

## PROJET NARRATIVE L'ACCÉLÉRATEUR UNIT

**Project title: *Strengthening Primary Healthcare in Rwanda Through Development of Healthcare Professionals – A Contribution to the National 4x4 HRH Reform***

<b>Lead applicant organization</b>	Rwanda Ministry of Health	
<b>Website address</b>	<a href="https://www.moh.gov.rw/">https://www.moh.gov.rw/</a>	
<b>Country of the lead applicant</b>	Rwanda	
<b>Implementing partner</b>	University of Rwanda/ College of Medicine and Health Sciences/ Schools of Nursing and Midwifery and the Schools of Health Sciences.	
<b>Country of project implementation</b>	Rwanda	
<b>Project duration (in months)</b>	48 months	
<b>Expected start date</b>	1 <sup>st</sup> of January, 2025	
<b>Genre marker CAD<sup>1</sup></b>	0 <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/>	
<b>Total project budget (in euros)</b>	5.000.000 €	
<b>Budget requested from Expertise France</b>	5.000.000 €	100 % of the total funding
<b>In case of other source of funding:</b>		
Amount of co-funding:	€ 7M	
Name of donor:	RSSB, UNFPA, MSH	
Has co-funding been granted?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No      Expected commitment date: Ongoing	

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<sup>1</sup> <https://www.oecd.org/dac/gender-development/dac-gender-equality-marker.htm>

## OVERVIEW OF APPLICANT ORGANIZATION AND PARTNERS

### 1. Implementing partner organizations

Name	Previous partnership	Role in the project	Budget and %
Rwanda Ministry of Health (MOH)	Lead institution	<p>Led the entire project co-design process</p> <p>During the project implementation the MOH will lead the implementation and coordination of activities related to curriculum review and harmonization, faculty capacity development, scholarships awarding, procurement of prioritized simulation labs equipment, in-service mentorship, and upgrading of digital systems.</p> <p>Oversight and coordination role of the entire project activities during project implementation</p>	<b>3 152 240 €</b> <b>63%</b>
University of Rwanda/ College of Medicine and Health Sciences	<p>The University of Rwanda/ College of Medicine and Health Sciences is the main training institution participating in the "4x4" reform as the only public university. Together with other participating institutions, the university signed with the MOH the Synergy Memorandum of Understanding (MOU) for the implementation of "4x4" reform. Representatives from the College of Medicine and Health Sciences also sit on different committees and fora i.e. the National Health Workforce TWG, the 4x4" reform steering committee, and task force.</p>	<p>Project co-design: UR contributed to the situational analysis and definition of the project components and shared cost estimates during the budget exercise. UR will be in charge of the following points during project implementation:</p> <p>(1) the entire recruitment, contracting and management of faculty both local and foreigner, including the implementation of the twining program</p> <p>(2) selecting and nominating faculty to attend the University of Global Health Equity (UGHE) post graduate certificate program in health professions education (HPE), and coordinate with the MOH and UGHE during the program implementation.</p> <p>(3) prioritization, development of the equipment list for the simulation labs and their specifications, and after procurement of equipment by MOH coordination with the suppliers of equipment for installation, usage and maintenance.</p>	<b>1 847 760 €</b> <b>37%</b>

Other implementing partners with no budget responsibility will include:

The following private universities:

- Adventist University of Central Africa (AUCA)
- Catholic University of Rwanda (CUR)
- East African Christian College (EACC)
- Institute of Applied Sciences Ruhengeri (INES)

- Institut Catholique de Kabgayi (ICK)
- Kibogora Polytechnic (KP)
- Mount Kigali University Rwanda (MKUR)
- Ruli Higher Institute of Health (RHIH)
- University of Gitwe (UG)

All these universities signed as well with the MOH the synergy MOU for the implementation of the “4x4” reform. They are key partners in ensuring that the MOH reaches the targeted number of healthcare cadres graduate by 2028. MOH currently offers scholarship sponsorships to students to attend these universities and will continue to offer scholarships during this project. These universities did not participate in project co-design as such, but data on their needs was used to inform the project design. During the project implementation these universities will closely collaborate with the MOH for a proper implementation of the scholarships program. Private universities will be key collaborators of the MOH for the review and harmonization of the nursing curriculum and later on its implementation. And lastly the private universities will be tasked to select and nominate faculty to attend the University of Global Health Equity (UGHE) post graduate certificate program in health professions education (HPE), and coordinate with the MOH and UGHE during the program implementation.

Nursing and Midwifery and Allied Health professional councils are also part of the synergy MOU for the implementation of the “4x4” reform. They ensure that graduating healthcare cadres are smoothly registered and licensed and immediately join the health workforce. During the situational analysis, the Nursing and Midwifery Council shared information on how they currently operate, plans, and challenges including constraints of the digital systems. During the project implementation they will continue to work and collaborate closely with the MOH for the development of an integrated human resources for health digital system. Additionally, the Nursing and Midwifery Council will be involved in the nursing curricula review and harmonization.

The University of Global Health Equity (UGHE): UGHE on the request of the MOH, has developed and will implement postgraduate curricula on health professions education (HPE). This project includes an activity on faculty capacity development, and it will consist of having faculty attending the postgraduate certificate at UGHE through a mix of theoretical and practical applications.

Rwanda Biomedical Center (RBC): The RBC is the policy implementer of the MOH and is associated with this project for the implementation of the in-service mentorship activities.

Rwanda Medical Supply (RMS): is an affiliated agency to the MOH and offers services related to procurement, warehousing and delivery of medical commodities. For this project the RMS will be in charge of procurement of the simulation lab equipment.

## 2. Other associated stakeholders

<i>Associated stakeholders</i>	<i>Type of Association</i>
<b>The Global Fund to Fight AIDS, Tuberculosis and Malaria (GF)</b>	<i>This project is designed to be complementary to the GF funding interventions.</i>
<b>World Health Organization (WHO)</b>	<i>WHO is currently supporting the MOH to conduct a Gender Analysis of the 4x4 Reform. This analysis will enable evidence-based interventions that could tackle gender inequalities and create a more equitable learning and working environment within Rwanda’s health sector, aiming to increase representation across all genders within the health workforce.</i>

<b>Associated stakeholders</b>	<b>Type of Association</b>
<b>United Nations Fund for Population Activities (UNFPA)</b>	<p>UNFPA is currently supporting the MOH, teaching institutions, and the nursing &amp; midwifery council in the review and harmonization of the midwifery curricula. After this exercise, UNFPA will also support training midwifery faculty on competency teaching and implementation of onsite and mentorship activities for practicing midwives who did not benefit from the new curricula.</p> <p>The curriculum review and harmonization exercise under UNFPA support were revealed to be effective, and the same process and approach will be replicated for the review and harmonization of the curricula for the nurses. UNFPA will be invited to be part of the core team.</p>
<b>Johns Hopkins Program for International Education in Gynecology and Obstetrics (JHPIEGO)</b>	<p>JHPIEGO is currently developing a project in support of the nursing schools and the nursing and midwifery professional council. JPIEGO will co-fund faculty to attend the UGHE postgraduate certificate on HPE.</p> <p>JHPIEGO will support the Nursing and Midwifery Council to review their system of working and develop a plan toward modernizing their processes. This support will exclude any digital component. Here there are opportunities for working together and coordination as functionalities of the digital system are informed by the workflow processes and vice versa.</p>
<b>Management Science for Health (MSH)</b>	<p>MSH is currently supporting the MOH with the development of the Health Workforce Management System (HWMS) while this project will be supporting the upgrading of the rest of the modules and adding a few other functionalities. Strong coordination and alignment are also key here.</p>
<b>United Nations Children's Fund (UNICEF)</b>	<p>UNICEF is currently supporting the MOH/RBC with the development of onsite in-service training and mentorship guidelines. These guidelines will guide all activities related to onsite in-service training and mentorship activities under this project.</p>
<b>Other Development Partners (DPs), donors, and other members all participating in the national health workforce Technical Working Group (TWG), task force, and steering committee for the 4x4 reform: Oversight, information sharing, coordination, alignment, etc.</b>	

## PROJECT DESCRIPTION

### 1. Project summary

This is a 48-monthly project with a total amount of 5 million euros catalytic investment, led by the Rwanda Ministry of Health (MOH) and its affiliated agencies in close collaboration with the University of Rwanda (UR) /College of Medicine and Health Sciences (CMHS)/Schools of Nursing & Midwifery and Health Science, the University of Global Health Equity (UGHE), the Nurses & Midwives and Allied Health Professionals councils and the following private universities:

- Adventist University of Central Africa (AUCA)
- Catholic University of Rwanda (CUR)
- East African Christian College (EACC)
- Institute of Applied Sciences Ruhengeri (INES)
- Institut Catholique de Kabgayi (ICK)
- Kibogora Polytechnic (KP)
- Mount Kigali University Rwanda (MKUR)
- Ruli Higher Institute of Health (RHIH)
- University of Gitwe (UG)

**The Overall Goal of the project** is to contribute to the improvement of the availability of qualified, competent, and equitably distributed Primary Health Care (PHC) health workers cadres in Rwanda.

