



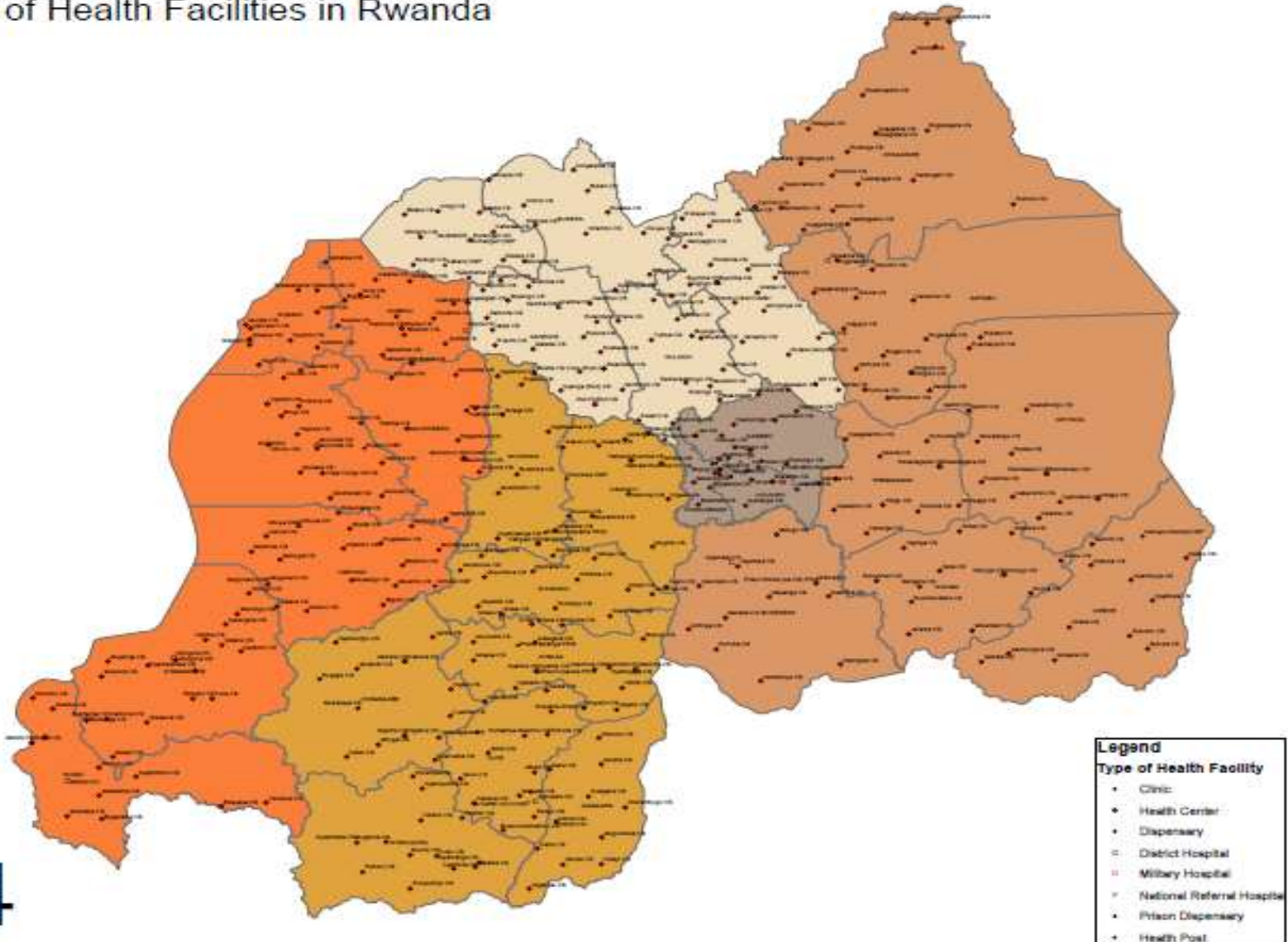
Learning From Success:

Reduction of maternal mortality in Rwanda: an integrated approach

Dr. Fidele Ngabo, Maternal Child Health Director

I. Introduction: Map of Health Facilities

Map of Health Facilities in Rwanda



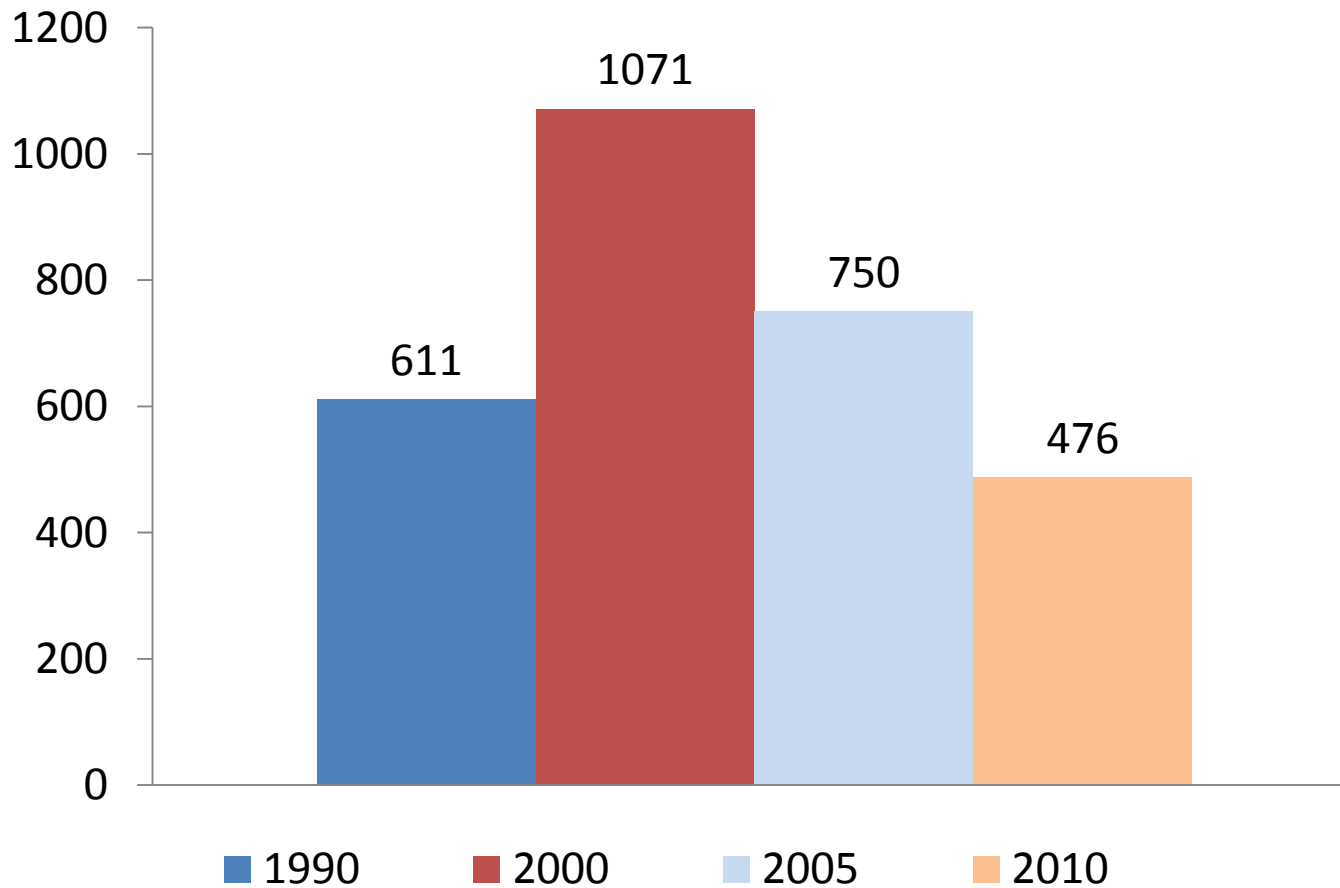
I. Introduction (cont.)

