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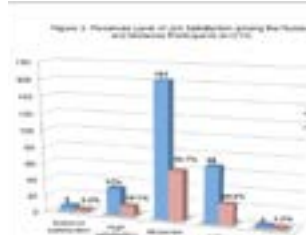
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The Rwanda Nurses and Midwives Union

# MAGAZINE RNMU

A publication of the Rwanda Nurses and Midwives Union



## The Rwanda Nurses and Midwives' Voice

RNMU is member of



VOLUME 1  
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\*Cover page photo : Nurses and Midwives working at King Faissal Hospital (Kigali-Rwanda)

\*Back page photo: Kibungo Hospital building

# Welcome



Foremost, we thank the President of the Republic of Rwanda H.E. Paul Kagame for his leadership, which led to impressive achievements in health, particularly in nursing and midwifery professions by increasing the number of nurses from less than 400 to 12,000 in 21 years.

This has improved a lot the quality of health care service to Rwandan citizens.

Welcome to the 2015 Rwanda Nurses and Midwives Union (RNMU) quarterly Magazine.

I feel privileged to make a note about Rwanda Nurses and Midwives Union in this maiden magazine covering major activities in nursing and midwifery profession in Rwanda.

Foremost, we thank the President of the Republic of Rwanda H.E. Paul Kagame for his leadership, which led to impressive achievements in health, particularly in nursing and midwifery professions by increasing the number of nurses from less than 400 to 12,000 in 21 years.

This has improved a lot the quality of health care service to Rwandan citizens.

I want to thank the Norwegian Nurses Organization (NNO) for the full financial and technical support they have offered us for without them, the said activities would not be possible to accomplish.

For RNMU to be successful, it was with the whole RNMA having a united, active, hard-working and committed team of members and representatives across the country. Most notable is the goodwill of the committee and members who are not remunerated for their services and commitment.

Such commitment led to the establishment of RNMU as a fully recognized member of the International Council of Nurses (ICN). The Union is very strong in partnership and networking with other institutions, both governmental and non-governmental institutions.

RNMU is committed to being a vibrant self-sustaining organization that will protect the professional image, improve socio-economic welfare, and promote the interests of nurses and midwives through effective representation, capacity building and lead in the delivery of high quality care to the population.

It is with this background, that RNMU is able to parade various activities It has carried until now, as you will discover inside this magazine.

With that, I am so proud of how the Union is growing and we shall never give up but will carry on the journey of advocate for nursing and midwifery professions and members.

Once Again Welcome, and Thank You!  
Andre Gitembagara, RNMU president.

“ RNMU believes in providing high quality, ethical, accessible and equitable nursing and midwifery services to all members of the population to enable them live quality lives. Thus, while upholding this philosophy, RNMU believes that members will receive social and economic justice as reward from their employers.

**OWNERSHIP :**

The Rwanda Nurses and Midwives Union(RNMU)

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Andre Gitembagara  
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PHILOSOPHY

RNMU believes in providing high quality, ethical, accessible and equitable nursing and midwifery services to all members of the population to enable them live quality lives. Thus while upholding this philosophy RNMU believes that members will receive social and economic justice as reward from their employers.

MISSION

To have an empowered nurse and midwife who is motivated to provide high quality service and uphold professional excellence while enjoying quality life.

VISION

RNMU is committed to being a vibrant, self-sustaining organization that will protect the Professional image, improve Socio-Economic Welfare, and promote the interests of nurses and midwives through effective representation, capacity building and lead in the delivery of high quality care to the population.

Values

Dignity & respect

We uphold and protect the dignity and respect of every person regardless of their age, sex, race, status or religion.

Unity and Solidarity

We promote partnership and collaborative working which encourages unity and solidarity at all levels.

Justice & Democracy

We speak out for social justice democracy for every human being in the society.

Participation and Ownership

We uphold every member’s meaningful participation and full ownership of the association’s activities.

Excellence & Professionalism

All staff, members and volunteers are committed to excellence and professionalism in all they do.

Transparency and Accountability

We are open about our work, transparent about our activities, and accountable to each other, our partners and government, as well as to our funders

# RNMU Historical background

## HISTORY

RNMU was created on the 30th June 2013 by nurses and midwives during a general assembly held at Top Tower Hotel. It is a result of the transformation from Rwanda Nurses and Midwives Association (RNMA) into a union.



A general assembly attendance that changed ANIR to RNMU.

RNMA was created in 1996 by nurses and midwives from leading country hospitals. On 22 Sep 1996 the first elections of an interim committee were held consisting of Murebwayire Mary, Karasira Asterie and BASANGABO John. Since its inception, four committees have been democratically elected.



RNMA president A. Gitembagara presenting the outgoing National Executive Committee.

RNMA received provisional authorization from MOH to work on the Rwandan territory in 1998.

RNMA obtained its legal status by the Ministerial Order No. 27/11 in February 2006.

In 2007, a National Executive Committee of RNMA decided that it was time to restructure and strengthen the association for its members’ benefits

In 2007, CIO Connect Leadership of RNMA found that it was time to restructure and strengthen the association for its members’ benefits.

A mass awareness campaign was made and by the end of 2008, RNMA was represented at both national and local level. In 2010, RNMA obtained a full

membership to the International Council of Nurses (ICN), and as a 134th country organization, a year later the ICN President was in Rwanda for an official visit to RNMA.

In June 2011, RNMA received visitors from the Uganda Nurses and Midwives Union(UNMU) and the Norwegian Nurses Organization (NNO).

From the visit, strategic partnership between RNMU and NNO was developed for a period of 6 years (2013-2018).

In 2012, with a funding from the NNO, RNMA conducted a study on the Rwandan territory in order to know the needs of nurses and midwives.

This study showed that the economic and social conditions of the professional nurses and midwives were not good and

Insight

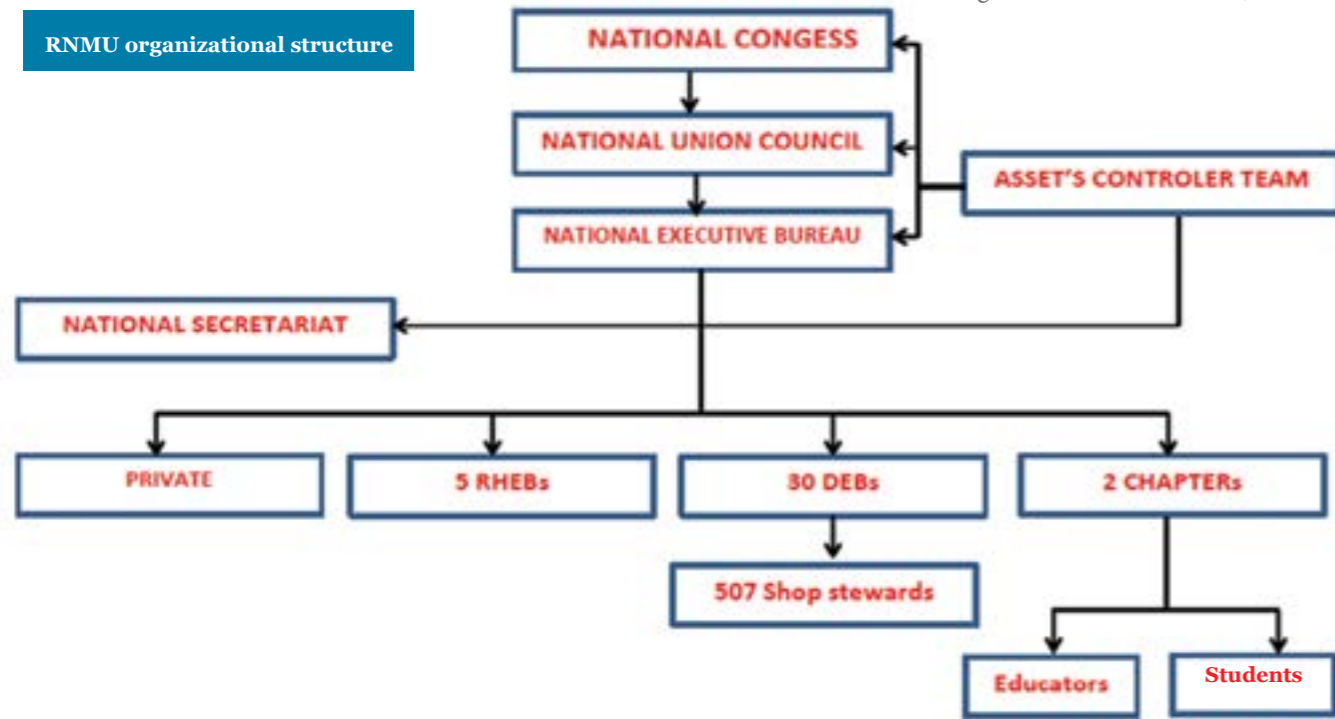
- RNMA was created in 1996,
- It became RNMU on the 30th June 2013,
- RNMA obtained its legal status in 2006,
- In 2010 RNMA obtained membership of ICN,
- Over 4,000 nurses agreed on the change from RNMA to RNMU,
- RNMU now counts over 6500 members.

that RNMA was powerless to respond to their needs. The members wanted RNMA to be transformed into a union which would be able to face the problems that laid in the workplace, education, welfare of those in the profession.

Therefore, RNMA started a massive awareness campaign in all hospitals and health centers and over 4,000 nurses agreed to this transformation. In March 2013, during an Extraordinary General Assemblies, unanimously, participants supported the transformation of the

association into a combined professional and labor Trade Union. On 30th June 2013, the general assembly took place and RNMU was born. RNMU was recognized by the Government of Rwanda through the Ministry of Labor. RNMU statute was published in the official gazette number 22 of 1st June 2015.

RNMU organizational structure



**Shop Stewards (Focal Point):** Amenyi ibibazo bya bagenzi be b'abaforomo n'ababyaza, akaba ashobora kuganira n'umukoresha ku bibazo birebana n'umwuga.

**Chapters:** Ni urwego ruhagarariye abanyamuryango bahuriye ku nyungu runaka z'umwihariko. Urugero: abarimu, abanyeshuri.

**District Executive Bureau (DEBs):** Ni urwego ruhagarariye abanyamuryango ba RNMU ku rwego rw'akarere. Igizwe n'abantu 6; umuyobozi, umwungirije, umunyamabanga, umubitsi, komiseri ushinze ubushakashatsi na komiseri ushinze imibereho myiza na Gender.

**Referral Hospital Executive Bureau (RHEBs):** Ni urwego ruhagarariye abanyamuryango ba RNMU mu bitaro bikuru by'ikitegererezo cyangwa bya Kaminuza. Ibyo bitaro bifite urwo rwego ni CHUB, CHUK, KFH-Kigali, HNPN, RMH.

**National Secretariat:** Ni ubunyamabanga bwa RNMU ku rwego rw'igihugu. Rukurikirana ubuzima bwa buri muni bwa Sendika.

**National Executive Bureau (NEB):** Ni urwego nshingwabikorwa rwa RNMU ku rwego rw'igihugu. Rugizwe n'umuyobozi, umwungirije, umunyamabanga, umubitsi, komiseri ushinze ubushakashatsi na komiseri ushinze imibereho myiza na Gender.

**National Union Council:** Ni inama nkuru ya Sendika ku rwego rw'igihugu igizwe n'abakuriye DEBs, RHEBs n'abagize NEB.

**National Union Congress:** Ni urwego rukuru mfatanyemezo rwa RNMU. Rukaba rugizwe n'abahagarariye abanyamuryango mu nzego zayo no mu gihugu.