The ***Specific objectives of the project*** are to:

- 1) Enhance self-sustainability and capability of teaching institutions and sites to deliver quality and gender-sensitive pre-service academic programs
- 2) Enhance quality of care through gender-sensitive continuous in-service training and mentorship of practicing nurses
- 3) Strengthen key regulatory functions of the Nursing & Midwifery and Allied Health Professionals Councils by upgrading their digital systems and integrating them with the Health Workforce Management System
- 4) Strengthen the MOH oversight and coordination mechanisms by contributing to the ongoing development of the Health Workforce Management System

A comprehensive approach to pre-service and in-service training aligned with the 4x4 reform's four strategy areas is being proposed, ensuring that selected teaching schools have enough and qualified faculty, teaching curricula and content are of good quality, and respond to the population needs, simulation-based teaching happens in the conducive learning environment, the universities and schools can enroll the targeted number of students by providing scholarships sponsorship, that continuous training and mentorship of practicing health workers happens regularly, registration and licensing of health workers are timely and effectively done, and finally the project will contribute to the ongoing development of the Health Workforce Management System at the MOH, to help the MOH seamlessly track all programs and allow better plan and allocate key cadres.

Throughout the project, 25 local faculty and 7 foreigner faculty will be recruited to deliver academic and clinical teaching at the University of Rwanda, College of Medicine and Health Sciences, Schools of Nursing and Midwifery and Health Sciences, 19 faculty will be sponsored to attend the post graduate certificate in HPE at the UGHE and 480 scholarships to attend private teaching institutions will be awarded to students in the selected training programs.

The project will be coordinated through existing fora on HRH and 4x4 reform.

Project achievements and lessons learned will be communicated and published using existing communication and publication channels by the MOH and partners.

## **2. Present the context and project rationale**

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### **2.1 Context and problems the project aims to address**

The Human Resources for Health challenges are not only a concern for Rwanda, but an emerging problem worldwide. It is projected that there will be a global shortage of 10 million health workers by 2030 (1). Africa in particular has shown meagre improvement in health workforce density over the past 10 years, and projections for 2030 are bleak if no interventions are implemented. Africa remains the region most affected by the shortage of Health Care Workers (HCW) yet has no projected improvement. On a continental scale, only 3 countries have achieved the Sustainable Development Goals (SDG) recommended target for healthcare worker density: Libya, South Africa, and Botswana. Rwanda lags with only 1 HCW/1000 people (1).

Rwanda falls behind the WHO-recommended healthcare worker density of 4.45 healthcare workers per 1,000 people (2). The population density of healthcare workers in Rwanda is 1 healthcare worker per 1,000 people. As of July 2024, Rwanda registered close to 26,000 healthcare workers. This number includes 13,150 nurses, 2,038 midwives, 6,831 allied health professionals, 1,302 pharmacists, 103 dental surgeons, 1432 general practitioners, and only 709 specialist doctors, among others. Some specialist areas have 0 to 5 specialists only such as paediatric surgery, cardiac surgery, pulmonology,

and nephrology (3-6). The inadequate skills mix and unclear definition of delineation roles/delineation of services per cadre further compound the shortage of health workers (7).

The ongoing Health Sector Situation Analysis for Health Sector Strategic Plan (HSSP) V re-emphasized the gaps mentioned above. In addition, it highlighted:

- Inadequate numbers of healthcare workers especially specialized health workers to address the country's evolving disease ecology.
- Insufficient numbers of specialized faculty to boost local programs and ensure sustainability.
- Lack of modern equipment and infrastructure to match training needs.
- Health education curriculums are incompatible with current advancements.
- Majors' gaps in service delivery for Human Immunodeficiency Virus (HIV), Tuberculosis, and Malaria, linked to HRH gaps.
- Unmotivated healthcare professionals with high attrition rates in the last 2 years.
- Unequitable workload distribution across health systems (public & private).
- Insufficient and inadequate in-service training for continuous professional development.

Health workforce development and management is a high priority of the Government of Rwanda and a key pillar of the national effort to achieve Universal Health Coverage (UHC). In the past few years, different initiatives were implemented, studies conducted, strategies, policy documents, and tools developed, to inform and guide interventions to strengthen the national health workforce and move towards a sustainable national training capacity:

- Launch of the Government of Rwanda's Human Resources for Health (HRH) Program—a seven-year initiative (2012)
- Workload indicators of staffing needs (WISN) application in Rwanda 2018-2019
- Health Labour Market Analysis (2019)
- National Strategy for Health Professional Development 2020-2030
- Development of the Health Professionals Training Institutions Standards (2021)
- Teaching Hospitals Governance Reforms (2022)
- The **"4x4 reform" (2023)**

### The 4x4 Reform Overview

In July 2023, the **"4x4 reform"** was approved as a national priority by the Cabinet of the Government of Rwanda. This reform sets a goal of **quadrupling the number of healthcare workers in the next four years** to bring Rwanda closer to the recommended WHO-recommended target of healthcare worker density while enabling the country's health sector and medical education to evolve and be sustainable.

Through the 4x4 reform, Rwanda is trying to rapidly grow the health workforce while tackling the epidemiological shift and addressing the aftermath of COVID-19 on the health workforce.

Due to the focus on training and education, the Ministry of Education (MINEDUC) and the Higher Education Council (HEC) were brought to join the Ministry of Health in the co-development and implementation of the reform. Currently, 13 (including one public and 12 private) higher learning institutions are contributing to the reform by training the targeted annual numbers of health professional graduates. Four professional councils are also involved in the 4x4 reform as they coordinate the licensing and registration of trained health professionals. Finally, 15 Teaching Hospitals form an integral part of the clinical training aspect and are thus part of the 4x4 implementation. All participating institutions signed a Synergy MoU for the 4x4 reform emphasizing the commitment to work together and share knowledge and resources where needed to increase Rwanda's health workforce.



## Challenges to the 4x4 reform implementation for nurses, midwives, and allied health professionals per strategy areas:

### *4x4 Reform Strategy area 1: Increasing the quantity and quality of trained health professional students in the programs mentioned above*

Enrolment into studies: Each school has developed an enrolment plan to meet the 4x4 reform target numbers by 2028. In some cases, the number of intakes per academic year increased from 1 to 2 intakes. In public universities and schools, all students receive scholarships through a government sponsorship program. Although private universities developed enrolment plans and are expanding their infrastructural capacity, the likelihood of filling the enrolment gaps is low due to the financial burden for most local students. An assessment conducted in March 2023 at MOH showed that **the average occupancy rate at all private nursing schools was 53.8%, while the average occupancy rate for midwifery programs was 20.2%.** The 4x4 reform includes interventions to mobilize and provide scholarships to students to remove this barrier.

Curricula: Most of the curricula across the programs are not competency-based, each university and school have their curricula, and, in most cases, the curricula are not regularly reviewed and updated. There is an **urgent need to harmonize curricula and teaching across public and private universities.**

Clinical teaching: Teaching plans are organized into classroom teaching, simulation-based teaching, and clinical teaching across the health system in Rwanda. Current challenges include:

- **Weak student' support from clinical site staff** to attain the quality of clinical education (shortage of staff, lack of resources to facilitate needs-based training)
- **Unpreparedness of practitioners in mentoring roles** and responsibilities
- **Inadequacy of the clinical learning environment** and infrastructure (revision rooms, library, internet access, etc.).

### *4x4 Reform Strategy area 2: Local faculty and visiting faculty to fill teaching needs*

There is a **huge and generalized shortage of qualified faculty** across the universities and schools/campuses - student-faculty ratios are below the recommended norms. In most of the cases, faculty are not trained in medical education and pedagogy.

### *4x4 Reform Strategy area 3: Training capacity and teaching facility sites*

With the increasing number of students, **classrooms are no longer able to accommodate all the students.** The same challenge applies to other teaching facilities such as simulation labs, smart classrooms, libraries, computer rooms, etc. The current clinical sites are also saturated.

For proper implementation of teaching programs, universities, schools, campuses, and clinical teaching sites do **require support staff** (administrative assistants, simulation lab attendants, biomedical engineers, and program coordinators). The number of these staff is currently insufficient.

