United Nations
RWANDA

UNFPA
Rwanda Office

Maternal Mortality Reduction Programme in Rwanda

No Woman should die while giving life

Higher levels of women's education are strongly associated with both lower infant mortality and lower fertility

Everyone has the right to enjoy reproductive health, which is a basis for having healthy children, intimate relationships and happy families

Background

Mountainous Rwanda, known as 'the land of thousand hills', is located in Eastern central Africa on a highland plateau averaging 1,200 to 2,000 m in elevation.

The Health sector in Rwanda has made significant progress in recent years. Reproductive Health, including Family Planning and Maternal health is a priority in Ministry of Health Strategic Plan and the fight against maternal death is a concern in Rwanda and is registered among MDGs priorities

The Maternal Mortality Rate has fallen in recent years, but still high. Improved surveillance and accountability have played a large role in reducing the MMR and increasing the number of assisted deliveries in Rwanda. Improved surveillance has allowed Rwanda's MOH to better track the causes of maternal deaths throughout the country, resulting in more targeted policies, strategies/road map, and programs.

Contributing factors are unknown but include the high percentage of births that take place without skilled medical assistance (52 per cent) and the low utilization of basic obstetric care and family planning services (CPR:27%).

UNFPA has been operating in Rwanda since 1975. From that time on, it has been successful in advancing and advocating for Reproductive Health and Rights, Gender, Population and Development in Rwanda both at the central and decentralized level.

Currently UNFPA is implementing its sixth cycle of assistance through a country programme that provides an integrated package of Adolescents Sexual Reproductive

Health, gender equality, women empowerment and tackling other Population matters in 5 Districts.

The sixth Country Programme was designed in the context of the "UN Delivering as one process" to last for five years and to assist Rwanda in achieving the Millennium Development Goals.

The programme was developed in collaboration with the Government of Rwanda and other UN agencies and based on: the Programme of Action of the International Conference on Population and Development (ICPD), the United Nations Development Assistance Framework (UNDAF), the Rwanda Vision 2020 and the Economic development and Poverty Reduction Strategy (EDPRS).

Rwanda basic Health indicators

- Total population: 9,3 millions ; with under 18 years : 57%
- Per Capita GNI: US $5 (NISR 2007)
- Life expectancy at birth: 52.73 (UNDP 2007)
- Population & Medical Personnel
- Doctors: 1/18,000 inhabitants
- Nurses: 1/1690 inhabitants
- 62.8% of Nurses in rural areas (2008)
- 38.2% of Nurses in Urban areas (2008)

