



NORWEGIAN NURSES ORGANISATION

### RNMU National Congress



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The Rwanda Nurses and Midwives Union

# RNMU MAGAZINE

A Publication of the Rwanda Nurses and Midwives Union

KONGERE YA KABIRI YO KU RWEGO RW' IGIHUGU YA RWANDA NURSES AND MIDWIVES UNION (RNMU)

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## The Rwanda Nurses and Midwives' Voice

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# Congratulation

## H.E.

# Paul Kagame!

### OWNERSHIP

The Rwanda Nurses and  
Midwives Union(RNMU)

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The Rwanda Nurses and Midwives Union (RNMU) wishes to congratulate H.E. the President of the Republic of Rwanda Paul Kagame, for his reelection for another mandate of seven years, which we welcome with enthusiasm.

For the past 23 years, there have been tremendous achievements in nursing and midwifery professions, which we solely attribute to the will of the Government led by H.E Paul Kagame to allow a conducive environment for practitioners.

Also, instated health policies impelled an increase of nurses and midwives number from less than 400 after the Genocide against Tutsi, to currently more than 15,000.

Such policies contributed to better working conditions as well for nurses and midwives.

RNMU is convinced that your reelection your Excellency, is synonym of sustaining achieved progresses, and a great chance to hastily attain more heights in nursing and midwifery professions, and health in general.

RNMU wishes you a successful mandate, and a healthy life, you and your family.

Andre Gitembagara,  
RNMU President.

# II<sup>nd</sup> RNMU NATIONAL CONGRESS

## NEW NATIONAL EXECUTIVE BUREAU ELECTED

Andre Gitembagara was reelected as RNMU National Executive Bureau president by the National Congress on the 13<sup>th</sup> July 2017, for a mandate of four next years.

Andre Gitembagara was reelected as RNMU president with an overwhelming approval from the electorate with 114 out of 115 votes. He was a sole candidate at the presidency, after Mukantwari Josélyine declined to vie for it when asked by one of the members of the Congress, citing her desire to competing on the vice presidency.

However, at this post, Mukantwari was beaten by Perpétua Mbabazi, who collected 69 ballots against 46 from 115 voters. Mbabazi was RNMU Commissioner in charge of Education and Research in the outgoing National Executive Bureau (NEB).

Innocent Sheja, the Chairperson of the District Executive Bureau (DEB) in the Gasabo district was elected new RNMU Secretary General and replaced Jean Pierre Nsabimana with 69 voters casting their votes for the former while the outgoing

Secretary General collected 46 votes.

Sheja is among 81 members who signed a legal statute that initiated the Rwanda Nurses and Midwives Union in 2013. He was also the Director of Rwanda women network Health Center in Gasabo, and in charge of Reproductive Health at the same organization working in nine districts.

He had campaigned to increasing the District Executive Bureau (DEB) and Referral Hospital Executive Bureau (RHEB) financial capacity by increasing the finances, the welfare and working conditions of nurses and midwives, as well as improving the legal framework of practitioners.

Edith Lunkuse remained RNMU treasurer after winning 91 votes for against 21 votes for Emerence Umurerwa.

For the commissioner in charge of research and Education post, four people competed. Evergiste Bisanukuri with 50



Outgoing NEB members. From L-R: Geneviève Benurugo, Perpétua Mbabazi, Jean Pierre Nsabimana, Andre Gitembagara, Edith Lunkuse, Claudine Umuratwa and Papias Iyakaremye.



**New NEB members. From L-R: Claudine Umuratwa, Jean Damascene Rurangwa, Josélyne Mukantwari, Geneviève Benurugo, Evergiste Bisanukuri, Edith Lunkuse, Innocent Sheja, Perpétua Mbabazi, and Andre Gitembagara.**

suffrages was voted the new Commissioner in charge of Education and Research, replacing Mbabazi who was voted earlier for the vice presidency. Dieudonné Kayiranga 45 votes, Papias Iyakaremye 13 votes, and Aimable Mutayomba 3 votes, were other challengers.

Genevieve Benurugo was reelected as a commissioner in charge of Gender and Social Affairs.

Josélyne Mukantwari, Claudine Umuratwa, and Jean Damascene Rurangwa are the new asset controllers voted for with 28, 22 and 25 votes respectively. Byusa Jules, 18 votes and Papias Iyakaremye 16 votes, were other two unsuccessful candidates at this post.

In his brief new Executive Committee initiation remark which concluded the election, Gitembagara thanked members of the Congress and the Council who certified a smooth election process, and promised to build on the past to achieve even greater feats.

“The door is open for

everybody,” Gitembagara said, “I promise that we will work hard to greater achievements. I am asking you to judge the new committee after four years. I promise that we will work to improve the Union,” he reiterated.

Earlier, Gitembagara had campaigned on the promise for a more advocacy for the profession and practitioners, stressing his “passion to develop farther the Union.”

He also had said he shall strive for the self-reliance and sustainability of RNMU by increasing the income generated from membership and investment, while lobbying more to increase financial and diplomatic capacity of the Union.

### Rule of law

In total, 17 aspirants submitted their candidacies at various posts. They were vetted on the eve of the election by the National Council that was convened on the 12<sup>th</sup> July 2017. The National Council confirmed 10 candidates as it judged other seven didn’t fulfill certain criteria. The main reason of

the exclusion was that the Council found out those not approved had not paid their membership fees for the last consecutive three months preceding the election day as required by the statute for every member submitting his candidacy.

However, six of seven unconfirmed candidates appealed the National Council’s decision, explaining the nonpayment of the membership fees.

“The Election Commission received six letters appealing this decision. The Commission examined the appeals, and the reasons given are valid. We submit those appeal for the discretion of the National Congress to decide the fate of those who appealed,” said the president of the election committee.

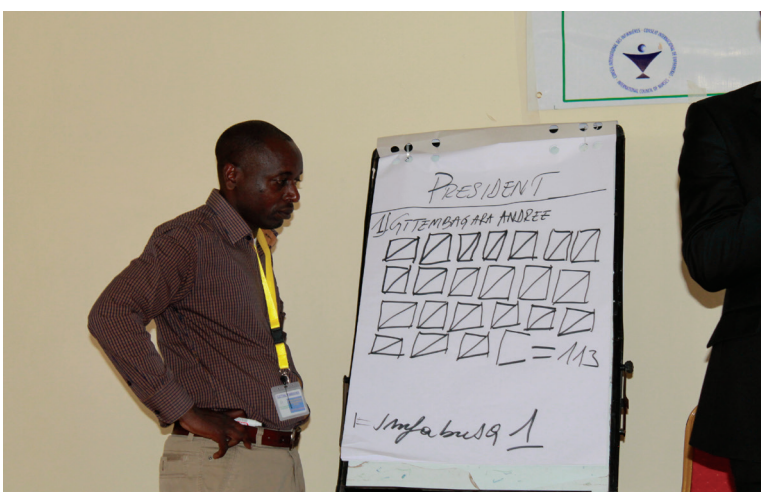
It was revealed that for some candidates, the membership fees for the last three months had been paid, but a faulty system caused the transaction not appearing on RNMU accounts statements for verification.

For others, the payment was done on direct DEB accounts as per normal procedure

**“I promise that we will work hard to greater achievements. I am asking you to judge the new committee after four years. I promise that we will work to improve the Union.”**



Members of electoral commission inspecting the ballot papers before the election.



Gitembagara was reelected unopposed.

**“The self-reliance and sustainability of the Union must come from within, from paying up membership fees.**

where DEB leaders collect membership fees and deposit them on RNMU accounts, thus some of the candidates were affected because their subscription appeared on DEB bank statements, and not on those of RNMU.

The Congress approved unanimously to include other six candidates on the list except Fabrice Hakuzimana, who chose not to appeal the decision and withdrew his candidacy, thus a list of 16 candidates.

A candidate defeated at one post, was qualified to submit the candidacy for another until she/he wishes to halt.

Every candidate was afforded five minutes for campaigning before election for each posts.

The electorate was composed of 115 out of 120 expected members of the National Congress.

## Reporting

RNMU Secretary General and the president presented financial and activity reports of the last four years, and the members of the National Congress had a chance to ask for clarifications and proposed the priorities for the next four years.

Ignace Nyabutsisi, the secretary of RHEB committee at the King Faisal Hospital wanted the sustainability of the Union to come as top level priority for the next NEB mandate and wanted to know what measures are in place to achieve this and increase hope for sustainability “because the Union survival depends on 80% on donors support currently.”

