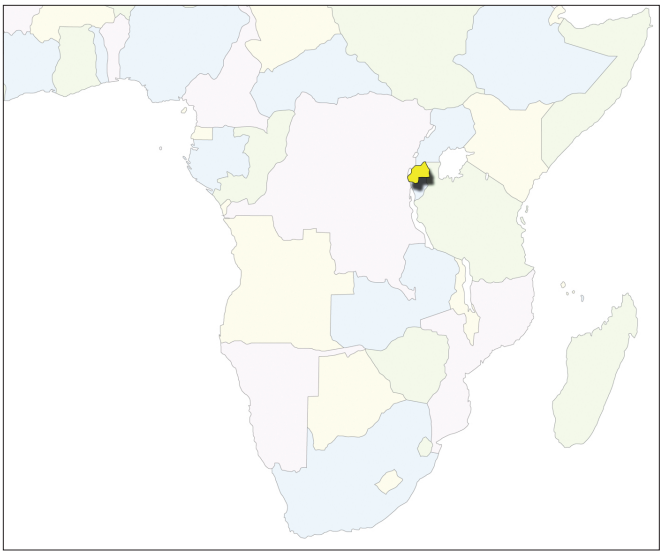
MEASURE Evaluation in Rwanda

Rwanda is among the world's least developed nations. In 2010, it ranked 152 of 169 countries on the United Nations Development Index, a composite national measure of health, education and income. Nearly 60 percent of the country lives below the national poverty line. Within a few years of reporting its first HIV/AIDS case in 1983, Rwanda became one of Africa's most HIV/AIDS-afflicted countries. The 1994 genocide intensified the country's epidemic. Sustained sexual violence and rape against women led thousands of survivors to contract the virus. In 1996, the first post-genocide HIV data collection took place at 10 sentinel sites throughout the country. Twenty-seven percent of the urban population, 13 percent of the semi-urban population and nearly 7 percent of the rural population at these sites had the virus, along with 70 percent of female rape victims tested. The killing and displacement of many doctors, nurses and health workers during the conflict further exacerbated HIV treatment and surveillance.

The country's HIV prevalence rate has decreased since the 1990s. According to the most recent DHS population-based survey in 2005, the rate was an estimated 3 percent. The rate varies dramatically among different sectors of the population, though. HIV prevalence is 7.3 percent in urban areas, more than three times the rural rate. Western districts and Kigali, the capital, have significantly higher rates than other parts of the country, and women in all age groups face a higher risk of infection than men.

Rwanda has taken a proactive approach to deal with its HIV/AIDS epidemic in the past decade. The National AIDS Control Commission (CNLS) organizes HIV/AIDS activities countrywide. CNLS works closely the Ministry of Health and receives support from eight different government ministries, making it a truly national, integrated effort. In fact, as part of the Economic



COUNTRY FLAG

DEMOGRAPHY

Population: 9,877,000
Population Growth Rate: 2.818%
Age Structure:
0–14 years: 43.0%
15–64 years: 54.6%
65 years and over: 2.4%
Death Rate: 16 deaths/1,000 population

HIV-RELATED DATA

Adult HIV Prevalence: 2.8%
People Living with HIV: 150,000

OTHER RELEVANT DATA

Infant Mortality Rate: 62 infant deaths/1,000 live births
Total Fertility Rate: 5.5 children born/woman
Maternal Mortality Ratio: 1,300 maternal deaths/100,000 live births (2005)

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Development and Poverty Reduction Strategy (EDPRS) 2008–12, which outlines the country's medium-term development goals, HIV/AIDS response activities have been mainstreamed and integrated into the routine activities of all ministries. Moreover, each of Rwanda's 30 independent districts has a mutli-sectoral AIDS control committee.

The country's HIV/AIDS response has made notable progress. According to Towards Universal Access, a report issued by the WHO, UNAIDS and UNICEF about worldwide efforts to scale up HIV/AIDS interventions. At the end of 2010, an estimated 85 percent of adults (15 years and older) who were eligible to receive antiretroviral therapy for HIV were receiving it. Because of high HIV-testing rates among pregnant women, mother-to-child transmission rates fell from 30.5 percent in 2001 to 8.9 percent in 2007. Rwanda also boasts a national E-Health Strategic Plan for 2009–2014, which coordinates a number of systems, including performance-based financing, community health information systems, disease surveillance and electronic medical records.

