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Jeff HEALTH: Helping East Africa Link to Health

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Overview of Healthcare System in Rwanda

Rwanda’s decentralized, multi-tiered system provides care via 18 dispensaries, 16 prison dispensaries, 34 health posts, over 442 health centers, 48 district hospitals, and 4 national referral hospitals. In February 2011, Rwanda had 470 generalist practitioners, 133 specialists, and 58 inpatient specialists to provide healthcare to over 10 million people. Rwanda has also introduced Community Health Workers in an effort to extend quality healthcare to rural regions.

Introduction

JeffHEALTH: Helping East Africa Link to Health is a student-run organization at Thomas Jefferson University dedicated to improving basic medical education and quality of life in Rwanda, which was devastated in 1994 by civil war and genocide. Working in partnership with the Rwanda Village Concept Project, a student organization at the National University of Rwanda, JeffHEALTH seeks to implement sustainable health initiatives in our partner villages. Graduate students from Thomas Jefferson University travel to Rwanda where they teach Community Health Workers from the Villages of Akarambi and Ruli the following topics: Nutrition and Vitamin Deficiencies, Family Planning, Prenatal care, HIV, Sexually Transmitted Illnesses and Hepatitis, Breast and Cervical Cancer, Diabetes, and Fistulas. We also taught two programs to children of the villages (Oral Hygiene and Soil Transmitted Helminthes) and talked with young adults about Circumcision and HIV Prevention and Sex Education.

Teaching Community Health Workers

We chose our lesson topics based on both the goals that the Rwandan Ministry of Health has indicated are important for their country and what the project director, Andre Munyantanaage, assessed were important topics for the specific villages we were working in. We then trained our lessons to Community Health Workers, who are rural health advocates chosen by their communities and trained by the Ministry of Health on important health topics. Our programming was supplemental to the training they had previously received.

To make sure our lessons were making an impact we piloted an evaluation program for our lessons of family planning and STIs. This structure of this new program is shown below:

1. Pre-Test
2. Lecture on Interactive Activity
3. Post-Test and Evaluation

A two sample tailed t-test (α=0.05) was used to test whether the post-test scores were significantly different from pre-test scores.

Based on our evaluations, the community health workers generally gained knowledge from our lessons. In the future, we plan to use this information to improve our lessons by partnering with RVCP to add more activities and make sure our lessons are as culturally relevant as possible. We also plan to expand our evaluation program to include evaluations of all of our lessons next year.

Major Health and Social Concerns of Rwanda

With cooperation from all of the world’s sovereign nations and leading health institutions, the United Nations outlined the fulfillment of eight objectives, entitled Millennium Development Goals (MDG), by the year 2015.1 These ideas outlined a blueprint to confront crises that disproportionately affect the downtrodden of society, ranging from economic to social to educational to medical issues. Rwanda made encouraging progress in most objectives.

<table>
<thead>
<tr>
<th>Millennium Development Goal (MDG)</th>
<th>MDG Progress</th>
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<tbody>
<tr>
<td>1C. Halve proportion of people who suffer from hunger1</td>
<td>51.5% reduction (1990 to 2015) Achieved</td>
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<tr>
<td>2A. Ensure that children will be able to complete a full course of primary schooling2</td>
<td>Net enrollment ratio in primary education (2007-2014): 93% Not Achieved</td>
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<tr>
<td>3A. Eliminate gender disparity in all levels of education2</td>
<td>Gender parity index in primary education (2007-2014): 1.02 On Track</td>
</tr>
<tr>
<td>4A. Reduce by two thirds the under-five mortality rate4</td>
<td>Deaths per every 1000 live births (1990 to 2015): 72% reduction Achieved</td>
</tr>
<tr>
<td>5A. Reduce by three quarters the maternal mortality ratio1</td>
<td>Maternal mortality ratio (per 100,000 live births) (1990 to 2015): 78% reduction Achieved</td>
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<tr>
<td>6A. Halt and begin to reverse the spread of HIV/AIDS6</td>
<td>Incidence of HIV% (2000 to 2014): 62% reduction Achieved</td>
</tr>
<tr>
<td>6B. Achieve universal access to treatment for HIV/AIDS 7</td>
<td>Anti retroviral therapy coverage (%) (2007 to 2014): 71% to 68% Not Achieved</td>
</tr>
<tr>
<td>6C. Halt and begin to reduce incidence of malaria and other major diseases6</td>
<td>Malaria incidence: 80% reduction Achieved</td>
</tr>
<tr>
<td>7C. Halve the proportion of people without sustainable access to safe drinking water and basic sanitation7</td>
<td>Population using improved drinking-water sources and improved sanitation: 42% improvement Achieved</td>
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<tr>
<td>8A. Develop further an open, rule-based, nondiscriminatory trading and financial system8</td>
<td>Median availability of selected generic medicines (2007-2013): Private ratio: 80% Public ratio: 46.3%</td>
</tr>
<tr>
<td>8B. In cooperation with pharmaceutical companies, provide access to affordable essential drugs8</td>
<td>Median consumer price ratio of selected generic medicines (2007-2013): Private ratio: 3.6% Public ratio: 1.7%</td>
</tr>
</tbody>
</table>


References