REPUBLIC OF RWANDA

MINISTRY OF HEALTH

IMPLEMENTATION REPORT ON INTEGRATED MATERNAL AND CHILD HEALTH WEEK, May 14-18, 2018

Theme: "Twite ku buzima bwacu, twirinda indwara ziterwa n'umwanda, tunoza isuku aho turi hose"

Acknowledgement

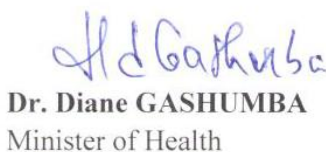
I would like to express my sincere and great appreciation to all Ministries that are members of the Social Cluster to have successfully implemented the first round of the integrated Maternal and Child Health week 2018.

My sincere gratitude also goes to all MOH /RBC colleagues, District Hospitals, Health Centers and National Supervisors for their extensive efforts, which have made the campaign a great success and achieved high coverage for all campaign interventions.

I am equally thankful to all the Community Health Workers, Teachers, Religious Leaders and Community based Organizations for their vigorous participation in sensitization of the community which had potential impact in achieving high coverage.

I would also like to take this opportunity to extend my special thanks and appreciation to the END Fund, UNICEF, WHO and USAID for their partnership and technical support to conduct this high quality integrated Maternal and Child Health Week.

Sincerely,



Dr. Diane GASHUMBA
Minister of Health

Table of content

List of Tables 4

List of figures 4

Acronyms and Abbreviations 5

Executive Summary 6

Rationale of the integrated maternal and child health week 7

Current status of key indicators 8

Campaign strategies 10

Establishment of Campaign Implementation Committees 11

Supply of health products 12

“Kubaza Bitera Kumenya” Live Show 12

Preparatory meeting at decentralized level 12

Campaign launching 13

Campaign Implementation 15

Supportive Supervision, meeting, data compilation and dissemination 18

Closing ceremony 18

Key Campaign strengths, Weaknesses, Challenges and Best Practices 23

Results of MCH week Campaign 25

National Coverage 25

Coverages at District levels 26

I. Vitamin-A Supplementation 26

II. De-worming 27

III. Malnutrition Screening 28

IV. Supplementation of micronutrients to children 6-23 months 33

V. Family Planning Services 33

VI. Side effects due to Drugs 35

Coordination, Collaboration and Partnership 35

Conclusions 35

Recommendations 36

List of Tables

Table 1: Top 10 Districts in 3 Malaria Burdens, January to December 2017 (HMIS reports, 2017)........ 9
Table 2: National coverage for different interventions 25
Table 3: Vitamin A coverage 26
Table 4 : De-worming coverage........ 27
Table 5: Coverage of screening in 6-23 children 29
Table 6: Wasting (Weight for Height) among 6-23 months 30
Table 7: Under weight (Weight for Age) for 6-23 months by district 31
Table 8: Stunting of 6-23 months children per districts (Height for age) 32
Table 9: Number of FP clients during MCH week 35
Table 10: Side effects reporting, MCH Week - May 2018 36

List of figures

Figure 1: Stunting (RDHS 2014-15)........8
Figure 2: Prevalence of Intestinal worms per District (RBC, MOPDD mapping survey June – July 2014) 8
Figure 3: Contraceptive Prevalence_2017 (HMIS reports, 2017) 9
Figure 4: Children 6-23 months receiving ONGERA micronutrients, MCH week - May 2018........33

Acronyms and Abbreviations

CHW	Community Health Worker
DH	District Hospital
END FUND	End Neglected Diseases Fund
FBF	Fortified Blended Food Program
HC	Health Center
IEC	Information, Education and Communication
M&E	Monitoring and Evaluation
MCCH	Maternal, Child and Community Health
MCH	Maternal and Child Health
MIJEPROF	Ministry of Gender and Family Promotion
MINALOC	Ministry of Local Governance
MoH	Ministry of Health
MUAC	Mid-Upper Arm Circumference
NECDP	National Early Development Childhood Development Program
PZQ	Praziquantel
RBA	Rwanda Broadcasting Agency
RBC	Rwanda Biomedical Center
UNICEF	United Nation's Children Emergency Fund
UNICEF	United Nations Children's Fund
USAID	US Agency for International Development
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

Executive Summary

The integrated national Mother and Child Health Week launched in Rubavu District was successfully implemented in all the 30 districts of the country from the 14th to 18th May 2018. The key interventions during the campaign were Vitamin-A supplementation among the children aged 6-59 months, de-worming for the children aged 1 to 15 years, malnutrition screening for the children aged 6 to 23 months and provision of family planning methods. Besides those interventions, some other opportunities were also taken such sensitization on malaria prevention, family planning, and hygiene and sanitation promotion.

Each population target was calculated based on the fourth Rwanda Population and Housing Census 2012, with consideration of each district population profile. Thus children aged 6-11 months, 6-23 months, 12-59 months and 5-15 years were estimated at 175,373, 526,119, 1,415,079 and 3,483,272, respectively. School age children (5-15 years) in sectors endemic for schistosomiasis were estimated at 1,142,967.

District data showed that 1,455,785 out of 1,590,452 received one vitamin A dose (92%), 4,851,720 out of 4,898,352 received Mebendazole (99%), and 100% of children received the deworming of schistosomiasis (1,154,486 / 1,142,927),

while 473,459 out of 526,119 children under two were screened for malnutrition (89,9%). Malnutrition screening included all the three anthropometric measurements (Height for age to detect stunting, Weight for height to detect wasting, and Weight for age to detect underweight,

After analysis, the results revealed that 137,553 children aged 6-23 months out of 429,582 (32.0%) were stunted, 35,853 children 6-23 out of 429,582 (8.3%) were underweight and 24,167 children out of 429,582 (5.6%) have wasting.

A total of 57,692 clients received family planning methods including 24,190 for condoms, 10,863 for implants, 13,855 for injectable and 8,784 for pills. In addition, clients were given an appointment for permanent methods (vasectomy and tubal ligation).

The campaign was also marked by sensitization at the community level for increased FP uptake, sensitization around the first 1,000 days (from conception to the end of the second year after birth, that are crucial for childhood development and for learning). The importance of Micronutrient powder (Ongera) was highlighted to reduce anemia among children aged 6-23 months and FBF, which aims to reduce malnutrition and stunting among children under 5 years. The population was sensitized on hygiene (hand washing) and use of improved sanitation facilities and the importance of sleeping under Insecticide Treated Mosquito net and use of other preventive measures to prevent Malaria. There was no major challenge experienced during this campaign. Coverage for all interventions was generally high.

Introduction

The Government of Rwanda through the Ministry of Health and Ministry of Gender and Family Promotion in partnership with the END Fund, UNICEF, WFP and other different Stakeholders conducted nationwide integrated maternal and child health week from the 14th to the 18th May 2018.

The key interventions included were:

- STH: Mebendazole/Albendazole tablets to children aged 12 months - 15 years of age
- Schistosomiasis: Praziquantel tablets to School age-children (5-15 years old) in endemic sectors
- Vitamin-A supplementation among the children aged 6-59 months,
- De-worming for the children aged 1 to 15 years,
- Malnutrition screening for the children aged 6 to 23 months and
- Provision of family planning methods
- Sensitization at community level and distribution of the family planning services in community
- Awareness building on benefits of the early initiation of ANC visit and breast feeding
- Sensitization of all population on hygiene (hand washing) and use of improved sanitation facilities
- Sensitization on nutrition with special focus on the first 1000 days
- Sensitization and preventive activities in line with celebration of World Malaria Day due to 25th April 2018.

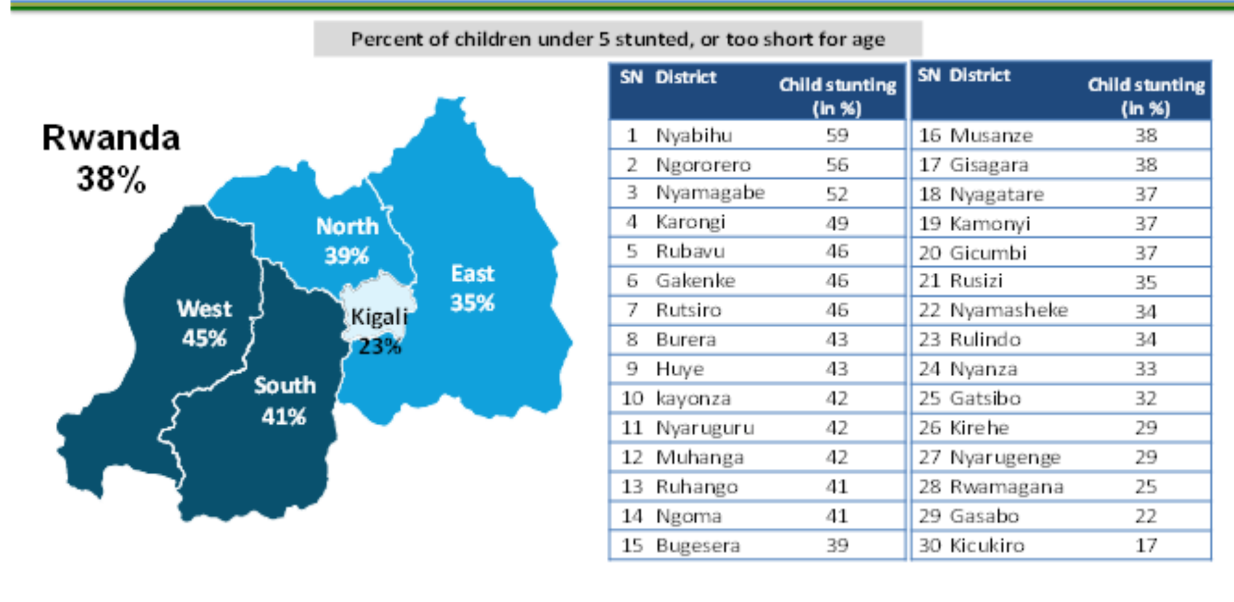
Rationale of the integrated maternal and child health week