He wanted to know the measures to increase the

income generated from the check off system.

Azzarie Musabyimana, from DEB Kayonza, raised a concern about nurses and midwives’ education system and the procedures to make sure more practitioners get licensed to practice because “there are clearly problems.”

On the concern of Union’s sustainability, the query was returned to the members of the Congress who might decide the course of action to increase the self-reliance of RNMU from membership, though Gitembagara highlighted some of action already taking place.

“The self-reliance and sustainability of the Union must come from within, from paying up membership fees. We are working to increase the membership to reach 90% of practitioners members of RNMU” he said.

He cited some of the challenges for instance at the King Faisal Hospital, where out of 226 nurses and midwives, only 71 are members of RNMU.

“That show that there is a need to double up the effort for DEBs and RHEBs. An example of the paying off efforts is the Centre Hospitalière Universitaire de Butare (CHUB) where the membership has been accomplished on 100%. All nurses and midwives there are paying the membership fees,” Gitembagara confirmed.

Gitembagara added that the Norwegian Nurses Organization (NNO) sponsorship agreement is coming to an end in December 2018.

“We have to emulate the



The notary certifying the result of the elections.



The electorate was composed of 115 members out of expected 120.



CESTRAR Secretary General Eric Manzi was one of the many professional Unions leaders who observed the elections.



DEB and RHEB best performers were awarded.

Zambia Nurses Union that was once sponsored by NNO, but now they have a capacity to generate a monthly income totaling close to \$500,000. The self-reliance shall be our aim," he explained.

He also stated that RNMU is looking to assist members for e-learning, citing a member which the Union is loaning out 100,000 Rwandan Francs a month to farther the studies

after being discarded by the government scheme.

He ensured the Congress that RNMU is looking at possibilities to formalize this cheme, an assertion that was welcomed with a loud applause.

He also reaffirmed the Union's commitment to deliver on promise of advocacy for all members to obtain a license to practice.

"We are looking at the possibilities to work with the National Council of Nurses and Midwives to accelerate in-house education for members who had been left behind because they studied in previous education systems, thus not easy for them to succeed in the council's examination," he said.

Before the election, trophies were awarded to best performing local committees. Gakenke DEB, CHUB and Kicukiro DEB were judged to be three best performers.

**The self-reliance and sustainability of the Union must come from within.**

# New Elected National Executive Bureau Members



ANDRE  
GITEMBAGARA  
PRESIDENT



EDITH  
LUNKUSE  
TREASURER



PERPETUA  
MBABAZI  
VICE  
PRESIDENT



BENURUGO  
GENEVIÈVE  
IN CHARGE OF  
GENDER AND  
SOCIAL AFFAIRS



INNOCENT  
SHEJA  
SECRETARY  
GENERAL



EVERGISTE  
BISANUKURI  
IN CHARGE OF  
EDUCATION  
AND RESEARCH



# LEADERSHIP TRAINING

## RNMU leaders adopt resolutions to strengthen the Union and enhance advocacy mission

**R**NMU leaders have adopted on 11th August 2017 five important resolutions in a quest to strengthen the Union functions especially the mandate of conducting advocacy, after a two day leadership training in Muhanga district, Southern Province.

The motion was approved by recently elected leaders at District Executive Bureaus (DEB), Referral Hospital Executive Bureaus (RHEB), Educators Chapter and National Executive Bureau, who attended the training.

It was adopted that functioning district offices will be established within four next years and a strategic plan for DEB, RHEB, Chapters and national level being enacted by December 2018.

Furthermore, a technical team to draw

propositions on horizontal promotion, professional risk law being drafted and new structure in health sector was designated. The team has a task of formulating petitions highlighting the Union stand to forward to competent institutions.

As a glimpse of what the team will work on, the session agreed that nurses and midwives are not receiving benefits as per current horizontal promotion policy provided for by the law. There are professional risks in nursing and midwifery that are not specified in occupational hazards law, as well as the news structure in health that doesn't reflect the education level appropriately.

“Nurses and midwives in health centers are treated differently than those in hospitals. The new structure doesn't provide a merit statute for nurses

and midwives with bachelor's level of education. Instead it favourites those with A<sub>2</sub>,” said Perpetua Mbabazi, RNMU Vice president.

This means that nurses and midwives' effort to raise their education level from A<sub>2</sub> is not rewarded as per current statute, thus a fear of stagnant education.

“The new structure shall be looking at the incentives of raising the levels of education for practitioners from A<sub>2</sub> to A<sub>0</sub>,” RNMU president Andre Gitembagara, stressed.

Also in the new structure, a deficient of nurses and midwives expected at the health centers compared to those in hospitals is noticed while there is a net discrepancy of salary benefits between nurses and midwives with a same level of education but working for different health



Recently elected RNMU leaders in the training.



Bagirihirwe from CESTRAR explaining the role of trade Union in SDGs implementation at national and regional levels.



RNMU vice president Mbabazi Perpetue speaking at the training.



RSSB Muhanga branch manager.

**“It was adopted that functioning district offices will be established within four next years and a strategic plan for DEB,RHEB, Chapters and national level being enacted by December 2018.**

facilities.

It was also adopted for RNMU to develop a Continuous Professional Development (CPD) plan for identified professional skills gaps to be distributed to all health facilities as well as urging the National Council of Nurses and Midwives and the Ministry of Health to request hospitals to develop CPDs for their personnel.

The training focused on the pension, occupational hazard, medical and maternity leave benefits schemes, labour conflict management, the continuing professional development for nurses and midwives and the role of trade Unions in SDGs implementation.

Topics discussed included pension and occupational hazards benefits offered by the

Rwanda Social Security Board (RSSB).

It was also talked about trade Union priorities in the SDGs implementation and how can trade Unions engage in the SDG process.

Jean De Dieu Bagirihirwe of CESTRAR said that Trade Unions are focusing their advocacy and partnership efforts on seven indicators of the SDGs considered as priorities: They are no poverty, gender equality, decent work and economic growth, reduce inequality, climate action and peace justice and strong institutions as unionists in the health sector.

Bagirihirwe reminded that Unionists are requested to ask national governments to consult Trade Unions in 2030 Agenda planning and implementation, thus bringing Trade Unions on board, the main focus being put on SDG 3.

# EFFECTIVE ADVOCACY

## WOMEN FUTURE LEADERS TRAINED



**R**NMU trained young female nurses and midwives to equip them with skills needed for effective leadership.

In a session handled by Andrew Ndahiro, the Programme Manager at the Rwanda Women's Network, young female nurses and midwives were explained important traits to effectively conduct advocacy, which is one of the core of RNMU. They were explained that advocacy as being a deliberate process that intends to influence decision makers on the development, change and implementation towards a desired outcome. "Advocacy is speaking up, drawing a community's attention to an important issue, and directing decision-makers toward a solution. Advocacy is working with other people

and organizations to make a difference," one of the definitions forwarded by Ndahiro that gained a general consensus during the training.

Ndahiro added that advocacy is a targeted process of influencing holders of power to arrive at decisions or policies and laws that benefit the poor, vulnerables and marginalized.

Nurses and Midwives were told that the target of the advocacy might be influencing people or decision makers; as in some cases decision makers may not be the same as power holders because decisions can be heavily influenced by those who hold formal and informal power in society including business, the media, religious leaders and social movements amongst others.

They focused on types of

advocacy activities, policy work, lobbying, public awareness, campaigning, alliance building, activism, which have different intended outcomes.

Policy work intends to gathering evidence and identifying recommended solutions or courses of actions by collecting and producing documentation on the problem, after a throughout investigation, they were explained.

Lobbying targets to draw decision makers or individuals with high influence into taking a particular course of action by approaching them to discuss concerns and nature of a particular police problem or issue Ndahiro farther elaborated.

Young female nurses and midwives were told that campaigning is generating and mobilizing support from

the public (or segments of the public) for a particular solution to a policy problem or issue while alliance building is generating, mobilizing and coordinating support from other groups or organizations for a particular solution to a problem or issue.

Activism was defined as mobilizing activity of supporters in order to generate publicity and or lobby and pressurize decision makers.

When one try to influence someone, a use of certain types of arguments is required namely evidence based or factual arguments based on concepts of rights or justice, moral arguments based on ideas of fairness, emotional and need-based arguments and arguments that demonstrate the advantage or benefit of a particular solution.

