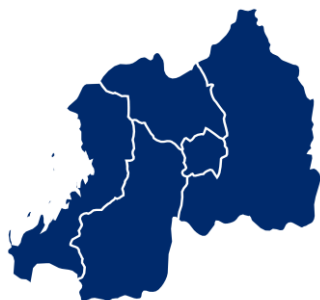


# Rwanda EOP Summary & Results



## Geographic Implementation Areas

### Provinces

- 5/5 (100%)—Kigali, Northern, Eastern, Southern, and Western

### Districts

- 16/30 (53%)

### Facilities

- 254/538 (47%)

## Population

### Country

- 11.5 million

### MCSP-supported areas

- 6.56 million

## Technical Areas



## Program Dates

April 2015–March 2019

## Total Funding through Life of Project

\$34,685,478

## Demographic and Health Indicators

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

Sources: [1] Rwanda DHS 2014–15

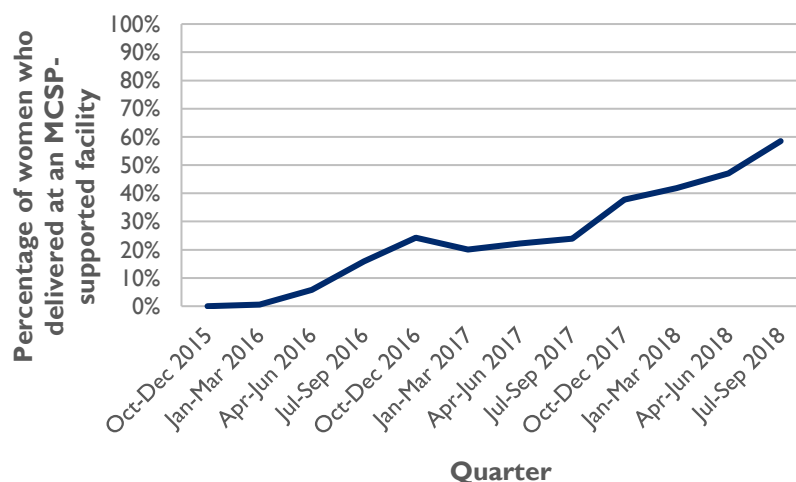
## Strategic Objectives through the Life of Project

- Improve the quality, equity, gender sensitivity, and sustainability of RMNCAH and malaria services along the continuum of care.
- Support the scale-up of high-impact interventions to improve RMNCAH and malaria outcomes in the public and private sectors.
- Increase community mobilization for participation in and utilization of high-quality RMNCAH 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.

## Highlights through the Life of Project

- Contributed to a marked increase in voluntary PFP uptake before discharge, from less than 1% at the start of the implementation period to 59% by July to September 2018.
- Provided 181 women with successful fistula repair procedures as a result of MCSP's mobilization efforts to identify, screen, and link clients to surgical care.
- Facilitated a multistakeholder process in collaboration with the MOH to develop the MNCH Strategic Plan and FP/Adolescent Sexual and Reproductive Health Strategic Plan (2018–2024), which outlined a roadmap for achieving ambitious health targets.

**Figure 1. Increased percentage of women who delivered at an MCSP-supported facility who adopted PFP before discharge (n = 302,880)**



## Rwanda

### Background

As of 2015, Rwanda had made impressive strides in reducing maternal and child mortality, but newborn mortality remained high, and the contraceptive prevalence rate had stagnated since the 2010 Demographic and Health Survey. To address these persistent issues, the MOH/Rwanda Biomedical Center working with the USAID Mission in Rwanda identified key priorities for MCSP. Working with the USAID team in Washington, MCSP assessed the existing RMNCAH landscape, including previous service delivery and capacity-strengthening approaches. MCSP assessed the leading causes of death and identified which high-impact interventions would be most effective and feasible in the Rwanda context. MCSP then assessed capacity gaps for providers to deliver the high-impact intervention required to make a difference in key indicators and leveraged the Government of Rwanda's emphasis on innovation to refine and scale approaches, including using LDHF training combined with clinical mentorship to ensure post-training skills retention and PFP to increase the number of women voluntarily accessing FP methods.