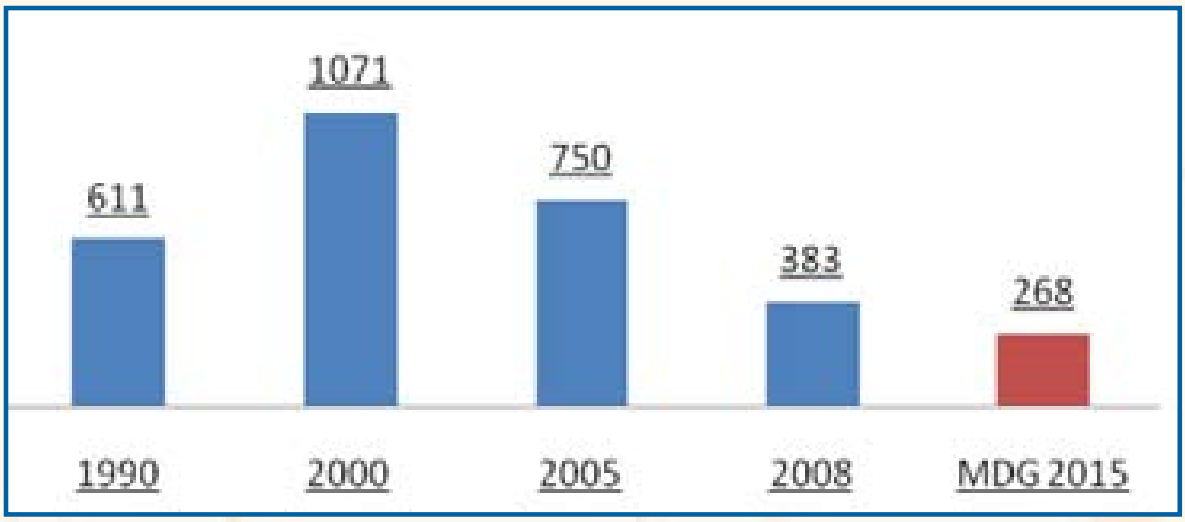
Maternal Mortality in Rwanda

	1992	2000	2005	2008	2010	2015 targets
Maternal mortality	--	1071	750	540*	383**	268
Assisted delivery			39	52		100
infant mortality	85	107	86	62		28
Under-five mortality	150	196	152	103		47
Contraceptive Prevalence Rate		4	10	27	45**	75
HIV		11	3	3		
Adolescent fertility				3,6		
Total Fertility Rate	6.2	5.8	6.1	5.5		3.9
Cesarean section				2,8		

With improved facilities:

- The Maternal Mortality rate in Rwanda drop from 750 (DHS: 2005) to 540 in year 2008 and to 383 according to Health Management Information System (HMIS: 2010).
- Deliveries attended by skilled Health Workers increased from 38% in 2005 (DHS) to 52% in 2007 (DHS 2007), 63,5% in 2010 (HMIS).
- The percentage of women using modern contraceptive methods impressively increased from 10 to 27% in 3 years -from 2004 to 2007- (Interim DHS, 2007-08) and to 45% (HMIS:2010).
- Total fertility rate decreased from 6.1 to 5.5 between 2005 and 2007. (IDHS, 2007-08)
- From 2000 to 2007 the infant mortality rate decreased by almost half from 107 to 62 deaths per 1,000 live births. (IDHS, 2007-08)
- HIV prevalence rate in Rwanda is 3% (2005 - in the general population aged 15-49). (IDHS, 2007-08)

Maternal Mortality Ratio trends



UNFPA Achievements in reducing Maternal Mortality in 2010

UNFPA is supporting the Government of Rwanda to achieve the commitments made to the UN Secretary General GLOBAL STRATEGY FOR WOMEN'S AND CHILDREN'S HEALTH, more specifically those related to maternal Health.

Reduction of maternal mortality ratio: according to the 2008 UN MMR estimates, total percentage declines in MMR in Rwanda is (–51%). DHS 2005: 1071/100.000 LB; UN estimates 2008: 540/100.000 LB, 2010 HMIS: 383/100.000 LB

How?

1. Institutionalization of Maternal Death Audit in Rwanda

In 2008, the Government of Rwanda has developed and adopted, with UNFPA support a road map to accelerate the reduction of maternal and newborn mortality and morbidity which take into account the maternal death audit at health facilities and community level. Maternal death audits are seen as an important mechanism to strengthen health information systems to improve understanding of the major causes of death and the changes needed to address them.

Since November 2008, the Ministry of Health has institutionalized maternal death audit through capacity building of health facilities. Three methods were selected: 1) Facility based deaths audit, 2) Confidential enquiry into maternal deaths, and 3) verbal autopsy (community based deaths audit). The tools for those 3 methodologies were developed. In November 2008, a pool of trainers in Maternal Deaths audit (28 persons) was put in place and tools pretested and validated. The ToRs of focal point in charge of Maternal Death Audit at the MoH level were proposed. This training was conducted together with UNFPA and WHO and was a good experience in delivering as one in Rwanda. In March-April 2009 the training sin Maternal Death Audit. were completed. As result, All District Hospitals (43) have 2 trained providers in maternal deaths audit and are prepared to start to review all maternal deaths which happened as well in the health systems as in the community.