It is believed that effective delivery of these high impact interventions and sensitization as a package could substantially further reduce child mortality and morbidity and accelerate reduction of stunting among children under five of age. Water, Sanitation and Hygiene (WASH) approach is one of approaches contributing to prevention and reduction of many diseases related to poor hygiene practices. When WASH approach is implemented together with Mass Drug Administration (MDA) can result in effective and long-term control of helminth infections that remain highly endemic in many districts. Therefore, during this MCH week, different interventions including deworming have been delivered to the target population.

In addition, the general public were called upon to take pro-active steps towards improving sanitation facilities at household and community level, practice hand washing at critical times, drink safe water to significantly reduce the prevalence of water and sanitation related diseases including intestinal worms and schistosomiasis, and sleep under LLINS to prevent Malaria, and adhere to good nutrition practices.

Current status of key indicators

Figure 1: Stunting (RDHS 2014-15)



SN	District	Child stunting (in %)	SN	District	Child stunting (in %)
1	Nyabihu	59	16	Musanze	38
2	Ngororero	56	17	Gisagara	38
3	Nyamagabe	52	18	Nyagatare	37
4	Karongi	49	19	Kamonyi	37
5	Rubavu	46	20	Gicumbi	37
6	Gakenke	46	21	Rusizi	35
7	Rutsiro	46	22	Nyamasheke	34
8	Burera	43	23	Rulindo	34
9	Huye	43	24	Nyanza	33
10	kayonza	42	25	Gatsibo	32
11	Nyaruguru	42	26	Kirehe	29
12	Muhanga	42	27	Nyarugenge	29
13	Ruhango	41	28	Rwamagana	25
14	Ngoma	41	29	Gasabo	22
15	Bugesera	39	30	Kicukiro	17

Figure 2: Prevalence of Intestinal worms per District (RBC, MOPDD mapping survey June – July 2014)

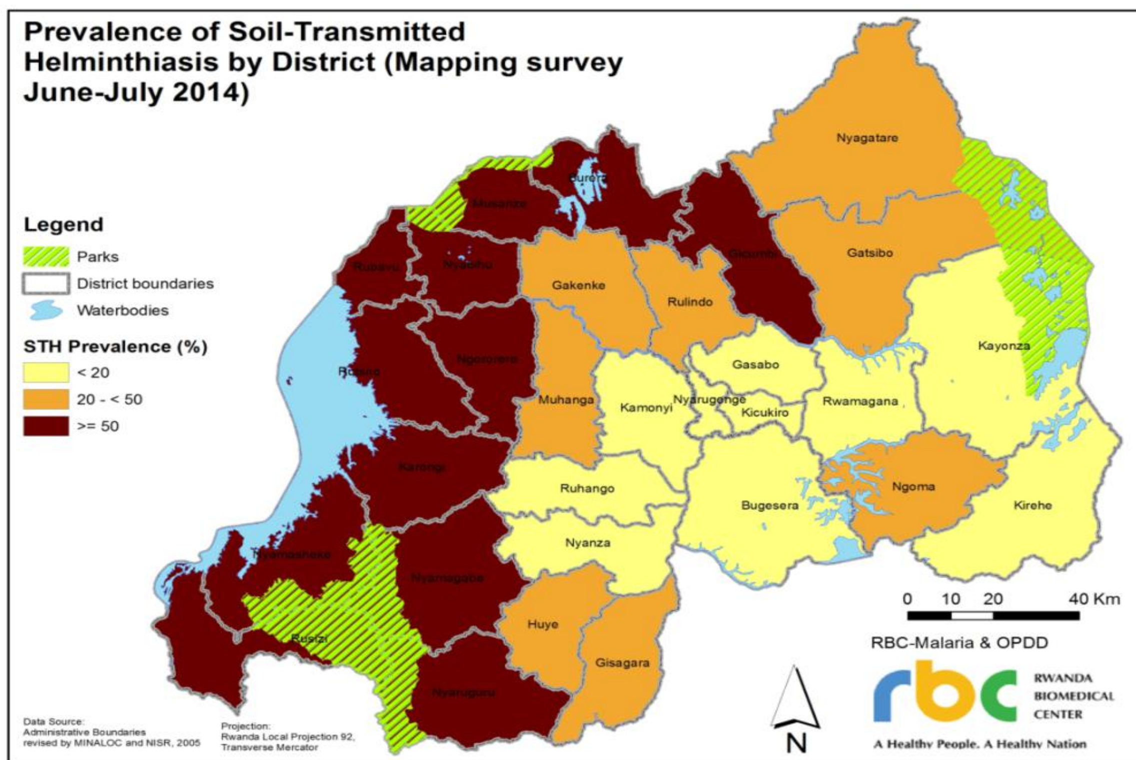


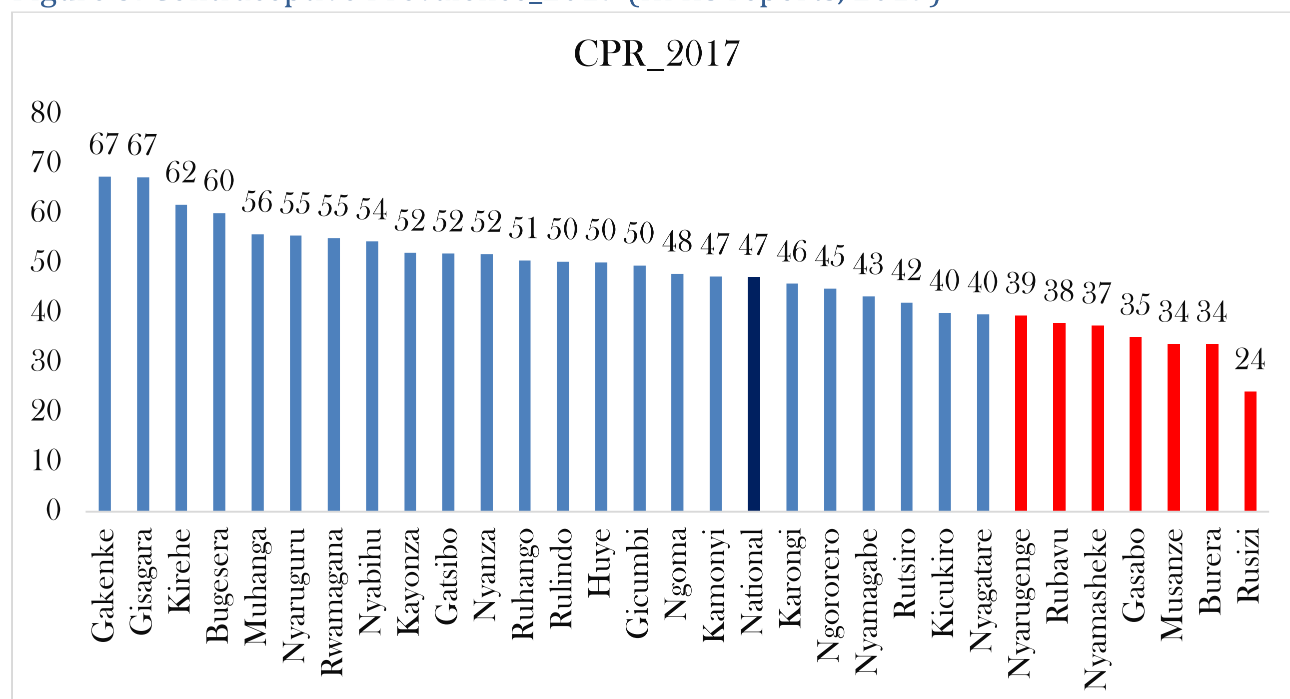
Table 1: Top 10 Districts in 3 Malaria Burdens, January to December 2017 (HMIS reports, 2017)

District	Total Malaria Cases
Ngoma District	551,593
Kayonza District	413,474
Bugesera District	399,545
Ruhango District	302,274
Huye District	299,263
Rwamagana District	283,537
Nyanza District	256,061
Gisagara District	221,044
Kamonyi District	217,804
Rusizi District	189,729

