

I. Demonstrating the Impact of Comprehensive Care (the DDCF project)

Since 2005, Partners In Health/Inshuti Mu Buzima (PIH/IMB) has worked to implement an integrated healthcare delivery system in rural Rwanda. In three rural districts, PIH/IMB supports care in a total of 37 health centers and three hospitals and employs 5,345 staff, 3,313 of whom are community health workers (CHWs). All health centers provide the full range of primary care as well as treatment for HIV and tuberculosis (some health centers also provide care for non-communicable diseases) and collectively provide coverage to a total catchment area of 800,000.

With funding from the Doris Duke Charitable Foundation (DDCF), PIH/IMB and our partners are expanding health services in two rural districts, Kirehe and Southern Kayonza and are creating a robust monitoring and evaluation system and an enhanced program of clinical supervision. PIH/IMB and our partners at the Rwandan School of Public Health, Brigham and Women's Hospital, Harvard Medical School, and the Harvard School of Public Health are working with the Ministry of Health (MOH) to build a permanent in-country research infrastructure to show that health outcomes can be improved through a strong CHW network linked with district-wide facility strengthening and robust supervision and mentoring. Research will compare the population health impact in two districts where PIH/IMB is implementing our model of care with other rural districts that are receiving the standard MOH model of care.

II. Transformative Opportunity

Status Quo: In September of 2008, the Government of Rwanda (GoR) released the District Health Systems Strengthening (DHSS) framework, a comprehensive strategy for health sector delivery. While the GoR has limited resources to achieve this ambitious framework and it has repeatedly proved open to evidence-based improvements in their public health system, which provides PIH/IMB the opportunity to prove that targeted programmatic strengthening in addition to the DHSS framework will improve population-level health.

Global Opportunity: If successful, the DDCF project will change the narrative and funding decisions regarding the role of community health workers and clinical mentoring in public health, and show the value of increasing investments in overall health system strengthening rather than continuing to focus on vertical programs. Through economic research, we will show that a well-defined healthcare intervention can interrupt the intersecting dynamics of poverty and disease and that access to healthcare is both life-saving and instrumental to building economies at the household and village levels.

Beyond saving lives, the rigorous M&E framework established by this grant will keep data programmatic quality improvement in the strategic foreground, and the research infrastructure will serve both as capacity building success and a vehicle to systematically examine long term population health impact. Additional research will assess the total cost of our health intervention and investigate correlating economic trends in the communities in which we work. Our ultimate aim is to contribute to scholarship that will be used to elucidate the links between health and development; highlight the importance of M&E in health and development projects; and change how global health funds are allocated by bilateral and multilateral donors.

What has already changed: The DDCF project has already strengthened healthcare delivery in Kirehe and Southern Kayonza by rolling out the Health Center Strengthening package to 22 and fully implementing the MESH system of clinical and programmatic mentoring in Southern Kayonza. Ten Masters' and PhD students at the Rwandan School of Public Health were awarded research scholarships to build the knowledge base in Rwanda. And preliminary analysis of the Demographic Health Survey oversampling is well underway.

III. Project Milestones

Spring 2012	MESH rolled out fully in Kirehe district
Summer 2013	First class of Masters' students to graduate from PHIT scholarship program
Summer 2015	First class of PhD students to graduate from PHIT scholarship program
Fall 2015	DHS oversampling complete (to compare to 2010 DHS)
Winter 2015	Publications in peer-reviewed journals describing our intervention and impact