Perezida wa RNMU Andre Gitembagara aravuga birambuye uburyo Sendika y'Abaforomo, Abaforomokazi n'Ababyaza b'u Rwanda yatangiye kugirango barushaho guha abanyarwanda serivisi nziza z'ubuzima.

## IKIGANIRO NA PEREZIDA WA RNMU

### INTERVIEW

Abaforomo, abaforomokazi n'ababyaza b'u Rwanda bamaze imyaka isaga 20 bishyize hamwe, mu kugirango bateze imbere umwuga wabo, ndetse barushaho guha ababagana service nziza. Mu kiganiro RNMU Magazine yagiranye na Perezida wa Sendika Gitembagara André, aragaruka ku nzira Sendika yacyiyemo kugera ubu, ndetse n'uruhare igira mu gukemura ibibazo by'abaforomo abaforomokazi n'ababyaza b'u Rwanda.

Ni ukubera iki abaforomo n'ababyaza b'u Rwanda bumvise ari ngombwa ko bishyira hamwe?

RNMU yatangiye ari ANIR, bivugaga ishyirahamwe ry' abaforomo, abaforomokazi n'ababyaza b'u Rwanda ryatangiyemo mu mwaka w'1996 nyuma y'amarorerwa ya Genocide yakorewe Abatutsi, ritangira ari abaforomo bakweya bayoboye abandi bishyize hamwe kugirango babashe kuzamura umwuga wabo. Nyuma ya Genocide yakorewe Abatutsi twari dusigaranye abaforomo bari hasi ya 400.

Mu by'ukuri bari bake cyane, abo bishyize hamwe bagiraga ngo barebe uburyo bazamura umwuga, bongera umubare w'abaforomo n'ababyaza cyane cyane ko bari bake cyane mu gihugu, bashyiraho

iryo shyirahamwe. Intego yaryo yari iyo guhuriza hamwe imbaraga zabo bari bahari n'abandi bari baturutse hanze y'igihugu kugirango babashe kuzamura umwuga, babashe guhugurana, babashe gutanga ibitekerezo ku bijyanye n'iterambere ry'umwuga, babashe kureba uburyo hakongerwa umubare w'abaforomo n'ababyaza, kugirana ubufatanye n'izindi nzego zitandukanye z'igihugu no hanze yacyo ndetse no kugirana ubufatanye n'andi mashyirahamwe y'abaforomo n'ababyaza bo hanze y'igihugu kugira ngo turebe uburyo twayigiraho. Izo ntego zari nziza kandi hari byinshi zagezeho kuko kuva icyo gihe hahise hajyaho amashuri menshi, ku bufatanye na Minisiteri y'Ubuzima ndetse na Minisiteri y'Uburezi, amashuri nka 30.

Kujyaho kw'ayo mashuri byatewe n'ubuvugizi ishyirahamwe ry'abaforomo n'ababyaza b'u Rwanda ryakoraga?

Yego. Bamwe muri abo bagenzi bacu navuze, bari bakoze ubuvugizi ku buryo buhagije hanyuma amashuri ajyaho, ndetse higa abaforomo n'ababyaza benshi ari na bo ubu bari gukora uyu mwuga. Ariko haza kugaragara ibibazo by'imyigire, ubumenyi wabonaga ari bukeya cyane cyane ko abantu bari bize mu buryo bwa huti huti. Hagati aho hari hari hagiyeho n'izindi nzego zubaka umwuga nk' Inama Nkuru y' Abaforomo, Abaforomokazi n'Ababyaza ishyiraho amategeko bagomba kugenderaho kubera ko ubwo buryo bw'imyigire ndetse n'uko umwuga wasaga nk'aho ari



ko tumaze gukemura ibibazo byinshi bijyanye n'umwuga kuva igihe tubereye Sendika.

Hari abanyamuryango twabashishe kurengera mu rwego rw'amategeko, hari n'abo twabashije kurengera mu rwego rw'umurimo bari bagiye kwirukanwa bagasubizwa mu kazi bageze nko kuri 20. Turi gukora ubushakashatsi buzaduha ibibazo cyangwa se imbogamizi duhura na zo mu buryo buhamye ku buryo tuzagira ibiganiro n'abakoresha tukabishakira umuti, turateganya ko bizakorwa umwaka utaha. Ubwo bushakashatsi buzarangirana n'uyu mwaka, ariko ibiganiro n'abakoresha turumva bizaba umwaka utaha.

Hari cyo mwakongera kuri ibi tunganiriyey?

Icyo navuga ni uko mu by'ukuri umwuga wacu ari umwuga uteye ku buryo bwihariye.

Wenda umuntu ashobora kwibaza ati kuki mwashinze Sendika y'abaforomo n'ababyaza ntibe iri kumwe n'ya abaganga, ntibe iri kumwe n'ya abasosiyale n'abakora mu buyobozi mu bitaro kandi bose bakora kwa muganga. Ni byo bose bakora kwa muganga ariko umwuga wacu

ni umwuga wihariye n'ubwo twese dukora kwa muganga.

Umuforomo n'umubyaza ni wa muntu uba ku murwayi amasaha menshi cyane. Ni we umenya uko umurwayi yahumetse, uko umurwayi yariye, uko umurwayi yatewe imiti, uko umurwayi yakarabye... bya bindi byose uzi umuryango ukorera umuntu wawo urwaye ni byo umuforomo n'umubyaza bakorera umurwayi. Ni byo umuforomo abanza gukora mbere y'uko amuha imiti. Ugasanga rero iyo miterere y'akazi kacu ubwayo ifite ikintu cy'umwihariko gituma tugomba kwishyira hamwe ngo tukivuge.

Dufate nk'urugero nk'umuntu wize ubugororangingo, ashobora kuza agakora ubugororangingo ku murwayi, njyewe nkumuforomo umurwayi wanjye akamugorora ingingo mu minota 20, 30 akagenda. Ariko ntushobora kumubaza ngo wa murwayi arwaye ate, yiriye ate, yariye... na dogiteri na we ni kimwe. We araza akareba umurwayi, akagusaba ibizamini byo kwa muganga, ukagenda ukabifata, ukagenda ukabikoresha, ukazana ibisubizo, ukagenda bakamwandikira imiti, ukayitera, muri make ugasanga umwanya dogiteri yahuye n'umurwayi ari iminota

mike cyane 10, 20. Umuforomo akamwirirwaho amasaha 15 kugera kuri 24. Urumva rero iyo miterere y'akazi tugira, iduteza ibibazo bitandukanye. Natanga nk'urugero: Umuforomo wirirwanye n'umurwayi, umurwayi yagaburiye, yakarabije, yateruye, byanze bikunza aba afite ibyago byinshi byo kwanduzwa n'umurwayi igihe ufite indwara yandura. Bitandukanye na ba bagenzi bacu navuze, baza bakareba umurwayi umwe bagahita bagenda bakajya kureba abandi. Umuforomo aba afite ibyago byo kwandura, kandi iyo yanduye, dufate urugero yanduye nk'igituntu, ibyago bya mbere ni uko acyanduzwa abandi barwayi batarwaye igituntu, icya kabiri akacyanduzwa umuryango we n'abandi bawusura.

Ugasanga imiterere rero y'akazi kacu ni imiterere isaba ko tugira ubuvugizi bwihariye butandukanye na bagenzi bacu, n'ubwo na bo bafite ibibazo byihariye bagomba kugiraho ubuvugizi.

Ikindi, mu ubuzima turi hejuru ya 75% hafi ya 80%.

80% y'abantu bakora umwuga ni abantu baba bagomba kugira ubuvugizi bwihariye. Nk'umuforomo urugero-kuko ni bo baba bahura n'abaturage cyane ku bigo nderabuzima- ubyaza ababyeyi batanu aba ari ku byago byinshi cyane. Ubundi umubyeyi umwe mwagombye kumubyaza muri ababyaza babiri, ku buryo mu gihe umwe agiye gufata umwana, amwongerera umwuka kuko burya akenshi umwana avuka akeneye kongererwa umwuka, akaba asize undi usigara ari ku mubyeyi. Kuko mu gihe uri gufasha uwo mwana, umubyeyi na we hari igihe bishobora guhinduka nabi.

None ugasanga mu bigonderabuzima byinshi uraye izamu uri umwe, ibyo byago byo kugira ibyo bibazo biriyongera. Iyi ni yo mpamvu twavuze ngo dushyireho Sendika yacu, wenda nyuma dushobora kuzajya mu ihuriro n'abandi baganga, ariko dufite umuyoboro ducishamo ibibazo byacu byihariye. Ikindi, twebe dufite abaforomo benshi bagiye biga bakagera ku rwego rwa A0 cyangwa se rwisumbuye ariko wajya kureba uko bamukoresha ugasanga baramufata nk'umuntu ufite dipuloma cyangwa se wize segonderi gusa kubera ibibazo by'ingengo y'imari cyangwa se ukutumva ko hari akamaro afitiye igihugu, ariko mu by'ukuri ugasanga ari imyumvire na yo itari myiza cyangwa mikeya, bisaba buvugizi kugirango umuntu ashobore kubyumva.

# RNMU yuzuzwa inshingano zayo zo guhagarira abanyamuryango-

## Umunyamabanga Mukuru

FEATURE



J. Pierre Nsabimana, Umunyamabanga Mukuru wa RNMU.

Umunyamabanga Mukuru wa RNMU Jean Pierre Nsabimana avugaga ko Sendika yuzuzwa neza inshingano 5 z'ibanze mu guhagarira abanyamuryango bayo mu kurengera inyungu z'umwuga n'abawukora. Kuva RNMU yabona ubuzima gatozi ikaba Sendika imaze kuburana imanza 25, ndetse izo manza zose ikaba yarazitsinze.

Ubusanzwe Sendika itandukanye n'ishyirahamwe, ndetse mu Rwanda bigatandukanywa n'uko amashyirahamwe agengwa n'ikigo cy'igihugu cy'imiyoborere myiza (RGB) mu gihe Sendika zigengwa na Minisitiri y'Abakozi ba Leta (MIFOTRA), bikaba kandi bitandukanyijwe n'inshingano buri kimwe kigomba kuzuzwa.

Sendika muri rusange igira inshingano yo kwigisha no guhugura abanyamuryango bayo ku bijyanye n'amategeko abagenga mu kazi ndetse n'ubundi bumenyi bwose bwabafasha kunoza akazi kabo neza ndetse no kongera umusaruro, iyo gukora ubuvugizi mu ishyirwaho ry'amategeko agenga abakozi n'umurimo kugirango koko ayo mategeko ashirwaho abe abereye umwuga n'abanyamwuga, inshingano yo gusaba ko hakurwaho amategeko cyangwa se ibyemezo bibabangamiye abakozi binyuze mu buryo buteganyijwe n'amategeko harimo kuganira, ubushakashatsi n'ibindi, ndetse n'yo gukangurira abanyamuryango kwiteza imbere ndetse no guhuza ingufu zabo mu rwego rwo gufashanya, kuzamurana

ndetse banashyigikirana ngo biteze imbere.

"RNMU mu kuzuzwa neza inshingano zayo, binyura mu nzego zayo ziyihagarariye haba ku rwego rw'igihugu, haba ku rwego rw'ibitaro bya Kaminuza cyangwa by'ikitegererezo, haba ku rwego rw'uturere, ndetse no kugera ku rwego rw'uwudahagarariye aho akazi ka buri muni gakorera.

Ibi bituma twuzuzwa inshingano zacu neza," bitangazwa n'umunyamabanga wa RNMU Bwana Jean Pierre Nsabimana.