Distrcts	Total Severe Malaria Cases
Bugesera District	1376
Rusizi District	891
Nyamasheke District	790
Ruhango District	760
Kayonza District	641
Ngoma District	626
Karongi District	551
Gisagara District	529
Nyanza District	523
Kicukiro District	496

District	Total malaria deaths
Bugesera District	39
Rusizi District	31
Kayonza District	25
Huye District	23
Ngoma District	23
Ruhango District	23
Karongi District	21
Muhanga District	19
Nyarugenge District	19
Nyamasheke District	17

Figure 3: Contraceptive Prevalence_2017 (HMIS reports, 2017)



Source: HMIS reports, December 2017

Target Population

Some interventions had specific target audiences while some of them were dedicated to general population. Below are the targets for some key interventions, which were implemented during the Integrated maternal and Child Health week:

1. Vitamin A Caps 100 000/200 000 UI: 1,590,452
2. Chewable Mebendazole 500 mg tab: 1,415,079
3. Chewable Albendazole 400 mg tab: 3,483,272
4. Praziquantel 600 mg tab.: 1,142,967
5. Nutritional screening 6-23 months: 526,119

Campaign strategies

The following approaches were used for the integrated MCH week:

a. **Involvement of local leaders**
    - The Ministry of Health collaborated with the Ministry of Local Government (MINALOC) in order to mobilize local leaders for a successful campaign

b. **Community mobilization**
    - Community mobilization focusing on water, sanitation and hygiene (WASH) at household and community level has been an important part of this campaign
    - The sensitization messages have been delivered using the following channel:
        - Media: TV and Radio Spots and radio talk-shows have been used before and during implementation of the health week
        - Health facilities: IEC has been used to mobilize people on WASH every morning.
        - SMS: SMS on key interventions has been spread to all Airtel subscribers.

c. **Preparatory meetings and creation of sub-committees to ensure preparedness**
    - Preparatory/orientation meetings at central, district and health facility level have been conducted for preparedness
    - Different sub-committees have been created to ensure timely preparations and follow-ups.
    - Preliminary contacts have been conducted to assess the preparedness and needed actions.
    - A conference call with all districts has been organized by MOH in collaboration with MINALOC to especially inform districts on the importance of malnutrition screening and their involvement
    - During the campaign period, health interventions have been delivered over 5 working days of the week.

d. **Implementation, Supervision, coordination and reporting of the activity**

- Health provider conducted National screening of children 6-23 months in 2 294 outreach sites, 499 fixed sites (HCs) with collaboration of CHWs
- CHWs provided deworming tablets, vitamin A, and other interventions to targeted population at HC and outreach sites. They also supported the distribution in some schools.
- School teachers administered deworming tablets to students. A school session started as soon as the school starts in the morning and ended when all children have been reached by health interventions.
- Long acting FP methods have provided at health facility; short term FP methods have been provided at all sites while the permanent methods have been provided at hospital level
- 6 360 sites including 2 294 outreach sites, 499 fixed sites (HCs) and 3 567 schools were used
- All sites operated from 8 AM to 5 PM
- Supervisors from central level (MoH, NECDP, RBC and partners) support the district Team (Hospital and Health centers) to ensure the good coverage and proper implementation of health week interventions.
- The field coordination staff were deployed in 4 different parts of the country to coordinate the activity. The team had stock of health products ready to be dispatched to health facilities experiencing stock out.
- Each hospital submitted its daily report to the central level M&E subcommittee for compilation.
- Each HC had to enter individual nutrition screening data into a web-based form.

Establishment of Campaign Implementation Committees

To achieve a high coverage and quality maternal, child health and other interventions, several committees had been established at national, districts and Health Centers levels. A clear objective, strategies and tasks had been assigned to each of the committee and sub-committee to ensure that all the pre-campaign and campaign activities will be completed with high quality and adhere to the campaign implementation guidelines and timeline. The national coordination committee and sub-committee were established to support and monitor campaign implementation processes. Below are some of the sub-committees that were established for the campaign implementation-

1. Social mobilization subcommittee
2. Finance subcommittee
3. Monitoring and Evaluation subcommittee
4. Logistic subcommittee

Besides the committee and sub-committees at national level, similar committees were established at lower level to monitor day-to-day progress, identify the challenges and seek support to the

national to resolve their issues. Each of the committee members were sit on regular basis, discussed among themselves on pre-campaign readiness, campaign implementation weaknesses, challenges and shared the meeting minutes to the national on timely basis.

Supply of health products

All district pharmacies collected their required health products at the MPPD/RBC according to the distribution plan made by concerned programs of RBC in consultation with the District Hospitals. All needed products were then distributed from district pharmacies to health centers.

"Kubaza Bitera Kumenya" Live Show

On 13 May 2018, at TVR/RBA, "KUBAZA BITERA KUMENYA" Live Talk Show has been organized on the launch of the integrated MCH week. This show attended by the Minister of Health, Hon. Dr. Diane Gashumba, the Minister of Gender and Family Promotion (MIGEPROF), Hon. Espérance Nyirasafari, the National Early Childhood Development Program (NECDP) Coordinator, Dr Anita Asiimwe, MINALOC and a member of Parliament leaders, was broadcasted on Rwanda TV/RBA and Rwanda Radio/RBA.

Dr. Diane Gashumba explained that the theme on hygiene was chosen because we believe that hygiene is the source of life "isuku ni isoko y'ubuzima". Good hygiene practice helps to prevent many diseases. Consequently, hygiene helps our families to have healthy mothers and children and a good country in which we are happy to live.

Preparatory meeting at decentralized level

In collaboration with district authorities, hospital DGs organized preparatory meeting were they invited district Mayors or V/Mayors, Public health directors, Directors of Education, hospital supervisors and all heads of health centers.

During such preparatory meeting different points were discussed toward successful MCH week campaign. For instance, in Kirehe District, they agreed to give a radio live emission at IZUBA Radio on MCH week interventions. This emission has been given by EPI Supervisor from Kirehe District hospital and Public Health Director Mr. Nathan Hitiyaremye. It is in this preparatory meeting that they agreed on the launching site which was Mahama HC.

Some HCs had time to organize preparatory meeting at health center level where nurses, administrative authorities, directors of schools and CHWs attended.

Campaign launching

At national level, the integrated MCH week launching ceremony took place in Gisa Cell, Rugerero Sector, in Rubavu District of Western Province on 14 May 2018. The Guest of Honor was the Minister of Health, Dr Diane Gashumba who inaugurated the campaign. Other High-Level participants included Honorable Minister Esperance NYIRASAFARI/ Minister of Gender and Family Promotion (MIGEPROF) as the Week was also dedicated the family promotion activities, the Executive Secretary of Western Province, and the Vice Mayor of Rubavu District. Among other guests there were the USAID, UN Agencies Representatives such as UNICEF, WHO and Other Partners.

During the launching of the campaign, Hon Minister of Health and Hon Minister of Gender and Family Promotion together with other guests visited Nyamyumba health post. At Nyamyumba health Post, MCH Week interventions provided included administration of Vitamin A capsules, Mebendazole and Albendazole tablets, family planning methods, malnutrition screening, cooking and feeding demonstration and provision of milk to children under five years. This visit was also an opportunity to join the Teen Mothers group and to deliver key messages to this group.

Before the official launch of the campaign, Hon Ministers Dr Diane and Esperance joined the population of Rugero Sector where they participated to the community work aimed to destroy mosquitoes breeding sites through drainage of stagnant water for malaria prevention. Furthermore, this community work constructed a kitchen garden and planted vegetables for an old woman in Rugerero, and built a toilet for her. Key messages on sensitization for malaria, hygiene and malnutrition prevention were given.

In her speech, Dr Diane Gashumba informed that the integrated MCH week intends to improve maternal and child health services in Rwanda. Bringing health services down to the community during MCH week will increase FP uptake, enhance disease prevention and increase immunization coverage beyond 93% in Rwanda. She mentioned that FP should be taken as a priority because proper child spacing is a key to economy freedom and because mothers are able to work, which is a pathway to a healthy life. She urged men and women to use family planning methods in order to have healthy children.

More attention was also made to the prevention of malaria by sleeping under bed nets, environmental and personal hygiene, good nutrition for prevention of stunting and early care seeking at the health facilities when people are sick.

The Minister of Gender and Family Promotion provided key message on promotion of families with more emphasis on hygiene and sensitized the population to avoid the conflicts within their families.

Other speakers of the day were the USAID Representative on behalf of Development Partners and the Executive Secretary of the Province. The USAID Representative, on behalf of Partners, congratulated the Ministry of Health for organizing the Mother and Child Health Week every year, with well planned activities targeting all citizens for improving their well-being, especially women and children. She promised also that Development Partners will continue to support the Government efforts to improve health of communities, especially the most vulnerable.

The launching ceremony has also been an opportunity to catch up with health services provision, particularly to the hard to reach, the drop out and the most vulnerable.

The Mother and Child Health Week was integrated in the African Vaccination Week and the World Malaria Day celebrations.

Launch of the neonatal and maternity block at Gisenyi District Hospital

The launch of this campaign was also an opportunity to launch the neonatal and maternity ward at Gisenyi DH.