Administrative and Health Structures

Levels	Admin Structures	Health Infrastructure	Numbers
1. Villages / imidugudu	14.837	CHW	44,511
2. Cells / akagari	2.148	Health Posts / FoSaCom	44
3. Sectors / imirenge	416	Health Centres	450
4. Districts	30	District Hospitals District Pharmacies	40 30
5. Province (incl Kigali)	4	(DH to be upgraded to ProvH)	later
6. National	1	Nat. Referral Hospitals	5
Referral systems		Ambulances / SAMU	154
Registered Private HF			157
Total Public + Agree HF	(= in bold, being	HC + DH + Nat Ref Hosp	495

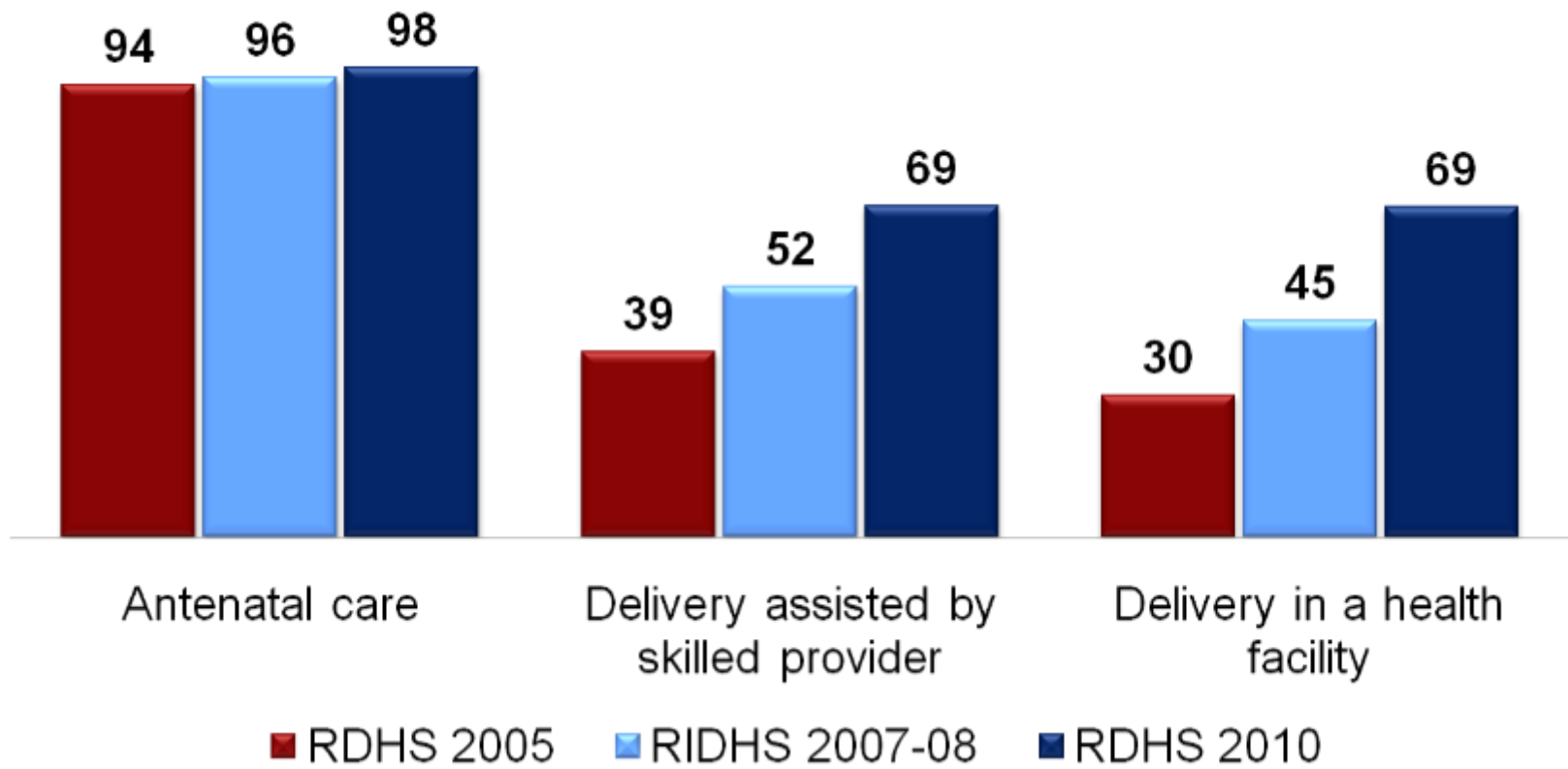
II. Achievements

Maternal Mortality Trend



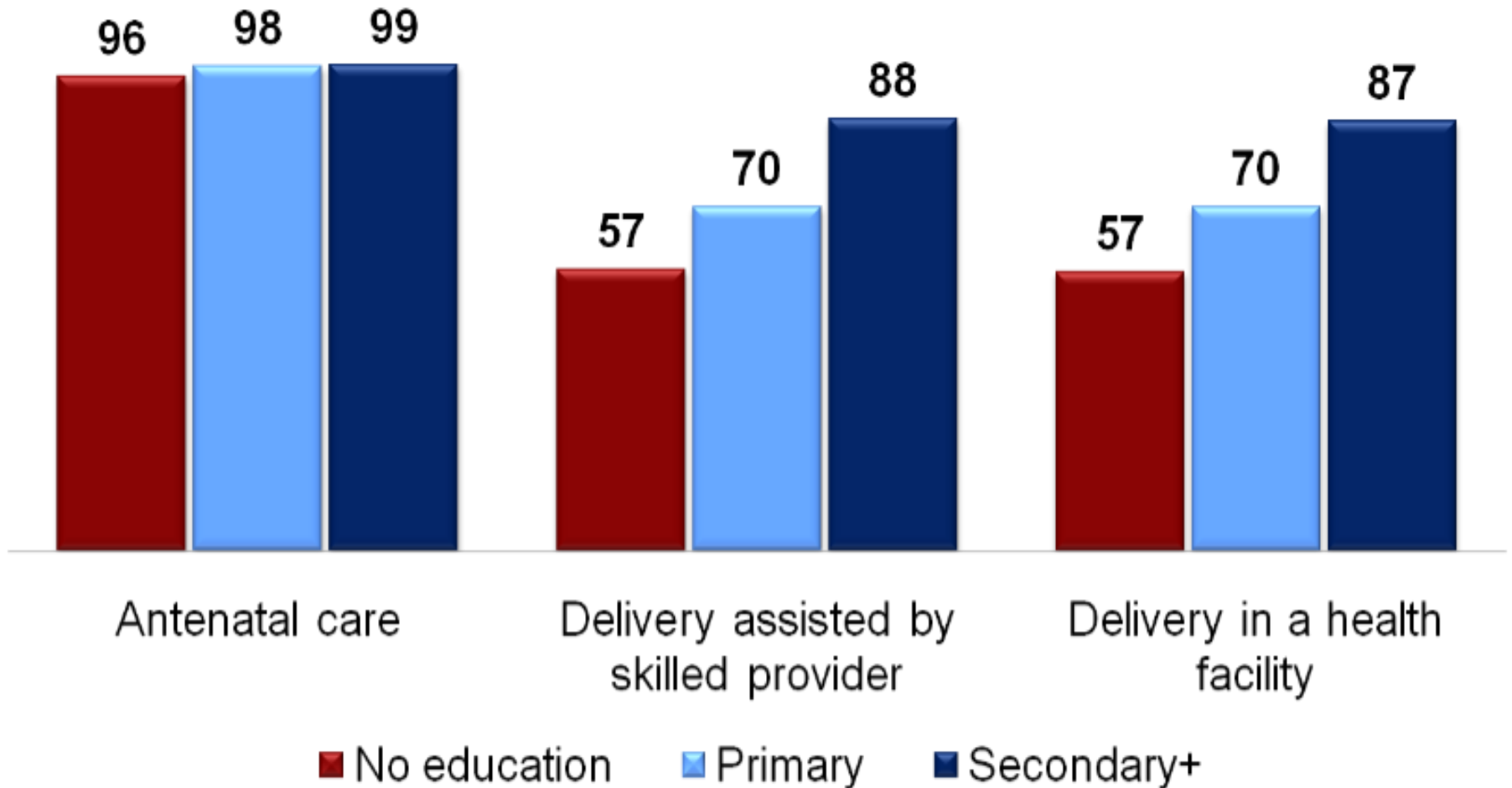
II. Achievements (cont.)