RNMU ihagararira inyungu z'abaforomo abaforomokazi n'ababyaza b'u Rwanda mu Urugaga rw'Ababyaza n'Abaforomo mu Rwanda, ihagararira abanyamuryango bayo mu miryango ndetse n'amahuriro nyarwanda nka CESTRAL ndetse n'urugaga mpuzamahanga rw'abaforomo, ICN.

Ihagararira kandi abanyamuryango mu nama zitandukanye zirebana numwuga ndetse n'iterambere ry'abawukora yaba imbere mu gihugu ndetse no ku rwego mpuzamahanga, igahagararira kandi abanyamuryango mu mategeko, itanga inyunganizi ndetse n'ubufasha mu mategeko mu gihe hari abanyamuryango bayo bakurikiranywe n'inzego z'ubutabera.

Ni muri uru rwego hagati ya 2014-2015 RNMU yatanze ubufasha cyangwa inyunganizi mu mategeko ku banyamuryango barenga 25. harimo imanza 12 zageze mu rukiko, RNMU ikazitsinda zose.

RNMU yahuguye abayobozi bayo bayihagarariye mu gihugu cyose

ku mategeko agenga umwuga, ikora ubuvugizi mu nzego zitandukanye ku bijyanye n'ibyemezo cyangwa se amabwiriza amwe namwe ataberanye n'umwuga cyagwa se n'abanyamwuga, ndetse ubu iri gukora ubushakashatsi ku bibazo abaforomo abaforomokazi n'ababyaza mu Rwanda bahura nabyo mu kazi kabo ka buri muni.

Biteganyijwe ko ibizava muri ubu bushakashatsi bizifashishwa n'abo bireba ngo haboneke icyakorwa mu gukemura ibibazo abanyamwuga bahura nabyo.

RNMU irahagarariye kuva ku rwego rw'igihugu kugera ku rwego rw'ibigo nderabuzima n'ibitaro kugirango abanyamuryango bamenye ibyo basabwa ndetse n'amakuru ahanahanwe ku buryo bworoshye.

Mu Rwanda abaforomo abaforomokazi n'ababyaza biyandikishije mu rugaga nyarwanda rubahuza ni 12,000, muri bo 6500 ni abanyamuryango ba RNMU.

Ariko RNMU iracyafite imbogamizi nko kuba abakoresha bose bataritabira kubahiriza itegeko ry'umurimo mu ngingo y' 115 iteganyije ko abakoresha ari bo bakata bagashyikiriza umusanzu w'abakozi Sendika babereye umunyamuryango.

Ikiyongera kuri iki kandi muri Minisitiri y'Ubuzima ntihabamo ishami ryihariye riraberera abakora umwuga w'ubuforomo no kubyaza ibi bikaba bituma ntaho bagira ihariye bageza ibibazo bafite muri iyi Minisitiri, ndetse n'ubuke bw'abari mu mwuga bukaba butuma kugera uyu muni Sendika idashobora kugera ku nshingano yayo y'uko ituma abanyamuryango bageza service zinoze ku banyamuryango nk'uko ibyifuza.



RNMU was represented by its president A. Gitembagira (far right) at the international representation meeting organized by ICN in Melbourne-Australia.

# RNMU events in photos

## FROM ANIR/RNMA TO RNMU



**01** RNMU President André Gitembagara speaking at a general assembly on June 30, 2013.



**03** The majority of the members recommended a formation of Trade Union, for a long term to support the social economic wellbeing of members of RNMA. Here in the attendance there are some of the members at the needs assessment survey in 2013.



**02** Members of the former RNMA who attended the general assembly on 30, June 2013 that adopted the Union constitution. Since the change was adopted, there was a significant rise of adherents, and now the Union counts more than 6,500 members.



**04** During the needs assessment survey findings presentation at a meeting in 2013, the respondents wanted a transformation from RNMA to RNMU.



**05** Mr. Kabagema Aphrodis presents the contrast between the association and a Trade Union on a legal basis.



**06** A group photo after a workshop on RNMU constitution in 2013.



**07** A group photo during a 2014 internal and financial control seminar. Pictured here are delegates from Zambia, Rwanda, Malawi, Uganda and Norway.

## SENSITIZATION, RECRUITMENT AND REPRESENTATION



**11** Nurses and midwives at Kibagabaga hospital during a sensitization campaign.

**08** Now that RNMA changed to RNMU, the Union, campaign to get more members on board started. Pictured above are nurses and midwives at a sensitization and member recruitment campaign at CHUB.



**12** A group photo during a female leadership needs assessment survey finding presentation workshop.

**09** RNMU Secretary General addressing nurses and midwives on benefits of joining the Union, in the survey to the item on whether ANIR/RNMA should transform into a Union.



**10** A group photo of nurses and midwives at Kiziguro hospital after election of DEBs of Gatsibo district at Kiziguro hospital



**13** A group photo during a female nurses' leadership training module validation.



**14** RNMU was represented at the ICN Country National Representatives meeting: Pictured here are the RNMU president (left) and the Secretary General (right) in Seoul-Korea, and the first photo shows a Rwanda representative in Melbourne, Australia in 2013.

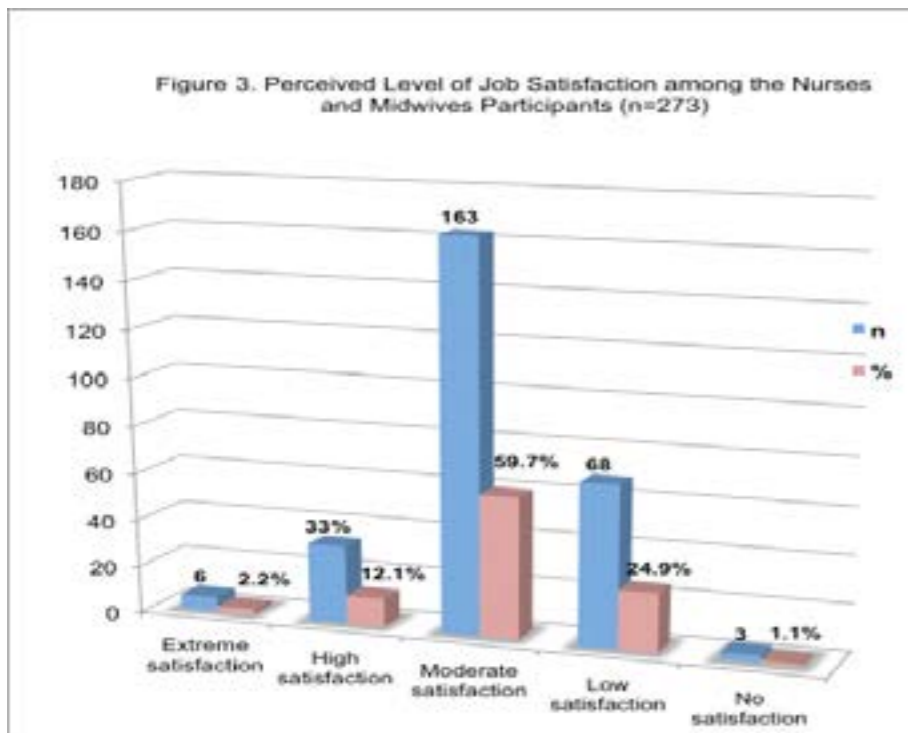


**15** A group photo during a 2015 financial and internal control seminar. Pictured here are delegates from Zambia, Rwanda, Malawi, Uganda and Norway.

# Nurses and midwives needs assessment survey 2013

RESEARCH

In 2012, ANIR carried out a needs assessment survey of Nurses and Midwives needs that reported that the majority of its members lived in poor housing and living conditions, and better ways to improve their living conditions may positively impact on their work performance and improve job satisfaction, its majority of the members had moderate level of job satisfaction,



which is not a recommendable level of satisfaction to motivate healthcare providers to perform better their work for improved patients' care and career development as well as the observation that although salaries and fringe benefits

influenced the nurses and midwifery job performance, most participants' perception was high value attached to patient care and general wellbeing of patients they serve as an important factor that influenced their job performance among other findings.

The research, whose purposes included providing baseline information/date to respond to the needs of nurses and midwives in Rwanda, found out that Rwanda nurses and midwives wellbeing was hindered by a social economic environment they work in.

A number of 273 participants participated to provide quantitative data, whose were from Centre Hospitalier Universitaire de Kigali (CHUK) in City of Kigali (26.7%), Rwamagana District Hospital in the Eastern Province (15.8%) and Kibagabaga District hospital in City of Kigali (14.3%).

### Working and living conditions

The survey showed that most participants lived within 5-10 Km distance from their working place (24.0%), whereas others lived within 10-25 Km distance (22.5%). Participants main means of transport to and from the work was public means such as bus, minibus taxi or motorcycle (48.2%). Others walked on foot to places of work (45.9%) and a small proportion had their personal cars (1.1%).

### Housing and salary benefits

With regard to proprietor of house in which participants lived in, the majority rented houses in which they lived (54.8%) but a good number had personal family houses (42.2%). Most participants' monthly net salary range with benefits was between 50,000 to 150,000 Frw (US\$ 79.4-238.1) (47.4%), whereas 34.3% of nurses and midwives had salary benefit package between 200,000-300,000 Frw (between US\$ 317.5 to 476.1).

### Housing living conditions

Only 30.4% of nurses and midwives who participated in the survey had houses with running water in their houses with toilet and running water facilities in their houses. However, 93.8%, a large proportion had electricity in their houses. A small proportion had no water or electricity in their homes (4.8%), 25.6% perceived their houses to be enough for their families and 54.2% availability of water within their vicinity i.e. on their compound.

The majority of the participants had water in their compounds, and not in their houses, which compromises the quality of hygiene for family members in the households. Even for those who had water in their compounds, water may not have been frequent due to some uncommon unavailability of water. We did not assess whether water was frequently available since the nurses and midwives in various Imidugudu in would have little control on the national water sanitation companies.

### Level of Agreement on Salary and Fringe Benefits

Participants to the survey did not agree that the nurses and midwives' salary and fringe benefits are according to their experiences and job responsibilities. The members also further did not agree that nurses or midwives who do exemplary work are recognized possibly given awards. Furthermore, a greater proportion (60%) of respondents did not agree to availability of opportunities for career development.

Participants further believed that their overall work schedule was not acceptable or they had a higher workload than they could accomplish (about 60% vs. 35%). Indeed the respondents disagreed that sufficient nursing and midwives staff were available to cover the existing workload (about 80% vs. 19%)

### Level of Agreement on Staffing and Work Schedules

Most participants (about 60% vs. 49%) did not agree that there were opportunities to contribute to planning of staffing and work schedules, but the majority (about 48% vs. 40%) believed that there were opportunities and flexibility. Participants further believed that their overall work schedule was not acceptable or they had a higher workload than they could accomplish (about 60% vs. 35%). Indeed, the respondents disagreed that sufficient nursing and midwives staff were available to cover the existing workload (about 80% vs. 19%). However, they believed that there was good balance between the volume of work they did compared to their supervisors' work (about 59% vs. 36%). In general, there are fewer nurses and midwives in Rwanda compared to their work expectations, and in general the workload is higher although this is

### Quick facts

- A number of 273 participants participated to provide quantitative data
- Most participants' monthly net salary range with benefits was between 50,000 to 150,000 Frw
- Participants to the survey did not agree that the nurses and midwives salary and fringe benefits are according to their experiences and job responsibilities.
- Participants further believed that their overall work schedule was not load than they could accomplish
- The majority (59.7%) expressed moderate level of job satisfaction while the second greater
- proportion of participants had low level of satisfaction (9%)
- 64.5% of the participants did not agree that the association (ANIR/RNMA) was addressing major professional issues.
- The majority of the participants (86.7%) who responded to the item on whether ANIR/RNMA should transform into a Union



The general assembly attendance which deliberated that ANIR had to change to RNMU.