Dr. Diane Gashumba launches the neonatal and maternity ward at Gisenyi DH

Campaign lunch at district level

Like national campaign launch, same campaign launch was held in all the districts where Mayors, Vice Mayors, District Hospital DGs, all local leaders, partners and others attended.

Campaign Implementation

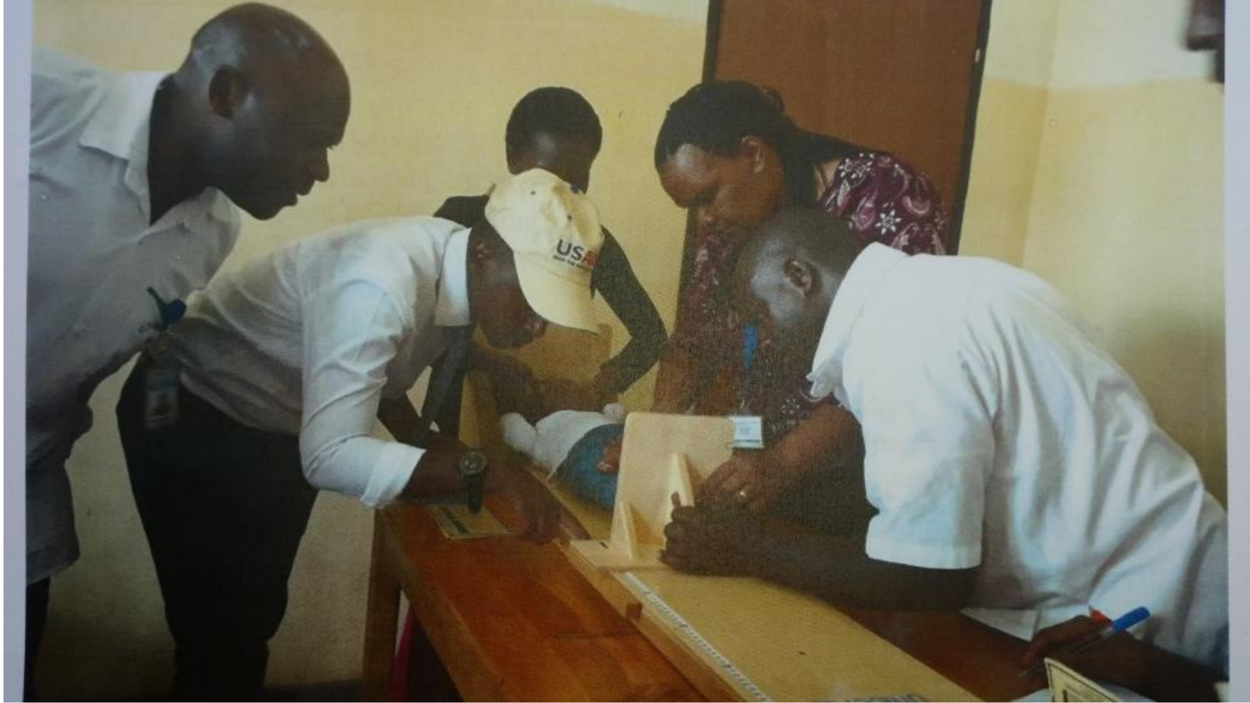
Integrated MCH week was implemented on May 14-18, 2018 in all the 30 districts. There were 499 Fixed (HCs), 2 294 out-reach sites and 3 567 schools to deliver all the services for the campaign.
Six hospital staff including DG, staff in charge of M&E, Vaccination, Community health, Nutrition and FP) were involved in supervision. All heads of HCs (Titulaires) were also responsible for supervision for their respective HCs' catchment areas.

- Each site was staffed with: 1 nurse and 3 CHWs except for schools (1 nurse and 1 CHW) (all nurses: 2 793 and CHWs 11 946)
- Nurses give FP methods, screening children 6-59 months of age with the support of CHWs
- 3 CHWs (1 administered deworming tablets, 1 administered Vit A and 1 filled tally sheet (pointage) and maintained order at the site, all under supervision of a nurse).
- Each site except schools offered all campaign interventions
- Fuel for 2 hospital vehicles was supported by the central level while additional vehicle used by the central level supervisor should also facilitate the hospital team to reach some campaign site. Some hospitals also had partners to facilitate the supervision.
- Campaign post opened at 8 AM and closed until the last parents who came for the services were served and satisfied
- Daily report was made at the end of the day and submitted to the Health Center then to the hospital
- Health Promotion on targeted interventions was conducted in every session prior to the service provided to the clients and children. Radio and TV live show were also organized on RBA and other radios/TVs by RBC and District cadres involved in the campaign.

A nurse administering chewable mebendazole tablet to a preschool age child.

Bill Campbell, Chair of The END Fund's Board administering praziquantel to a pupil at GS Rwesero

Pupils receiving Albendazole tablets during the MCH week



In Kicukiro District Supervisors were shown how height measurement is performed.

In Kicukiro District, children are being screened for malnutrion (height measurement and MUAC).

Supportive Supervision, meeting, data compilation and dissemination

National level supervisors were 43 from (RBC/ MOH) and 11 from MCSP. In addition, 12 RBC staff helped to supply commodities in different parts of the country, avoiding any shortage during the implementation of the campaign. 210 supervisors from 42 District Hospitals were deployed to supervise and monitor the campaign; therefore, each of 42 the district hospitals got campaign supervisors to support the campaign and helped them to achieve a high coverage and high-quality campaign in the districts. On an average, 1 supervisor was assigned to supervise at least 2 Health Centers per district. Below were the tasks that were carried out by the supervisors-

- A WhatsApp group was used to facilitate communication between all supervisors and MCH week coordinators. There was also a WhatsApp group for national level coordination members.
- Integrated campaign checklist was used to record the session strengths, weaknesses and best practices
- Supervisors provided on the job coaching specially on anthropometric measurements
- Provided logistics to the sites where shortage reported
- Analyzed the daily performance by Health Center and discussed with Health Center in-charge if the coverage was low
- Met the community leaders to increase the client flow to the campaign sites
- Facilitated that all the reports from the sites and HCs reached to the DH supervisor in charge of data compilation
- Ensured and facilitated evening/morning review meeting at the DH, discussed key gaps/challenges and addressed on the following day
- Shared data on daily basis to the M&E subcommittee's chair at national level through email
- Shared any important findings that require national intervention within the WhatsApp contact list and actions was taken accordingly
- Submitted a details campaign report for the assigned DH which captured key strengths, challenges, weaknesses, best practices and recommendations for the future campaign.

Closing ceremony

The closing ceremony of the Mother and Child Health Week was dedicated to the celebration of the World malaria Day on 18th May 2018 and took place in Kayonza District Rwinkwavu Sector where communities were mobilized to take active responsibility in fighting malaria.

The event started by planting mosquito's repellents trees at Kayonza Modern School for prevention of malaria in schools. This activity was done by all guests including the Mayor of Kayonza, Head of IHDPC Department in RBC, the Parliament Member Hon Mukakanyamugenge who was the guest of honor, Army and Police Representative in Eastern province, Director General of

Rwinkwavu hospital, headmaster of Kayonza. Key message on malaria prevention and control were given and requested to students to take care of planted repellents trees.

Guests are planting mosquito repellents and educate students of Kayonza Modern school on malaria prevention

After the session of planting trees at the school, there was inauguration of the new maternity ward of Rwinkwavu health center and the laundry of Rwinkwavu Hospital. Repellent trees were also planted at at Health center and hospital. After the inauguration, all guests joined the large number of population of Kayonza at the ground where there was exhibition stand of anti-malaria products available in Rwanda which could contribute to the reduction of malaria transmission. Among anti-malaria products there were mosquito's repellents in different categories, larviciding products and mosquito's coils. Mosquitoes larva cycle from eggs to adult's mosquitoes were shown. This exhibition was done in collaboration with the Agropy Limited and SFH.

Mosquito's life cycle demonstration by RBC Staff

Anti-malaria products exhibited by Partners (Agropy and SFH)

After the exhibition, key messages on malaria prevention were delivered through URUNANA community drama.

After the speech of the Mayor of Kayonza district, the Head of IHDPC in RBC, Dr Innocent Turate, shared the preliminary data of five days of the MCH week and requested the population to seek health care services without waiting for the campaign.

Dr Innocent Turate, Head of IHDPC/RBC delivering a speech in closing ceremony

The guest of Honor provided the key message on promotion of access to health services and responsibilities of everyone in this promotion.

Hon. Jacqueline is providing the message of the Guest of honor

It was rewarded a mother who was the first to deliver to the new maternity of Rwinkwavu and who took the long term duration of family planning method after delivery.

Guest of Honor congratulating the lady who was the first to deliver at new maternity ward of Rwinkwavu Hospital.

