



HI client in Rwanda.

“I had some knowledge about quality improvement before TA-NPI’s support, but they gave us new techniques to use. I learned the process to build quality of services, which is important for our partners.”

—Jean Nsengiyunua,
Capacity Building
Officer



John Snow, Inc.

Handicap International - Rwanda

Handicap International (HI) is an international federation of nongovernmental organizations (NGOs) established to aid vulnerable populations, particularly people with disabilities, their families, and communities throughout the world. Since 1982, HI has worked in more than 60 countries to alleviate suffering caused by conflict, natural disaster, poverty, and exclusion from society. With emphasis on the most vulnerable populations—the mentally and physically disabled—HI implements education, health, livelihood, accessibility, and security programs. Raising awareness around the rights and essential needs of people with disabilities is at the root of all of HI’s programs.

HI Rwanda was established in response to the 1994 genocide to address the tremendous needs of people with disabilities. Adding to this, thousands of people were left with intense psychological trauma. As a result of the conflict, existing systems and services for people with disabilities were decimated. To aid in the reconstruction, HI Rwanda developed programs targeting people with disabilities with the goal of ensuring that the needs of vulnerable members of society are always considered. In collaboration with seven local partners, these programs address rehabilitation, mental health, epilepsy, and inclusive education needs. Programs were designed to be rolled-out mainly by partners and volunteers trained to deliver services to people with various disabilities. Particular attention was given to guiding the government on inclusive programs and eliminating physical barriers by building ramps and widening doors.

At the forefront of HI Rwanda’s work is the engagement of people with disabilities in the provision of care and services for those infected with and affected by HIV.

Announced on World AIDS Day 2005, the New Partners Initiative (NPI) is part of a broader effort within the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) to work with established community- and faith-based organizations to become new partners to the national government and funding partners. This is done by enhancing their technical and organizational capacity and ensuring the quality and sustainability of HIV programs through community ownership.

In 2008, JSI and its partner, Initiatives Inc., were asked to form the Technical Assistance to the New Partners Initiative (TA-NPI) by the U.S. Centers for Disease Control and Prevention (CDC). TA-NPI’s goal is to build the quality of program implementation and strengthen the capacity of indigenous organizations to serve the needs of their communities today and into the future, through collaboration with government and partnerships with other organizations. This support is provided to 12 established local nongovernmental organizations in sub-Saharan Africa and Haiti.



WHAT TA-NPI MEANT FOR HI RWANDA

Background

After more than 10 years of working in Rwanda, HI had developed various programs to address the needs of the disabled and created partnerships with local organizations with similar missions.

But when the government issued the HIV/AIDS Strategy 2008-2012, a gap was identified in the provision of HIV services for people with disabilities and other vulnerable groups. HI Rwanda's established history of working with people with disabilities has well-positioned it to assist the government in addressing this critical gap.

With the award of the NPI grant in 2008, HI Rwanda set out to design and implement accessible and sustainable HIV programs specifically targeting people with disabilities. Through its association

with the international network, HI Rwanda had received U.S. funds in the past, but working now with sub-recipients, there were administrative and project reporting capacities that HI Rwanda lacked that were required by PEPFAR.

“We knew more about EU foundations. NPI and the USG (United States Government) were new to us, with new requirements, so our first question was ‘How can we meet their requirements?’” says Gallican Mugabonake, NPI Project Coordinator. “We needed assistance to meet USG requirements and develop new approaches to HIV programs.” An important consideration for TA-NPI was to avoid hindering the existing project and financial management systems at HI, which were already strong.

Process

TA-NPI's support to HI Rwanda began with an initial assessment of its overall capacity as an organization. Working together, TA-NPI and HI Rwanda conducted an organizational capacity assessment (OCA) to analyze key management elements of HI Rwanda, including: human resources, finance, program management, governance, administration, organizational management, and project performance. The results highlighted the existing strengths as well as areas that needed to be modified to comply with USG grant requirements.

In addition, a baseline technical capacity assessment (TCA) of HIV services was conducted, which looked at: leadership, service delivery and management, supplies management, data collection and monitoring and evaluation, and human resource capacity.

