

*Reaching More Rwandans***A Stronger Role for Primary Providers and Communities**

From the Project office in Kigali, PRIME II has assisted Rwanda's Ministry of Health (MOH) since 2000. The overarching goal of this work is to build the capacity of primary providers so they can respond to the country's tremendous need for high quality, decentralized family planning and reproductive health (FP/RH) services. Funded by USAID/Rwanda and carried out in the context of Rwanda's recovery from civil war and genocide, PRIME's assistance has focused on five core objectives:

- Develop a national reproductive health policy
- Strengthen human resource capacity
- Improve the quality of primary health care
- Support consumer-driven partnerships for health care financing and quality improvement
- Participate in establishing a viable national program for prevention of mother-to-child transmission (PMTCT) of HIV.

The Challenge

In this ruggedly beautiful "land of a thousand hills," less than half the population of 8.3 million has access to basic health care. Many health facilities were damaged or destroyed during civil warfare in 1994. The challenge of rebuilding and national healing is compounded by widespread poverty, lack of infrastructure and an 8.9% rate of HIV infection. Life expectancy for Rwandans is only 40 years (Population Reference Bureau, 2003).

A Performance Improvement Approach for Quality Services

PRIME II's mission to enable primary providers to reach more people in their communities with critical FP/RH services relies on the Performance Improvement (PI) approach. A systematic methodology with associated tools, PI offers a proven, step-by-step process for identifying performance gaps, then selecting and developing training and non-training interventions to close those gaps. Fostering partnerships between providers and consumers through strategies such as integrating consumer perspectives into performance expectations is a key component of PRIME's PI approach. Especially appropriate given the post-genocide situation, this inclusive approach dovetails with USAID's objectives to enhance democracy and governance in Rwanda and promote community and consumer involvement in the delivery of health care services. Using PI, PRIME and the MOH have established an effective collaboration to increase the quality, accessibility and use of FP/RH services.

**Rwanda Program**

- Primary Providers, Performance Improvement
- Policy and Training
- *Mutuelles*
- PMTCT
- Consumer Perspectives

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From supportive supervision visits at providers' facilities to partnering with Population Services International to supply mosquito nets to pregnant women, PRIME II's wide-ranging activities in Rwanda span national-level policy and training assistance and community-level interventions in seven of the country's 39 health districts: Bugesera, Byumba, Gitwe, Kabgayi, Kabutare, Kibuye and Mugonero.

Encouraging Results

Key accomplishments to date from PRIME-assisted work in Rwanda include:

- Drafting the national reproductive health policy, which was signed by the minister of health on July 22, 2003
- Strengthening and supporting 68 community-managed mutual health organizations ("mutuelles"), which have increased access and use of FP/RH services for more than 280,000 Rwandans
- Establishing PMTCT services at three district hospitals and two health centers; rates of prenatal clients receiving HIV/AIDS and PMTCT counseling now range from 95.5% to 99.6% at the three facilities where services were launched in 2002, with 83.6% to 95.1% of women counseled agreeing to receive HIV testing.



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