The Head of IHDPC giving the mosquito Net and hygiene materials to the mothe

Key Campaign strengths, Weaknesses, Challenges and Best Practices

There were 54 central supervisors deployed to 42 district hospitals to support MCH week and 12 involved in coordination while supplying commodities to avoid any shortage in all districts. The central supervisors were accompanied with District Hospital and Health Center Campaign Focal Persons and shared the HCs among themselves to maximize the supervision. The supervisors identified key strengths, weaknesses, challenges and best practices of the 5 days campaign implementation, filled the supervisory checklists and submitted campaign narrative reports to RBC at the end of the campaign. Below are some of the key highlights that central supervisors revealed during their supervision in the assign district.

Strengths

- Campaign launch held in all districts where Mayor or Vice Mayor and District Health Authority and other notables attended
- Most of campaign sites were well organized with enough space and clean.
- Except few exception, all the interventions were available and no shortage reported
- Except very few exception, most of the sites were well organized and spacious
- Lists of the Nursery and Primary Schools prepared including identification of targeted children with names prior to the campaign; the support from the teachers was remarkably high in most of schools
- District Hospital Authority, Vice Mayor, Executive Secretary from Sector, Cell and Community Leaders were fully engaged
- Teachers participated to the administration of deworming tablets to their students.
- Social mobilization activities conducted prior to the campaign
- District authorities took opportunity to supervise hygiene and sanitation in their community
- Effective communication between all campaign supervisors and coordinators through WhatsApp groups and emails
- Report submitted on daily basis to the hospital focal point for the campaign for compilation and daily findings shared through email to the RBC (M&E subcommittee)
- Coverage calculations were based on denominators from the National Population and Housing Census 2012 data updated with the annual population growth rate of 2.6%; taking into consideration each district population profile. This means that each target population has different proportions according to the district population profile.

Weaknesses

- Few HC catchment areas community were not well informed prior to campaign

- The personnel was not correlated with the workload of the campaign (only one nurse and 3 CHWs for each site). Additional staff (1 nurse and 2 CHWs) were needed to perform malnutrition screening.
- For some districts (such as in Kirehe) there was no funds received for the lastly added intervention though they worked with available means. This delayed data entry in HMIS system. **The partners were not aware that they would provide needed funds for this activity.**
- No fliers distributed to help in social mobilization and posters were provided lately.
- Transport to ensure hospital supervision was insufficient for many hospitals.
- There are some differences in coverage when numbers of target population submitted by hospitals are considered.

Challenges:

- It was a great challenge to cover all the target children by 5 days as heavy rain disrupted campaign in many parts of the country.
- The budget for CHWs was insufficient while high workload would require participation of all CHWs. Only 11 946 CHWs representing 26% of all CHWs were involved because of budget constraint.
- There was no preparatory meetings conducted in many districts hence CHWs were not informed earlier
- Vehicles for hospitals were insufficient to ensure effective supervision (e.g. only 2 vehicles for 5 supervisors)
- In some districts (such as Nyanza) electronic scales were insufficient
- Late integration of activities without their related additional funding (e.g. malnutrition screening with all anthropometric measurements, registration of children 6-59 months and data entry in HMIS database by data managers: need for additional personnel)
- In some districts (such in Gatsibo) local leaders and teachers were not well involved
- Rainy season which affected the campaign
- Some HCs experienced problem of internet network connection, which caused delay of data entry in HMIS database.

Best Practices

- Central level supervisors met district Health and Local Administrative Authority to enhance community engagement to increase turn-out rate on 4th and 5th day of campaign
- Daily evening/morning meeting held and discussed weaknesses, challenges and took actions
- Ownership of the community, health authority and other stakeholders at all level observed

Results of MCH week Campaign

National Coverage

District data show that the majority of Districts achieved near 90% coverage for all the target interventions. Few districts have reported lower than 90% while others reported above 100% coverage. The national coverage rates for Vitamin A, Mebendazole, Albendazole, ALB/MBZ, Praziquantel and Malnutrition screening were 92%, 92%, 102%, 99%, 101% and 90%, respectively. Table 1 below shows the target population and number of population covered during the campaign.

Table 2: a) National coverage for different interventions

Interventions		Target population	Number reached	%
Vitamin A		1,590,452	1,455,785	92
Mebendazole (MBZ)		1,415,079	1,306,669	92
Albendazole (ALB)		3,483,272	3,545,051	102
MBZ/ALB		4,898,352	4,851,720	99
Praziquantel (PZQ)		1,142,967	1,154,486	101
Malnutrition screening (6-23 months)	Height	526,119	473,459	90
	Weight	526,119	473,459	90
	MUAC	526,119	473,459	90
Children receiving FBF			66,498	
Children receiving ONGERA			327,814	
FP	Condoms		24,190	
	Implants		10,863	
	Injectables		13,855	
	Pilules		8,784	
	Total FP		57,692	

Table 2: b) National coverage for children 6-23 months' analyzed in into ENA for SMART 2011 software

Interventions		Target population	Number analyzed	%
Malnutrition screening (6-23 months)	Height	473,459	429,582	90.7%
	Weight	473,459	429,582	90.7%
	MUAC	473,459	429,582	90.7%

Coverages at District levels

I. Vitamin-A Supplementation

The national Vitamin-A supplementation achieved 92% coverage with huge discrepancy of coverage between the districts. The coverage below 90% was obtained in 9 districts (30%) while it was below 80% in two districts of Gasabo (75% and Nyanza (77%). The table and bar chart below shows the Vitamin-A coverage by district.

Table 3: Vitamin A coverage

No	District	Total Population 2018	Target population_Vitamin A			Number reached_Vit A			Coverages_Vit A		
			6-11 months	12-59 months	6-59 months	6 - 11 months	12 - 59 months	Total_6-59 months	6 - 11 months	12 - 59 months	6-59 months
1	Bugesera	434,668	6,303	50,856	57,159	5,685	45,895	51580	90%	90%	90%
2	Burera	388,916	5,639	45,503	51,142	4,885	40,622	45507	87%	89%	89%
3	Gakenke	363,596	5,272	42,541	47,813	4,844	40,276	45120	92%	95%	94%
4	Gasabo	742,566	10,767	86,880	97,647	7,706	65,226	72932	72%	75%	75%
5	Gatsibo	508,816	7,378	59,531	66,909	6,374	54,331	60705	86%	91%	91%
6	Gicumbi	432,785	6,275	50,636	56,911	6,036	52,076	58112	96%	103%	102%
7	Gisagara	369,831	5,363	43,270	48,633	4,654	41,548	46202	87%	96%	95%
8	Huye	362,532	5,257	42,416	47,673	3,673	35,191	38864	70%	83%	82%
9	Kamonyi	387,619	5,620	45,351	50,972	4,403	37,081	41484	78%	82%	81%
10	Karongi	380,453	5,517	44,513	50,030	5,263	39,780	45043	95%	89%	90%
11	Kayonza	439,763	6,377	51,452	57,829	5,564	43,379	48943	87%	84%	85%
12	Kicukiro	367,936	5,335	43,049	48,384	6,007	33,928	39935	113%	79%	83%
13	Kirehe	364,508	5,285	42,647	47,933	4,888	41,163	46051	92%	97%	96%
14	Muhanga	360,144	5,222	42,137	47,359	3,861	34,408	38269	74%	82%	81%
15	Musanze	409,689	5,940	47,934	53,874	5,596	47,232	52828	94%	99%	98%
16	Ngoma	394,934	5,727	46,207	51,934	4,516	43,273	47789	79%	94%	92%
17	Ngororero	378,233	5,484	44,253	49,738	4,926	44,657	49583	90%	101%	100%
18	Nyabihu	309,774	4,492	36,244	40,735	3,844	36,958	40802	86%	102%	100%
19	Nyagatare	563,964	8,177	65,984	74,161	7,067	60,912	67979	86%	92%	92%
20	Nyamagabe	380,481	5,517	44,516	50,033	4,703	36,786	41489	85%	83%	83%
21	Nyamasheke	436,793	6,333	51,105	57,438	5,765	51,030	56795	91%	100%	99%
22	Nyanza	372,832	5,406	43,621	49,027	4,122	33,783	37905	76%	77%	77%
23	Nyarugenge	254,341	3,688	29,758	33,446	5,713	31,573	37286	155%	106%	111%
24	Nyaruguru	340,005	4,930	39,781	44,711	4,127	37,519	41646	84%	94%	93%
25	Rubavu	489,398	7,096	57,260	64,356	7,695	57,358	65053	108%	100%	101%
26	Ruhango	341,894	4,957	40,002	44,959	4,275	37,484	41759	86%	94%	93%
27	Rulindo	325,604	4,721	38,096	42,817	4,889	38,086	42975	104%	100%	100%
28	Rusizi	462,935	6,713	54,163	60,876	6,764	55,106	61870	101%	102%	102%

No	District	Total Population 2018	Target population_Vitamin A			Number reached_Vit A			Coverages_Vit A		
			6-11 months	12-59 months	6-59 months	6 - 11 months	12 - 59 months	Total_6-59 months	6 - 11 months	12 - 59 months	6-59 months
29	Rutsiro	364,033	5,278	42,592	47,870	4,551	39,757	44308	86%	93%	93%
30	Rwamagana	365,652	5,302	42,781	48,083	4,755	42,216	46971	90%	99%	98%
Total		12,094,695	175,373	1,415,079	1,590,452	157,151	1,298,634	1,455,785	90%	92%	92%

*Pupulation from the National Population and Housing Census 2012, updated with annual population growth rate of 2.6%.
**Target population calculated with consideration of each district population profile.