### Key Accomplishments

#### *Strengthened Capacity of Professional Associations for Improved RMNCAH Service Provision on the Path to Self-Reliance*

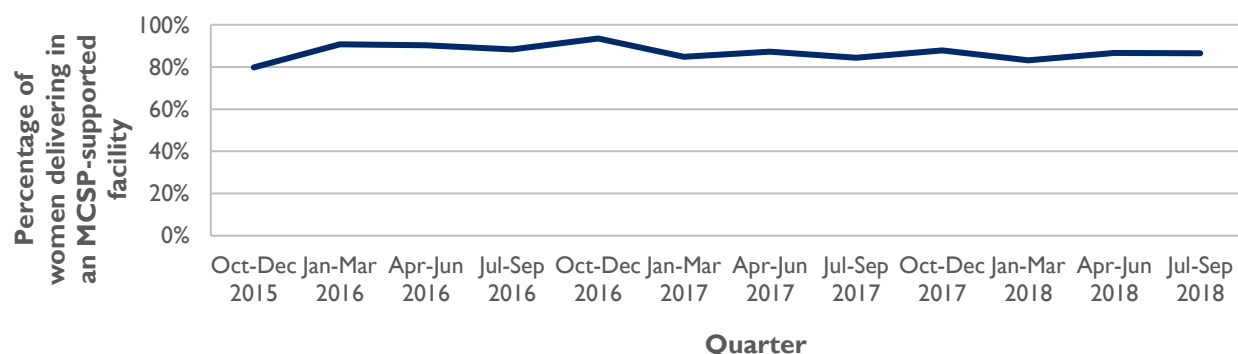
The three Rwandan professional association partners—the Rwanda Paediatric Association, the Rwanda Association of Midwives, and the Rwanda Society of Obstetricians and Gynecologists each received new grant funding and are considered essential partners in Rwanda for donors working in RMNCAH as a result of MCSP's investments in organizational development and capacity. Rwanda professional associations were an essential partner in the design and implementation of the LDHF mentorship program, a key sustainability strategy to ensure these approaches would continue after the program ended and are now empowered to play a leading role improving health outcomes for women and children in Rwanda.

#### *Built Provider Competencies through Human Capacity Development and QI*

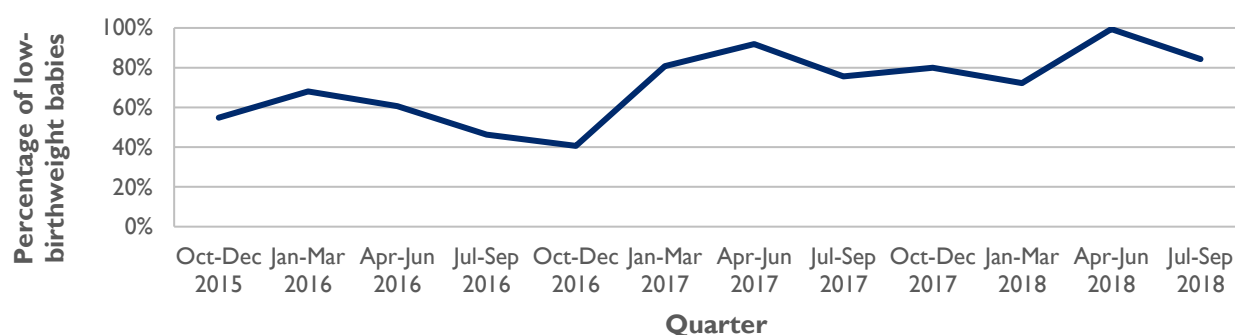
[Over a 4-year period, MCSP reached 22,906 health care providers and CHWs through its capacity-building activities, primarily through LDHF training and mentorship.](#) The average test score of health providers improved by 40% (from 49% to 89%) in Helping Babies Breathe (HBB)/ENC, by 26% (from 62% to 88%) in BEmONC, and by 39% (from 38% to 77%) in IMCI over the 3-week LDHF training period.

Through MCSP's [IMCI training and mentoring](#), which increased detection, treatment, and documentation of pneumonia and diarrhea cases, the number of pneumonia and diarrhea cases receiving treatment by MCSP-trained health care providers increased from 59,142 to 73,937 and 55,336 to 73,841, respectively, in supported districts. MCSP also helped districts maintain between 80% and 94% coverage of uterotonics and increased the proportion of low-birthweight babies admitted to KMC from 55% to 84% (see Figures 2 and 3).

**Figure 2. MCSP supported 172 health facilities to maintain a high percentage of women who had recently delivered and received a uterotonic immediately after birth (n = 312,764 facility deliveries)**



**Figure 3. With MCSP support, 172 health facilities increased the percentage of low-birthweight babies who were admitted to KMC services (n = 8,532 babies)**



MCSP also helped take to scale PFP to help achieve MOH/Rwanda Biomedical Center goals, which was identified as a promising strategy to increase the contraceptive prevalence rate in Rwanda given the country's high facility delivery birth rate.

Responding to another MOH/Rwanda Biomedical Center priority, MCSP dedicated significant effort to strengthening Rwanda's existing GBV program and increased the number of GBV victims receiving GBV care services by 109% in MCSP-supported districts by mainstreaming GBV sensitivity among health providers and developing quality assurance standards to improve detection and counseling.