Based on the results of these two assessments, TA-NPI worked with HI Rwanda to develop trainings, resources, and tools that addressed identified needs. Ongoing technical assistance and coaching was also provided by the TA-NPI team to ensure that direct support was readily available when needed. During the second year of the project, follow-up OCAs were conducted to determine progress; gaps were addressed through action plans developed by the HI team.

Results

The support provided by TA-NPI has resulted in the increased capacity of staff at both HI and its sub-partners. Working with Trac Plus (The Centre for Treatment and Research on AIDS) to review national data collection tools on VCT to include people living with disabilities, HI successfully influenced national level decisions.

These tools have now been finalized, HI and Trac Plus have conducted trainings, and its application is now being rolled out to government health centers. Strengthened documentation of systems has also contributed to HI Rwanda's successful bid for new awards from UNICEF, ICAP, and a costed extension through the USG in Rwanda.

LOOKING AHEAD

Improved Capacity Creates More Effective Programs for People with Disabilities

TA-NPI assistance to HI Rwanda enhanced its PEPFAR implementation funding to create targeted tools, systems, and resources for effective and sustainable HIV programs. Whereas existing systems had ensured projects were completed as intended, the periodic monitoring of progress and defining the quality indicators were not part of HI's documented systems. This improved capacity enables HI Rwanda to focus more on systems to measure the quality of services being provided, which is critical to their client-centered approach and reporting.

"I think the technical assistance we received changed our way of thinking about quality standards," says Mugabonake. "I think it is very important to have measurable standards to work towards. The TA-NPI support has impacted our whole system."

TA-NPI-supported systems, tools, and skills that are currently being used for HI Rwanda's NPI program will continue to be refined to best meet the needs of both donors and local clients. Moving forward, HI Rwanda will scale-up these efforts to all other programs and departments within the organization.

WHAT PEOPLE ARE SAYING

Strengthening the Capacity of Local Partners

Improved Use of Information for Program Success

When we were planning our annual workplans, we started collecting data on the number who tested positive to get more evidence on the status of our targeted population. We learned that people with disabilities are more vulnerable than the non-disabled population. There were no figures on this before. We now can convince HIV stakeholders by showing them the numbers of those infected.

—AIMABLE RUKUNDA, M&E OFFICER



Supportive Supervision

We now visit our seven sub-partners twice a month. Together we share key findings from the visits and develop an action plan for the following month. We also assist them with quarterly budget tracking, submission of reports, following donor rules and regulations, and complying with procedures that we transferred to them. We also developed terms of reference for them on finance, and provided them with a checklist.

Our partners find this very useful. For example, the Association Nationale des Femmes Sourdes et Muettes au Rwanda (ANFSMR) worried that they would not get funds for the next period. They struggled because this was a new system, but today they are managing and using the tools HI developed with TA-NPI to meet U.S. donor requirements. As a result, HI Rwanda has met all financial reporting deadlines since the beginning. We would not have met our own deadlines if the sub-partners didn't make theirs.

—SELEMAN NTAWUYIRUSHINTEGE, FINANCE ASSISTANT

Raising Awareness

Before NPI, disability and its connection with HIV and AIDS were issues only for those living with disabilities but not for HIV service providers and policy makers. Now these stakeholders have become more aware and the disabled are being represented in national processes like the National Strategic Plan on AIDS.

—BERNARD BAGWENEZA, FORMER DIRECTOR OF UPHLS (THE UMBRELLA OF PEOPLE WITH DISABILITIES IN THE FIGHT AGAINST HIV AND AIDS, ONE OF HI'S SEVEN SUB-PARTNERS)



Seleman Ntawuyirushintege, Finance Assistant

Increasing National Recognition

As a result of the capacity built by HI, UPHLS is now recognized by the National AIDS Control Commission as one of the key coordinating entities for people living with disabilities. The Rwandan government has come to appreciate the needs of this population in their fight against HIV. This important segment of the population was included in the government's application to the Global Fund and UPHLS received U.S. \$1.3 million to ensure continued HIV and AIDS services to people with disabilities.

—DR. DIANE PLACIDIE, PREVENTION IN-CHARGE, TRAC PLUS

For more information on TA-NPI please visit:

<http://tanpi.jsi.com>