II. De-worming

Tablets to treat schistosomiasis and Soil-Transmitted Helminthiasis (STH) among children were administered along with Vitamin-A, ONGERA and FBF. The reported coverage for Mebendazole, Albendazole and Praziquantel was generally high. The coverage for Mebendazole, Albendazole and Praziquantel were 92%, 102% and 101% respectively. The deworming (MBZ + ALB) coverage below 90% was obtained in 3 districts which are Huye (87%), Kicukiro (85%) and Nyanza (89%). The table and bar chart below shows the deworming coverage by district.

Table 4 : De-worming coverage

No	District	Total Population 2018	Target population			MBZ	ALB	PZQ	Coverage (%)			
			12-59 months	5-15 years	Target PZQ 5-15 years	12 - 59 months	5-15 years	5-15 years	MBZ 12-59 months	ALB 5-15 years	MBZ+ALB 1-15 years	PZQ 5-15 years
1	Bugesera	434,668	50,856	125,184	31,306	47,326	117,358	26,419	93%	94%	94%	84%
2	Burera	388,916	45,503	112,008	80,931	40,624	113,668	88,511	89%	101%	98%	109%
3	Gakenke	363,596	42,541	104,716	48,000	40,276	102,975	46,297	95%	98%	97%	96%
4	Gasabo	742,566	86,880	213,859	-	65,675	231,467	-	76%	108%	99%	
5	Gatsibo	508,816	59,531	146,539	48,115	54,231	149,234	64,346	91%	102%	99%	134%
6	Gicumbi	432,785	50,636	124,642	18,915	52,794	129,595	11,610	104%	104%	104%	61%
7	Gisagara	369,831	43,270	106,511	66,446	41,975	108,563	70,275	97%	102%	101%	106%
8	Huye	362,532	42,416	104,409	-	35,191	92,960	-	83%	89%	87%	
9	Kamonyi	387,619	45,351	111,634	111,634	37,481	126,542	126,542	83%	113%	104%	113%
10	Karongi	380,453	44,513	109,570	-	39,791	110,081	-	89%	100%	97%	
11	Kayonza	439,763	51,452	126,652	47,493	43,216	122,395	48,702	84%	97%	93%	103%
12	Kicukiro	367,936	43,049	105,966	-	33,354	93,798	-	77%	89%	85%	
13	Kirehe	364,508	42,647	104,978	-	42,590	122,819	-	100%	117%	112%	
14	Muhanga	360,144	42,137	103,721	21,276	34,401	99,359	28,207	82%	96%	92%	133%
15	Musanze	409,689	47,934	117,990	18,620	47,275	134,779	18,000	99%	114%	110%	97%
16	Ngoma	394,934	46,207	113,741	37,982	43,273	105,900	38,023	94%	93%	93%	100%
17	Ngororero	378,233	44,253	108,931	5,561	47,922	124,723	6,273	108%	114%	113%	113%
18	Nyabihu	309,774	36,244	89,215	-	36,934	99,827	-	102%	112%	109%	
19	Nyagatare	563,964	65,984	162,422	161,858	60,555	164,974	145,966	92%	102%	99%	90%

No	District	Total Population 2018	Target population			MBZ	ALB	PZQ	Coverage (%)			
			12-59 months	5-15 years	Target PZQ 5-15 years	12 - 59 months	5-15 years	5-15 years	MBZ 12-59 months	ALB 5-15 years	MBZ+ALB 1-15 years	PZQ 5-15 years
20	Nyamagabe	380,481	44,516	109,579	-	36,750	108,898	-	83%	99%	95%	
21	Nyamasheke	436,793	51,105	125,796	82,372	51,030	130,670	78,015	100%	104%	103%	95%
22	Nyanza	372,832	43,621	107,376	42,496	33,783	100,746	41,269	77%	94%	89%	97%
23	Nyarugenge	254,341	29,758	73,250	4,129	31,527	80,786	8,116	106%	110%	109%	197%
24	Nyaruguru	340,005	39,781	97,921	-	37,518	99,888	398	94%	102%	100%	
25	Rubavu	489,398	57,260	140,947	49,869	57,358	130,935	43,488	100%	93%	95%	87%
26	Ruhango	341,894	40,002	98,465	14,526	37,444	102,521	20,508	94%	104%	101%	141%
27	Rulindo	325,604	38,096	93,774	8,573	38,337	99,347	12,640	101%	106%	104%	147%
28	Rusizi	462,935	54,163	133,325	133,160	56,077	135,631	122,542	104%	102%	102%	92%
29	Rutsiro	364,033	42,592	104,842	56,582	39,707	104,934	55,112	93%	100%	98%	97%
30	Rwamagana	365,652	42,781	105,308	53,122	42,254	99,678	53,227	99%	95%	96%	100%
	Total	12,094,695	1,415,079	3,483,272	1,142,967	1,306,669	3,545,051	1,154,486	92%	102%	99%	101%

III. Malnutrition Screening

children aged 6 to 23 months were systematically screened. After the screening, the data capture was done at the health center level by the data manager trained on ENA for SMART 2011 software The data already entered into the system on 17 September was analyzed.

Measurements taken

During the MCH week, the following information were recorded:

1. Child's identification and parents' names
2. Child's age
3. Weight
4. Height
5. MUAC
6. Existence or not of edema

Data entry was into ENA for SMART 2011 software to get the z-scores and produce the report. For analysis to be more accurate we used WHO standards 2006. The outliers in anthropometry data were excluded from the analysis. The boundaries for exclusion were defined as follows: +/- 5 SD of WHZ from the observed WHZ mean.

- Total number of children (6-23 months) expected to be screened = 526.119
- Total number of children screened = 473.459 which represents 89.9% of the expected children
- Total number of children analyzed into ENA for SAMRT were = 429.582
- Number of cases excluded from the analysis: 43.877

Coverages of nutritional status of screening

III.1. Screening coverages for children 6-23 months

Table 5: Coverage of screening in 6-23 children

No	District	Total Population 2018	Target population_ 6-23 months	Number of children screened_6-23 months			Coverage screening_6-23 months		
				Height	Weight	MUAC	Height	Weight	MUAC
1	Bugesera	434,668	18,908	17,062	17,062	17,062	90%	90%	90%
2	Burera	388,916	16,918	15,105	15,105	15,105	89%	89%	89%
3	Gakenke	363,596	15,816	14,686	14,686	14,686	93%	93%	93%
4	Gasabo	742,566	32,302	22,798	22,798	22,798	71%	71%	71%
5	Gatsibo	508,816	22,133	20,076	20,076	20,076	91%	91%	91%
6	Gicumbi	432,785	18,826	18,989	18,989	18,989	101%	101%	101%
7	Gisagara	369,831	16,088	15,029	15,029	15,029	93%	93%	93%
8	Huye	362,532	15,770	12,109	12,109	12,109	77%	77%	77%
9	Kamonyi	387,619	16,861	14,136	14,136	14,136	84%	84%	84%
10	Karongi	380,453	16,550	14,554	14,554	14,554	88%	88%	88%
11	Kayonza	439,763	19,130	16,106	16,106	16,106	84%	84%	84%
12	Kicukiro	367,936	16,005	12,802	12,802	12,802	80%	80%	80%
13	Kirehe	364,508	15,856	15,072	15,072	15,072	95%	95%	95%
14	Muhanga	360,144	15,666	11,872	11,872	11,872	76%	76%	76%
15	Musanze	409,689	17,821	17,815	17,815	17,815	100%	100%	100%
16	Ngoma	394,934	17,180	15,809	15,809	15,809	92%	92%	92%
17	Ngororero	378,233	16,453	14,911	14,911	14,911	91%	91%	91%
18	Nyabihu	309,774	13,475	13,497	13,497	13,497	100%	100%	100%
19	Nyagatare	563,964	24,532	20,867	20,867	20,867	85%	85%	85%
20	Nyamagabe	380,481	16,551	13,770	13,770	13,770	83%	83%	83%
21	Nyamasheke	436,793	19,000	18,788	18,788	18,788	99%	99%	99%
22	Nyanza	372,832	16,218	12,510	12,510	12,510	77%	77%	77%
23	Nyarugenge	254,341	11,064	10,957	10,957	10,957	99%	99%	99%
24	Nyaruguru	340,005	14,790	13,776	13,776	13,776	93%	93%	93%
25	Rubavu	489,398	21,289	21,806	21,806	21,806	102%	102%	102%
26	Ruhango	341,894	14,872	13,814	13,814	13,814	93%	93%	93%
27	Rulindo	325,604	14,164	14,061	14,061	14,061	99%	99%	99%
28	Rusizi	462,935	20,138	20,460	20,460	20,460	102%	102%	102%
29	Rutsiro	364,033	15,835	14,684	14,684	14,684	93%	93%	93%
30	Rwamagana	365,652	15,906	15,538	15,538	15,538	98%	98%	98%
	Total	12,094,695	526,119	473,459	473,459	473,459	90%	90%	90%