# LEADERSHIP TRAINING

Young female nurses and midwives vow to become more ambitious



“

I am now confident, especially after we were explained the requirements to become an effective leader. I didn't know that I have qualities that were described during this training. But now I know.

*Nurses and midwives members of RNMU during a session on entrepreneurship at the Union HQ. The training is aimed at empowering them with needed knowledge and skills to become effective leaders.*

**N**urses and midwives who attended a training that aimed at empowering them with needed knowledge and skills to become effective leaders from the 23rd-28th April, affirm their self-confidence and leadership skills have raised and vow to becoming more involved in leadership roles.

The training was organized by the RNMU after it was revealed that nurses and midwives possessed numerous

gaps in various leadership areas including human and women rights, organizing skills, public speaking, entrepreneurship, ICT, advocacy, negotiation, and conflict management.

Claudine Umugwaneza is one of the nurses and midwives who were trained. She works as a nurse at the Kigali King Faisal Hospital. After the training she says she now understands better the health sector structure, and importantly, she has a self-esteem.

“I am now confident, especially after we were explained the requirements to become an effective leader. I didn’t know qualities that were described during this training. But now I know,” said Umugwaneza.

“I was never interested in elections that are organized by professional bodies or local administration. I always thought it was for other people to contest for those positions. But I have realized that it is where leadership begins. I am going to be competing for those positions,” she added.

Umugwaneza, alike other young female nurses who were trained, says she returns home with a target of getting more involved in community, participating in activities like community works, Parents’ Evening Forums, and local meetings.

“You get noticed in activities like these. You can’t pretend to vie for a national level leadership role, whether in nursing and midwifery or otherwise, if you are not recognized locally. This an important lesson I have learned. That is where I will start,” insisted Josélyne Mukantwari, a six-year career nurse, who also works at the University of Rwanda.

“The training was an eye opener for me. I am going to participate more in such activities,” she confessed.

From having a business mind, to get involved more in the community, such are the commitments made by nurses and midwives who attended the training after various topics were discussed during the week it lasted.

Sessions focused on advocacy to equip young female nurses and midwives with skills needed for effective advocating, conflict and conflict management in organizations, to better understand the concepts of conflict and conflict management as well as understanding approaches to dealing with conflict and resolution techniques in constructive ways.

They discussed in deep on Rwanda Vision 2020, the Economic Development Poverty Reduction Strategy (EDPRS) the link between MDGs and SDGs, with a particular accentuation being on those linked to health sector.

On the menu, the priority was also given to the Health Sector Strategic Plan (HSSP III) from 2013-2018, guiding principles of the 2015 Health Policy, Rwanda’s Health System, structure, key achievements and

targets nurses and midwives have to be involved to achieve.

Moreover, they discussed on negotiation skills for a better understanding of the essential skills and behavior of effective negotiation, patient rights and ethical standards for nurses and midwives, entrepreneurship and public speaking skills.

Trainers came from the Rwanda Women Parliamentarians Forum, Rwanda Women’s Network, CESTRAR, the National Council of Nurses and Midwives, the Ministry of Health, Digital Opportunity Trust (DOT) Rwanda and Rwanda Nurses and Midwives Union.

The exercise is within a series of trainings aiming at empowering a cohort of young female nurses and midwives graduates with leadership skills to be able to contribute in nursing and midwifery future leadership and health system in general.

RNMU is following a cohort of 30 young female nurses and midwives for about next five years to ensure that they pursuit a leadership career and become strong leaders in health and country development.



Trainees pose for a group photo with RNMU president Andre Gitembagara and Dr. Théophile Dushime, Director General of Clinical Services and Public Health in the Ministry of Health.

# HEALTH SECTOR

## From MDGs to SDGs

### What role for nurses and midwives

**Y**oung female nurses and midwives were explained the Health Sector in Rwanda, the priorities in the Health Sector Strategic Plan III (HSSP III) from 2013-2018 with important emphasis put on achievement and challenges.

in HSSP III, Dr. Théophile Dushime, Director General of Clinical Services at the Ministry of Health explained that the country sustainably achieved Millennium Development Goals (MDGs) by reducing infectious diseases and investing in prevention and control of NCDs, improving accessibility to health services, improving the quality of health provision, reinforcing institutional as well as improving quantity and quality of Human Resources for Health sector.

“That has resulted in good health for Rwandans which is a precondition for productivity and also helps decrease absenteeism at school and work, thereby providing the foundations for growth and poverty reduction,” he told them.

It contributed to improve the occupational health safety, and labor productivity which boosts the income generation in both formal and informal economies,

Dushime explained that the Millennium Development Goals (MDGs) 2000 – 2015, had eight goals and stressed on respective achievement when it comes to Rwanda.

He explained that Key Drivers of Rwanda’s MDGs Achievements were political will from a good leadership that is citizen- centered and cross-sectoral participation, accountability system at each decision making levels through performance contracts as well as promotion of home grown solutions to the country problems using culture and history. For MDG1 of Eradicating Extreme Poverty

and Hunger, he explained that since 2008, higher growth rates in agriculture is contributing to food security programmes like Crop Intensification Program (CIP) that contributed to increasing production and productivity of crops, noting the Vision 2020 Umurenge (VUP) flagship program of Rwanda’s Economic Development and Poverty Reduction Strategy, the one-cow per poor family (Girinka) program, Ubudehe program that allows the community to be part of the solution to reduce their poverty. On MDG2 of Universal Primary Education, he said that the remarkable rise in enrollment has been driven by the Government program of fee-free education up to the first nine years of school with six of those years being primary schooling years and the fee-free education that has been extended to cover 12 years of basic schooling, thereby including the entire secondary school cycle. Dr. Dushime stressed that policies and law reforms to promote gender equality especially laws discriminating against women were abolished.

The 2003 Constitution as amended in 2015 provides for at least 30% of seats to women in Parliament, women now have rights to property and inheritance, active fight against Gender Based Violence, institutional mechanisms that enhance gender accountability as key drivers explaining the achievement of MDG three which is to Promote Gender Equality and Empower Women.

For MDG four and five which is to Reduce Child Mortality and Improve Maternal Health, he said that improvements in vaccination coverage have been significant contributors with the proportion of children having all vaccinations increasing from 75% in 2006



Dr. Theophile Dushime addressing a group of young female nurses and midwives during the training.



care providers which has also increased from 39% in 2006 to 91% in 2015.

He highlighted that access to ARVs increased to reach universal access, pregnant women and children under five years getting free treated bed nets, while antiretroviral treatment for all HIV/AIDS patients is provided with subsidization after they seek treatment at a health center to note the achievement in regards to HIV/AIDS, Malaria and other Diseases control provided in MDG six.

For Environment Sustainability, as of MDG seven, he said that the country has established institutions to closely monitor and champion environment protection, passed laws determining the use and management of land preserving wetlands and forests, banned non-biodegradable plastic bags, protects river banks and lake shores, instituted tree plantation programs and rainwater harvesting

in public and private institutions.

For eighth Global Development MDG, he noted that Rwanda regards regional and international economic integration as a key element to improve Rwanda's opportunities to achieve faster growth and poverty reduction, it has built partnerships between government and the development partners to enhance mutual accountability and more Official Development Assistance (ODA) is committed to the Sector Wide Approach (SWAp), while unlocking the country's through leveraging ICT as a priority for the Country.

Rwanda signed an MoU with Korea Telecom (KT) in 2013 to deploy a high-speed (4G LTE) broadband network to cover 95 per cent of the population in three years. Currently, Kigali city has been covered and has liberalized mobile telecommunication sector.



to 93% in 2015. Over 95% of children are vaccinated against measles, while resulted in an increase in the percentage of delivery assisted by skilled health

Key Drivers of Rwanda's MDGs Achievements were political will from a good leadership that is citizen-centered and cross-sectoral participation, accountability system at each decision making level through performance contracts as well as promotion of home grown solutions.

# MDGS AND SDGS

## What are the links

### And what are SDGs related to health sector?



**Appreciation:** the trainees showed their appreciation in handing a portrait to RNMU president.

Now that Young females had been explained the MDGs, it was a time to look forward to Sustainable Development Goals (SDGs).

How to achieve the Sustainable Development Goals (SDGs) 2015 – 2030 and what role to be played by nurses and midwives?

It was a query that Rwandan nurses and midwives were discussing during a session of SDGs, link between SDGs and MDGs mainly those related to health sector.