The need assessment survey findings presentation meeting on the 30 June 2013.

true for most health care providers' in Rwanda and the region. One reason is that there no enough midwifery and training schools due to limited faculty, infrastructure and resources. In some cases, most nurses may leave them hospital and health center nursing jobs to look for employment elsewhere and thus the issue of 'brain-drain' may have adverse impact on nurses and midwifery job satisfaction due to higher workload. Agreement on factors associated with planning of staff and workload The majority (59.7%) expressed moderate level of job satisfaction while the second greater proportion of participants had low level of satisfaction (9%).

#### Level of Agreement on staff development for Nurses and Midwives

Participants did not agree that opportunities existed for promotion (41.7% strongly disagreed and 29.9% disagreed vs. 2.6% who strongly agreed and 22.5% who agreed). Although trainings occurred to ensure job effectiveness, this was not adequate as majority disagreed (44.6% vs. 53.9%).

#### Level of Agreement on work place and environment

Participants agreed that induction and orientation at work were given (46.9% vs. 49.7%) but the majority highly disagreed that routine and compulsory continuous health screening was done

for the hospital staff including nurses and midwives (93.8% vs. 6.2%). The majority also disagreed that vaccination for hepatitis B was available for nurses and midwives staff (75% vs. 21.2%), but the majority agreed that staff was done before employment (85.3% vs. 10.9%).

The majority of the participants agreed that infection control guidelines were available within the hospitals and health centers (60.6% vs. 39.3%), and also the majority agreed that the guidelines were used by the nurses and midwives (50.4%). However, a large proportion (48.8%) disagreed that these guidelines were used.

#### Factors Associated with Job Satisfaction

Nurses and midwives' participants in the study valued important professional values such patients care and wellbeing (98.9%), further trainings to higher degree level (97.8%) and improvement of their performance at work (93.0%) as major factors that influenced their job satisfaction. Less important but reasonably influential factors may have been recognition, award, being grateful to them for the work done (65.7%).

The Association Advocacy Roles and level of agreement on formation of a Union 64.5% of the participants did not agree that the association (ANIR/RNMA) was addressing major professional issues. Most participants (85.2%)

wanted the association to advocate for their better salary remunerations and work fringe benefits, 81.5% wanted advocacy for further post-graduate training and 78.2% for career development.

Participants thoughts are areas the association need to advocate for were further post graduate training to Masters (81.5%) remunerations and salary benefits (85.2%) safe work environment (76.7%) career development (78.2%) evaluation at work, feedback and promotion at work (71.9%) improvement of clinical practice for nurses and midwives (69.4%), improve research for nurses and midwives (70.1%) as well as Improve ethical conduct for nurses and midwives (61.2%).

#### Possible reasons why the association (ANIR/RNMA) was perceived not to address their members' major professional issues.

Data from qualitative interviews indicated that the participants' perceived that the Central Executive Committee of the association (ANIR/ RNMA) did not adequately address their professional issues. A lack of presence and representation by the association (ANIR/ RNMA) was a common theme through the interviews. Therefore, further reasons why the association was perceived as not addressing its members' needs.

An interviews with ANIR/RNMA Executive and Local Committee members confirmed that indeed the Executive and Local Committee members does not deeply mobilize enough the members up to the grass-roots levels in the District hospital and Health centers settings. It was further confirmed that there has been inadequate communication, presence and representation deep down to all members of the ANIR/RNMA.

The reasons cited were lack of resources, lack of permanent offices and addresses in major provincial and district settings, no permanent staff to offer information and orientation.

Lack of information about ANIR/RNMA and its difference from the Nurses and Midwives council was confirmed in one member's emphasis to be refunded his 10,000 Frw, which he had paid as an annual registration with the NCNM. It was also evident that prospective members needed to realize immediate benefits from the association even before they became members.

#### Transformation from Association to Nurses and Midwives union

The majority of the participants (86.7%) who responded to the item on whether ANIR/RNMA should transform into a Union supported the idea to transform into a Nurses and Midwives Union. From the quantitative data, 49.6% agreed and 37.1% strongly agreed that ANIR/RNMA should transform into a Union and cited several reasons:

Advocacy for the members with legal representation as a Union to access social economic opportunities; the then status of the nurses and midwives' association ANIR/RNMA did not have the mandate or so no guarantee for legal responsibility for the members. The nurses and midwives who participated in focus group and in-depth interviews indicated that they would professional benefit better if ANIR/RNMA transformed into a Union, which would have a legal responsibility for members.

Advocacy to negotiate or access salary

package and other fringe benefits for the members in time and avoid late salary payments, which may indirectly impact on nurses and midwives service delivery.

Participants in the interviews indicated that although salaries were low, their families would benefit from payment of salaries in time to avoid some professionals who look for alternative ways of earning a leaving to make ends meet.

Advocate for further studies leading

“The association was perceived as not addressing its members' needs

to post graduate education e.g. Master's and doctoral Degrees. In an interview from another hospital setting, some members highlighted the fact that creation lack of further education confines the nurses and midwives to being “Nursing Aids” without the ability to collaboratively contribute to professional clinical and/or professional debates.

#### Formation and sustainability of a Nurses and Midwives Union

Methods of funding a newly formed Union Participants in the interviews indicated various ways to obtain

funds and sustain a newly formed Union. One way would be to apply for grants to implement certain activities, such as health care programs, trainings and or even research on questions unanswered in our clinical settings or communities we serve. In addition, to supporting our Union, we would further apply for programs that help the vulnerable such as programs that improve economic opportunities of the communities we would serve.

Methods of practicing democratic governance The following were deliberations on methods that the participants indicated on practicing a democratic form of governance: participants give several ways in which the nurses and midwives association or the newly formed Union should operate democratically. The general view was that the majority proposed and emphasized on democratically elected leaders for a particular term of office, the respondents further indicated that respect and mutual collaborations that exist between the leaders or the Executive Committees and nurses & midwives' association members was essential, and should be strengthened. The study that lead to the formation of RNMU, and provided a baseline information to respond to the needs of nurses and midwives in Rwanda, the priority areas for RNMU, the Ministry of Health and other stakeholders improve nurses and midwives practice and working conditions as well as a tool for the RNMU to use for advocacy, the focus on major areas of intervention for partners particularly the NNO.



The NNO technical advisor Mr. Michael Vitols attended the assembly in which 81 nurses and midwives participated.

## Optimizing Nursing and Midwifery Practice in Rwanda

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### Abstract

Following the 1994 genocide in Rwanda, the number of nurses remaining in practice in Rwanda was critically low. Since that time the leaders of Rwanda have worked diligently to increase both the number of nurses in Rwanda and their level of education. They have also set goals for the number of healthcare workers that should be in each facility according to the population in the catchment area. In 2015, a cross sectional, descriptive study was done to evaluate the gaps between the targeted number of the nurses and midwives in the health centers and district hospitals in Rwanda and the actual numbers in these facilities. Results indicated that in health centers staffing levels were at 55% of recommended levels, and in district hospitals 80.5% of recommended staffing levels. Looking to the future, Rwanda must focus not only on staffing numbers but also evaluate the practice environment healthcare system, and the roles and responsibility of nurses and midwives. Education systems must also prioritize ensuring that entry-level nurses and midwives enter into the profession with essential competencies for safe practice, that interdisciplinary team practice is a part of the curriculum, and that nurses and midwives are educated beyond the associate nurse level

**Keywords:** Rwanda, nursing practice, midwifery practice, nurse staffing, East Africa

### Introduction and Background

Historical records show that 983 nurses were qualified in Rwanda just immediately prior to the Tutsi genocide of 1994. In December 1994, after the genocide, only 346 nurses remained (Rwanda MoH annual report, 1999). In the last two decades, leaders of Rwanda have worked diligently to build human resources and infrastructure to provide health services to Rwandan citizens. Currently there are 11,500 applicants in the National Council of Nurses and Midwives (NCNM) (all categories) but only 6,000 are licensed to practice. Table 1 below shows the Nursing and Midwifery achievements since 1995 to 2015:

**Table 1.** Nursing and midwifery progress from 1995 to 2015

| Education   | Regulations and advocacy  |
|---|---|
| Since 1995, establishment of 30 secondary schools of associate/enrolled nurses (phased out in 2007)   | • Establishment of National Council of Nurses and Midwives by law number 25/2008 of 25th July 2008 with mandate to work on educational standards, code of conduct, scope of practice, provide license to practice, etc. |
| 1997-starting of nursing and midwifery diploma level school in former KHI<br>• Since 2007, establishment of 5 other public schools of nursing and midwifery for diploma level | • A Chief Nursing Office has been established after genocide for planning and monitoring of nursing and midwifery activities  |
| Nowadays, 1 public and 2 private schools are training at Bachelor's education level   | • A Nurses and Midwives Association was created in 1996 and transformed into a trade union in 2013 called Rwanda Nurses and Midwives Union (RNMU), which is a professional advocacy and labor organization.             |
| Masters level training for some specialties currently in development  |   |

**Source:** Nursing and Midwifery Personnel Plan-2009 Policy

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In September 2009, the Ministry of Health established norms and policies designed to increase the number of skilled health workers in service and to improve equitable distribution (Rwanda MoH, 2009). This important policy established parameters to define the number of health personnel that should be in each health facility according to the population in the catchment area. Further, the number was also defined according to the minimum package of activities delivered at each level. For example, the 2009 guidelines specified that a health center with catchment area covering 20,000 in population should have 18 nurses/midwives. At a district hospital, serving a catchment area of 200,000 persons, the guidelines specified that 63 nurses/midwives should be allocated.

### Methods

To determine the current state of nursing and midwifery workforce staffing in relation to the 2009 Rwanda MOH guidelines, the Rwandan Nursing and Midwifery Union designed and funded a cross sectional, descriptive study occurring in January 2015. The study aimed to evaluate the achievements and gaps of the nursing and midwifery workforce in Rwandan health centers (HCs) and district hospital(DHs).

The specific aims of this study were to (1) determine the number of nurses/midwives allotted to health facilities, and (2) evaluate the achievement in terms of nursing/midwifery personnel in accordance with the 2009 MOH guidelines. Of the 461 health centers in Rwanda, stratified sampling method by province was done yielding 40 health centers for inclusion in the study. The 40 health centers were stratified as follows: Eastern province, 10; Northern province, 7; Southern province, 11; Western province, 8; and Kigali City, 4.

Of the 42 district hospitals in Rwanda, 21 were randomly sampled. One hospital had missing data elements and could not be included in the study. Thus, 20 district hospitals were included in the study and geographically represented as follows: Eastern province, 3; Northern province, 4; Southern province, 5; Western province, 6; and Kigali City, 2. Table 2 provides further information about the district hospitals and their locations utilized for data collection.

**Table 2.** List of 20 district hospitals and their locations

| Province | Hospital  |
|----------|-----------|
| Eastern  | Kiziguro  |
|          | Nyamata   |
|          | Rwamagana |
| Northern | Byumba    |
|          | Butaro    |
|          | Nemba     |
|          | Ruhengeri |

|             |            |
|-------------|------------|
| Southern    | Ruhango    |
|             | Kamonyi    |
|             | Nyanza     |
|             | Kaduha     |
| Western     | Kibilizi   |
|             | Gisenyi    |
|             | Kibogora   |
|             | Kirinda    |
|             | Mugonero   |
| Kigali City | Kibuye     |
|             | Shyira     |
|             | Kibagabaga |
|             | Masaka     |

### Results

The 40 health centers sampled for our study served a population of 928,721 persons. According to the 2009 MOH guidelines, the health centers should have been staffed with 836 nurses/midwives.