Table 6: Wasting (Weight for Height) among 6-23 months

District	*6-23 months analysed*	Severe wasting		Moderate wasting		Severe wasting (%)_6-23 months	Moderate wasting (%)_6-23 months	Global wasting (%)_6-23 months
		06-11	12-23	06-11	12-23			
Bugesera	18,441	163	261	262	443	2.3%	3.8%	6.1%
Gatsibo	19,046	168	245	303	468	2.2%	4.0%	6.2%
Kayonza	15,754	132	235	223	390	2.3%	3.9%	6.2%
Kirehe	14,204	112	224	222	409	2.4%	4.4%	6.8%
Ngoma	14,610	118	187	207	289	2.1%	3.4%	5.5%
Nyagatare	17,610	236	370	314	577	3.4%	5.1%	8.5%
Rwamagana	14,790	74	120	115	219	1.3%	2.3%	3.6%
Gasabo	20,545	204	371	269	496	2.8%	3.7%	6.5%
Kicukiro	13,599	91	126	151	214	1.6%	2.7%	4.3%
Nyarugenge	11,203	87	104	142	204	1.7%	3.1%	4.8%
Burera	14,557	89	121	169	221	1.4%	2.7%	4.1%
Gakenke	13,958	99	123	156	259	1.6%	3.0%	4.6%
Gicumbi	16,634	128	224	175	296	2.1%	2.8%	4.9%
Musanze	16,731	118	181	181	313	1.8%	3.0%	4.7%
Rulindo	13,449	85	132	140	224	1.6%	2.7%	4.3%
Gisagara	13,571	132	247	216	395	2.8%	4.5%	7.3%
Huye	12,802	73	173	148	317	1.9%	3.6%	5.6%
Kamonyi	12,278	117	206	149	273	2.6%	3.4%	6.1%
Muhanga	9,917	84	111	110	184	2.0%	3.0%	4.9%
Nyamagabe	13,268	95	165	177	349	2.0%	4.0%	5.9%
Nyanza	11,097	82	123	153	253	1.8%	3.7%	5.5%
Nyaruguru	12,894	142	316	175	441	3.6%	4.8%	8.3%
Ruhango	10,703	84	143	128	251	2.1%	3.5%	5.7%
Karongi	13,430	101	137	170	244	1.8%	3.1%	4.9%
Ngororero	14,836	144	201	219	331	2.3%	3.7%	6.0%
Nyabihu	11,813	71	124	120	218	1.7%	2.9%	4.5%
Nyamasheke	13,588	119	158	147	241	2.0%	2.9%	4.9%
Rubavu	19,802	189	260	216	412	2.3%	3.2%	5.4%
Rusizi	11,899	119	167	145	235	2.4%	3.2%	5.6%
Rutsiro	12,553	111	160	142	275	2.2%	3.3%	5.5%
National	429,582	3567	5715	5444	9441	2.2%	3.5%	5.6%

From the above table, the wasting in 6-23 children stands at 5.6%, moderate wasting is 3.5% and severe wasting is 2.2%. 18 Districts have a high wasting which is above 5%, among them 18 Districts are higher than others: Bugesera (6.1), Gatsibo (6.2),Kayonza (6.2),Kirehe (5.8), Ngoma

(5.5), Gasabo (6.5), Nyagatare (8.5), Gisagara (7.3), Huye (5.6), Kamonyi (6.1), Nyamagabe (5.9), Nyanza (5.5), Nyaruguru (8.3), Ruhango (5.7), Ngororero (6.0), Rubavu (5.4), Rusizi (5.6), Rutsiro (5.5)

Table 7: Underweight (Weight for Age) for 6-23 months by district

District	*6-23 months analysed*	Severe under weight		Moderate under weight		Severe under weight (%)_6-23	Moderate under weight (%)_6-23	Global Under weight (%)_6-23
		06-11	12-23	06-11	12-23			
Bugesera	18,441	167	461	399	1096	3.4%	8.1%	11.5%
Gatsibo	19,046	75	348	268	986	2.2%	6.6%	8.8%
Kayonza	15,754	57	291	232	848	2.2%	6.9%	9.1%
Kirehe	14,204	44	209	175	807	1.8%	6.9%	8.7%
Ngoma	14,610	45	217	241	780	1.8%	7.0%	8.8%
Nyagatare	17,610	120	476	336	1009	3.4%	7.6%	11.0%
Rwamagana	14,790	21	140	143	530	1.1%	4.6%	5.6%
Gasabo	20,545	35	248	202	782	1.4%	4.8%	6.2%
Kicukiro	13,599	19	118	130	397	1.0%	3.9%	4.9%
Nyarugenge	11,203	26	129	130	429	1.4%	5.0%	6.4%
Burera	14,557	37	195	213	749	1.6%	6.6%	8.2%
Gakenke	13,958	32	172	215	746	1.5%	6.9%	8.3%
Gicumbi	16,634	36	206	153	717	1.5%	5.2%	6.7%
Musanze	16,731	37	181	187	699	1.3%	5.3%	6.6%
Rulindo	13,449	30	135	152	563	1.2%	5.3%	6.5%
Gisagara	13,571	66	335	254	930	3.0%	8.7%	11.7%
Huye	12,802	29	173	177	661	1.6%	6.5%	8.1%
Kamonyi	12,278	32	164	138	618	1.6%	6.2%	7.8%
Muhanga	9,917	31	113	108	414	1.5%	5.3%	6.7%
Nyamagabe	13,268	54	291	273	944	2.6%	9.2%	11.8%
Nyanza	11,097	30	204	198	626	2.1%	7.4%	9.5%
Nyaruguru	12,894	49	286	218	882	2.6%	8.5%	11.1%
Ruhango	10,703	30	170	124	509	1.9%	5.9%	7.8%
Karongi	13,430	31	152	209	643	1.4%	6.3%	7.7%
Ngororero	14,836	47	213	218	865	1.8%	7.3%	9.1%
Nyabihu	11,813	40	185	182	736	1.9%	7.8%	9.7%
Nyamasheke	13,588	37	174	178	604	1.6%	5.8%	7.3%
Rubavu	19,802	52	322	208	862	1.9%	5.4%	7.3%
Rusizi	11,899	36	162	149	574	1.7%	6.1%	7.7%
Rutsiro	12,553	52	224	181	765	2.2%	7.5%	9.7%
Total	429,582	1397	6694	5991	21771	1.9%	6.5%	8.3%

From the above table, the underweight children are 8.3%, moderate underweight is 6.5% and severe underweight 1.9%. 5 Districts scored high (above 10%) concerning underweight, these are Bugesera, Nyagatare, Gisagara, Nyamagabe, Nyaruguru,

Table 8: Stunting of 6-23 months children per districts (Height for age)

District	***6-23 months analysed***	***Severe Stunting***	***Moderate stunting***	***Global stunting***	***% Severe Stunting***	***% Moderate stunting***	***% Global stunting***
Bugesera	18,441	3248	3193	6441	17.6	17.3	34.9
Gatsibo	19046	2532	3327	5859	13.3	17.5	30.8
Kayonza	15754	1503	2561	4064	9.5	16.3	25.8
Kirehe	14,204	2013	2408	4421	14.2	17.0	31.1
Ngoma	14,610	1753	2567	4320	12.0	17.6	29.6
Nyagatare	17,610	2527	2956	5483	14.3	16.8	31.1
Rwamagana	14,790	1145	2361	3506	7.7	16.0	23.7
Gasabo	20,545	2625	2997	5622	12.8	14.6	27.4
Kicukiro	13,599	836	1620	2456	6.1	11.9	18.1
Nyarugenge	11,203	779	1525	2304	7.0	13.6	20.6
Burera	14,557	2309	3141	5450	15.9	21.6	37.4
Gakenke	13,958	1799	2880	4679	12.9	20.6	33.5
Gicumbi	16,634	2752	3030	5782	16.5	18.2	34.8
Musanze	16,731	2375	3144	5519	14.2	18.8	33.0
Rulindo	13,449	2137	2606	4743	15.9	19.4	35.3
Gisagara	13,571	1809	2560	4369	13.3	18.9	32.2
Huye	12,802	1482	2247	3729	11.6	17.6	29.1
Kamonyi	12,278	1998	2152	4150	16.3	17.5	33.8
Muhanga	9,917	1352	1777	3129	13.6	17.9	31.6
Nyamagabe	13,268	1850	2861	4711	13.9	21.6	35.5
Nyanza	11,097	1126	2070	3196	10.1	18.7	28.8
Nyaruguru	12,894	1811	2487	4298	14.0	19.3	33.3
Ruhango	10,703	1184	1972	3156	11.1	18.4	29.5
Karongi	13,430	1959	2761	4720	14.6	20.6	35.1
Ngororero	14,836	2521	2935	5456	17.0	19.8	36.8
Nyabihu	11,813	1653	2666	4319	14.0	22.6	36.6
Nyamasheke	13,588	2213	2413	4626	16.3	17.8	34.0
Rubavu	19,802	4319	3347	7666	21.8	16.9	38.7
Rusizi	11,899	1996	2258	4254	16.8	19.0	35.8
Rutsiro	12,553	2498	2627	5125	19.9	20.9	40.8