As results, 256 maternal deaths in 2009 and 221 maternal deaths in 2010 were audited and recommendations formulated to avoid similar deaths in the future. The major causes of Maternal Deaths are currently known and this is the best way to prevent further deaths and focus interventions.

2. CARMMA and WRA

Concerned about the magnitude of Maternal Mortality on the continent, the African Union (AU) Ministers of Health at the fourth session of the Conference of Ministers of Health meeting in Addis Ababa launched the Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA) in May 2009. The AU has spearheaded this campaign, which aims to accelerate the availability and use of universally accessible quality health services including those related to reproductive and sexual health. "Africa cares: no woman should die while giving life" is the theme of the campaign.

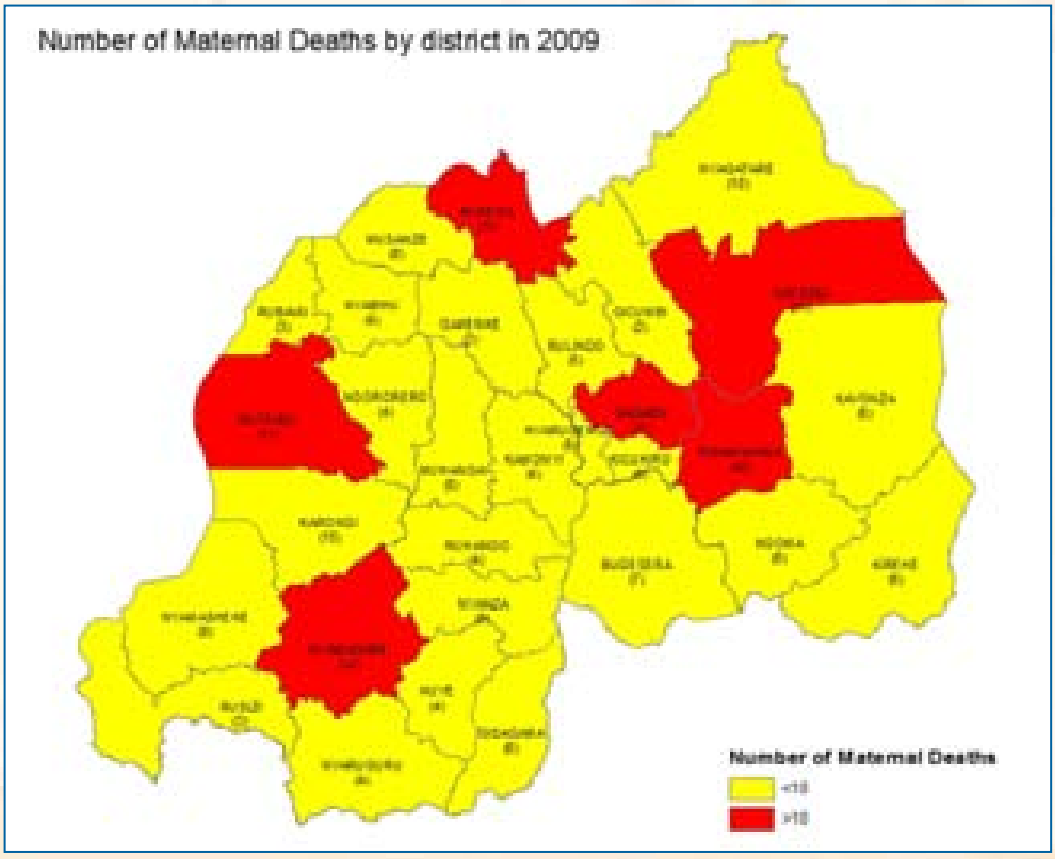
In Rwanda, CARMMA was launched on 7th October 2009 by the First Lady of Rwanda, H.E Mrs. Jeannette Kagame. This high profile meeting that brought together key stakeholders provided a good entry point towards sustained efforts to reduce maternal and newborn deaths in Rwanda.