Trends in Maternal Health



II. Achievements (cont.)

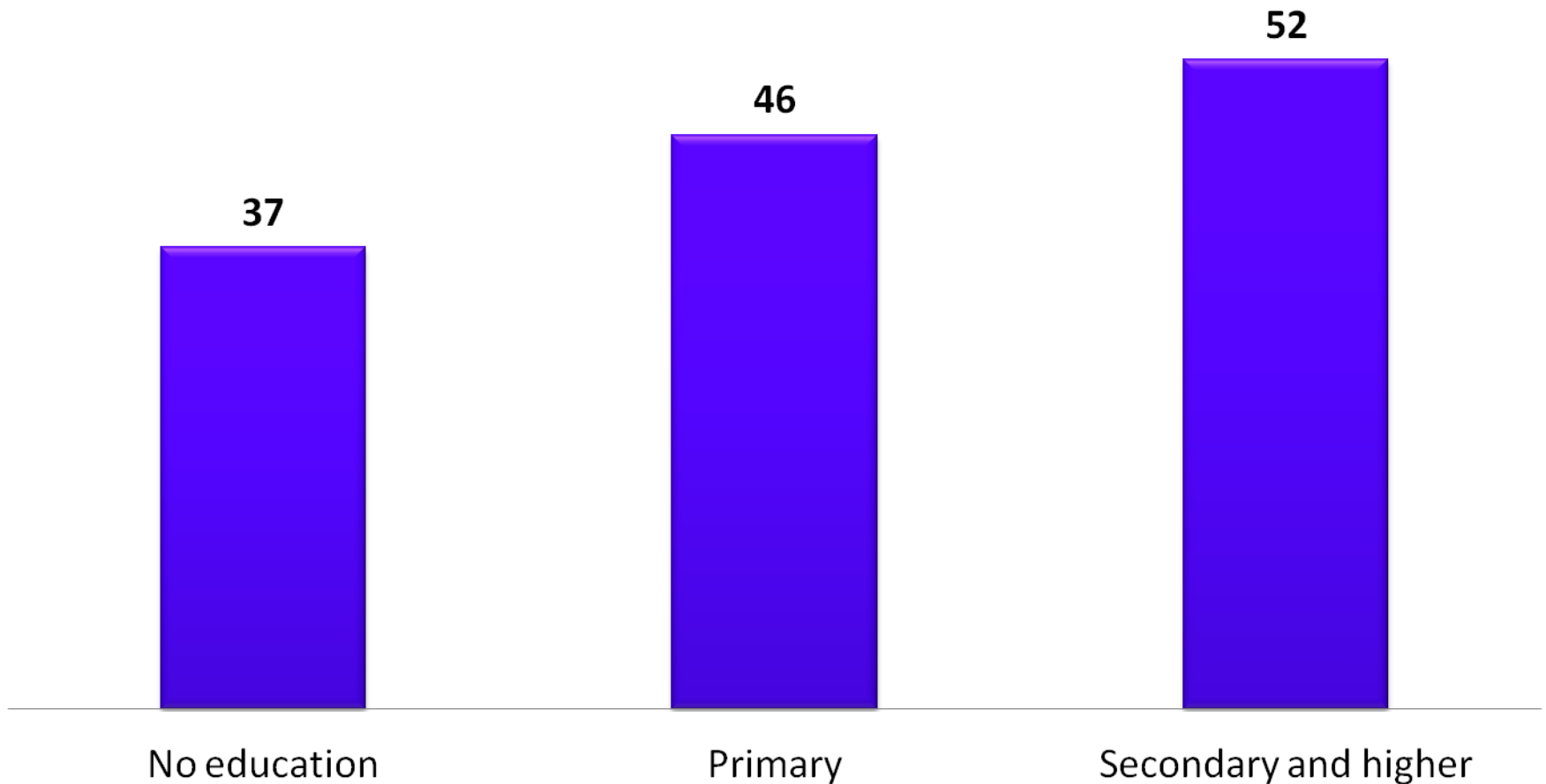
Role of Education in Health Improvement



II. Achievements (cont.)

Use of Modern Contraception by Education

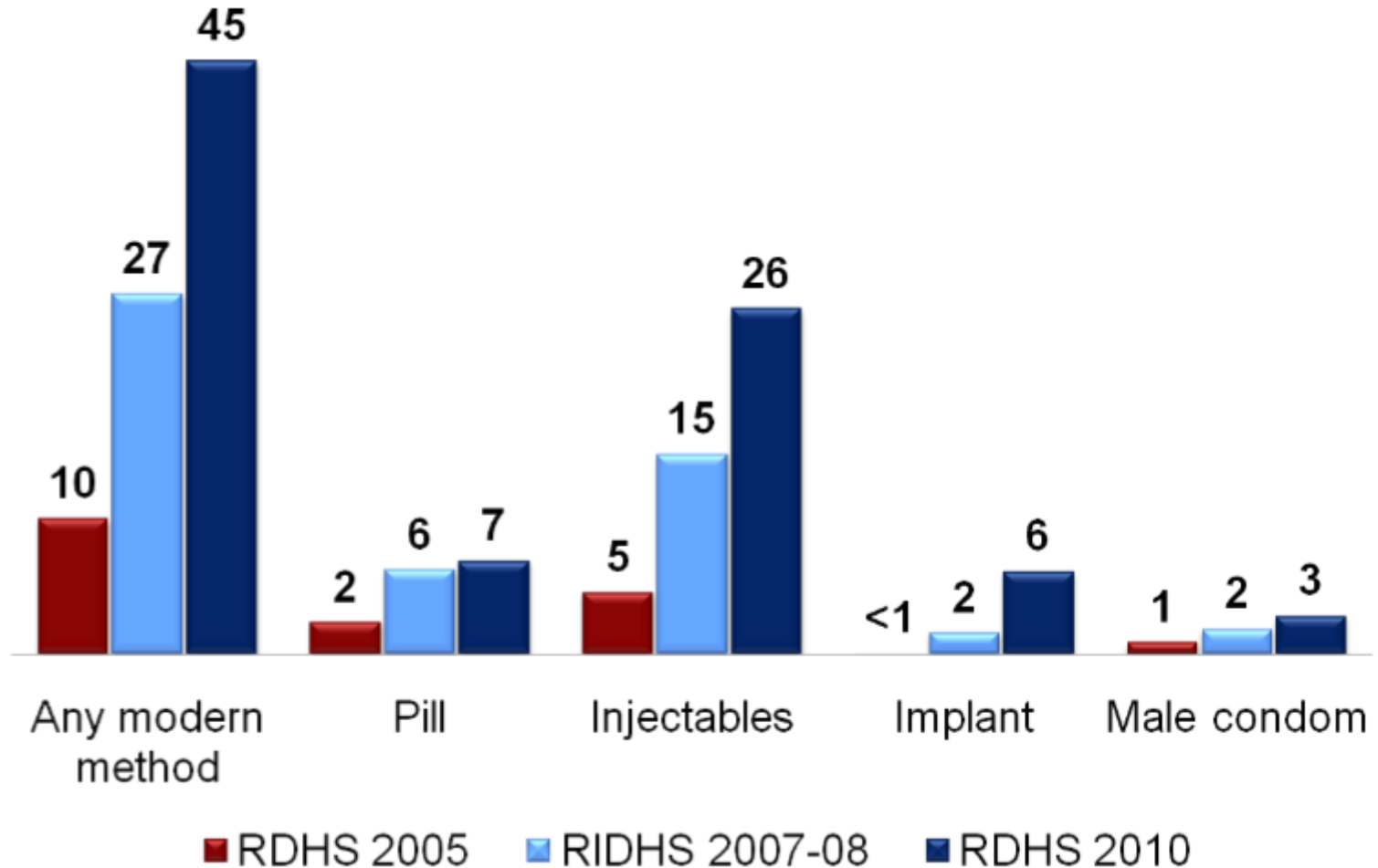
Percent of married women using any modern method



II. Achievements (cont.)

Current Use of Modern Methods

Percentage of currently married women using any modern method



II. Achievements (cont.)

Fight against Malaria

Decline in incidence, 70% between 2005 & 2010;

Decline in morbidity, 60% decline in out-patient cases between 2005 & 2010;

Decline in mortality, 54% decline in patient deaths between 2005 & 2010;

