

## The Whole Picture: Strengthening Health Workforce Policies and Planning in Rwanda



Rwandan mother and child

"We need a more balanced geographic distribution of health professionals in Rwanda," says Bonita Baingana, who served until recently as the Rwanda Ministry of Health's human resources for health (HRH) advisor. The country faces one of the most critical shortages of physicians and nurses in Africa, especially in rural areas. "Most health professionals prefer to work in urban areas due to many privileges that are not found in rural areas," Baingana notes, "leaving the rural areas with few staff to care for the majority of the country's population."

When Baingana joined the Ministry of Health in 2005 to take up a position supported by the Capacity Project, she

found that there was no consolidated source of records on public health workers. The government urgently needed a consistent, routinely updated information system to track the deployment of health professionals across the country. With Baingana's help, the Capacity Project partnered with the Ministry of Health and Belgian Technical Cooperation to support HRH initiatives including the development of a human resources information system (HRIS) for use at the central level and at district health offices.

Joined by other Capacity Project staff, Baingana began working with the Ministry to address gaps for the HRIS, including a lack of consistent HR data, no trained data collectors and weak infrastructure. "Later I identified a consultant from the Kigali Health Institute to be in charge of collecting data," she recalls. "The survey was completed in December 2006 and included information on more than 6,000 public health professionals."

With data now available, Project staff developed and installed iHRIS Manage, a web-based HR management system designed to meet the Ministry's immediate data collection needs. "Once the system was in place, we needed someone to continue updating the data," Baingana adds, "so the Capacity Project recruited a database specialist, Gilbert Uwayezu, and he is now assigned to the Ministry.

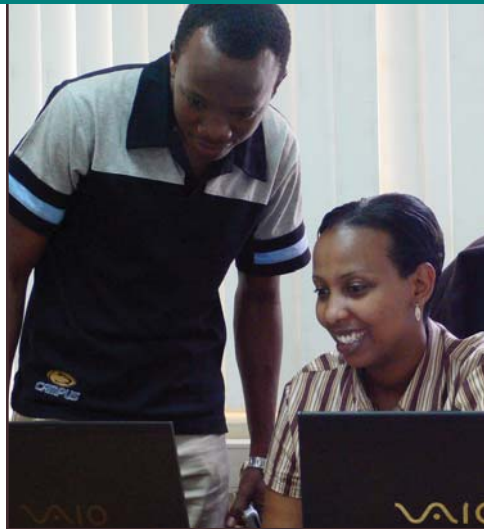
"At a later stage," she continues, "we thought it was really important to have someone go down to the districts [and verify data]. We found someone familiar with the Ministry of Health—he's been at the Ministry for 20 years." Boniface Banyanga was hired by the Capacity Project as an HR manager and assigned to the Ministry. With the HRIS system complete, data collection quality and consistency are key issues. "Now we are in the process of developing a plan to see how data collection will be done systematically [going forward]," Baingana reports.

"I really want to see the HRIS work so that it helps us with decision-making," she says, and gives an example. "If the system really functions well, we'd know that a certain district hospital has got three doctors, yet it actually needs six. So how do we recruit three more doctors to go to that district hospital, and how are we going to attract them to go there? What are the incentives put in place to motivate them to go and work in a district hospital? A strong HRIS will be able to generate reports and tell us there are doctors in one location, but they are missing in another, so we will be able to deploy them."

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*Team members working on the HRIS in Rwanda*



*Bonita Baingana*

The Capacity Project is also assisting the Ministry to strengthen pre-service education for nurses and midwives and expand HIV/AIDS services including prevention of mother-to-child transmission, voluntary counseling and testing and antiretroviral therapy. Additionally, the Project is helping with a national roll-out of clinical family planning services for health care providers.

“Everybody’s advocating for family planning,” Baingana notes. Rwanda’s population of 8.3 million is one of the most densely concentrated in Africa. While contraceptive prevalence rates have risen, there remains a 37% unmet need for family planning according to the 2005 Rwanda Demographic Health Survey.

In conjunction with her other efforts, Baingana facilitated the admissions process for Rwandan health professionals attending higher education programs in other African countries on scholarship. “I would make sure that we got the students—doctors, nurses, physical therapists, dentists,” she explains. “Another big part of my job was to get them admissions. In Rwanda, we don’t have schools of specialization so I had to travel to many universities in other countries. Getting all of the students in school was not easy,” she adds, “but it was worth it.”



The Capacity Project  
IntraHealth International, Inc.  
6340 Quadrangle Drive  
Suite 200  
Chapel Hill, NC 27517  
Tel. (919) 313-9100  
Fax (919) 313-9108  
info@capacityproject.org  
www.capacityproject.org

The Capacity Project, funded by the United States Agency for International Development (USAID) and implemented by IntraHealth International and partners, helps developing countries strengthen human resources for health to better respond to the challenges of implementing and sustaining quality health programs.

The Voices from the Capacity Project series is made possible by the support of the American people through USAID. The contents are the responsibility of IntraHealth International and do not necessarily reflect the views of USAID or the United States Government.

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