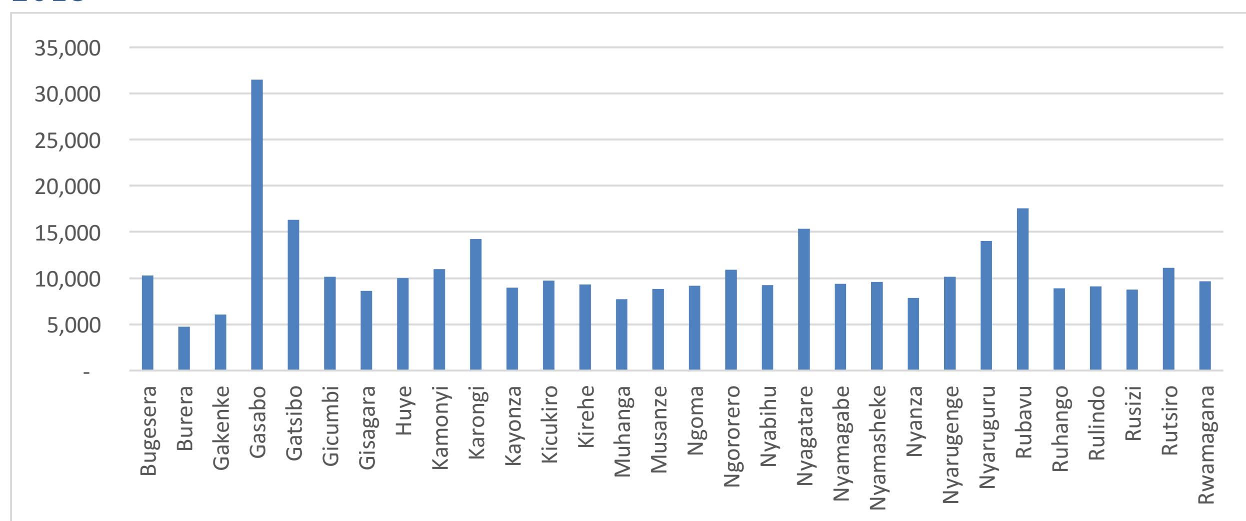
District	*6-23 months analysed*	*Severe Stunting*	*Moderate stunting*	*Global stunting*	*% Severe Stunting*	*% Moderate stunting*	*% Global stunting*
National	429,582	60104	77449	137553	14.0	18.0	32.0

Overall, 32.2% of 6-23 months' children are stunted. Following the WHO threshold of stunting, it is observed that only Kicukiro Districts have low prevalence < 20%. About 21 Districts noted a high prevalence of stunting 30-39%, these are Bugesera, Gatsibo, Kirehe, Nyagatare, Burera, Gakenke, Gicumbi, Musanze, Rulindo, Gisagara, Kamonyi, Muhanga, Nyamagabe, Nyaruguru, Karongi, Ngororero, Nyabihu, Nyamasheke, Rubavu, Rusizi, Rutsiro.

IV. Supplementation of micronutrients to children 6-23 months

The MCH week showed that 327,814 children aged 6-23 months in country were being supplemented with ONGERA product. Top three districts to distribute ONGERA are Gasabo (31,478), Rubavu (17,536) and Gatsibo (16,312) while lowest numbers were found in Burera (4,706), Gakenke (6,162) and Muhanga (7,682).

Figure 4: Children 6-23 months receiving ONGERA micronutrients, MCH week - May 2018



V. Family Planning Services

It was an opportunity to integrate also FP services in the integrated MCH week. There were 57,692 clients both men and women who undertook FP interventions during the campaign. More clients took services in Gasabo (7 926), Rulindo (4 251) and Nyagatare (3 402) while it was lowest in Musanze (406), Nyaruguru (596) and Nyamagabe (695). In previous MCH week (Oct 2017), Musanze also had lowest intake with only 529 clients.

Table 9: Number of FP clients during MCH week

District	FP clients received				
	Condoms	Implants	Injectables	Pilules	Total
Bugesera	321	262	886	573	2042
Burera	2	597	389	125	1113
Gakenke	102	503	319	252	1176
Gasabo	7,143	176	380	227	7926
Gatsibo	1,112	617	786	278	2793
Gicumbi	336	261	491	233	1321
Gisagara	196	113	269	135	713
Huye	305	350	278	185	1118
Kamonyi	423	578	853	832	2686
Karongi	1,543	457	544	397	2941
Kayonza	360	732	1,064	495	2651
Kicukiro	305	233	617	537	1692
Kirehe	639	164	348	155	1306
Muhanga	200	174	211	118	703
Musanze	35	187	130	54	406
Ngoma	149	134	375	155	813
Ngororero	158	822	322	268	1570
Nyabihu	472	189	378	159	1198
Nyagatare	1,939	257	738	468	3402
Nyamagabe	211	181	223	80	695
Nyamasheke	167	223	532	279	1201
Nyanza	253	731	327	180	1491
Nyarugenge	1,782	276	373	371	2802
Nyaruguru	79	139	263	115	596
Rubavu	1,167	397	650	676	2890
Ruhango	568	522	449	222	1761
Rulindo	2,552	552	506	650	4260
Rusizi	118	212	362	192	884
Rutsiro	29	426	338	104	897
Rwamagana	1,524	398	454	269	2,645
Total	24,190	10,863	13,855	8,784	57,692

VI. Side effects due to Drugs

There were only three praziquantel related adverse reactions cases reported with two cases well managed at the health center and one case that cured spontaneously.

Table 10: Side effects reporting, MCH Week - May 2018

Type of drug	Adverse reactions observed	# cases managed at HC	# cases managed at hospital	Outcome	Investigation forms submitted to RBC	Comments
Praziquantel	3	2	0	Well managed	0	Well managed
Albendazole	0	N/A	N/A	N/A	N/A	
Mebendazole	0	N/A	N/A	N/A	N/A	
Vitamin A	0	N/A	N/A	N/A	N/A	
Other (Specify)	0	N/A	N/A	N/A	N/A	

Coordination, Collaboration and Partnership

The national coordination committee and its sub-committee played a crucial role in establishing strong coordination between various line Ministries Namely Ministry of Health, Finance, Education, Local Government and Gender and the National Early Childhood Development Program (NECDP). The coordination among different Divisions within RBC/MoH namely MCCH and MOPD Divisions etc. was also remarkably high. Besides this high-level coordination at national level, same was also established at districts and Sector level which had made the campaign a success.

Apart from inter-ministerial coordination, there was also visible and marked collaborative and partnership observed with UN agencies namely UNICEF, WHO, WFP and the End Fund.

Conclusions

The integrated Maternal and Child Health Week of May 2018 was successfully conducted in all the districts in Rwanda. Although client's engagement in farming and sudden heavy rain affected campaign a bit in some of the districts; however, those challenges were efficiently handled by the districts Hospital authority with high priority resulted high coverage in many districts. Late decision to include malnutrition screening with all anthropometric measurements has also affected the performance for some districts which did not get support from partners to provide additional staffing for this activity.

The reported national coverage data showed ≥ 90% coverage for all targeted interventions. Some districts reported >100% and few districts <80% coverage which can be due to under estimation or over estimation of the projected target population for those districts. Some districts have more boarding schools with children targeted for albendazole and praziquantel which can explain potential under estimation of target which is currently based on census data.

The political commitment, engagement of the District and Health Center Authority and community were remarkably high. The participation of the community health workers and community acceptance to get the services had made the campaign a success.

The role and commitment of national and district level supervisors to conducted a high-quality campaign in all the districts and engagement of the partners were highly appreciated.

Recommendations

Although there were lot of successes in the campaign; few weaknesses were also observed during the field supervision. Some of the weaknesses were addressed on the field; however, some of the weaknesses need long term intervention to improve the campaign quality in future. Below are some of the suggested interventions that need to be addressed on priority basis-

1. Plan more Family Planning weeks to raise the FP uptake
2. Requirement of adequate nurses and CHWs should be estimated prior to the campaign and to always correlate the workload of the campaign with the number of personnel (only 1 nurse and 3 CHWs for each site were used while additional nurse and 2 CHWs were needed to perform malnutrition screening).
3. Support the hospital supervision by providing additional car (recommendation by almost all hospitals).
4. Where applicable (e.g. Vitamin A and deworming) plan for community-based post campaign coverage survey to validate the health facilities' reported data.
5. Work with district hospitals with potential issues in population targets to agree on real denominators.
6. MOH/RBC in collaboration MIGEPROF/NECDP are requested to avail and provide the list of all malnourished children to respective Districts for follow up
7. Districts are recommended to make a close individual focalized follow up of every malnourished child according the list that will be provided by central level.