### *4x4 Reform Strategy area 4: Coordination of the 4x4 reform implementation*

The Health Workforce Development (HWD) department at the MOH leads the day-to-day coordination of all participating institutions and ensures quality medical education provision. Currently, **all the monitoring and evaluation is paper-based**, and without a dedicated staff, this adds a significant burden to the department staff. **This does not allow the MOH to plan and allocate key cadres appropriately and according to the changing burden of disease in the country.**

**The Nursing and Midwifery and Rwanda Allied Health Professional Councils**, face similar problems:

- Weak overall internal quality management system as an organization

- Weak digitalization of their overall registration of licensing systems
- Weak capacity in inspecting the schools and implementing & coordinating continuous professional development (CPD).

### Project rationale

The following project and subsequent investment for L'Initiative must be considered as a co-funding of the 4x4 reform – with specific priorities selected based on the current challenges but also on L'Initiative's strategy.

The components and interventions for the project were prioritized primarily on a need basis, funding eligibility, their likelihood of sustainability after the project, and secondary on opportunities of complementarity to other interventions supported by other partners. Interventions that are entirely covered by other partners were excluded.

The **Primary Healthcare level (PHC)** has been given priority in this project proposal for various reasons:

- Firstly, in Rwanda, **85% of the diseases are currently diagnosed and treated at the primary health care (PHC) levels** (Health Management Information System data) to reach 95% by 2028 including **HIV, malaria, and tuberculosis**.
- Secondly, **France is already supporting the tertiary and central levels** of the health systems in Rwanda through the French treasury (Direction générale du Trésor) and the **French Development Agency (AFD)**.
- Thirdly, **PHC professionals represent the vast majority** of the health workforce to be trained in Rwanda as shown in the table below.

Professional Cadres	Average Annual Enrollment (2019-2022)	Expected Enrollment through 4x4						Total Enrollment by 2028	Overall Graduated from 4x4 enrollments
		2023	2024	2025	2026	2027	2028		
Residents & Fellows	72	164	208	208	208	208	208	1,204	897
General Practitioners	203	453	509	515	515	515	515	3,022	1,686
Dental Surgeons	37	60	60	60	60	60	60	360	185
Pharmacists	77	180	320	320	320	320	320	1780	832
Nurses	648	3,541	3,701	3,712	3,712	3,712	3,712	22,090	15,770
Midwives	72	1,396	1,406	1,417	1,417	1,417	1,417	8,470	5,209
Allied Health Sciences	495	2,146	2,146	2,146	2,146	2,146	2,146	12,876	8,394
<b>Total</b>	<b>1,604</b>	<b>7,940</b>	<b>8,350</b>	<b>8,378</b>	<b>8,378</b>	<b>8,378</b>	<b>8,378</b>	<b>49,802</b>	<b>32,973</b>

**Table 1: Distribution per year of expected enrolment per professional cadres**

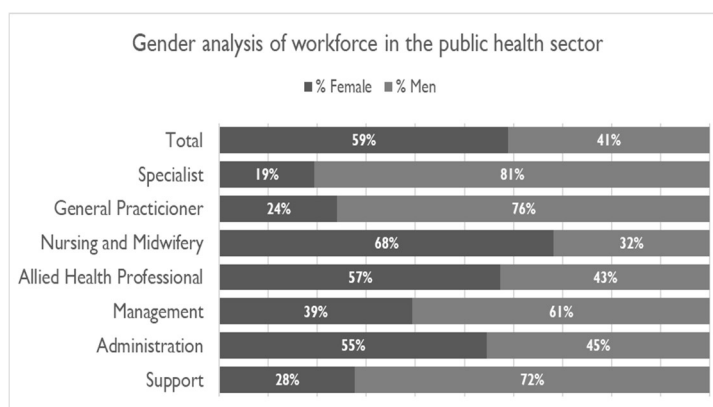
This project will support interventions both in the pre-service and in-service training for the PHC professionals, provide support to respective professional councils, and support to the MOH to improve their operations, oversight, and coordination roles.

### 2.2 Context and issues relating to gender, diversity, and inclusion

For the past 30 years as a result of a strong commitment and the political will of the Government, Rwanda has registered significant achievements in promoting gender equality and empowerment of women ranging from; an enabling policy, legal and institutional framework, enhanced socio-economic and political participation, setting a global pace for equality between men and women. The [Global Gender Gap Report 2024](#) of the World Economic Forum ranked Rwanda as the 39<sup>th</sup> country globally and the second country in Africa in bridging gender gaps.



**In the healthcare workforce, women comprise a significant majority, accounting for 59% of all staff of the public workforce.** However, there is a **clear disparity** within specific professions. Specialists and general practitioners remain male-dominated, with men making up 81% and 76% of these categories, respectively while women are overrepresented in nursing, midwifery, and the administration. The graph below shows the gender composition of the public healthcare workforce.



**Figure 1: Gender analysis of workforce in the public health sector. Source 6: IPPS – Dec 2023**

**Women are also underrepresented in higher-level decision-making positions.**

In 2018, the gender profile of Rwanda's health sector highlighted significant gaps between women and men in managerial positions. The report showed that, at the Ministry of Health, only one in four senior managers was a woman, and six out of thirteen in director-level positions. The report also revealed gender disparities at the Rwanda Biomedical Centre with only 20% of senior management and 31.57% of director-level positions held by women. At decentralized levels, the representation of women further diminished, with **only 8% of hospital directors being women** (9). These figures indicate a need for more inclusive policies to promote women's representation in leadership roles, which is crucial for comprehensive health workforce development.

It is in this regard as also the Rwandan government, through the Ministry of Health, embarks on a journey to quadruple the health workforce from 2023 to 2028, **the MOH and WHO Rwanda country office are partnering to analyze the current situation regarding gender equality in the health workforce.**

This analysis will enable evidence-based interventions that could target gender inequalities and create a more equitable learning and working environment within Rwanda's health sector, aiming to increase representation across all genders within the health workforce.

### 3. Synergies with other actions

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#### 3.1 Global Fund

Cognizant of the relationship between the three pandemics i.e. HIV, Malaria, and Tuberculosis, and the knowledge and skills of the health workers, this project is contributing to the Global Fund programs by educating and training health workers cadres providing healthcare services including healthcare for the three pandemics.

##### 3.1.1. Complementarity with the Global Fund

In 2023 during the restructuring of the C19RM, additional funding was allocated for the fellowship equipment under the 4x4 reform. Specifically, for the 4x4 reform, an amount of US\$ 4.9 million was reprogrammed to contribute to the purchase of equipment and materials for training in priority specialties within level II teaching hospitals. Around US \$5.2 million is also allocated from the C19RM to the procurement of CHW smartphones to be used in the Community Health Worker Digital system.

The other GF funding includes the Grant Cycle (GC) 7 from July 2024 to June 2027, totalizing \$ 172,114,507 marked as \$122,079,749 for the joint HIV/TB grant and \$50,034,762 for the malaria grant.

HIV/TB and Malaria grants include the following components related to human resources for health (HRH) for all three diseases:

- Salaries + Performance Based Financing (PBF) for staff in all three disease programs (RBC, District Hospitals). PBF for Community Health Workers is also included.
- Program management and capacity building (through workshop and in-service training of staff)
- Specifically for HIV: Purchasing of medical equipment to equip maternity wards in health facilities under the Elimination of Mother-to-Child Transmission (EMTCT).

The HIV/TB and Malaria grants do not include any direct support to pre-service training; however, the Global Fund is further prioritizing an investment of US\$ 94 million to the Government of Rwanda (GOR) under GC7's Prioritized Above Allocation Request (PAAR) for training support i.e. education and production of new health workers excluding community health workers as follows: \$73,856,068 in scholarships and \$20,292,111 in equipment cost. If obtained, the GOR will use this investment to train the following cadres: midwives, nurses/non-physician anesthetists, anesthetists, medical imaging, biomedical laboratory, dental therapy, ophthalmology technicians, human nutritionists, and nurses. The numbers will be as follows: (a) 6498 students in 2024, (b) 6520 students in 2025, and (c) 6520 students in 2026.

In terms of HRH, this project and both GF HIV/TB and Malaria grants and GC7's PAAR funding will be very complementary to each other in the development of health workers at the primary health care level of the health system. The GF under the two funding streams is also contributing to equipment procurement in health facilities where clinical teaching takes place.

Although both this project and the prospective GF GC7's PAAR funding will support scholarship sponsorships, there are huge gaps in scholarships to reach the 4x4 reform enrollment target by 2028.

Strong planning and coordination with the GF - funded interventions and the Country Coordinating Mechanism, will be required during project implementation for activities involving in-service training and mentorship as well as awarding of scholarship sponsorships to maximize complementarity and synergies between the two sources of funding.

### 3.1.2. Global Fund recipients

The Ministry of Health (MOH) is the GF recipient and will be the lead partner of this project. The MOH hosts the Single Project Implementation Unit (SPIU) that will coordinate proper implementation, monitoring, and evaluation of both funding together with other funding from different donors and development partners. (See annex 1).