Importantly, for nurses and midwives, they were told that reducing child mortality, improve maternal health, and combat HIV/AIDS, malaria and other diseases, respectively the fourth, fifth and sixth MDGs, are linked to the third

SDG of good health and wellbeing which has targets of increasing health services access and coverage.

They were reminded that SDGs have 17 Goals, 179 Targets and 240 Indicators.

The Rwanda government recognizes health sector as a major contributor to and beneficiary of development, a critical measure of overall development.

The government also acknowledges that health SDGs targets align very well with its global plans of action that have been or still are under development. Out of potentially 240 SDG indicators, 26 are health related indicators.

“For Goals to be reached, everyone needs to do their part. SDGs is a

continuation and improvement of MDGs”, nurses and midwives were told by Théophile Dushime, Director General of Clinical Services and Public Health at the Ministry of Health.

He explained that after successfully implementing the eight Millennium Development Goals (MDGs), interdependent goals that were set in 2000 and designed to reduce poverty and improve the quality of life, especially in rural poor population, countries wanted to build on the many successes of the past 15 years, and go further since 2015. The new set of goals aims to end poverty and hunger by 2030 and nurses and midwives must be a key drive behind its achievement in health sector.



# EFFECTIVE CONFLICT MANAGEMENT

## How do you manage conflict in organization?

“Conflict is everywhere. Conflict can be extremely productive for companies and individuals and conflicting management skills can be learned,” Mpakanyi Gaspard, a staff at CESTRAR, an umbrella of Union in Rwanda told female nurses and midwives at a leadership training on the 28<sup>th</sup> April 2017.

“High performing leaders are effective at dealing with conflicts because they use the six essential skills. I am convinced that even the most extreme conflicts can be resolved through bonding, dialogue and negotiation,” he added.

Mpakanyi was exchanging with female nurses and midwives future leaders, who were undergoing a leadership training on conflict and conflict management in organizations.

The session described concepts of conflict and conflict management, explaining typical approaches to dealing with conflict with a view to apply conflict resolution techniques in constructive ways.

After defining conflict as a situation in which two or more parties have incompatible objectives and in which their perceptions and behavior are with that incompatibility, those young female nurses and midwives were told that some scholars view all conflicts as destructive and promote conflict-elimination

as the formula for organizational success while others accept conflict as inevitable and consider its proper management the primary responsibility of all administrators.

They were asked to always identify symptoms of conflicts, the causes, and sources of organizational conflict to effectively deal with its effect and Consequences which can profoundly influence organizational functioning and make them effective leaders.

The session focused on the process of limiting the negative aspects of organizational conflicts while increasing its positive aspects, which “depends on the causes, origins and contexts of the conflicts”.

The purpose of conflict management, whether undertaken by the parties in conflict or whether involving the intervention of an outside party, is to affect the entire structure of a conflict situation so as to contain the destructive components in the conflict process and help the parties possessing incompatible goals to find some solution to their conflict.

“The success of a conflict management is measured on the ability to minimize disruption stemming from the existence of a conflict, and providing a solution that is satisfactory and acceptable,” Mpakanyi told them

“For that, skilled

administrators who are aware of methods, techniques and know how to utilize them effectively are needed,” he added.

He explained that conflict can be a creative force or a disruptive one, depending on how it is managed, highlighting three critical steps that can be taken to manage conflict constructively.

Firstly, it is understanding the patterns and appearances of conflict, how it looks when it rears its ugly head, as well as knowing what options and alternatives are for dealing with conflict.

In Second place they were told, it is assessing and understanding one’s own natural or most typical approach to dealing with conflict while in final and most difficult, is developing skills and methods that are needed to apply effectively one’s knowledge of how to make conflict work in constructive ways.

In such way, leaders must uncover whether a conflict is constructive, by identifying if it results in clarification of important problems and issues within organization, results in solutions to problems, involves people in resolving issues important to them, causes authentic communication, helps release emotional anxiety, and stress, builds cooperation among people through learning more about each other; joining


in resolving the conflict, helps individuals develop understanding and skills.

Strategies and Techniques of Conflict Resolution were namely Direct Discussion, when individuals involved in a conflict talk openly with one another about their perception of the problem, their feelings about it, and possible solutions.

The policy and procedures which is used to impose a solution, group consensus which using a group to share ideas about resolving a conflict and coming to a group decision on action that is agreed to by the whole group, third party intermediary where two or more people who are having a conflict use a third person as a “mediator” to convey messages to each other.

Guideline and rules of conflict management were discussed including creating and maintain a bond, even with ‘adversary’, establish a dialogue and negotiation to keep the conversation relevant while staying focused on a positive outcome and remain aware of the common goal.

To always raise difficult issue without being aggressive or hostile, understand what causes conflict to be able to create a dialogue aimed at resolving the conflict, use the law of reciprocity in “what you give out is likely to be what you get back.



Showing solidarity: Congress members singing “Solidarity for Ever” before the elections go underway.

# RNMU GOING FROM ST

**F**rom being an association to be transformed into a Union, and now striving for its sustainability, it is a fairytale of the Rwanda Nurses and Midwives Union (RNMU), as it was presented in its 2<sup>nd</sup> National Congress.

When ANIR (Association Nationale des Infirmier/es et Sages-femmes du Rwanda) was being transformed in 2013 into RNMU, members gave themselves a target of becoming a self-reliant organisation as soon as possible by means of membership fee payment policy and investment, to become a legal entity, and increase its partnership both locally and internationally.

Members had also set an objective to instate national and

local leadership structure and a capacity building policy, to insure the wellbeing of members.

In a four year report presented to the RNMU Second National Congress, members were told the majority of those objectives were achieved and others in course to be achieved.

Members were told the Union statute approved by the National Congress of the 30<sup>th</sup> June 2013, was ratified and published in the Official Gazette number 22 of 1<sup>st</sup> June 2015 which allowed the Union to fully fulfill its mandate.

RNMU leadership structure beginning down from health Centres or hospitals up to national level is established. RNMU leaders at health facilities (shop stewards) are 527, 30 at the District Executive

Bureau (DEB), six at each of the five Referral Hospital Executive Bureau (RHEB), and six at the Education Chapter (ECEB).

Members were also told that as per now the Union counts 6476 members, among them 4052 having signed a consent form authorizing the Union a deduction at the source of 1% from their salary as membership fee payment.

To highlight the ever growing Union’s financial capacity, members were told that from assets valued at 1 million Rwandan Francs in the embryo stage of RNMU, the Union has now assets valued at 400 million francs, including a building valued at 350 million francs, two cars, and fixed assets valued at 50 million francs.



# STRENGTH TO STRENGTH

RNMU Secretary General explained to members that RNMU generates income from membership fee payment.

The contribution was first 500 Rwandan Francs a month per member, but the National Congress approved last year a policy of a deduction of 1% of member net monthly salary, after a consent form signatory.

Members were also explained that between 2013 and 2017, RNMU received sponsorship funds from the Norwegian Agency for Development Cooperation (NORAD) through the Norwegian Nurses Organisation (NNO) after signing a sponsorship agreement in 2013.

Members were reminded that

this sponsorship may end any time, thus a pressing need to find alternative for the sustainability of the Union.

On its objective to partner other professional organisation across the globe, members of the Congress were told that RNMU is a member of local Trade Union umbrella CESTRAR, the international Nurses Council (ICN), and the CNMF (Commonwealth Nurses and Midwives Federation).

Members were also told that RNMU has a strong partnership with local entities like the Ministry of Public Service and Labour, the Ministry of Health, the Rwanda Women Parliamentary Forum, the Digital Opportunity Trust Rwanda, the Rwanda Women's Network (RWN), and the National Council of Nurses and Midwives (NCNM)

among others

Regionally, RNMU partners with professional organisation like the Uganda Nurses and Midwives Union, the Tanzania National Nurses Association, National Organisation of Nurses in Malawi (NONM), Zambia Union of Nurses, and Democratic Nursing Organisation of South Africa, while on international level, RNMU partners with the Norwegian Nurses Organisation (NNO), the African Health Professions Regional Collaborative (ARC) among others.

For capacity building, RNMU has trained its members in leadership, female nurses and midwives leadership, roles and responsibilities, Unionism and Ndi umunyarwanda program, mentorship in VIH and reproductive health trainings.

# NEB election in pictures



**01** Outgoing NEB members united in singing Union anthem “Solidarity Forever” before the election.



**03** Observers: leaders from local Trade Unions (here pictured) and the Trade Union umbrella (CESTRAR), attended the 2<sup>nd</sup> RNMU National Congress to witness the smooth election process.