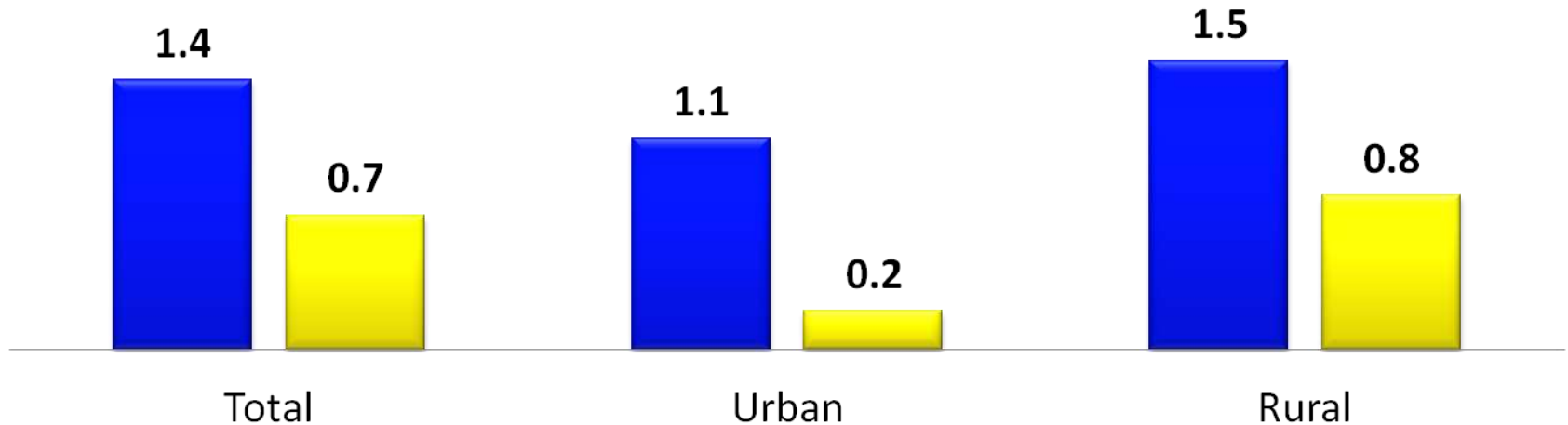
Increase in percent of pregnant women sleeping under LLINs, from 60 to 73% (2007/8 – 2010)

II. Achievements (cont.)

Trends in malaria prevalence in women by residence

■ RIDHS 2007-08 ■ RDHS 2010

*Percent woman age 15-49
classified as having malaria*



III. Contributing Factors to Success

1. Conducive policy environment:
(Clear policies & strategies are developed and implemented.)
 - Vision 2020
 - Economic Development and Poverty Reduction Strategy
 - Health Sector Strategic Plan

III. Contributing Factors to Success (cont.)

2. Strong commitment from highest level to the grass roots

- Performance-based contracts (*imihigo*) at all levels of government
- Women empowerment

Political commitment to support health services



HE The President meeting the CHWs in 2010

High level support to MCH



HE the First Lady leading the HPV vaccination campaign

Community Participation: Community discussing health issues in the village



III. Contributing Factors to Success (cont.)

3. Innovative financing systems

- Performance-based financing (health facilities and community health workers)
- Community-based health insurance coverage (95%)

4. Strong financial support from GOR and from development partners

III. Contributing Factors to Success (cont.)

5. Good Health Sector Coordination:

- JHSR: Joint Health Sector Review jointly done every six months by Ministry of Health (MOH) and Development Partners (DPs)
- Health Sector Working Groups which include MOH and DPs: to harmonize implementation of activities and avoid duplication
- MCH technical working Group

III. Contributing Factors to Success (cont.)

6. Accountability at All Levels

- Sector-Wide Approach (SWAP): All resources are provided in the context of a defined Health Sector Strategic Plan under Government leadership and in partnership with DPs
- Mid Term Review Framework: A systematic and effective use of results-focused budget planning, preparation and review approaches over a medium term; it allows an efficient and effective management of public funds and sound stewardship
- Transparency in financial management with regular financial audits

IV. Sustaining Successes

- Maintain Government commitment
- Strengthen health policies, strategies and systems
- Strengthen community involvement
- Strengthen women empowerment
- Increase male involvement in reproductive health
- Strengthen partnership for knowledge sharing
- Continued support from DPs to strengthen a sustainable health system

Murakoze!

Thank you!