Analysis of workforce data revealed that there were 459 nurses/midwives assigned to the 40 health centers yielding 55% of the recommended staffing coverage.

Further analysis documented that at the health center level, 29.3% of the health centers were staffed at levels <50% of the recommended guidelines for nurses/midwives, 46.3% were staffed between 50% and 74%, 19.5% were staffed at levels between 75% and 100% of guidelines, and 4.9% were staffed at levels above the standards.

The percentage of licensed nurses and midwives was 27.02%, and the percentage of non-licensed nurses and midwives was 72.98%.

At the district hospital level, the 20 institutions sampled for this study served a population of 5,789,692 persons. According to the 2009 MOH guidelines, the district hospitals should have been staffed with 1824 nurses/midwives. Analysis of workforce data revealed that there were 1468 nurses/midwives assigned to the 20 district hospitals yielding 80.5% of the recommended staffing coverage. Further analysis documented that at the district hospital level 4.8% were staffed at levels <50% of the recommended guidelines for nurses/midwives, 28.6% were staffed between 50% and 74%, 47.6% were staffed at levels between 75% and 100% of guidelines, and 19% were staffed at levels above the standards. Fifty-seven percent were not licensed, and 43% were licensed.

Current level of coverage of nurses and midwives in health centers and district hospitals compared to the level recommended by the Ministry of Health is shown in Fig. 1.

Nursing & Midwifery Staffing Levels at Health Centers and District Hospitals:  
Adequacy of Staffing in relation to MOH recommended Staffing Guidelines

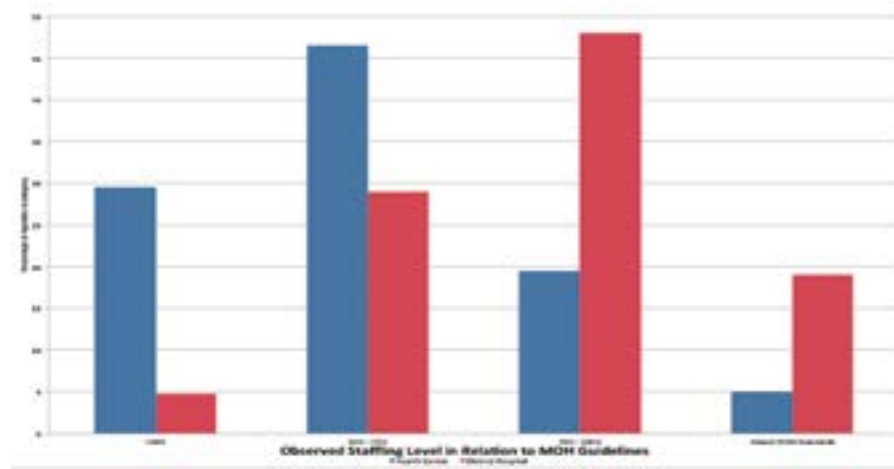


Figure 1. Proportion of nurses and midwives relative to MoH standards

## Discussion and Looking Forward

According to the MOH standards for the nursing and midwifery workforce at the district hospital level, the current level of staffing is at 80.5% of the recommended level. In the healthcare centers it is lower at only 55% of the recommended level. With continued commitment to expanding access to nursing and midwifery education, it will be possible to achieve the 2009 MOH of staffing guidelines.

The level of licensing is still low at both the healthcare center and district hospital level at 27% and 57%, so there is still a need for considerable improvement in this area as the goal is for all nurses and midwives to be licensed.

Rwandans have benefited from rapid economic growth, reduced poverty, more equality and increased access to services including health and education. This has been possible only through the hard work and dedication of millions of Rwandans supported by friends of Rwanda (The Republic of Rwanda EDPRSII, 2013; Government of Rwanda, 2012). This progress strengthens the belief that the development ambitions towards the Vision 2020 can be achieved with concerted efforts. The EDPRII is focused on ensuring that poverty is reduced from 44.9% in 2013 to below 30% by 2018.

However, to improve patient outcomes, it is critical to look beyond just the minimum staffing number of nurses and midwives allocated to the health centers and district hospitals. In 2010, the World Health Organization published the Workload indicators of staffing need, user's manual (WHO, 2010). This document highlighted that it is not only essential to have the right number of people, but it is also essential to ensure

that the right people have the right skills, are in the right place, at the right time, with the right attitude, doing the right work, at the right cost, with the right work output. These "rights of staffing" provide a more comprehensive framework for analyzing staffing. By using this framework, the Rwandan nursing and midwifery professions, in partnership with the Ministry of Health, can collaborate to improve patient outcomes, efficiently utilize valuable resources, and improve job satisfaction and ultimately retention of nurses and midwives in Rwanda.

These "rights of staffing" can provide guidance not only to government, but also educators and managers of nurses and midwives. In order for the right nurse or midwife to have the right skills, it is necessary to systematically and periodically evaluate the practice environment, the health care delivery system, and the roles and responsibilities expected of the nurse or midwife. Through this formal evaluation, it can be determined who should be doing the right work in an era of task shifting/task sharing. Further, systematic and periodic evaluation of the practice environment can also determine not only the necessary skillset needed by nurses and midwives but also the necessary knowledge and abilities. Collectively, knowledge, skills and abilities, better known as competencies (ICN, 2008), should guide pre-service, and in-service education. Educational redesign to focus on competencies will better enable nurses and midwives to have the essential competencies to engage in clinical decision making, prioritization of patient care, interdisciplinary collaboration, and leadership at the bedside or in the community upon entry into practice. Further, in regards to pre-service education, to ensure that nurses and midwives enter into practice

with the essential entry level competencies required for safe practice, there must be a radical shift in the pedagogical approaches used to prepare these practitioners (Benner, Sutphen, Leonard & Day, 2010). First, the days of faculty directing student learning focusing on memorization must cease. Instead, the teaching-learning environment must shift to foster clinical decision making and prioritization of care. Second, the respective disciplines involved in health care cannot continue to be educated in isolation. Clinical practice requires interdisciplinary collaboration to ensure patient safety and optimal patient outcomes. Therefore, nurses, midwives, physicians, pharmacists, physiotherapists and other essential members of the health care team should be educated together in the classroom and practice clinically as students in a team-based learning environment under the guidance of expert clinicians who are also master educators

This study revealed also an issue of inequity distribution of human resources in nursing and midwifery. To ensure that nurses and midwives have the right attitudes for practice, numerous strategies can be implemented to promote a healthy work environment. First, all practitioners should be valued and respected for the disciplines' unique perspectives and contributions to patient care. When a member of the interdisciplinary team is treated as "just a nurse" or "just a midwife", the devaluing frequently results in decreased job satisfaction and staff turnover. Second, as nurses and midwives educationally advance, instead of being directed into managerial or educational positions, the government and the practice environments could develop clinical ladders allowing those individuals wanting to stay at the bedside or in the community to do so. Clinical leaders are still an issue in Rwandan health facilities since the majority of directors of nursing, heads of health centers, and heads of units are educated at the level of associate/enrolled nurse.

To contribute to achieving the country's vision 2020 and EDPRS II, the Ministry of Health is committed to improving the quality, demand and accessibility of primary health care. The Government of Rwanda's goal is to improve the quality of health care services, including the management of hospitals, while continuing to expand geographical and financial accessibility (EDPRS II, 2013). Developing Human Resources for Health (HRH) in quantity and quality to respond to the needs and rational distribution based on norms strengthens the performance of the training institution. Currently, a large number of nurses are leaving the nursing profession for other professions and complaining about heavy workloads, a disadvantage in career development, and a lack of access to courses to upgrade their knowledge. Nursing education has for many years been training only associate nurses. It is only after the genocide that the first school for nursing and midwifery was created,

producing a small number of nurses and midwives. Currently, the Government of Rwanda is initiating the program of upgrading A2 (associate) nurses to the level of A1 (diploma) nurses or midwives with an e-learning program. There are six public schools of nursing and midwifery and two private schools to train Registered Nurses. All A2 training schools were phased out in 2007..

Whilst in this study district hospitals seem to be well staffed in nursing and/or midwifery at 80% (which shows the large effort of the Government to cover the required number), the health centers are staffed at a low level of 55%. Both health centers and district hospitals are affected by the issue of staff sustainability since some of them are working under end term project contracts which may close with project end dates. Some nurses have already been affected by this issue.

Furthermore, upgrading the education program from associate (enrolled) nurses to the level of registered nurses or midwives may also affect the existing low numbers in health facilities. Health facilities are not able to replace those who are attending schools for approximately three years to upgrade their level of education. To cover the gap in staffing numbers, most of the nurses and midwives in health centers are required to work more than 45 hours a week, which may affect the quality of care provided to the patient population.

## Conclusion

Although Rwanda has made huge strides in improving both the numbers of nurses and midwives in practice and their level of education, much work still remains to be done. Levels of staffing in both health centers and district hospitals are below recommended government guidelines, especially in health centers, and the percentage of registered nurses and midwives remains low at only 27.02% in health centers and 43% in district hospitals. Education should move towards a competency-based framework, and include team-based interprofessional education. Improvements in staffing levels and working conditions, continuing education opportunities, and professional development need to be provided in order to improve retention of nurses and midwives. When all members of the health care team are respected for their unique competencies and contributions, and when education and clinical care is delivered in a collaborative environment, patient outcomes are ultimately improved – the ultimate goal of health care. A joint analytical study by relevant actors in nursing and midwifery is recommended to analyze the association between the number of nurses or midwives with the quality of care they are providing in Rwanda to come up with relevant recommendations to the Government..

## Abaforomo, abafomokazi n'ababyaza b'u Rwanda baravuga ku mwuga wabo

### Ubukeye

“Abantu batugana n'umubare wacu ntabwo bijyanye, cyane cyane aho twakirira indembe ni ahantu hakorerwa ibintu byihutirwa ku murwayi wese uje; hari igihe abarwayi bashobora kugeraho barenze umwe kandi uri umufoforo umwe hano, buri wese afite ibyihutirwa agomba gukorerwa kandi utabakorerwa icyarimwe bigasaba ko uhura kuri umwe ujya ku wundi kandi atari ko byari bikwiye kugenda mu by'ukuri.”

### Stress

“Mu gukora ibikorwa byacu ku barwayi, dukurikiza abababaye kurusha abandi; ku wo tubona ko ikibazo afite cyatwarara ubuzima mbere y'undi. icyo gihe hashobora no kuza umurwayi ndimo nkorera undi, nkabona afite ibibazo byihutirwa kumurusha, uwo nakore- raga nkamureka.. umurwaza kubera ko aba yumva ko nawe arwaje, ntabashe kumva ko hari undi ushobora kumurusha ikibazo. Bishobora kubaho ko umurwayi ashobora kuza nkamwakira nyuma y'abandi batanu kandi ari we wahageze mbere, icyo gihe, abarwaza bakabifata nabi wanabasobanurira ntibabyume kuko nabo baba bumva ko baje kwivuza bafite ikibazo.”

### Ingaruka

Hari indwara ushobora kwandura kubera uyu mwuga. Cyane nk'idwara zandurira mu mwuka navuga nk'igituntu iyo ni indwara ushobora kwandura ku buryo bworoshye. Ushobora gushiduka wanduye igituntu ugitewe n'abarwayi kuko niba umurwayi aje, aza kwivuza we ntabwo aza avuga ngo 'ndwaye igituntu'. Niba aje akanyicara imbere, akavuga uko arwaye mu gihe ntaramenya ko ari igituntu nshobora kuba namaze kwandura. Hari indwara zandurira mu maraso: navuga nka za hepatitis na virus itera SIDA. Ushobora kugira ibyago byo kwitwara urushinge rw'umuntu wanduye”.