Several high level advocacy initiatives aimed at improving maternal and newborn health, have taken place in Rwanda led by government. These include the launch of the White Ribbon Alliance (WRA) in October 2008 by the First Lady of the Republic as patron, and the International Conference on Maternal and Child Health in May 2009 and July 2010. These events have reaffirmed the Government of Rwanda's commitment to addressing maternal mortality and morbidity.

H.E. Jeannette Kagame, first Lady of Rwanda launching CARMMA and White Ribbon Alliance

In this regard, UNFPA Rwanda CO continue to support MoH, network of parliamentarians, NGOs and Districts to increase awareness in ASRH with a complete and integrated package of information in Reproductive Health and Rights, and document and share good practices using CARMMA approach.

In Rwanda, the above approach is coupled with the White Ribbon Alliance (WRA) Initiative, launched in 2009, which aims to complete national efforts engaged to reduce maternal mortality and morbidity. A WRA strategic plan (2010 – 2015) is being implemented.



3. Strengthening capacity of health professionals to deliver quality MNH services

- Fistula Programme: 245 women beneficiated fistula repairs from January to September 2010
- Rapid SMS in One Pilot District: Between March-May 2010, 432 CHWs and 22 supervisors were trained on RapidSMS and equiped with teplehones for tracking 14,000 expected pregnant women over a 12-month period in Musanze district. During the reporting period, 75 % (1783/2,333) of the expected pregnancies were registered through the RapidSMS system. CHWs reported 583 births, 115 risks during pregancy and no maternal or child death. The DH has reported increased ANC attendance and facility delivery.
- RapidSMS is a mobile phone alert-based and open-source system used for communication and interactive data collection

UNFPA assists the Government of Rwanda to acquire Gyneco-obstetric equipment

Community Health Workers undergoing a training on how to use short message text to report on maternal Health.

- EmONC: Gyneco-obstetric equipment purchased and donated including 6 ambulance
- Family Planning: Rwanda MOH policies authorise Community Health Workers (CHWs) to provide condoms, pills, injectables and cycle beads. In March/ April 2010, 78 service providers were trained as trainers for CBP programme. In july 2010, 3,068 CHWs were trained in CBP and 64% certified to provide injectable in November. In the first month of implementation, 3,263 clients were served in the 3 pilot Districts (41% injectables, 32% condoms, 25% pills and 2% cycle beads). The programme is being scaling up in 11 additional Districts in 2011.

4. Success stories for the year 2010

- UNICEF, WHO and UNFPA Joint intervention has increased local resource mobilization (procurement of ambulances, piloting RapidSMS in one district, improving FP services at community level)
- Piloting of RapidSMS in one district has provided evidence of the huge potentials of this innovative technology and has empowered Community health Workers (CHWs) through a tool (telephone) that allows them to take action on real time
- The involvement of parliamentarians in advocating for RHCS has increased their awareness on the issue of budget allocation to Reproductive Health by the Government
- The involvement of parliamentarians in voting for and allocation of the National Budget, and advocating for reproductive health commodity security is very relevant for maternal health improvement
- The existence of the national logistic committee is an efficient mechanism for coordinating the management of RH commodities
- The partnership with FBOs enhances the promotion of, and utilization of SRH/FP services

Way forward

- Maternal Death Audit strategy: Scale up verbal autopsy, add neonatal component and regular M&E
- Obstetric Fistula: enhancement of fistula care programme with emphasis on EmONC and social reinsertion
- Skilled birth attendance/midwifery to be improved: Build partnership with training institutions
- CARMMA&WRA: Raising awareness and documentation of good practices to strengthen national and decentralized capacities in Maternal Health
- FP: Continue with procurement of contraceptives, and scale up vasectomy and Community Based Provision of Condoms, Cycle bids, Pills and Injectables.

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UNFPA, the United Nations Population Fund, is an international development agency that promotes the right of every woman, man and child to enjoy a life of health and equal opportunity. UNFPA supports countries in using population data for policies and programmes to reduce poverty and to ensure that every pregnancy is wanted, every birth is safe, every young person is free of HIV/AIDS, and every girl and woman is treated with dignity and respect.