MEASURE EVALUATION IN RWANDA

MEASURE Evaluation has maintained a country office in Rwanda since 2006. Under the leadership of former Resident Advisor, Andrew Koleros, the Rwanda office carried out an unusually broad portfolio of activities in close collaboration with our government partners. This tradition will be continued and strengthened under the leadership of Koleros' successor as Resident Advisor, Mr. Kirota Nindinde Kyampof.

Most At-Risk Populations

Because globally certain subgroups (such as men who have sex with men and female commercial sex workers) face a higher risk of contracting HIV than the general population, assessing programs and services that target these populations is important. MEASURE Evaluation has assisted with a variety of activities with this purpose in Rwanda.

One particularly noteworthy collaboration occurred in 2008, when MEASURE Evaluation helped Rwanda's National AIDS Control Commission (CNLS) conduct the country's first-ever study of HIV risk among men who have sex with men. Prior to this study, no programs existed for this population in Rwanda. The study sought to describe the group and explore the nature of high-risk activities among its members. It also aimed to gauge men's opinions about the acceptability of potential HIV prevention activities. After completing the study of HIV risk among men who have sex with men in Kigali, study participants and other men who have sex with men attended a workshop. At the workshop, they assisted the study management team in interpreting and validating study results to develop priority HIV interventions for men who have sex with men in Kigali.

The study continues to have a resounding effect on HIV programs and public policy regarding men who have sex with men. Rwanda's National Strategic Plan for 2009–2012 incorporated the study's results by prioritizing men who have sex with men as a target group, which helped Rwanda's government receive funding from the Global Fund to Fight AIDS, Malaria and Tuberculosis to develop programs tailored specifically for them. Furthermore, the Civil Society Coalition on Lesbian and Gay Rights drafted a position paper based on the study, which it submitted to the Rwandan Parliament in support of a law ending the criminalization of homosexuality in the country.

Additionally, MEASURE Evaluation helped facilitate Rwanda's HIV triangulation exercise, which brought more than 100 stakeholders together to analyze trends in all data collected. From this exercise, stakeholders sought to identify predictive factors of HIV infection in youth and as well as couples in which one partner is infected with HIV and the other is not (sero-discordant couples.) They also examined coverage of HIV prevention intervention programs among populations most at-risk for contracting the virus around Rwanda.

Another group at high risk of contracting HIV in Rwanda is female commercial sex workers. Determining the size of this population in a country can often be quite challenging, but doing so is crucial to designing interventions and treatment programs. To carry forward this task in Rwanda, MEASURE Evaluation helped fund three members of Rwanda's Treatment and Research AIDS Center (TRAC Plus) to attend a workshop covering different methodologies for estimating the size of populations that face a high risk of becoming infected with HIV. The workshop led the team to develop a

detailed action plan for carrying out a national-level exercise to estimate the number of female sex workers in Rwanda, with plans to replicate the methodology at the district-level in the future. MEASURE Evaluation has been working with TRAC Plus on a variety of other activities to improve data quality as well.

One significant activity has been the creation of antiretroviral therapy registers, including new registers for infants exposed to HIV/AIDS, as well as maternity and family planning monitoring registers, all with HIV/AIDS integrated. In addition, MEASURE Evaluation's Resident Advisor Joseph Mabirizi developed a data quality audit tool, which the Ministry of Health adopted and approved as its official tool for conducting data quality audits in the health sector.

Assessing the National M&E System

In December 2009, the Project provided technical assistance to CNLS to assess the national HIV monitoring and evaluation system. To do so, it used the UNAIDS 12 Components M&E System Assessment Tool. This tool is based on the premise that a strong M&E system includes 12 key components, which, together, meet the information needs of various stakeholders. Examples of these key components include a national, multi-sectoral HIV M&E plan, routine HIV program monitoring, and data dissemination and use. The findings identified weaknesses and were used to develop a two-year integrated M&E work plan with activities designed to address the weaknesses.

Strengthening District-Level M&E Systems

The strength of a national M&E system depends, in part, on strong systems at lower levels. To this end, MEASURE Evaluation also works at the district level in Rwanda. In 2010 it began collaborating with CNLS to work with district-level AIDS control committees to develop action plans to improve data quality in their respective districts. Action plans incorporate planning, coordination, monitoring and evaluation activities for each district. This process involves working with Rwandan policy makers who could influence the utilization of results and timelines for action.