**05** After the report was shared, Congress members queried for clarifications and added some inputs for the way forward. Pictured here is Ignace Nyabutsisi, the secretary of RHEB committee at the King Faisal Hospital. He wanted the sustainability of the Union to come as top level priority for the next RNMU National Executive Committee and wanted to know what measures are in place to achieve this objective and to increase perspectives for the Union ‘sustainability.



**02** The attendance (pictured here) of the 2<sup>nd</sup> National Congress, where 115 members out of 120 expected voters turned out to decide the fate of the Union for the next four years.



**04** RNMU outgoing Secretary General Jean Pierre Nsabimana presenting to the RNMU National congress; Union objectives for the last four years, the degree of achievements, challenges and the way forward. Members were told that the Union is striving for a self reliance and sustainability, reaffirming its quest to improve professional standards and working conditions for nurses and midwives.



**06** Azzarie Musabyimana, DEB Kayonza, raised a concern about nurses and midwives’ education system and the procedures to make sure that more practitioners get license to practice.



**08** Before the election goes underway, the best performing Referral Hospital Executive Bureaus and District Executive Bureaus were awarded trophies. Here, RNMU president Gitembagara (first from left) and the CESTRAR (Centrale des Syndicats des Travailleurs du Rwanda) Secretary General Eric Manzi (third from right) congratulate representatives from Kicukiro DEB and the Centre Hospitaliere Univeristaire de Butare (CHUB) who were voted best performers.



**09** Ballots paper count: the electoral commission counting ballot papers on the RNMU presidency post. The commission explained that 17 aspirants submitted their candidacies at various posts, 16 of them fulfilling all the requirements. The commission was tasked to uphold the provisions of the Union statute in relation to elections; that was during the five minutes of campaigning in the meeting hall, overseeing the election at various candidacies, and counting the votes and confirmation of the eventual winners.



**10** Members of the Congress attentively watching the votes count unfolding.



**11** Health Professional Trade Union president bowing to the attendance.



**12** Jean Damascene Rurangwa was elected as one of the three assets controllers.



**13** Confidence: Joselyne Mukantwari came first in the race to three posts of assets controllers. The raise of the self confidence to vie, first on the vice presidency and then on this particular post, is credited to various RNMU leaderships training she attended.



**14** Claudine Umuratwa is one of the three assets controllers. She retained the post.



**15** Votes count was transparent.

# RAPORO YA RNMU Y' IMYAKA INE

## 0. IRIBURIRO

Baforomo, baforomokazi, babyaza b' u Rwanda , Nyuma y' imyaka ine y' urugamba rwo kwiteza imbere twiyubakira Sendika y' abaforomo, abaforomokazi n' ababyaza dufite icyo kuvuga: Turashima Imana yakoresheje ubuyobozi bwa Sendika yacu RNMU maze tukagera kuri byinshi.

Turashimira abayobozi bose mu nzego za RNMU ku bw' ubwitange n' umurava bagize mu nshingano zabo kuva biyemeza kuyobora no guhuza ibikorwa bya RNMU ku rwego bashinzwe. Turashimira abaforomo, abaforomokazi n' ababyaza bashyigikiye Sendika yabo RNMU, batanga imisanzu ndetse banafatanyaga n' ubuyobozi bwayo mu bikorwa bitandukanye bahamagarirwaga.

Turashimira abafatanyabikorwa bo mu Rwanda no hanze yarwo bashyigikiye RNMU mu kugera ku nshingano zayo by' umwihariko Sendika y' abaforomo abaforomokazi n' ababyaza ya Norway; idushyigikira mu buryo bw' amafaranga, icungamutungo no kubaka ubushobozi ku bakozi n' abayobozi ba RNMU.

Tubararikiye gusoma iyi ncamake y' ibikorwa byaranze RNMU kuva yashingwa kugeza uyu muni.

N'ubwo iyi ari incamake, iratanga ishusho y' ibyakozwe byose muzi neza kandi mwagizemo uruhare rukomeye.

Dushoje tubibutsa ihame shingiro twubakiyeho: "Solidarity forever, for the union makes us strong"

**NSABIMANA Jean Pierre, Umunyamabanga Mukuru wa RNMU**  
**GITEMBAGARA Andre, Perezida wa RNMU.**

## 1. AMATEKA YA RNMU

Sendika Nyarwanda y' Afaforomo, abaforomokazi n' ababyaza (RNMU) ni igisubizo cyakomotse ku mpinduka ku cyari ishyirahamwe ry'abaforomo

n' ababyaza bu Rwanda (ANIR/RNMA) zatangiye mu mwaka wa 2012. Inama rusange ya mbere yabaye kuya 30 Kamena umwaka wa 2013, aho abanyamuryango shingiro 81 bemeje kandi batora amategeko shingiro (statut) yayo ndetse banitorera komite nyobozi ku rwego rw' igihugu (NEB).

## 2. FILOZOFIYA YA RNMU

RNMU izi neza ko ari ngombwa gutanga serivisi z'ubuforomo n'ububyaza zo ku rwego rwo hejuru, zigera kuri buri wese, ndetse ku buryo bungana ku baturage bose kugira ngo babeho ubuzima bwiza. Hubahirizwa iyi filozofiya, RNMU yizera ko abanyamuryango bazabona imibereho myiza nk'ingurane ivuye ku bakoresha babo.

## 3. ICYEREKEZO CYA RNMU

Kugira abaforomo n'ababyaza babifitiye ubushobozi kandi bashishikajwe no gutanga serivisi nziza ndetse no guharanira kuba abanyamwuga bafite ubuzima bwiza.

## 4. INTEGO YA RNMU

RNMU yiyemeje kuba Sendika ikora kandi yigize izarinda isura y'umwuga ikanateza imbere imibereho myiza n'inyungu by'abaforomo abaforomokazi n'ababyaza binyuze mu guhagararirwa neza, kubaka ubushobozi ndetse no gutanga serivisi nziza ku baturage.

## 5. ICYEREKEZO CY' IMYAKA INE (2013-2017)

### 5.1 KUBA SENDIKA YANDITSWE, YIHAGIJE KANDI YISHOBOYE

- Ubuzima gatozi,
- Kwinjira mu mpuzamasendika, imiryango n' ingaga mpuzamahanga,
- Politike y' umusanzu (Ikusanya, ikoreshwa n' icungwa ry' umusanzu),
- Imishinga ibyara inyungu.

### 5.2 GUSHYIRAHO INZEGO ZA SENDIKA NO KUBAKA UBUSHOBOZI

- Shopsteward,
- Biro nshingwabikorwa zo ku rwego rw' akarere, ibitaro bikuru, abarimu n' abikorera,

- Inama, amahugurwa n' ingendoshuri,
- Ibiro bya RNMU .

### 5.3 KONGERA ABANYAMURYANGO KUGEZA KU 7000

- Ubukangurambaga
- Kwita ku banyamuryango

### 5.4 GUSHYIRAHU IKIGO CYITA KU BAFOROMO N' ABABYAZA (WELLNESS CENTER)

Mu gihe RNMU yaba imaze kuba Sendika yigize kandi yishoboye, ifite inzego zubakitse mu bushobozi n' amikoro, abanyamuryango barengerwa kandi bitaweho...hariho imikorere inoze, imikoranire ishyitse n' izindi nzego...nta kabuza ko bazatanga service zinoze kandi nabo (abaforomo n' ababyaza) bakishimira umusaruro uvuye mu kazi kabo. Hazashyirwaho ikigo gifasha mu mibereho myiza y' abaforomo.

## 6. IBYAGEZWEHO

### 6.1. UBUZIMA GATOZI

Nkuko biteganywa n' Itegeko Nshinga rya Repubulika y' u Rwanda ko kwishyira hamwe n' abandi ari uburenganzira shingiro kandi ko mu rwego rwo kurengerwa n' amategeko Sendika igomba kwiyandikisha (Enregistrement); byatwaye imyaka ijya kugera kuri ibiri kugirango RNMU yandikwe na Minisiteri y' abakozi ba Leta n' Umurimo (MIFORTA) nkuko biteganywa n' amategeko.

Sitati ya RNMU nkuko yemejwe na Kongere yayo ya mbere kuya 30/06/2013 yasohotse mu Igazeti ya Leta no 22 y' u Rwanda kuya 1 Kamena 2015.