### Umushahara

“Iyo urebye akazi kacu duhoramo, ukareba n'ibyago dushobora



Ndagijimana Jean Pierre, Ibitaro bya Kibilizi, Gisagara, Intara y'amajyepfo.

kukagiriramo, n'amasaha y'akazi dukora, aho umuntu akora kuva ku wa mbere kugera ku Cyumweru, nta manywa, nta joro tugira, ahongaho rwose ugereranyije n'umushahara birahabanye cyane. Ibyo bituma... usanga nk'abantu bagenda bava mu mwuga ugasanga niba nk'umuntu arangije ikiciro cya Kaminuza runaka agahita ajya gukomeza mu kindi kugirango ave muri uyu mwuga cyangwa n'iyi yaba adakomereje mu kindi kiciro ugasanga ari gushaka igishoro ngo arebe ibindi yakora.”

### Ikifuzo

Ikintu cya mbere nnyewe ndi nk'umuntu ufata ibyemezo, nashyiraho nk'itegeko ku bantu bihariye bakora kwa muganga kuko kugeza na n'ubu iyo urebye itegeko dukore- raho ry'umurimo usanga ritajyanye n'ibyo dukora: Ugasanga riravuga amasaha y'akazi runaka, riravuga ibintu runaka, ariko iwacu bidashobora gukurikizwa.”

### Sendika

“Kugera n'ubu nitabira inama za Sendika. Ntako itagira turayishima. Mbona tuyigiyemo tukayishyiramo imbaraga yadukemurira ibibazo byinshi dufite. Ahantu Sendika nnyewe nayibwira gushyira imbaraga, itegeko ribonetse rijyanye n'ibintu bikorerwa kwa Muganga niba ari agahimbazamusyi kajyanye n'ibyago by'akazi tukakagira, birababaje kugirango ugirire ikibazo mu kazi, nurangiza wigendeho

“ Iyo urebye akazi kacu duhoramo, ukareba n'ibyago dushobora kukagiriramo, n'amasaha y'akazi dukora, aho umuntu akora kuva ku wa mbere kugera ku Cyumweru, nta manywa, nta joro tugira, ahongaho rwose ugereranyije n'umushahara birahabanye .

wenyineWenda tuvuge niba ugize ikibazo cyo kuba wakijomba urushinge rw'umuntu ufite indwara zanduzwa ukagira ikibazo runaka ku kazi ntacyo bakurebaho baba bagutegereje ngo uve mu kiruhuko cy'uburwayi uze ukore kandi ikibazo warakigiriyemo mu kazi numva Sendika yabishyiramo ingufu cyane. N'amasaha y'akazi tukaba abakozi nk'abandi kuko hariho igihe ukora rwose ukananirwa wa mugani ukaba wanakora ikosa, atari uko washatse kurikora ariko ari ukubera ikibazo cy'umunanirwo.

Ndagijimana Jean Pierre, umufoforo ku bitaro bya Kibilizi.



Manikiza Marie Chantal, umuabyaza ku kigo nderabuzima cya Kamabuye mu karere ka Bugesera mu ntara y'iburasirazuba.

“ Ndi nk'umuntu ufata ibyemezo, umuntu wese yahemberwa urwego rw'amashuri afite kuko iyo umuntu ahembwa neza bigendanye n'urwego afite bimutera imbaraga.

“Kuba uri umuabyaza umwe ku kigo nderabuzima kingana nk'iki ni ikibazo. Ukurikirana ababyeyi benshi ukabura n'umwanya w'ikiruhuko kuko uba uri umwe. Ni ukuvuga ngo akazi kaba ari kenshi. Ubundi umuabyaza yagombye gukurikirana umugore kuva agisama kugeza amaze kubyara. Kubera ko umuntu aba ari umwe rero biramugora ku buryo abura n'umwanya wo kuruhuka. Ibibazo tugira mu bigo nderabuzima bitandukanye n'ibyahandi : Kuko mu bigo nderabuzima tuba dufite ibikoreho bikeya ku buryo gukurikirana umuabyeyi hari igihe bigorana bitewe n'ikibazo afite. Ukaba wabura ibikoreho kubera ko nta bihari.”

### Imyigire

“Ku bigo nderabuzima akenshi bavugaga ko bagomba guhamba abarangiye amashuri yisumbuye gusa. Iyo ufite urundi rwego rw'amashuri rwa Kaminuza ibyo ntabwo babyitaho. icyo nsaba ni uko batwitaho niba umuntu arangije ikiciro cya Kaminuza bakimuhembera kuko na byo bimwongerera imbaraga mu kazi akaba yagakora neza birushijeho. Mu ukutaduhembera ikiciro cy'amashuri dufite, akenshi batubwira ko nta ngengo y'imari ihari.”

### Ikifuzo

“Ndi nk'umuntu ufata ibyemezo, umuntu wese yahemberwa urwego rw'amashuri afite kuko iyo umuntu ahembwa neza bigendanye n'urwego afite bitera imbaraga agakora yumva na pfunwe afite. Hanyuma ikintu numva nasaba cyane Sendika ni ubuvugizi bakatuvuganira niba umuntu afite urwego rw'amashuri akaruhemberwa.”

Manikiza Marie Chantal, umufoforomokazi ku kigo nderabuzima cya Kamabuye, akarere ka Bugesera, Intara y'iburasirazuba.

“Uyu mwuga mbona tuwukora tuwishimiye. Gusa ubamo imbogamizi nyinshi. Ubona muri serivisi zitandukanye tuba turi bake ugereranyije n'akazi tugomba gukora. Tukaba rero dufite akazi kenshi. Tukabona rero ikibazo dufite ari uko turi bakeya, ikibazo si akazi dukora. Njyewe iyo naraye izamu, kuko nkunze kuba muri materinite(maternité) no mu



Bamurange Francoise, umufoforomokazi ku bitaro bya Nemba.

ibagiro, inshuro nyinshi abantu dukunze kubaza nijoro, hari igihe tubaza hagati y'abantu batatu na bane. Ariko kubera ko umuntu aba abifatanyije kuza mu ibagiro ndetse no kubyaza abandi basanzwe babyaye neza hari igihe abantu nakira bagera kuri batandatu. Urumva kwakira abantu icyenda mu ijoro rimwe baba ari abantu benshi.

Nkaho babyarira byibuze numva aharaye izamu mu cyumba cyo kubyarizamo babaye abantu batatu, hanyuma abandi bagakurikirana ababyaye neza, abategereje kubyara nabo hakaba harimo byibuza nk'abantu babiri, nk'abantu batanu mbona ari bo badufasha kwita ku mubare w'abakiriya tugira kandi neza. Ubu tuba turi hano turi batatu gusa kuko hari n'igihe bitungura umwe akaba yarwara hakararamo nk'abantu babiri gusa”

Bamurange Francoise, umufoforomokazi ku bitaro bya Nemba.

“ Uyu mwuga mbona tuwukora tuwishimiye. Gusa uyu mwuga ubamo imbogamizi nyinshi. Ubona muri serivisi zitandukanye tuba turi bake ugereranyije n'akazi tugomba gukora. Tukaba rero dufite akazi kenshi.



Harerimana Leodomir, umufoforo ku bitaro bya Nemba mu karere ka Gakenke.

“ Kugirango umwuga wacu ukomeze utere imbere cyane, ugende neza, icyakorwa ni ukutwongerera abakozi, ni ukutwongerera umushyamba, tukavugaga ngo niba twiriye ku kazi, ibyo tutashoye gukora namaboko yacu mu miryango yacu, turabikoresha amafaranga.

Umushahara

“Umushahara ugereranyije n’abandi bakora ahangaha kwa muganga, n’akazi dukora, umushahara wacu uri hasi cyane. Rwose uko dukora ubungubu, ntabwo tuba dukora tuvuga ngo ejo bundi n zahembwa, ugereranyije n’ibiciro biri hanze hano ntiwavugaga ngo uzahembwa amafaranga agire icyo akumarira.

Ikifuzo

“Kugirango umwuga wacu ukomeze utere imbere cyane, ugende neza, icyakorwa ni ukutwongerera abakozi, ni ukutwongerera umushara, tukavugaga ngo niba twiriwe ku kazi, ibyo tutashoboye gukora n’amaboko

yacu mu miryango yacu, turabikoresha amafaranga. Ikindi kandi ni no gukomeza kongera imyigire, kongera ubumenyi ku baforomo, abarangije amashuri yisumbuye(A2) bakaba aba A1, abafite A1 bakaba abafite A0 bityo bityo...kuzamuka mu nzego. Minisiteri ikomeje kutwitaho muri byo bintu by’ingenzi bitatu yaba idufashije cyane ibindi byazagenda biza gahoro gahoro.

Ku bijyanye n’imyigire Sendika yabigizemo uruhare cyane ngo byitabweho, ndibuka nka ‘E-Learning’ yari yaravuyeho mbere, Sendika irakomeza irasunikiriza ibaza abo bireba bigera aho byongeraga gusubiraho, ariko ubu hari imbogamizi zikomeye

cyane, kuko ubu nta bandi bantu bari kujya ku ishuri kubera ibibazo bijyanye n’ubuyobozi, ubu mu wa mbere nta bantu dufite bari mu ishuri kuri kaminuza, twumvise ko n’abari yo ngo bari kwirihira kandi twasabaga ko n’ubundi abaforomo, abaforomokazi n’ababyaza bari kwiga bafatwa nk’abandi banyeshuri, uko abandi bagenda kwiga bakishyurirwa na Leta, nyuma wenda bakazishyura, bakazakora bishyura, ariko bagurijwe. Rwose umushahara mukeya, akazi kenshi, no kutiga n’ugiyeye kwiga ngo yirihire ni ikibazo gikomeye cyane.”

Harerimana Leodomir.



Nyinawumuntu Claudine, umuforomokazi uvura abana ku bitaro bya Kibilizi.

“Umushahara wo na wo ni mukeya ugereranyije n’akazi n’amasaha dukora menshi



Uwiragiye Agnes, umurwayi ku bitaro bya Kibilizi.

Ku kigo nderabuzima iwacu baranyakiriyeye neza baramfasha bananyohereza kuri ibi bitaro.

“Ikibazo kirahari turi bakeya ushobora nko kwirirwa muri serivizi uri wenyine. Urakora akazi ushoboye, ariko hari n’ibyo utakora kubera ko niba wakoze uri umwe udashobora gukora ibintu ibyakorwa n’abantu babiri birumvikana. Stress yo iba ihari, ariko ntabwo wavugaga ngo wibeshye gutanga imiti kubera stress, ufite akazi kenshi. Gusa hashobora kuba gutinda ukarenza igihe utaraha umurwayi imiti nk’iminota 10, cyangwa se 15 kubera ko abarwayi ari benshi na we ukaba uri umwe. Ikindi ni uko ushobora kutaruhuka ukirirwa mu kazi utagiye mu kirihuko kubera ko wakoze uri umwe.

Nyinawumuntu Claudine, bitaro bya Kibilizi

Ku kigo nderabuzima iwacu baranyakiriyeye neza baramfasha bananyohereza kuri ibi bitaro. Njyewe Serivizi nabonye hano nta kibazo na kimwe nagize, nakiriwe neza, ndetse mu bushobozi bafite baramfashije neza. Nta yindi ngaruka nagize mu buzima.