### *Supported Obstetric Fistula Screening and Repair*

To support the continuum of high-quality obstetric fistula care, MCSP supported the screening and repair of women suffering from fistula. Through a community mobilization strategy, MCSP worked with health facilities and CHWs to identify women living in the community, often in isolation, for fistula screening. MCSP then organized days where women were screened for fistula repair eligibility. To support sustainability and integration of obstetric fistula screening in hospitals' routine services, MCSP oriented 21 medical doctor 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 who had an obstetric fistula repaired in Nyaruguru, Huye, Gatsibo, and Ngoma districts.

### *Provided Systematic Support for Scale-Up*

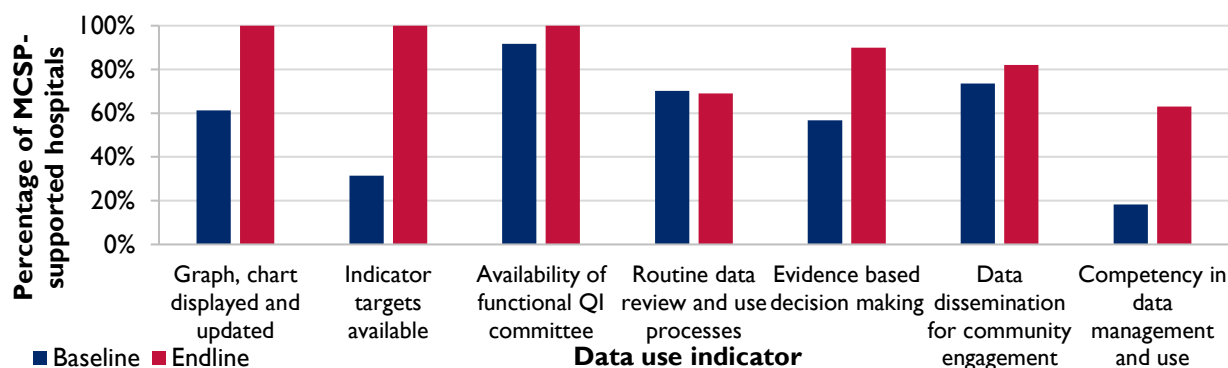
In Rwanda, MCSP assisted government-led efforts to scale up two high-impact interventions prioritized by the MOH: [PFP](#) and [ENC/HBB](#). To inform the planning process, MCSP provided technical assistance for:

- **Development of national plans and supportive policies:** MCSP conducted situational analyses, co-facilitated MOH-led national scale-up planning workshops, and supported subsequent development of national plans for scale-up for each intervention.
- **Information and advocacy for financial resources to sustain and expand gains:** MCSP conducted costing exercises for [PFP](#) and [ENC/HBB](#) that showed the resources needed to scale up and maintain the intervention across all districts. The MOH used this information to successfully advocate with donors and partners for additional resources, and to plan their internal resource allocation.
- **Provision of sufficient and timely data for action:** MCSP demonstrated progress in project-supported districts through the addition of indicators to facility registers, as well as inclusion of PFP indicators and revised and newborn resuscitation in the national HMIS for monitoring of scale-up.
- **Support for health leaders and managers to continuously learn and adapt:** MCSP participated in MOH-led national scale-up management teams for each intervention and supported the MOH to convene semiannual learning workshops and national stakeholder workshops. Participants used dashboards to assess progress, shared new approaches and lessons, and created action plans to accelerate coverage with high quality.

## Promoted Data for Decision-Making and QI

Throughout the program, MCSP supported the MOH/Rwanda Biomedical Center at the national, district, facility, and community levels to improve data quality and use in decision-making through use of DHIS2 dashboards to monitor RMNCAH indicators. MCSP also successfully advocated for the inclusion of new RMNCAH indicators—including predischarge PFP—and updated indicators for newborn resuscitation to address a barrier to generating accurate data. MCSP promoted a culture of data use not just for reporting to higher levels of the health system but also to inform facilities’ and providers’ decision-making and priorities. MCSP supported 160 health facilities and 12 hospitals to develop dashboards linked to the DHIS2, which were then used to create QI action plans to identify and address performance gaps. As a result of these QI action plans, facilities were able to improve on some MNCH indicators, including number of ANC visits. Through this work, MCSP supported Rwanda’s QI initiative around hospital accreditation and collaborated regularly with the USAID-funded Rwanda HSS Project. Figure 4 shows how data use for decision-making significantly improved in the 12 MCSP-supported hospitals between the start and end of the project.

**Figure 4. Findings regarding data and data use at baseline and endline at all MCSP-supported hospitals (n = 12)**



MCSP also strengthened the capacity of death audit committees at the hospital level to strengthen maternal, perinatal, and child death audits and death surveillance and response systems using updated MOH tools. The project supported committees to conduct reviews of deaths and to share lessons through quarterly review workshops. More information on this area can be found in the [Assessment of MPDSR Implementation in Rwanda](#).