Ibi byatumye RNMU nka Sendika yanditse igira uburenganzira yemererwa n' amategeko no kubwisunga mu gusohoza inshingano zayo za buri muni.

### 6.2. ISHYIRWAHO RY' INZEGO

RNMU imaze kuvuka, yihatiye gushyiraho inzego ziyihagarariye kuva ku kigo nderabuzima ukagera ku bitaro, akarere, ibitaro bikuru ndetse no ku rwego rw' abarimu b' abaforomo n' ababyaza n' abikorera.

Hashyizweho inzego mu buryo bukurikira:

- Abahagarariye RNMU aho akazi gakorerwa;
- (Shopstewards) 527;
- Biro (abantu 6) Nshingwabikorwa za RNMU ku rwego rw' uturere(DEB) 30;
- Biro (abantu 6) Nshingwabikorwa za RNMU ku rwego rw' ibitaro by' icyitegererezo (RHEB) 5;
- Biro (abantu 6) Nshingwabikorwa ya RNMU ku rwego rw' Abarimu(ECEB) 1;
- Biro (abantu 6) nshingwabikorwa ku rwego rw' abikorera.

### 6.3. ISHYIRWAHO RY' IKIRANGO CYA RNMU

RNMU imaze kuvuka yashyizeho ikirangantego kigaragaza icyerekezo n' intego zayo.

## 6.3. UMUTUNGO

### 6.3.1. ABANYAMURYANGO

RNMU Imaze kubaho yihutiye gushaka abanyamuryango mu bice byose by' igihugu binyuze mu nzego zayo (DEB/RHEB).Umuforomo n' umubyaza wese wanyurwaga n' amakuru ahawe yo kwifatanya n' abandi muri RNMU asinya ku bushake urupapuro rwo kwiyemeza (Consent form).

Kuva 2013 kugeza ubu RNMU ifite abanyamuryango 6476; muri bo, abujuje impapuro zo kwiyemeza gutanga umusanzu wa 1% ni 4052. Ubukangurambaga bukaba bukomeje.

### 6.3.2. ABAKOZI

RNMU imaze kubaho, yahise ishaka aho gukorera ibifashijwemo n' umufatanyabikorwa NNO (Norwegian Nurses Organisation).Yatangiyeye ikodesha, ariko kuri ubu ikorera mu nzu yayo. Ku biro bya RNMU hakorerwa abakozi umunani.

### 6.3.3. UMUTUNGO

RNMU yashinzwe ihereye ku mutungo muto wari uwa ANIR.Uwo mutungo wari ufite agaciro kagera kuri miliyoni imwe. Mu kwishakamo ubushobozi no mu gufatanya n' abafatanyabikorwa, kugeza ubu RNMU ifite umutungo utimukanwa hamwe

n'umutungo wimukanwa ugizwe n'imodoka ebyiri, imeza zo mu biro n'ibindi bikoresho binyuranye.

Uyu mutungo wose ufatirwa ubwishingizi buri mwaka mu rwego rwo kuwurinda kwangirika.

#### 6.3.4. AMAFARANGA

##### • Imisanzu n'umusaruro uva ku mitungo itimukanwa

RNMU yagiye yongera ubushobozi buvuye ku banyamuryango uko imyaka yagiye ikurikirana. Umusanzu wavuye ku mafaranga 500 buri kwezi, maze ujya kuri 1% y' umushahara umuntu acyura mu rugo (Salaire net).

##### • Inkunga ituruka mu bafatanyabikorwa

RNMU ifitanye na NNO amasezerano y' imyaka itandatu (2013-2018) yavuguruwe (2016-2018) mu rwego rwo gufasha RNMU kugera ku rwego rw' iterambere no kwigira. Iyi nkunga ishoboza RNMU kubaka ubushobozi bw'abayobozi bayo, guhugura abanyamuryango, ubukangurambaga no guhamba abakozi ba RNMU bakora akazi umunsi ku wundi.

#### 6.4. KWIJIRA MU MIRYANGO N' INGAGA

##### 6.4.1. MU GIHUGU:

RNMU yasabye kandi yemererwa kuba imwe muri Sendika zigize Impuzamasindika CESTRAR.

##### 6.4.2. MPUZAMAGANGA:

Bitewe nuko RNMU yakomotse ku guhinduka kw' iyahozze ari ANIR yari isanzwe ari umunyamuryango w' Umuryango Mpuzamahanga w' Abaforomo (ICN), byatumye RNMU ihita iba umunyamuryango wa ICN.

Muri Werurwe 2016; RNMU yasabye kandi yemererwa kwinjira mu mpuzamiryango (Federation) y' abaforomo n' ababyaza bakomoka mu bihugu bikoresha ururimi rw' icyongereza witwa : CNMF (Commonwealth Nurses and Midwives Federation).

#### 6.5. UBUFATANYE NO GUKORERA HAMWE

RNMU kugirango igere ku nshingano zayo

byabaye ngombwa ko igirana ubufatanye na za Minisiteri, ibigo, imiryango n'amasendika yo mu gihugu no hanze yacyo mu rwego rwo kongera ingufu n' ubushobozi. Mu Rwanda twavuye nka MIFOTRA, MINISANTE, FFRP, DOT RWANDA, RWN, NNCNM. Mu karere ni nka UNMU, TANA, NONM, ZUNO, DENOSA ndetse na ARC, KCP, NNO ku rwego rw' isi.

#### 6.6. GUSHYIGIKIRA GAHUNDA Z' IGIHUGU

RNMU nka Sendika nyarwanda ntiyatanzwe mu gushyigikira gahunda z' igihugu zitandukanye zikurikirira:

- Ndi umunyarwanda: aho abayobozi bose ba RNMU (NEB, Assets Controller, DEB & RHEB) bayiganiriyeho;
- Agaciro development Fund : Abagize RNMU national Council bashyigikiye ikigega " agaciro development fund ";
- Itorero ry' igihugu;
- Kuremera abacitse ku icumu rya Jenocide yakorewe Abatutsi.

#### 6.7. AMAHUGURWA NO KUBAKA UBUSHOBOZI

Mu myaka ine ishize RNMU yatanze amahugurwa y'ingeri zitandukanye mu rwego rwo kubaka ubushobozi ku bayobozi ba RNMU mu nshingano zabo za buri munsi ku buryo bukurikirira:

- Amahugurwa yerekeye imiyoborere;
- Amahugurwa yerekeye imiyoborere ku rubyiruko rw' abaforomokazi n' ababyaza b' abanyamuryango ba RNMU;
- Kuzuza inshingano;
- Kwibumbira muri Sendika na Ndi umunyarwanda;
- Ubushakashatsi.

RNMU yateguye n' andi mahugurwa afasha abanyamuryango kuba abanyamwuga (professional training):

- Ku bijyanye na SIDA;
- Ibijyanye n' ubuzima bw' imyororokere;
- Gufasha ababyeyi kubyara neza.



## 6.8. KWITA KU BANYAMURYANGO

### 6.8.1. UBUFASHA MU MATEGEKO

RNMU nkuko biri mu nshingano zayo, irengera kandi ikita ku nyungu z' umunyamuryango ku bw' ingorane cyangwa ibibazo bahura nabyo mu kazi kabo ka buri munsu. Ni muri urwo rwego RNMU yatanze ubwunganizi mu mategeko ku banyamuryango 46 ndetse abandi barenga 13 bafashwa binyuze mu biganirwa byakozwe n' inzego z' ibanze za RNMU (DEB/RHEB).

Kuri ubu hari izindi manza zigera kuri 6 zikiri kuburanwa .

### 6.8.1. UBUFASHA MU MIBEREHO MYIZA

RNMU yafashije abanyamuryango batandukanye mu guteza imbere imibereho myiza yabo ikora ibikorwa bitandukanye bikurikira :

- Ubushakashatsi;
- Ubuvugizi ku kuzamurwa mu ntera;
- Gushyigikira no gufata mu mugongo imiryango yapfushije uwari umuforomo;
- Itangwa ry' amafaranga ya buri kwezi ahabwa umuforomokazi wagize ubuhumyi nyuma yo kugira impanuka y' akazi;
- Gutekereza uburyo bwo gushyiraho imishinga yafasha mu guteza imbere umuforomo.