Naje mfite ikibazo cyo kubyara, umwana ntabwo yari yabashije kuza neza. Nari nageze ku kigo nderabuzima, banyohereza hano. Umwana bamunteruyemo neza. Nta kibazo nagize, gusa umwana yari yavukanye ikibazo. Ubwo barambwiye ngo ikibazo umwana yagize ni icyo kunanirwa. Ni nayo mpamvu nkiri hano.”

Uwiragiye Agnes, umurwayi ku bitaro bya Kibilizi



Nyampinga Immaculee, Umurwayi ku kigo nderabuzima cya Kamabuye.

“Uretse ko bahura n’ibibazo, bahura n’abarwayi benshi, ugasanga n’abafite abana ntibashobora kujya kubonsa.

Mu by’ukuri naje hano n’uwampirika natembagara. Ariko ngeze hano muganga abasha kunkurikirana. Njyewe abanganga b’aha narabavunnye cyane. Njyewe naje ndi umuntu wiyenza kuko numvaga narihebye ku buryo abambonaga babonaga ko byarangiyeye ngiyeye kwipfira. Ariko hano banyitayeho. Urabona ndi inkumi. Ubundi sinashobora gusimbuka umugende ngiyeye guhinga. Ariko ubungubu rwose nta kibazo ndetse n’umupira nawutera rwose naje hano bamfata neza.

Uretse ko bahura n’ibibazo bahura n’abarwayi benshi, ugasanga n’abafite abana ntibashobora kujya kubonsa kubera ko baba bafite imirimo myinshi.

Nyampinga Immaculee, Umurwayi ku kigo nderabuzima cya Kamabuye.



Mukakizima Naomi, umuforomo ushinze kuboneza urubyarwo no gusuzuma impinja zavutse.

Hari service ziba zishaka ubufasha nka maHari service ziba zishaka ubufasha nka materinite (Maternité) cyane cyane, buriya ni serivise iba isaba ko hatangwa ubufasha mu gihe habayeho ikibazo. Hari n’igihe usanga no gutanga imiti na byo haba hari umuforomo umwe kandi guha imiti abantu bose ukabarangiza ku isaha nyayo badatinze umuntu umwe ntiyabikora bikaba ngombwa ko njya kuba fasha, kuko tuba turi bake.

Ku kigo nderabuzima hano turi abantu barindwi. Abantu barindwi nko ku kigo nderabuzima kingana gutya, kirimo serivisi zose, hagomba guhura byibura umuntu umwe hano mu minsi yose y’ukwezi, hakagomba kuba uharara akahava ari uko abandi bamusimbuye. Ubwo buke bwacu butuma ushobora kurara izamu, ukaza no kwirirwa ukora. Kiba ari ikibazo ariko nta kundi wabigira. Ntabwo ushobora kubwira umuntu ubabaye ngo genda uzagaruke kuko ubuzima bwe bushobora kugucika. Ni yo mpamvu habamo kuvunika ariko ni ubwitange.

ibi bitera ingaruka nyinshi. Habamo siteresi (Stress). Akazi kaba ari kenshi; hari igihe ukora ukumva udashobora no kunyeganyega ariko ukihangana.

Ikifuzo

Rwose uyu mwuga kuko isaha n’isaha bisaba ko haba hari umuntu ivuriro nti-risigarire aho, numva hakongerewe umubare w’abaforomo kugirango niba tunasimburana, hashobore kubaho ikiruhuko gihagije n’akazi kagende neza.

Imyigire

Ku myigire yacu rwose ho hari ikibazo kuzamura ubumenyi. Kubera ko

ku ivuriro tuba turi bake, iyo havuyemo umwe akajya kwiga biba ari ikibazo haba hajemo icyuho. Iyo ugiye ku ishuri uba ubona ko uvunishije abandi na we uba ubibona. Ayo mazamu wagombye kuba urara ajya ku bandi. Abandi bashobora kwiga mu mpera z’icyumweru, ariko twe bwe abaforomo ibyo twiga ntibishoboka ko byakwigwa mu mpera z’icyumweru gusa. Bisaba ngo ugende wige wicareyo. Nkanjye njya kwiga. Niga ibyumweru bitatu, ibindi bitatu nkaza nkakora. Birakomeye kwiga kuko iyo mpari ngomba gukora cyane ngo akazi ndebe ko nagacuma kandi gakoze neza.

Cyane nko kwiga abakozi bakiri bake ntabwo bishoboka kuko n’uwatangiye aba abona ko bishoboka ko yahagarika bitewe n’uko abakozi ari bakeya.

Ingaruka

Urabona ingaruka ni nyinshi: cyane nk’uku dukorera kuri stress; waraye izamu, uri umuntu umwe cyangwa se ku manywa wari wakoze kugirango urebe ko abarwayi batagira ikibazo bakirirwa ahongaho noneho waza ku izamu izo stress wakoreyeho hari igihe twakira abantu barwanye basinze. Hari igihe rwose agutera umugeri. Nk’ejo bundi hari mugenzi wanjye wijombye urushinge yaraye izamu kubera ko yari ari kuvura umurwayi wasinze, amutera umugeri atuma anijomba. Ibyo bituma ufata imiti igabanya ubukana, kandi imiti igabanya ubukana nayo ni ikibazo ku ubuzima. Iyo uyifashe ishobora kugutera ikibazo kizatuma ubuzima bwawe bwose ububaho nabi.

Mukakizima Naomi, umuforomokazi ku kigo nderabuzima cya Kamabuye.

“Ubwo buke bwacu butuma ushobora kurara izamu, ukaza no kwirirwa ukora. Kiba ari ikibazo ariko nta kundi wabigira. Ntabwo ushobora kubwira umuntu ubabaye ngo genda uzagaruke kuko ubuzima bwe bushobora kugucika. Ni yo mpamvu habamo kuvunika ariko ni ubwitange.

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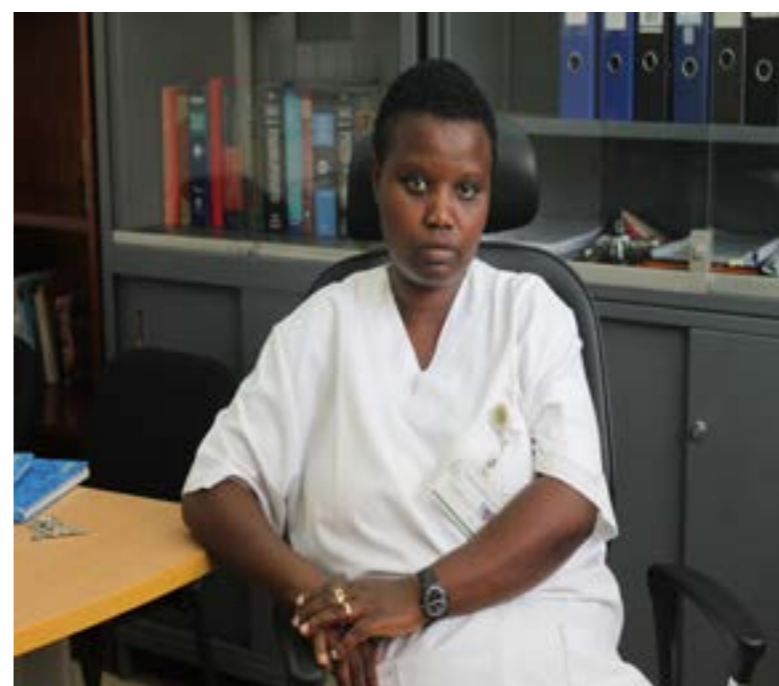


JEAN PIERRE  
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PERPETUE  
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IN CHARGE OF  
EDUCATION  
AND RESEARCH

# Immaculée Muhawenimana talks about her inspiration to become a successful nurse



Immaculée Muhawenimana is the Director of nursing at CHUK

to become a nurse in order to take care of the sick people in the area.

Once I started my nursing training, I liked much caring for sick people and for that reason, I felt I was compelled to continue improving my qualification in nursing and midwifery.

How do you see your role as a woman capable of initiating change in nursing/ midwifery professions?

In collaboration with other colleagues, I was instrumental in creating the Rwanda Nursing and Midwives Association. I helped Rwandan girls to know about the reproduction system, family planning in order to curb risks of unwanted pregnancies, HIV and sexually transmissible diseases.

I helped establishing the education curriculum for the 5 schools of nursing and midwifery, and also coordinated the recruitment process evaluation of the program. As a board member of nurses and midwives' council, I helped nurses and midwives to be more committed as professionals.

I encouraged nurses and midwives students to fully invest themselves into the profession of nursing and midwifery. As Director of nursing at CHUK, I advocate for nurses and midwives to improve their employment conditions and education.

## Profile

- Director of nursing at CHUK
- Masters in Midwifery
- Bachelor's degree in Nursing Education
- Advanced diploma in Midwifery
- A2 in general nursing

What was your initial motivation which influenced you to study nursing and continuing to pursue your advanced degree?

Until the age of 13, I lived in Congo/Zaire, near a health center. One day, my father fell sick. I and my brother had to take him to a nearest center.

I was surprised that it was a veterinary technician who cared for my father as a nurse. Since that time, I was inspired

# RNMU IHA ABANYAMURYANGO BAYO UBUFASHA MU BY'AMATEGEKO

Successful: Madeleine MUKESHIMANANA is a PhD student in South Africa

My name is Madeleine MUKESHIMANANA, 32 years old, married with one baby girl. Actually a Lecturer in College of Medicine and Health Sciences/University of Rwanda; and a PhD student at the University of KwaZulu Natal/South Africa. To talk about my educational journey; I would like to start in 1989 when I started the primary school at Nyanza Primary School/Kicukiro. When I started the primary school, I was a happy girl with both parents, encouraging me with their love and their assistance in every step I was making; especially my mother who could even do the impossible to make sure I have everything I needed. I was a brilliant pupil, always on top of the class; however, everything changed when I lost my mother in 1994. I did not only lose my mother, but also my friends.

I started the Secondary School in 1996 in a Private Secondary School at Gikondo (APAPE); it was so hard to study the first three years, walking almost ½ hour from my home to school, particularly in the afternoons with the sun on my head; several times hungry and tasty. Also, as the first born of my family, I had to look after my siblings and do the house activities. All this made me sometimes exhausted and felt like leaving the School; but I continued, encouraged by my childhood friends and my father; mostly by the love and care of my dearest

lost mother.

I succeeded the first National Exam (ordinary level) and was offered a place at Rwamagana Nursing School, from year 5 to year 6 I was the first in my class. I succeeded the National Exam with a good mark, and obtained the Government scholarship to study in Kigali Health Institute (KHI). I entered KHI in 2003 and ended my studies in Mental Health Nursing in 2006. During this period, the academic life was not easy, I was under scholarship but it was very difficult for me to obtain other relevant school materials and other needed things. Despite that, I was the best student (the highest mark) among graduates of Nursing Faculty in KHI and was awarded a Government scholarship to further my studies outside the country. I was much surprised to receive this award, I was studying hard but I never dreamt about that kind of scholarship.

I did my bachelors in Nursing at the University of Kwazulu Natal/South Africa from 2008 to 2010 and completed my masters in community health nursing at the same University from 2010 to 2011 after being awarded a scholarship by KwaZulu Natal because I passed my bachelors with Distinction. Coming back to my country, I got employed in former KHI actually CMHS as Assistant Lecturer and was promoted to Lecturer in 2013. In the same year, I applied for PhD studies at the University of KwaZulu Natal and got the response when I was pregnant for my first born, every one told me

that I could not make it, that I had first to give birth before thinking about studies. But I was determined and thought that pregnancy was not a barrier to studies, also my husband was on my side and I thank him so much; that is how in August 2013, I landed in South Africa for my PhD studies in Community Health Nursing. Despite many challenges, I am progressing well and I am planning to end my PhD in September 2016. My Baby is Ok, myself, I am Ok and my studies are progressing well, this testifies that with determination and the help of God everything is possible.