When putting in place this formal project management system, the Government aimed at streamlining processes to timely deliver project outputs in a more cost-effective environment. Primarily, the objective was to establish a dedicated structure to address the challenges of financing and transparency to gain confidence among relevant stakeholders, including development partners (DP) and international donor agencies for sustainable development. This was the basis for conceptualizing and establishing the Single Project Implementation Unit (SPIU) in 2011 by the Government of Rwanda (GoR) to effectively manage projects and improve the quality of aid utilization in a more structured way, avoiding duplication of services under effective controls backed up by strong monitoring and evaluation systems.

Selected health facilities which might be sub-recipients of the GF, will indirectly benefit from this project through the mentorship program of their health care staff.

### 3.2 National plans and other technical and financial partners (AFD, EU...)

This project is primarily developed in support of the 4x4 reform. The 4x4 reform is not a standalone initiative – it builds off of the work conducted in the National Strategy for Health Professions Development (NSHPD) 2020-2030 that details the plans necessary to strengthen the primary healthcare workforce in the next 10 years. Additionally, it will be implemented alongside other strategic projects in MOH that include strengthening the primary health care system and public health security, championing evidence-based medicine and systems, enhancing leadership management decisions and coordination, and capitalizing on digital integration.

The table below summarizes the HRH priority high-impact interventions of the Rwanda Health Sector Strategic Plan V (HSSP V 2024-2030). The project components will contribute to the achievement of these interventions in selected program areas.

Health Professional Career Guidance & Recruitment	Design and implement a robust career guidance and strategic recruitment guideline
	Active support to eligible trainees across priority cadres, including scholarship support
Health Training Capacity Development	Provide special support to expand the training capacity of both public and private institutions
	Curriculum harmonization & standardization
	Expanding the number of level 2 teaching hospitals
	Scaling up educational infrastructure and resources through Public-Private Partnerships (PPP)
Regional and Global Partnerships Promotion with Medical Training Institutions	Fostering partnerships both regionally and globally with medical training institutions
Health Workforce Deployment Optimization	Optimizing Deployment systems: Strengthening processes for workforce recruitment, hiring, orientation, and onboarding as well as monitoring the performance and promoting ethical practice in the workplace

Health Workforce Retention	Increasing incentives, investing in continuing professional development, skills development, in-service training, and improve remuneration per grade acquired
	Strengthening the health workers' savings through the government budget, strengthening their management, and improving the borrowing terms to incentivize healthcare professional retention
Health Workforce Empowerment	Strengthen mechanisms for engagement of staff in decision-making at all levels (clinical and managerial)

**Table 2: HRH priority high-impact interventions of the Rwanda Health Sector Strategic Plan V (HSSP V 2024-2030)**

The project will also be an integral part of the overall financial and technical support to the 4x4 reform by other development partners and donors thus contributing to the overall achievement of the reform and outcomes. The table below summarizes different support provided by other partners:

Partner	Timeline	Status	Amount of funding	Area of support
Invest International	To Be Determined (TBD)	Co-funding grant under development	TBD	Infrastructure and Equipment: Renovation & expansion of the College of Medicine and Health Science.
ELMA Foundation	2023 - 2025	Under implementation	\$4.7 million	Support across pediatric medical and nursing subspecialties (Includes faculty development, scholarships for fellows, and equipment)
SANOFI and City Cancer Challenge	Jan 2024 - 2025	Under implementation	Respectively \$460,000 and \$143,000	Support across 3 sub-specialty programs: Interventional Radiology, Surgical Oncology, and Uro-oncology. (includes faculty capacity development and scholarships for fellows etc)
UNFPA	2023 - 2027	Under implementation	\$1 million	150 Midwives Scholarships and Midwifery curricula review and standardization and equipment for the simulation labs. <b>Note:</b> UNFPA is prioritizing another funding to the MOH to support the implementation of the harmonized midwifery curricula, implementation of the national mentorship strategy and plan, and additional midwifery scholarship support.
MSH (USAID)	2023 - 2027	Under implementation	\$2 million	500 Midwives Scholarships and HWMS
Rwanda Society of Obstetricians and Gynecologists (RSOG)	2024-2028	Under development	\$5 million	Enhancing training programs in maternal and reproductive health in Rwanda
King Faisal Hospital Rwanda Foundation	2023 - 2028	Under implementation	\$11 million	Scholarships, Infrastructure, Equipment, Faculty support, and development for 4x4 priority cadres especially specialty and fellowship training
Rwanda Social Security Board	2024 - 2028	Under Implementation	900 million Rwandan Francs annually	Scholarships support midwives, nurses, and non-physician anesthetists.
JHPIEGO (USAID)	2024 – 2027	Under development	TBD	Potentially: Midwifery and Nursing Scholarships (Diploma level), faculty training on pedagogical aspects and clinical mentorship for the nursing and midwifery schools, laptops for the faculty, and support to the nursing and midwifery council to efficiently manage their operations (excluding any digital component). This project will have a timeline of 20 months.
GF GC7's PAAR	2025-2028	Under development	TBD	Scholarships for selected cadres and equipment cost

Partner	Timeline	Status	Amount of funding	Area of support
AFD and French Treasury	TBD	Under development	TBD	A loan budgetary financing of 35 million euros, supplemented by a grant of 3 million euros to support the implementation of the Government of Rwanda's health public policies. The funding will include interventions in support of the 4x4 reform. Interventions will target 3 districts in the Northern province as well as the central level.
Expertise France	2023-2028	Under implementation	600.000 Euros	Complementary to the Ruhengeri Hospital rehabilitation, HR capacity development (Northern province) <i>(Note: an additional 4M is being prioritized under this work stream)</i>
French Cooperation	2023-2028	Under implementation	N/A	Support to Medical specialties and sub-specialties programs: mobilizing visiting faculty and rotations opportunities for fellows.
Government of Cuba	2024 – 2026	Under implementation	N/A	Specialized clinical faculty for medical and nurses at level I and II teaching hospitals

**Table 3: Mapping of DP contributions to the 4x4 reform (as of August 2024)**

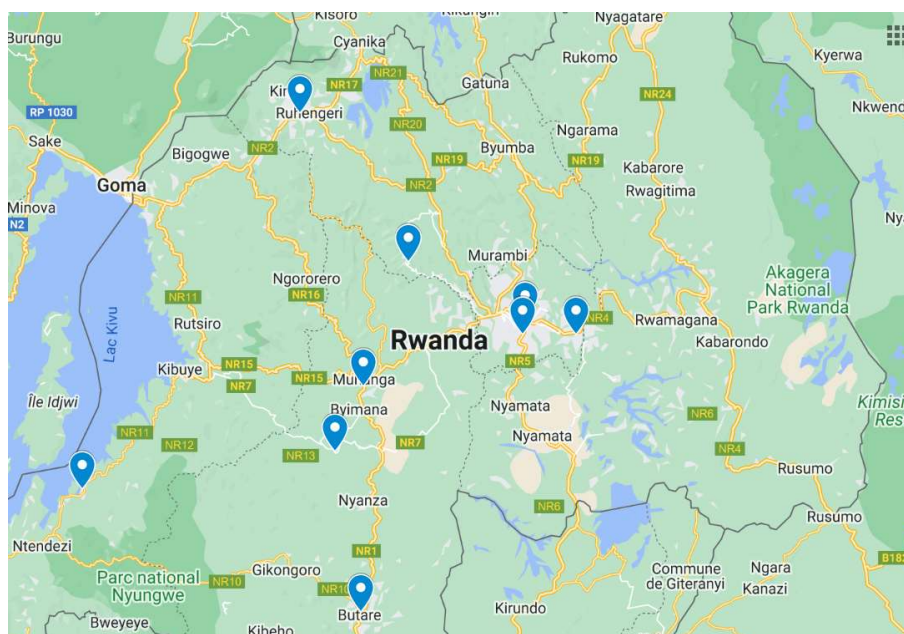
## 4. Proposed response (intervention logic)

### 4.1 Geographical coverage

The project has a national scope and will cover the entire Rwandan territory. Interventions will mostly be initiated at and coordinated from the central level by the MOH and span to other levels such as healthcare teaching institutions, affiliated campuses, and health clinical teaching facilities. Interventions targeting professional councils will also be implemented at central level.

Scholarship sponsorships will be awarded to students all over the country to study in different private universities located across the provinces and districts in Rwanda as described below (except the Eastern Province which has no health care teaching institution). All the universities currently offer nursing programs and plan to gradually add new programs as per 4x4 reform.