## 7. IMBOGAMIZI

RNMU yageze kuri byinshi twabagejeje haruguru, ariko yagombye kuba yarageze aharenze aho igeze ubu iyo itaza guhura n' imbogamizi zikurikira:

- Gutinda kubona ubuzima gatozi;
- Gutinda kubona ubuzima gatozi byadindije bikabije ikibazo cy' itangwa ry' imisanzu binyuze ku mukoresha kuko Sendika itanditse (Enregistrement) itemerewe gukora igikorwa nkicyo;
- Impinduka mu mihembere y' abakozi ba Leta: Kuva muri Nzeri 2016, uburyo bushya bwo guhamba abakozi binyuze muri IPPS bwatumye itangwa ry' imisanzu ryari ritangiye kumvikana mu banyamuryango ndetse no mu bakoresha risubira inyuma, ari nako bidindiza ukwihaza n' icyerekezo

cya RNMU;

- Ubwinshi bw' abaforomo batarabona cyangwa batinze kubona ibyemezo bibemerera gukora umwuga w' ubuforomo cg ububuyaza (License to practice);
- Iki kibazo cyabaye ingorabahizi kuko hari abanyamuryango benshi cyane cyane abo ku rwego rwa A<sub>2</sub> bize hanze y' igihugu ku buryo bikigoye kumanya inzira bazacamo babona License: ibi bikavuga ko no kumwakira nk' umunyamuryango binyuranye na sitati ya RNMU kabone n' ubwo gahunda yo kwandika no guha abaforomo ibyangombwa igikomeje;
- Ubushobozi buke budatuma RNMU ihaza inzego zayo by' umwihariko urwego rwa DEB/RHEB.

## 8. IBIKWIRIYE KWITABWAHO MU MYAKA IRI IMBERE

Mu myaka iri imbere (2017-2021) ubuyobozi bwa RNMU bugomba gushyira ingufu muri ibi bikurikira:

- Kwihutisha itangwa ry' imisanzu y' abanyamuryango binyuze mu kuganira n' inzego zo ku rwego rw' akarere n' ibitaro by' icyitegererezo zibishinzwe,
- Kongera serivisi zihabwa abanyamuryango higwa kandi hagashakwa imishinga ibyara inyungu,
- Kwita ku gukomeza no guha ubushobozi RHEB/ DEB kuko ari urwego rwegereye cyane abanyamuryango kandi rukwiye kuba ibanze mu kwita no gukemura ibibazo by' abanyamuryango,
- Ubukangurambaga mu bakora umwuga bigenga cyangwa mu bigo by' ubuvuzi byigenga,
- Kwemeza no gushyira mu bikorwa amabwiriza n' imirongo (Policy and procedure) mu bice by' ingenzi,
- Gukomeza ubuvugizi ku myigire y' abaforomo n' ababyaza by' umwihariko abo ku rwego rwa A<sub>2</sub> ndetse no kwandikwa kw' abize hanze y' u Rwanda mu bihugu bidafite urwego rugenzura abanyamwuga (Regulatory body).

# PEDIATRIC HIV AND PMTCT B+ MENTORSHIP

## Health Centers directors trained

Directors from Health Centers in Kigali in conference hall during the training.



RNMU in collaboration with National Council of Nurses and Midwives organized a training of directors (Titulaires) from Health Centers in Kigali in order to empower them in task sharing of HIV management and provide them with skills in PMTCT B+ and pediatric HIV mentorship. The trainees will mentor fellow nurses and midwives who work in health centers, particularly in HIV service.

The training was staged after the Rwanda QUAD, composed of RNMU, the National Nursing and Midwifery Council, the Nursing Education Faculty and the office of the Chief Nursing in the Ministry of Health benefited a grant from the African Health Profession Regional Collaborative for Nurses and Midwives (ARC), to improve nursing and midwifery professional regulation and practice in pediatric HIV/AIDS.

The grant was used to train nurses and midwives leaders of health centers in phases. In the first phase they were trained in task sharing as most of them were not trained before in HIV management and the training took 2 weeks each week being

reserved to didactic and practice training.

The second phase that lasted two weeks saw directors from health centers being trained on pediatric HIV and PMTCT B+ mentorship to give mentorship skills to be able to mentor their fellow nurses and midwives working in pediatric and PMTCT B+.

Mother Dorothee Mukamusana, is a director at Gikondo health center, in City of Kigali. She says that in many cases, she had to supervise nurses and midwives in HIV management and pediatric HIV, but concedes she had no understanding of what they were meant to do, and how to hold them accountable.

“It was difficult for me to supervise nurses and midwives in this department that I didn’t understand what is being done..., I couldn’t supervise properly. For the past three weeks of training, I believe I was empowered enough to know what I am supposed to do. Mainly, I will be able to mentor nurses and midwives I supervise,” said Mukamusana, after the

training.

She added that the training was very long due for directors of health centers. According to her, the fact that the majority of health center directors didn’t have skills on task shifting/sharing of HIV management was a real challenge that was hampering good service delivery.

Emile Musabyimana is a director of Remera health center. For him, the emphasize that was put on HIV care and treatment for children bellow 10 years of age, was very important.

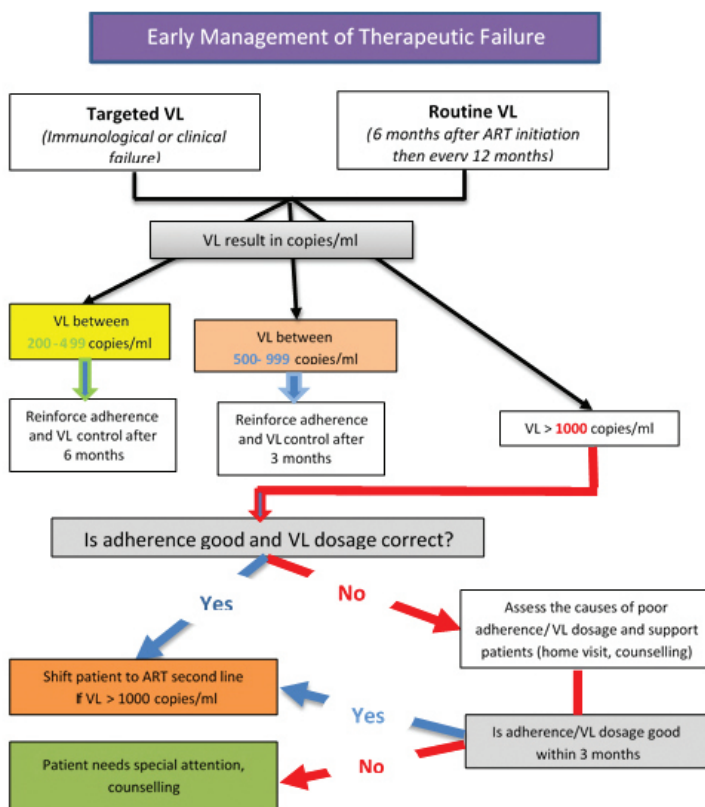
Discussed topics in task shifting of HIV management included pretest, overview of HIV prevention, HIV diagnoses, prevention of mother to child transmission, HIV prevention among sero-discordant couples, ART for post-exposure prophylaxis, HIV prevention among key populations, linkage to care and treatment, generalities on care and treatment, HIV care and treatment for children bellow 10 years of age, HIV care treatment for adolescents aged between 10-19 years, HIV care and treatment for adults over

19 years of age, management of STIs, opportunistic infections and side effects of RVT.

During the second phase of the clinical mentorship training,

discussed subjects were the meaning of clinical mentorship emphasizing on the roles of a mentor, formal responsibilities of mentors, essential attributes of a mentor, phases of the

mentor-mentee relationship, clinical mentorship versus supportive supervision, how to set learning objective, goal and objectives of clinical mentorship, clinical mentorship model, Basic



NB. VL is the gold standard for defining the treatment failure but when not available, the CD4 and clinical status may be used to decide.

**Principles of Adult.**

It was also conferred the Learning and Nurse Mentoring, with a focus on the teaching methods, overview of Listening and Learning Skills, and the qualities of a good mentor.

For this particular phase, directors of health centers produced presentations centering on the HIV Transmission, Counselling, and Testing, Pediatric HIV.

The training forms one of the Continuous Professional Development (CPD) programs of RNMU among others and participants gained CPD point of practice and theory which will help them to renew with the National Council of Nurses and Midwives their license to practice. At the training closure, certificates were awarded for participation.

