[2]
Number of additional US Government-assisted CHWs providing FP information and/or services during the year	14,355 (no target defined)
Number of women giving birth who received uterotonics in the third stage of labor through US Government-supported programs	83,789 (target: 91,688, 91%achieved)

[1] Fewer trainers trained than anticipated
[2] The target was not reached due to variations in the numbers of women who delivered