- Adventist University of Central Africa (AUCA): located in Kigali City
- Catholic University of Rwanda (CUR): located in the Southern Province
- East African Christian College (EACC): located in Kigali City
- Institute of Applied Sciences Ruhengeri (INES): located in the Northern Province
- Institut Catholique de Kabgayi (ICK): located in the Southern Province
- Kibogora Polytechnic (KP): located in the Western Province
- Mount Kigali University Rwanda (MKUR): located in Kigali City
- Ruli Higher Institute of Health (RHIH): located in the Northern Province
- University of Gitwe (UG): located in the Southern Province



**Map 1: Geographical distribution of the project partner universities**



## 4.2 Overall goal and specific objective (Outcome)

*The Overall Goal of the project is to contribute to the improvement of the availability of qualified, competent, and equitably distributed PHC health workers cadres in Rwanda.*

The **Specific objectives of the project** are to:

SOE1: Enhance self-sustainability and capability of teaching institutions and sites to deliver quality and gender-sensitive pre-service academic programs

SOE2: Enhance quality of care through gender-sensitive continuous in-service training and mentorship of practicing nurses

SOE3: Strengthen key regulatory functions of the Nursing & Midwifery and Allied Health Professionals Councils by upgrading their digital systems and integrating them with the Health Workforce Management System (HWMS)

SOE4: Strengthen the MOH oversight and coordination mechanisms by contributing to the ongoing development of the HWMS

## 4.3 Expected Results (Outputs)

Throughout the project:

SO1-R1- The nurses' curricula will be reviewed, harmonized, and taught similarly in all the nursing teaching institutions across the country.

SO1-R2- A Pool of 25 local and 7 foreign faculty will be recruited to deliver academic and clinical teaching mainly at the University of Rwanda, College of Medicine and Health Sciences, Schools of Nursing and Midwifery and Health Sciences and also at a few other selected private universities; 19 faculty from the public and private universities will be sponsored to attend the postgraduate certificate in HPE at the UGHE.

SO1-R3- A total of 480 Scholarships to attend private teaching institutions will be awarded to students in the following training programs:

- Nursing (advanced diploma and bachelor's degree)
- Midwifery (advanced diploma and bachelor's degree)
- Biomedical laboratory technicians (BLS) (bachelor's degree)
- Non-physician anesthetists (NPAs) (advanced diploma and bachelor's degree)

SO1-R4- Prioritized equipment for the simulation labs in the following training programs at the UR/CMHS/ Schools of Health Science and Nursing and Midwifery will be purchased, installed, maintained and used to deliver simulation-based teaching:

- Nursing (advanced diploma and bachelor's degree)
- Midwifery (advanced diploma and bachelor's degree)
- Biomedical laboratory technicians (BLS) (bachelor's degree)
- Non-physician anesthetists (NPAs) (advanced diploma and bachelor's degree)
- Medical Imaging Sciences (bachelor's degree)

SO2- R1- In-service mentorship and training content targeting practicing nurses aligned with the national mentorship guidelines will be developed in collaboration with other stakeholders to cover the gaps identified during the nurse's curriculum review and harmonization.

SO3- R1- Digital systems within the Nurses & Midwives and Allied Health Professionals councils will be reviewed, upgraded and integrated with the Health Workforce Management System (HWMS) to

support the councils in timely registering and licensing nurses, midwives, and other allied health professionals.

SO4- R1- The Health Workforce Management System will be developed in close collaboration with other partners and used to help the MOH seamlessly track all programs, the health workforce in general and allow better planning and allocate key cadres.

#### **4.4 Planned activities**

##### **Activity linked to SO1-R1: The nurses' curricula will be reviewed, harmonized, and taught similarly in all the nursing teaching institutions across the country**

1:1:1 Establishment of a core team to lead the exercise and development of a detailed work plan and working methodology:

From 2022-2023, an assessment to review the nurses' curricula and the teaching model & delivery in all the public and private nurses teaching institutions was conducted by the MOH in collaboration with the Nurses and Midwives council. The assessment results revealed gaps in terms of curricula content but also discrepancies in the curricula used by these teaching institutions and in the way the teaching is delivered. To address these issues, the MOH, the council, private universities and under the guidance of the Higher Education Council (HEC) will develop one standardized national nurses' curricula addressing also the population needs but also aligned with international standards. Please note that the curricula concerned in this project are only the advanced diploma and bachelor's degree. This exercise will be country-led. A team will be established with representatives from the Nurses and Midwives Professional Council, each of the nurses teaching institutions and other stakeholders such as UNFPA, WHO and other relevant technical partners. This national team will be supported by two consultants i.e. a national consultant and an international consultant with experience in competency-based curricula development. The team with national stakeholders and the consultants will form a core team.

The core team will be in charge of developing a detailed work plan, designing the methodology, defining the competencies & outcomes and the scope of practice for the nurses advanced diploma and bachelor's degree and finally develop the competency template for each curriculum. The core team may decide to conduct an additional gaps assessment and analysis to complete the previous one that was conducted by the nurses and midwives' council.

1.1.2 Development of the curricula through multiple working sessions: the core team under the coordination of the two consultants will work as per the agreed plan, working methodology, and templates as described in the section above. Each curriculum will have to be accompanied with detailed implementation guidelines.

The work plan and the curricula will be developed using an inclusive and gender-sensitive approach (e.g. ensuring the equal participation of both women and men stakeholders in all the activities for this exercise and including gender-related content in the curricula such as gender issues in healthcare, gender-based violence, sexual and reproductive rights, gender stereotypes and stigma affecting care and diagnosis).

1.1.3 Curricula validation and approval by the HEC

The MOH will lead all activities under this result.

**Activities linked to SO1-R2: A Pool of 25 local and 7 foreign faculty will be recruited to deliver academic and clinical teaching mainly at the University of Rwanda, College of Medicine and Health Sciences, Schools of Nurses and Midwives and Health Sciences and also at a few other selected private universities;** 19 faculty from the public and private universities will be sponsored to attend the postgraduate certificate in HPE at the UGHE.

1.2.1 Recruitment of the 25 National Faculty (as per annex 5): An exercise that was conducted during the development of the National Strategy for Health Professional Development (2020-2030) in December 2019, found that 34% of the faculty gaps across 37 programs could be addressed through the hiring of local health care providers with degrees in health care. This represented at that time 30 and 17 potential faculty respectively for the Nurses & Midwives and Health Science Teaching Programs. This activity will consist of recruiting 25 qualified health providers who are currently working in health facilities in Rwanda but not teaching. The two schools will issue and widely share the call for applications for vacant faculty positions. The UR's usual hiring process will be followed and in addition, include measures to screen faculty for suitability to open positions and inclination toward teaching. The recruited faculty will be based in teaching hospitals and continue to provide health care, mentor students during clinical practice as well as teach the allocated in-class hours. They will be teaming up with foreign faculty (cf. activity 1.2.2 below) to benefit from their expertise in health care teaching and research. The project will contribute to the wages of these faculty for 48 months to accelerate local faculty creation one year after the start of the 4x4 Reform, and the MOH and UR will ensure the continuity of their services after the project closes out.

This catalytic funding will support UR CMHS to be able to absorb the targeted 4x4 students for the Nurses & Midwives and Allied Health Sciences programs while the GoR led by MOH and Ministry of Finance puts in place the long-term budget lines for additional local faculty into the UR budget.

This activity will be implemented by the two schools, MOH will channel funding for faculty costs to UR SPIU upon submission of a recruitment report to MOH by UR.

1.2.2 Recruitment of 7 foreign faculty (as per annex 5): In preparation for each academic year and based on the number of students to be enrolled in each specific academic year as per the reform target, each school/department develops a faculty forecast. For specialized programs, it is usually difficult to find enough local faculty with all specialized credentials. Therefore, to fill gaps in the short term, the University of Rwanda commonly resorts to foreign faculty. The recruitment is done using an open call for applications or through existing academic partnerships. The same process will be used for this project to recruit and avail foreign faculty. **The foreign faculty are always hired with two main missions: teaching subjects/topics in which local faculty are not available or sufficient and training local faculty (twining-model).** A twining model plan for each foreign faculty will be required and made mandatory and included in their performance evaluation. The project will contribute to the salary and allowances of 7 foreign faculty for 2 years from the very beginning of the project. It is estimated that after this period most of the local faculty can take over the positions of the foreign faculty (i.e. those who followed the twining model program or others coming back from PhD studies). In case some of the foreign faculty need to stay over this period of 2years, the MOH will ensure the continuity of their service. The possibility of having foreign faculty also supporting the private universities has been approved by UR, but of course this will depend on the workload of each faculty and the willingness of the private universities to cover the logistic costs. This activity will be implemented by the UR two schools, MOH will channel funding for faculty costs to UR SPIU upon submission of a recruitment report.