# RWANDA HOSTS

## The ARC regional learning session



**Dr. Kenneth Hepburn, a Professor at the Nell Hodgson Woodruff School of Nursing at Emory University, Georgia, USA.**



**Andre Gitembagara, RNMU president.**

The Rwanda QUAD partnered Emory University School of Nursing, the Commonwealth Nurses and Midwives Federation, the East, Central and Southern Africa Health Community (ECSA-HC), and the African Health Professions Regional Collaborative (ARC) for Nurses and Midwives, with support from the US Centers for Disease Control and Prevention, to organize between 21-23 March 2017 in Kigali, a three-day learning session aimed at improving access to HIV prevention, care and treatment.

The Rwanda QUAD is composed by the Rwanda Nurses and Midwives Union (RNMU), the National Nursing and Midwifery Council, the Nursing Education Faculty and the office of the Chief Nursing in the Rwanda Ministry of Health. The QUAD has benefited a grant from ARC to improve nursing and midwifery professional regulation and practice in pediatric HIV/AIDS.

Members of ARC who attended the session received skill-building on project monitoring and evaluation, including the refinement of project indicators. They were also updated on the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and the World Health Organization (WHO) policy, discussed on HIV implications for adolescent girls and young women.

After the session, Dr. Kenneth Hepburn, a Professor at the Nell Hodgson Woodruff School of Nursing at Emory University, Georgia, USA, was impressed by the optimism and commitments of the nurses and midwives who attended the session to face professional challenges.

"I am optimistic that nurses and midwives in the region will have contributed to achieve by

2020 targets that were set and play important role to hit the targets of the SDGs (Sustainable Development Goals) in area of fighting HIV and prevention," said Dr. Kenneth.

RNMU president Andre Gitembagara said the session was a learning exercise for attendees from 15 countries across Africa who attended the conference.

"Specifically, in this conference it was discussed the course of actions for nurses and midwives to provide better pediatric HIV/AIDS in Africa in general and for Rwandans in particular," said Gitembagara.

For Rwanda, Gitembagara reiterated that nurses and midwives were able to learn how fellow members of ARC have put in place regulations to allow them to provide pediatric HIV/AIDS, a thing that the National Nursing and Midwifery Council was instructed to follow up.

"In reality, there were no regulation to allow nurses and midwives to perform pediatric HIV/AIDS tasks on their patients, and that is challenging. In our profession, with potential risks associated with it, when you are not legally allowed to perform certain tasks, the management of the consequences of incidents on patient become tricky. But when there are such regulations, a nurses or a midwife is covered," he concluded.

Gitembagara adds that nurses and midwives who attended the learning session exchanged on projects management in area of HIV fighting and prevention.

ARC operates with the objective of improving the performance of nurses and midwives providing ART services at high volume sites in 15 countries from Africa.

# INTERNATIONAL NURSES DAY CELEBRATION

## Nurses and midwives thank H.E. President Kagame for his support



Gisagara district Mayor Jerome Rutaburingoga (left), Dr Augustin Sendegeya, the Director of CHUB (center), and RNMU president Andre Gitebagara (right) during the Nurses Day celebrations.

While celebrating the International Nurses Day in Gisagara district on the 12th May 2017, nurses and midwives reserved a thankful message to H.E the President of the Republic Paul Kagame for his incessant support to the profession that enabled a noticeable progress and thus a better service delivery to Rwandans.

In his remark, RNMU president Andre Gitebagara said that there is a clear evolvement in nursing and midwifery professions for the reason that there is a political will that ensured an increase of practitioners.

In 1995, there were merely 400 nurses and midwives compared to current 15,000 practitioners, because

of an increase in nursing schools from just one, a year after the Genocide Against Tutsi, to ten schools currently.

Notably, Gitebagara highlighted various Government Developmental Programs that ensure a healthy rwandan, mentioning Gir'Inka, medical insurance schemes, that contribute immensely to reduce mortality from diseases. He also stressed that a

conducive environment and security are other important factors that improved life of citizens.

“I want you to convey this appreciative message to the Minister of Health in a hope that she will take it to H.E the President of the Republic Paul Kagame. The message is to thank him to have ensured those opportunities,” said Gitembagara.

“We, nurses and midwives, will foster to develop our professions to improve lives of Rwandans,” Gitembagara said in direction of Dr Augustin Sendegeya, the Director of CHUB who represented the Ministry of Health at the ceremony.

Speaking on behalf of the Minister of Health, Sendegeya replied that he will ensure the message reaches the intended recipient

### SDGs in focus

The theme of this year for International Nurses Day was “Nurses: a voice to lead- achieving the sustainable development goals.”

RNMU president reminded nurses and midwives that they are key players to achieve the targets of Rwanda becoming a middle income country by 2035, by insuring Rwandans stay healthy.

SDGs have 17 goals, and the third goal related to health is to “Ensure Healthy Lives and Promote Well-being for all at all ages”.

It has nine main targets and 31

indicators meant to be achieved by 2030 from date the goals were set in September 2015.

By then, it is targeted to reduce the global maternal mortality ratio to less than 70 per 100,000 live births, to end preventable deaths of newborns and children under five years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under five mortality to at least as low as 25 per 1,000 live births.

In the next two decades, it is also planned to end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being, strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.

“Life expectancy was at 35 in 1995, and now it stands at 65 thanks to a reduction of infant and maternal mortality rates with nurses and midwives playing a key role. Diseases have gone down, especially malaria and HIV/AIDS. But we have to double up effort, to achieve SDGs, which are much harder,” stressed Gitembagara.

As one of its pillar, RNMU ensures nurses and midwives are better

equipped toward SDGs achievement, by continuing to train its members to enhance professional skills in a Continuous Professional Development (CPD) scheme.

### Challenges

From less than 400 in 1994, there are 15,000 nurses and midwives currently with 12,000 having a license to practice.

However, the number of nurses and midwives in health centers and hospitals compared to catchment area is still very low.

“We still need to increase the number of nurses and midwives in practice. From 15,000 nurses and midwives, many are not in the practices. It is a challenge,” said Gitembagara.

He also noted that a majority of nurses and midwives work on contract basis, close to ,60% of practitioners, and that can last for more than 5 years. He also emphasized that horizontal promotion doesn’t apply for both professions.

As a result, they don’t enjoy benefits that go with a public servant status of the workers as well as those of horizontal promotion.

“The challenges that you have raised I will submit them to the Minister of Health for advocacy. I know that a lot is being done to address the challenges, and I can tell that the future is bright,” ensured Dr Augustin Sendegeya, the Director of CHUB who represented the Ministry of Health at the ceremony.



# Genocide Against Tutsi Commemoration

## Nurses and midwives assist survivors in Gisagara



Cattle distributed to assisted survivors families.

Nurses and midwives assisted five families of survivors of the 1994 Genocide against Tutsi in Gisagara District, providing them with cattle on the day it was celebrated the International Nurses day.

Before the celebration of the International Nurses Day, nurses and midwives honored victims of the Genocide Against Tutsi, buried at Kibirizi sector Genocide memorial in Gisagara district, as part of its Genocide against Tutsi commemoration activities.

After paying tribute to the Genocide victims and lying flowers at the memorial site, they handed cattle to survivors of the Genocide.

“These families used to have cattle, milk. We assisted them to make sure that at least they can have milk again, to compensate what they lost during the Genocide Against Tutsi,” said RNMU president Andre Gitembagara while handing the cattle to the families.

He added that nurses and midwives, thought they wouldn’t celebrate the International Nurses day without thinking about the tragic history the country went through.

“The country is in the period of 100 days

of mourning the victims of the Genocide Against Tutsi. That is why we thought about coming here to Gisagara district and support genocide survivors while providing cattle,” said Gitembagara, explaining the context of cattle provision to survivors of the Genocide.

Uwimana Anne Marie is a Genocide survivor who lives in Kibirizi sector. She said that she owned cattle before the Genocide, but that was taken away by the killers in 1994.

“it is a joy that we have received the cattle. We appreciate this gesture, it is a sign of solidarity. We are thanking the President of the Republic who allowed us to become self-reliant again. We are thanking the Union to have thought about assisting us, as well as the district authority,” said Uwimana.



Anne Marie Uwimana, a Genocide against Tutsi survivor who lives in Kibirizi.

Bisanuko Richard from Muyira cell added: “I will have compost since I own cattle now. We were normal farmers; I was not able to buy a cow for myself. But now, I think I will improve my livestock”.

Damien Sibomana, the Executive Secretary of Kibirizi sector applauded nurses and midwives who provided cows to genocide survivor, noting the action is a testament of togetherness that is a mark of Rwanda tradition and culture.



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