To end my story, I would like to tell the readers that from my long educational journey, I have three things which help me: Prayer, Motivation and Determination. When opportunity come to my way, I pray and take it without waiting for tomorrow.

I also close by expressing my gratitude to different people who contributed to my studies till now, special thanks go to my beautiful country for its support financially in every step of my studies.

Thank you,

MUKESHIMANANA Madeleine

ikiguzi atanga ku muburanira.

n'umwuga wabo nta n'umwe uratsindwa.

Kuva Sendika yatangira guha ubufasha mu by'amategeko abanyamuryango bayo, hari ibibazo yabafashije gukemura abanyamuryango batarinze bajyanwa mu nkiko birangirira mu rwego rwa pariki, dosiye zirashyingurwa kubera uburyo yari yashoboye gusobanura ibibazo, ndetse hari ibindi byakomeje bigera mu nkiko.

"iby'inshi muri ibi bibazo bikunda kuregwa abanyamuryango ni ukwica umuntu bidaturutse ku bushake. icyo gihe akeshi usanga tugendera ku bintu nka bitanu harimwo uburangare, ubute-shuke, ububuraburyo, ndetse no kudukurikiza amategeko," ibivugwa na Maitre Kabagema Aphorodis, umunyamategeko wa Sendika akaba asanzwe ari na Vise per-ezida wayo.

Kabagema akomeza agira ati: "iyo tugiye gupima ibi bibazo, nta n'ubwo ari mu mwuga gusa no mu buryo busanzwe ibyo ni ibintu bifatirwaho nk'igipimo tureba niba habaye uburangare cyangwa ubuteshuke. icyo gihe rero ni ukuvuga ngo tureba niba umuntu yakozwe ibyo yagombaga gukora mu gihe yagombaga kubikoramo, akabikoramo uko yagombaga kubikora. Ni cyo gipimo nta kindi tugenderaho."

Iki ni cyo mu kuburana gihoraho, hagasengurwa niba icyo umunyamuryango aregwa hashingiwe ku byo amategeko ateganyaga namabwiriza yaba yarashutse mu nzira ziteganyaga namategeko. Kabagema avugako ikindi kijya gikunda kuregwa abanyamuryango ari ukudatabara umuntu uri mu kaga.

Kugera ubu abanyamuryango bose ba Sendika barezwe ku bibazo bijyanye

"Imanza tumaze kuburana ziri hafi gukabakaba mu icumi, izo ni izageze mu nkiko ndetse n'izindi twagiye dufasha abanyamuryango zikarangirira mu rwego rw'ubushinjacyaha kubera ko nta bimenyetso bifatika byatumaga dosiye zikomeze. Kugeza uyu muni rero nta rubanza na rumwe umunyamuryango yigeze atsindwa, ni ukuvuga ko imanza zose twaburanye twazitsinze abanyamuryango bose babaye abere," ibivugwa na Maitre Kabagema.

Gusa ikimaze kugaragara ni uko bamwe mu barega abanyamuryango baba bagamije indonke zituruka ku ndishyi baba biteze, bigatuma bashobora no gushaka gushora abanyamuryango mu manza kandi bigaragara ko nta shingiro zifite.

"Hari abantu bajyana abanyamuryango bacu imbere y'inkiko bagamije kugira ngo bazabone indonke, ibyo twakwita indishyi kuko imanza nyishi twagiye tubona akenshi baza baziherekeje kugira ngo nabo baze gusaba indishyi. Usanga rero mu by'ukuri impamvu zishoboka hari bamwe baba bavugaga ngo 'baturanganyeye' ariko babizi ko atari ko biri, abandi bakaza bavugaga ngo 'buriya n'ubwo twagiye ibibazo buriya iyi yaba ari inzira yoroshye yo kugira ngo umuntu abe yabona indonke," Maitre Kabagema.

Ku bwa Maitre Kabagema, ngo Sendika yishimira ko uyu muni ishobora guhagarara imbere y'inkiko ihagarariye abanyamuryango, ibitarashobokaga ikitwa ANIR, ikindi kandi kikaba ko abanyamuryango bose barezwe nta n'umwe utarabisohotse amahoro.



Me Kabagema Aphorodis Visi Perezida wa RNMU.

RNMU iha abanyamuryango bayo ubufasha mu by'amategeko

Kuva ihuriro ry'abafaranga abafaranga mu mwaka wa 2013, Sendika yatangiye guha ubufasha mu by'amategeko abanyamuryango bayo.

Ubufasha mu by'amategeko cyangwa se "legal representation" mu rurimi rw'Icyogereza Sendika iha abanyamuryango bayo harimo kubanza kugira inama umunyamuryango wahuye n'ingorane zishingiye ku mwuga, haba hari ibikeneye kujya mu zindi nzira zaba iz'inkiko cyangwa se bikeneye kwegera abo ibibazo bireba bikaba byaganirwaho mu rwego rw'amategeko bigakorwa, cyangwa hakaba hakoreshewa inyandiko z'amategeko kugira ngo haboneke igisubizo.

Iyo hatabashije kuboneka igisubizo mu buryo bw'imishyikirano, ni bwo habaho kuburana mu nkiko umunyamuryango wa Sendika akaba yahabwaga umuburanira ndetse ikaba yanatanga ubufasha bw'amafaranga. Ibi bivugako RNMU ishobora kwishyurira umunyamuryango

## Ubuhamya bw'abaforomo n'abyaza bahawe ubufasha mu mategeko bwa Sendika



Cyubahiro Josiane umubyaza mu bitaro bya Kabgayi.

Twakiriye umubyeyi uje kubyara afite ikibazo ko umwana we yari yananiwe, ndi kumwe na muganga ndetse na “anesthetist”, biba ngombwa ko muganga afata icyemezo ko umubyeyi abyara abazwe. Ubwo umubyeyi twamujyanye muri “sale d’operation” hanyuma umubyeyi baramubaga, birangiye umwana baramumpa ariko uwo mwana avuka yananiwe cyane afite ibimenyetso by’ubuzima biri hasi. Twagerageje kumufasha mu buryo bushoboka bwose kugirango uwo mwana turebe ko twamufasha akagira ibipimo biri hejuru y’ibyo yari yavukanye, ariko

ntibyakunda.

Hanyuma umwana twamukoreye ibyo twita “reanimation “dukora uko tubishoboye, umwana ntiyashobora kubaho. Ubwo muganga arangije “operation” yaje kugira ngo arebe umwana ko atagihumeka, yemeza ko umwana yapfuye.

Tubwira umubyeyi w’umwana tunamweruka umwana we, tumubwira ko yavutse ananiwe, tumubwira ko twagerageje kumufasha mu buryo bushoboka bwose kugira umwana we abeho ariko bitakunze.

Umubyeyi arabyakira ko umwana atashoboye kubaho kuko icyo gihe twanarebye dukoze “osculitation cardiaque” twumva y’uko umutima utagitara. Muri icyo gihe muganga yarangizaga kubaga na we yaraje yemeza ko umwana yapfuye.

Umwana rero twahise tumufata tumweruka n’umurwaza, umurwaza we yahisemo kumutahana bakajya kumushyingura. Umwana bamugejeje mu rugo bavuze ko atapfuye agihumeka, umwana ni ko kumugarura ku bitaro ubwo umuryango we wavuze ko bagiye kurega ko twababwiye ko umwana yapfuye kandi atapfuye.

Ubwo ni bwo haje anketi ya polisi baraza baradufata baratujyana batubaza ibibazo ikipe yose yari yaraye ku izamu, ariko bamwe barataha.

Ikipe ya “sale d’operation” yari yaraye baradufata baradufunga harimo muganga “anesthetist” ndetse nanjye w’umubyaza wari wakiriye umwana. Ubwo twamaze kuri polisi ibyumweru bibiri. Ariko twaje kwitabaza Sendika kuko nari nsanzwe ndi umunyamuryango wayo nsaba ko bamfasha mu bijyanye n’amategeko. Ntabwo byatinze baramfashije rero banyohereza umburanira tuvugana uko ikibazo kimeze ndeste tugiyeye kuburana aramfasha mbona barandekuye.

Urumva ko RNMU yamfashije ni ukuri ntako itagize. Nkaba rero nashishikariza bagenzi banjye b’abaforomo n’ababyaza kwinjira muri Sendika kuko ifite akamaro kanini cyane. Wenda iyo nza gushaka undi umburanira ntiyari kubikora nk’uyu wa Sendika kuko we yari azi ibibera mu mwuga byose.

Cyubahiro Josiane umubyaza mu bitaro bya Kabgayi.

Umubyeyi yaje kuvuza umwana we arembye cyane ku buryo yahumekaga nabi cyane; yahumekaga inshuro makunyabiri kandi umwana w’iminsi itatu agomba kuba hafi ya za mirongo itanu. Yari afite ibipimo by’umuriro bingana na 34,4 mu gihe uruhinja rukivuka rw’iminsi itatu rugomba kuba rufite hagati ya 36,1 kugeza kuri 37,4. We rero yari afite ubukonje bukabije, ahumeka nabi kandi atabasha no konka, ibyo akaba yari abimaraneye amasaha 24.

Umubyeyi amuzanye rero tumuha ubuvuzi bw’ibanze nkuko amabwiriza abidutegeka yo mu gitabo twifashisha mu kuvura abana, tumuhaye inshinge tuzitara uko bisanzwe tumujyana mu bitaro bikuru ku bw’ amahirwe make ageze mu nzira yitaba Imana. Tumugejeje kwa muganga babwira umubyeyi gutegereza muganga mukuru kugira yemeze ikishe uwo mwana. Umubyeyi we aca inyuma ajya gusaba lifuti ati ‘njyewe ndashaka gutwara uyu murambo kuko ntabasha kuwutegana’. Nyuma y’iminsi ibiri baza kumpamagara kuri police ngo hari umwana wapfuye bivugwa ko yaba yazize uko naba namuteye urushinge, iby’uburwayi bwe barabyirengagiza. Ubwo rero nahamagawe kuburana noneho nza kwiyambaza Sendika ngo bampe umuburanira mu mategeko.

Koko bampaye umwunganizi mu mategeko, turaburana mu rukiko rw’ibanze turatsinda, nyuma y’aho abo twaburanaga nti-bashirwa barongerera barajurira mu rukiko rukuru rw’ I Muhanga ari rwo rwisumbuye na ho aratsindwa, umunyamategeko wamburaniye ni na we wakomeje kumburanira na ho aratsinda nta kibazo.

Nkabona ko Sendika buri munyamuryango wese akwiye kuyishyigikira kuko ifite akamaro; mu gihe uwo munyamategeko nari bumwishyure frw 300.000, Sendika yatangiyeye frw 250.000 njyewe niyishurira 50.000frw urubanza rugenda neza. No ku nshuro ya kabiri na bwo biba uko. Urumva ko mu by’ukuri Sendika yatangiyeye 500,000frw kugirango umunyamategeko amburanire. Ntabwo kugira ngo umuntu w’umufomokazi wo mu rwego rwa A2 ashobore kuba yabona amafaranga angana atya byari byoroshye.

Mukakalisa Savelina umufomokazi ku kigo nderabuzima cyo mu Ruhango.



RNMU offices are moving to new compound (pictured here) from January 2016, built after a sponsorship by the Norwegian Nurses Organization (NNO).

The Union had previously occupied rented offices in Rukiri (Picture below far left) and at Sonatube ( pictured below far right) before acquiring its own building(Main picture).







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