1.2.3 Post graduate certificate in HPE: UGHE on the request of the MOH, has developed and will implement postgraduate curricula on health professions education (HPE). There are three exit points i.e. certificate, diploma and master's degree. The program includes various modules aimed at

developing the capacity of faculty in delivering education for health professions. This comes to address the issues faced by most of the current faculty that were initially only trained to deliver health care services and not prepared for academic roles. For this project the aim will be to train 19 faculty from the nurses & midwives and health sciences schools both in the public and private, in the certificate program.

Each school will propose faculty to attend the program and share the list with the MOH. The MOH in collaboration with the schools will select and approve the final list of 19 faculty to attend the program and submit it to UGHE. The UGHE is in discussion with the Master Card Foundation, to fund the most performing faculty up to a master's degree level. The UR/CMHS is anticipating developing a similar in-house program using faculty that will have graduated from the UGHE program. This activity will be coordinated by the MOH, and the tuitions fees will be directly channeled to UGHE by the MOH.

**Activity linked to SO1-R3: 480 Scholarships to attend private teaching institutions will be awarded to students in selected training programs:**

*Given the crucial role that is being played by private universities in the 4x4 reform, the Government of Rwanda has decided to finance scholarships for students in key priority disciplines to reduce financial barriers for students. L'Initiative's support to scholarships will be exclusively directed to 4x4 reform's private universities, with other sources of funding going through the Ministry of Finance will finance scholarships to the private sector \_ including AFD loans under development.*

1.3.1 Development of a scholarship prioritization and distribution plan for the private teaching institutions, the MOH, health workforce department in collaboration with the private teaching institutions to support 4 programs: Nursing (advanced diploma and bachelor's degree), Midwifery (advanced diploma and bachelor's degree), Biomedical laboratory technicians (BLS) (bachelor's degree), non-physician anesthetists (NPAs) (advanced diploma and bachelor's degree). Draft scholarships distribution plan provided as annex 6

1.3.2 Awarding of scholarships by the MOH: This will be done as per the approved SOP for scholarship disbursement. For the midwives' students, scholarships include both tuition fees and an annual bursary allowance. The project will ensure equitable distribution of scholarships between women and men prospective students and regardless of their disability status, ethnic/social background, or religion. Recruitment campaigns might be designed to encourage underrepresented groups to consider a career in the health sector.

1.3.3 Monitoring of Student Training & Employment: MOH will oversee the scholarship recipient's overall education journey: a) ensuring that teaching institutions are maintaining the national and international education standards, b) ensuring that all students sign a "Training & Public Service Agreement" to be absorbed in the public sector, c) designing gender-sensitive mentorship and career guidance programs during the academic journey and d) overseeing their deployment to public training sites after completion of their degree.

**Activities linked to SO1-R4: Prioritized equipment for the simulation labs in selected training programs at UR/CMHS/Schools of Health Sciences and Nurses & midwives will be purchased installed, maintained and used to deliver simulation-based teaching:**

1.4.1 Refining and actualization of the needs in equipment and prioritization, the MOH in collaboration with the schools of nurses & midwives and the school of health sciences: Given that other partners are willing to support the purchasing of equipment for the simulation labs in the two schools on the one hand, and taking into account the equipment purchased via the government ordinal budget (UR and MOH), and the huge gap on the other, this activity is designed to avoid any double purchasing and

ensuring that the equipment to be purchased is the most needed and most required for the simulation-based teaching. The activity will require strong coordination between the UR, the MOH, and partners.

1.4.2 Developing the list of equipment and their specification, the MOH in collaboration with the schools of nursing & midwifery and the school of health sciences and getting approval from Expertise France: This activity will follow the exercise described above and will consist of developing a final list of equipment and their specification to be purchased and based on the available envelope. The equipment to be procured will focus on the priority programs: Nursing (advanced diploma and bachelor's degree), Midwifery (advanced diploma and bachelor's degree), Biomedical laboratory technicians (BLS) (bachelor's degree), non-physician anesthetists (NPAs) (advanced diploma and bachelor's degree) and Medical Imaging Sciences (bachelor's degree). A draft list of equipment is provided in annex 7.

The final list and specifications will be shared with Expertise France for approval.

1.4.3 Procurement and purchasing of the equipment on the approved list: After approval of the list, the normal procurement process will be applied. The MOH will lead the procurement process in close collaboration with RMS. The MOH will ensure that the contract with the suppliers of equipment will include component of training and maintenance for a certain period of time.

**Activities linked to SO2-R1:** In-service mentorship and training content targeting practicing nurses aligned with the national mentorship guidelines will be developed in collaboration with other stakeholders and they will cover the gaps identified during the nursing curriculum review and harmonization.

The RBC DG office is in the process of fine-tuning the strategy for implementation of activities related to in-service training and continuous capacity development of health care workers, including onsite training and mentorship. The office is looking into the possibility of creating digital content accessible to health professionals for their continuous training, the same content can be used where applicable for onsite training and mentorship. To maximize the uptake of the content, and positive outcomes of the onsite training mentorship, possibilities of linkage with Continuous Professional Development (CPD) credits and performance targets are being explored as well. For this reason, the implementation of the activities proposed below will start in the second year of the project, this will give time to RBC to finalize the ongoing discussions related to in-service training and also for the gaps in the current nursing curricula to be captured.

2.1.1 Gaps analysis and prioritization of the content to be developed: As mentioned above a preliminary list of gaps in the nursing curriculum does exist, the exercise to standardize the curriculum will refine these gaps. These gaps will be considered and covered to the extent possible during the curricula review and harmonization exercise. However, the current practicing providers have carried forward the gaps in their practices. Unicef is supporting MOH with the development of national mentorship guidelines to guide the onsite training and mentorship initiatives across programs and partners. Onsite training and mentorship have proven to be more practical and effective as they provide opportunities to use and analyze health facility data. In the context of this project, this activity will consist of re-analyzing the gaps in the nursing curricula and prioritizing the topics on which content for onsite training and mentorship can be developed.

2.1.2 Content development: After the activity described above, content on selected topic(s) will be developed. Ideally the content will be developed in a format that can be easily digitalized but also used for the other formats of training and capacity building activities i.e. short training, onsite training, supervision and mentorship. Different partners developed content for the same purposes, for that reason content development will also draw on the existing materials and adapt them as appropriate.



Activities under this result will be implemented by MOH in collaboration with RBC.

**Activities linked to SO3-R1:** Digital systems within the Nursing & Midwifery and Allied Health Professionals councils will be reviewed, upgraded and integrated with the Health Workforce Management System (HWMS) to support the councils in timely registering and licensing nurses, midwives, and other allied health professionals.

3.1.1 Analysis of the current digital system and requirements validation: During the project situation analysis the Nursing and Midwifery Council provided a brief note of the current challenges and limitations of their digital system. Ideally, the digital system would need to be very well aligned with the role and responsibilities of the professional council to ensure smooth and timely implementation of the activities. This activity will consist of listing all the tasks that need to be done by each of the councils (Nursing and Midwifery and Allied Health Professionals), benchmarking them with their current digital systems, identifying the gaps, defining the levels of required systems upgrading and validating them. Specifically for the Nursing and Midwifery Council, MOH's strong coordination with JHPIEGO will ensure that the technical support that JPIEGO will be providing to the council will contribute to this exercise. .

Activities 3.1.2 to 3.1.5 will include the following: System design and validation, Development, Testing and deployment; Hosting and Training of users.

**Activities linked to SO4-R1: The Health Workforce Management system will be developed in close collaboration with other partners and used to help the MOH seamlessly track all programs, the health workforce in general and allow better planning and allocate key cadres**

4.1.1 Analysis of the current digital system and requirements validation: MSH is currently supporting the MOH to develop a Health Workforce Management System. The MOH requested MSH to add a module on students. The student module will include enrollment data from all the health teaching institutions, students' logbooks, and an internship management system. However, for the staff mobility module to function efficiently, it needs to be linked to other MOH and government systems for the management of staff. All health professional will be tracked from their enrollment into health education both in private and public institutions up to their retirement using their National ID. This project will complement the ongoing MSH work and create this missing and important feature i.e. inter-operability with other existing staff management systems and also link and directly integrate data from the professionals' councils. And thereafter the entire system will need to be launched and used daily. This project will also provide support in the operationalization of the system including training of users. Strong coordination will be required between the MOH/digital office, MSH, and MOH/Health workforce development department. Here again, the steps followed for this activity will include activities 4.1.2 to 4.1.5: Systems design and validation, Development, Testing and deployment, Hosting and Training of users.

The MOH will lead all the activities under digitalization and work closely with other institutions involved such as professionals' councils and teaching institutions.

#### 4.5 Indicators

Please refer to the logical framework (**annex 2**).