## Validated National Strategies

MCSP had an important technical leadership role at all levels, including national, district, facility, and community, working closely with the MOH, Rwanda Biomedical Center, and other implementing partners. MCSP supported development of two national 5-year strategies based on Demographic Health Survey secondary analysis data and global evidence aligned with Rwanda’s strategic vision: 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 national MCH TWG in 2019. The two national strategies provide a roadmap of effective approaches, strategies, and priorities to accelerate reductions in mortality, placing a particular emphasis on reaching and meeting the health needs of adolescents. The two strategic plans were approved by the minister of health, and many of MCSP’s introduced approaches and strategies were included.

## Strengthened Malaria Control

MCSP trained 75 lab technicians in malaria microscopy diagnosis, and 52 health care providers and 8,067 CHWs on the CHW integrated training package, leading to improved diagnostic capacity and enhanced malaria prevention in the community. MCSP also conducted several malaria studies, including the intermittent screening and treatment of MiP study, which evaluated if testing and treating pregnant women attending ANC is effective, feasible, and adds an additional burden for facility-based health workers who provide ANC services. Findings from this study showed that—when compared with testing of only symptomatic women for malaria (usual care)—intermittent screening and treatment of MiP did not protect against malaria at

delivery. However, rapid diagnostic test positivity among asymptomatic women in this study declined sharply from 6% at first ANC visit to 1% by the fourth visit, suggesting that testing asymptomatic women only at the first ANC visit is one potential strategy to consider to detect malaria early during the pregnancy. The study results suggest that in areas with high malaria transmission, intermittent screening and treatment may not be an effective strategy for controlling MiP in Rwanda, informing MOH policies and future investments.

## Recommendations

With the launch of Rwanda’s fourth Health Sector Strategic Plan and approval of the two national strategies for MNCH and FP/adolescent sexual and reproductive health, the Government of Rwanda outlined its priorities and a roadmap for achieving its ambitious national health goals and targets. The new USAID-funded bilateral program, Ingobyi, is now working in 20 districts, including some of the MCSP districts, with an opportunity to build on progress and results achieved. Using documented learning from scale-up and the capacity-building/skills retention approach, MCSP would like to recommend the following to the MOH:

- **Ensure resources are allocated to scale up approaches implemented under MCSP countrywide.** This should be done under the leadership of the MOH with robust measurement to monitor progress and ensure that the process is done in a way responds to new challenges. Lesson from MCSP’s galvanization of support for these interventions, developing national policies/guidelines, and working within MOH-led national scale-up management teams should also be used to inform future efforts.
- **Find efficiencies in the LDHF mentorship approach in order to cost-effectively build provider capacity as interventions are brought to scale.** There is an opportunity to make use of the LDHF approach through integration and coordination with professional associations (the Rwanda Paediatric Association, the Rwanda Association of Midwives, the Rwanda Society of Obstetricians and Gynecologists, etc.) and district-based mentors. With trained providers and mentors in place to ensure provider readiness to deliver high-impact interventions, Rwanda can accelerate progress to meet its ambitious health goals.
- **Explore alternatives to intermittent screening and treatment to control MiP in areas of high malaria transmission.** Findings from the intermittent screening and treatment study demonstrated that this intervention did not provide protection against malaria at delivery. However, its findings did suggest that testing women at the first ANC visit is a potential strategy to detect malaria early during pregnancy. New projects in Rwanda, such as Impact Malaria, should support the government to review evidence from this study and other global evidence to inform national policy for more effective malaria prevention.

Selected Performance Indicators	
Global or Country Performance Monitoring Plan Indicators	Achievement (Target)
Number of children under 5 tested for malaria at the community level	555,040 (target: 354,316; target exceeded)
Number of women receiving surgery for fistula from USG-supported programs	181 (target: 170; target exceeded)
Number of people reached by at least one RMNCH message through MCSP-supported platforms	17,102 (target: 15,810; target exceeded)
Number of clients who newly adopted a modern FP method at MCSP-supported health facilities	305,811 (target: 279,505; target exceeded)
Number of people participating in an activity pertaining to gender norms that meets minimum criteria	9,954 (target: 12,494; 80% achieved) <sup>1</sup>
Number of women reached with education on exclusive breastfeeding	277,298 (target: 294,310; 94% achieved)
Number of additional USG-assisted CHWs provided FP information and/or services during the year	14,355 (target: 13,295; target exceeded)

<sup>1</sup> Fewer trainers than anticipated were trained.

For a list of technical products developed by MCSP related to this country, please click [here](#).