#### 4.6 Strategy for mainstreaming gender, diversity and inclusion

During project implementation, we will draw from the results and findings from the ongoing gender analysis of the 4x4 reform and ensure that interventions will target, and address identified gender inequalities in the health workforce. **The gender strategy of the project will be refined depending on the results of the ongoing study being conducted by WHO.**

However, **several key points** can already be mentioned:

- On the **faculty development (SO1-R2)**, the project will ensure that there is an equitable number of male and female new faculty hired and trained (both at national but also at international faculty) with a component of sensitization of common gender issues (prevention of sexual harassment, issues faced by female health workers and students in the workplace, career development, etc.).
- The **review of the curriculum (SO1-R1)** will include at least one component on gender issues (as previously done for the midwifery curriculum reviewed and harmonized with support of UNFPA) such as prevention of sexual harassment, gender-based violence, and gender stereotypes and their application into healthcare (diagnosis, care, relationship with patients) depending on the program (nursing, laboratory sciences, etc.).
- On the **scholarships (SO1-R3)**, an equitable number of male and female students will be selected with possible adjustments during the recruitment process to encourage female applications. Additional support to grantees during their studies might also be considered (such as academic support through a mentor-mentee approach, and social events ...).
- The same will be done for the **mentorship program/in-service training program (SO2-R1)** and **support to professional councils (SO3-R1)**, with a specific focus on female mentors and capacity-building on gender issues (see above) and integration in the digital monitoring systems.

Additionally, during the workshops and meetings conducted during the projects, effective participation of both male and female participants will be ensured. Overall, the monitoring and evaluation mechanism system will include **disaggregated indicators** to allow analysis by gender, to ensure that the project benefits both women and men, and to redirect the activities if necessary.

#### 4.7 Risk management

There is very strong political will to the development of human resources for health. From 2012 to 2023 the Government of Rwanda initiated various initiatives and invested in HRH development, and these initiatives and investments yielded significant improvements in the availability of qualified health workforce.

Rwanda is a very secure country. The project will be implemented up to the end without any security risk. The table below summarizes other technical risks and proposed risk mitigation measures.

Area	Risk	Impact	Probability	Risk Mitigation
<b>Faculty development</b>	Limited availability of local and foreign faculty	<b>Medium</b>	<b>Low</b>	Launch calls for applications ahead of time and use multiple channels. Give preference to existing academic partnerships, regional faculty, and south-to-south collaborations.

Area	Risk	Impact	Probability	Risk Mitigation
<b>Curriculum review and harmonization</b>	Resistance to competency-based curricula	<b>Medium</b>	<b>Low</b>	<b>Effectively communicate</b> the importance of competence-based education in addressing the population's health needs and for the attainment of UHC Use simplified templates
<b>Scholarships awarding</b>	Private universities are not able to attract the targeted number of students	<b>Medium</b>	<b>Low</b>	<b>Conduct large-scale, joint calls for applications specifying the scholarship availability</b>
<b>Purchasing of equipment and hiring of consultants /consultancy firms</b>	Long procurement process and delays in purchasing the equipment for the simulation lab and hiring the consultants/consultancy firms	<b>Medium</b>	<b>Low</b>	Use existing framework contracts and service providers where applicable and whenever possible
<b>In-service site training and mentorship</b>	Delays in finalizing and approval of the national mentorship strategy and plan	<b>Medium</b>	<b>Low</b>	Advocate for finalization and approval given 4x4 priority at the MOH. Advocate for starting mentorship activities using the draft strategy and plan
<b>Digital systems</b>	Limited availability of experts on the local market familiar with the concerned digital systems	<b>Medium</b>	<b>Low</b>	Launch an international tender or call for experts. Share the call widely. Liaise with WHO and International Professional councils for recommendation of experts
<b>Coordination of activities implemented by all the technical and DPs</b>	Possible duplication of interventions	<b>Medium</b>	<b>Low</b>	Strong coordination by MOH/HWD through existent fora and if necessary, create small groups for specific interventions especially those with multiple partners.

**Table 4: Risks and risk mitigation measures**

## 5. Beneficiaries

### 5.1 Direct beneficiaries

Personnel/organizations who will directly benefit from the project	Number and share of	Gender (women, men, others)	Age	Key Population <sup>2</sup>	Others
Population/ public/direct beneficiaries					
Faculty (national and foreigners)	32	16 women/16 men (numbers to be confirmed at the beginning of the project)	25-65	N/A	
Students	480	240 women/ 240 men (numbers to be confirmed at the beginning of the project)	18-25	N/A	
Organizations/institutions/entities/ Direct beneficiaries					
MOH SPIU	1				
MOH Health Workforce Department	1				
RBC	1				
University of Rwanda/College of Medicine and Health Science/ Schools of Nursing & Midwifery (affiliated campuses) and Health Sciences	1				
Private Universities	9				
UGHE	1				
Professional councils	2				

### 5.2 Selection criteria for direct beneficiaries

***All the institutions were selected because they are the ones currently involved with training, employing, and registering & licensing the health cadres the project is focusing on i.e. PHC cadres:***

Faculty will be recruited on a need, academic qualifications, and experience basis. For equal qualifications and experience, female faculty will be given priority for senior faculty positions.

For faculty to attend the postgraduate certificate in HPE, schools will be invited to propose faculty members who have not benefited from any training in pedagogy and or competency teaching in the past two years.

Students will be awarded scholarships based on academic excellence. Girls and women will be prioritized for equal academic grades except in the programs where girls & women students represent the majority.

### 5.3 Involvement of direct beneficiaries

The teaching institutions and councils were involved in the situation analysis, and prioritization of interventions for the project, and they will actively participate in the project implementation as implementers of project activities.

<sup>2</sup> People living with HIV, men who have sex with men, sex workers and their clients, transgender people, people who use drugs and their partners, people in prisons or other detention centers, refugees, migrants, displaced or mobile populations.

#### 5.4 Indirect beneficiaries

The indirect beneficiary of this project is the population seeking health care at PHC facilities. By improving the availability of qualified, competent, and equitably distributed PHC health worker cadres, the project will contribute to the increase and the availability and coverage of high-quality disease diagnostic and treatment services at PHC levels.

### 6. Monitoring, Evaluation, Accountability, and Learning (MEAL)

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L'Initiative has a set of comprehensive MEAL requirements and tools that the project will follow, including:

- Semester narrative and financial reports;
- Semester progress reporting on the Logical Framework indicators in L'Initiative's software LogAlto;
- Interim evaluation;
- Final evaluation;
- Yearly accountability indicators collection through a questionnaire sent by L'Initiative;
- Learning tools to share experiences between stakeholders and peers, disseminate and scale up good practices.

#### 6.1 Monitoring and evaluation

The Health Workforce Department (HWD) is the overseeing department for the 4x4 reform. The HWD is composed of the Department head, 7 analysts, and 3 officers. The appointed analysts focus on distinct topic areas within the department: Fellowship Analyst, Residency Analyst, Skills and Career Path analyst (2), and Grant & Partnership Analysts (2). The 3 officers support with administrative and logistics activities of the department. In addition to internal employees, the HWD also obtains Technical Assistance from two different partners to support with 4x4 implementation. There is currently a Finance & Grants Manager seconded through the King Faisal Hospital Foundation and an Education Policy Associate seconded through the Clinton Health Access Initiative.

The Single Project Implementation Unit (SPIU) at the Ministry of Health will manage the financial transactions for this project. The SPIU has over 16 personnel supporting large-scale project implementation at the Ministerial level. The SPIU also manages all CDC and Global Fund grants provided to Rwanda. Annex 1 contains a breakdown of all staff in the SPIU including their role and years of experience.

The University of Rwanda also has its own Single Project Implementation Unit (SPIU) that oversees over 227 projects implemented at the University level with over 334 staff (111 full-time and 223 part-time staff). Over 78 of the 227 projects implemented by the UR SPIU are for the College of Medicine and Health Sciences (CMHS).

For this submitted project, coordination will be needed across these three units. The MOH SPIU will manage the overall financial transactions, the UR SPIU will manage the financial transactions of the UR-CMHS-related portions, and the HWD will oversee and coordinate all the activities.

The MOH SPIU in close collaboration with the health workforce department will hire a project coordinator for this specific grant. The project coordinator will sit at the HWD with regular visits and

support to the UR and will be in charge of coordinating all the project activities and carrying out all the M&E activities.

The project coordinator will develop the Monitoring and Evaluation (M&E) requirements and system for the project in collaboration with UR/CMHS/SNM&SHS as the implementing partner with budget accountability but also with other implementing partners. The M&E requirements and system will then become an essential part of the project delivery and reporting requirements. Other M&E activities will include carrying out periodic reviews as per EF requirements including a mid-term evaluation of the project, and end-of-project evaluation along with reporting project indicators.

## 6.2 Accountability

**Information:** Information about the project will be coordinated through the existing fora. An overview of the project will be presented at the 4x4 Task Force and 4x4 Steering Committee. All beneficiaries (teaching institutions, professional councils, RBC, etc.) are part of these two fora and will be able to provide their insights and any other contribution. Additionally, in terms of scholarship disbursement, the Health Workforce department and teaching institutions will ensure that the scholarship opportunity is broadcast to all eligible students through a targeted call for the application process.

**Participation:** The Health Workforce department will ensure that all beneficiaries are engaged throughout the project implementation. Using the ongoing gender analysis results, the HWD will be able to devise the students' call for applications, faculty development process, and mentorship activities to ensure that gender equality is upheld, and all applications are considered fairly and openly.

**Feedback/complaint mechanisms:** The existing fora provides clear guidance and procedures for feedback regarding the implementation of the 4x4 as it is a multi-stakeholder initiative. Heads of Teaching Institutions, Professional Councils, Teaching Hospitals, and Development partners are all invited to share updates on the 4x4 and address any challenges they are facing. This is through fora such as the 4x4 Steering Committee, 4x4 Task Force, and the Health Workforce Technical Working Group. In addition, existing complaint mechanisms of partnering universities and health facilities will be associated with facilitating feedback from direct and indirect beneficiaries of the project.

**Protection from Sexual Exploitation and Abuse (PSEA<sup>3</sup>) and harassment:** The Ministry of Health as an official government entity follows the gender policies and PSEA guidelines set at a national level in its functioning and service provision. All the legal frameworks, policy frameworks, and institutional frameworks related to this are listed on the Ministry of Gender and Family Promotion (MIGEPROF) website (<https://www.migeprof.gov.rw/gender-promotion>). All implementing institutions (Private & Public Teaching Institutions, Professional Councils) as signatories of the 4x4 Synergy MoU are also regulated to follow the foundational policies of the MoH including PSEA and enabling gender equality

## 6.3 Learning:

The 4x4 reform was approved by the Cabinet in July 2023. Since then, the Ministry of Health has implemented the reform with support from development partners as well as the contribution from the government's ordinal budget. Therefore, the *L'Initiative* project will support the ongoing implementation of the reform as a continuation from Year 1 (July 2023 – July 2024). Although there was no official evaluation or report shared regarding Year 1 Implementation, a meeting was held with partners in April 2023 to present updates from Year 1 Implementation. Progress update meetings and all relevant documentation will continue to be organized and shared regularly and throughout different channels as per existing MOH procedures.

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<sup>3</sup> <https://psea.interagencystandingcommittee.org/>

## 6.4 Capitalization

Knowledge sharing is key for continuous learning and also additional resource mobilization for the 4x4 reform. It is anticipated that capitalization will focus on all objectives of the project to share best practices and display the impact of the project. This can be done through case studies, policy briefs, reports, and training materials that encapsulate the insights gained from the project. These products will be tailored to different audiences, including policymakers, educators, and healthcare professionals, to ensure that the lessons learned are accessible and applicable across different contexts. Resources for capitalization can thus be support for editing publications or attending conferences to widely share the lessons learned.

## 7. Sustainability/Exit strategy

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This grant will be a catalytic investment for the human resources for health development in Rwanda, in a locally led manner and aimed at strengthening the capacity of the local institutions. The investments in faculty development are contributing to the creation of a pool of qualified faculty at the University of Rwanda and hence reduce reliance on visiting and foreign faculty.

Curricula of good quality and equipment for simulation both contribute to quality teaching. The involvement of local experts in curricula development will ensure that they will be in charge and guide future curricula reviews.

Scholarship sponsorships to students attending private universities not only contribute to the operations of these universities and their sustainability but also to the increase of future healthcare graduates.

Although this grant will not cover alone all the needs in in-service training and mentorship programs, having contributed to the creation of some content will ensure that mentorship activities can still be implemented even beyond the project and thus contribute to bridging the gap between revised pre-service curricula and practices of nurses in health facilities.

The investment in digital systems will ensure smooth operations of the professional councils going forward and improved coordination and oversight of the health workforce agenda by the MOH and associated stakeholders.

As part of the implementation of the 4x4 reform, the MOH and other ministries such as the Ministry of Finance and Economic Planning and institutions are working on strategies and plans aiming to increase the Government of Rwanda wage bill for faculty in the health care education and for the health care providers. This will ensure that after the phase-out of different funding streams for faculty, the UR can absorb all developed local faculty on the payroll and vice versa for the graduates to be absorbed into public healthcare facilities. The 4x4 reform projection for healthcare graduates took into account that some of the graduates will be oriented into academics and others into the growing private healthcare sector and other roles in the global health agenda.

## 8. Steering et coordination

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### 8.1 Steering

For this project, the MOH will not create a separate steering committee. The project will be coordinated through existing fora on HRH and 4x4 reform.

The 4x4 reform steering committee is composed of all institutions that signed the synergy MOU and chaired by MOH and Mineduc ministers. Meet twice a year and ad hoc meetings.



The 4x4 reform task force: with the main mandate of monitoring HRH grants implementation and meets twice a month. The task force is composed of 2 representatives of the private teaching institutions, 1 representative of teaching hospitals, the C.E.O of Rwanda Medical Supply (RMS), the grant and partnership team within the health workforce department, the principal of the CMHS at UR, the MOH SPIU, and it is led by the Head of the Health Workforce Department at MOH. The task force reports to the steering committee.

National TWG on health workforce: composed of the MOH, teaching institutions, teaching sites, professional councils, the Ministry of Education, HEC, technical partners, UN agencies the GF, and other donors. Convene every quarter.

In addition, there will be integrated and joint planning and coordination within the GF Country Coordination Mechanisms where applicable.

## 8.2 Coordination

The MOH as lead applicant is also the chair of all the fora on HRH and 4x4 reform mentioned above. Other TWGs exist across various health program areas and in most cases the MOH is the chair and a technical partner, or a donor is co-chairs. Health workforce being cross-cutting, there are opportunities to benefit from inputs from the other TGW, especially for aspects related to onsite training and mentorship and others.

After the project approval, the MOH, health workforce department, the SPIU and RBC, the University of Rwanda/College of Medicine and Health Sciences/Schools of Nursing & Midwifery, the professional councils, and the concerned private universities will convene to develop a detailed work plan of the project. The associated stakeholders described in the first section will be invited to join the workplan development exercise.

Regular sessions to review progress on the implementation of the workplan and discuss any challenges and propose solutions will be organized. If necessary, work plan review and refinement will be made.

## 9. Visibility and communication

The project at its inception and updates on the project activities during the implementation phase will be shared and exchanged as deemed necessary during various MOH fora on HRH and 4x4 reform.

In addition, the MOH and UR communication teams will publish and communicate about project achievements and lessons learned during the project implementation and at project closeout.

## 10. Budget

Please refer to Annex 3.

## 11. Genre Marker (CAD)

<b>Harmful (CAD 0)</b>	<input type="checkbox"/>	Gender is not mainstreamed. Gender roles and stereotypes remain unchanged. As a result, gender inequalities are reinforced.
<b>Sensitive (CAD 1)</b>	<input checked="" type="checkbox"/>	The project recognizes the specific needs and constraints of gender norms. It takes account of power inequalities. Gender roles and stereotypes are addressed, but the project's objectives remain unchanged.
<b>Transformative (CAD 2)</b>	<input type="checkbox"/>	The gender dimension is fundamental to the project's essence. The project aims to promote gender equality by transforming and redefining social norms, gender roles, and stereotypes, thereby creating more equitable and egalitarian gender relations.

## 12. References

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- 1) *WHO Global Strategy on Human Resources for Health 2022*
- 2) *World Health Organization. (2016). Health Workforce Requirements for Universal Health Coverage and the Sustainable Development Goal. <https://apps.who.int/iris/bitstream/handle/10665/250330/9789241511407-eng.pdf>*
- 3) *National Council of Nurses and Midwives. (2024). July Registration Report. [Unpublished dataset].*
- 4) *National Pharmacy Council. (2024). July Registration Report. [Unpublished dataset].*
- 5) *Rwanda Allied Health Professionals Council. (2024). July Registration Report. [Unpublished dataset].*
- 6) *Rwanda Medical and Dental Council. (2024). July Registration Report. [Unpublished dataset].*
- 7) *Rwanda Ministry of Health and Management Science for Health. WORKLOAD INDICATORS OF STAFFING NEEDS (WISN) APPLICATION IN RWANDA 2018-2019.*
- 8) *Gender Monitoring Office: Gender Profile in The Health Sector. Rwanda, 2018*

## 13. Annexes

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***Annex 1. Logical framework***

***Annex 2. Budget***

***Annex 3. Work plan***

***Annex 4 List and details of faculty to be recruited (draft)***

***Annex 5 Scholarship distribution plan (draft)***

***Annex 6 List of Simulation Equipment (draft)***