HIV Funding And Other Health Services: A Case Study of ICAP Supported Health Facilities in Rwanda

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While the fight against Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome HIV/AIDS attracted more donor funding globally than all other diseases, there is growing evidence that health facilities that received funding for HIV/AIDS programs provide better care not only for people living with HIV/AIDS but also for other patients seeking other services at the same health facilities. Services that could be improved as a result of this funding include laboratories, maternal and child health, health information system; out-patient services (Donald, 2012). This study therefore undertook with the purpose of assessing whether HIV programs funding contributed to the improvement of the comprehensiveness and uptake of services offered or weakens other health services. Using the common methodology recommended by the World Health Organization in the evaluation of health systems (MoH, 2000), 40% of Health Centers and 40% of District Hospitals eligible were selected for inclusion in the study. In order to make the sample as representative as possible, health facilities were matched for ownership, and rural/urban setting selecting a proportional number of public and confessional; and urban/semi-urban and rural health facilities for the period of 2006 to 2011. The research was carried out using data abstraction tool, and where primary data was collected through interviews with the key respondents using a pre-defined questionnaire. SPSS was utilized for data analysis to establish trends in funds and also establish any correlation that may exist between HIV funding and the primary outcomes. Findings of this research showed that HIV funding played a crucial role in the improvement of the quality of health services within the ICAP supported health facilities and that HIV funds contributing to the availability of resources, and the utilization and improvement of the quality of services at health facilities. This study recommended to GoR to create a favorable environment which welcomes more donors in health sector and to the HFIs to develop their ownership of the programs supported by IPs as this will help them for the long sustainability in absence of IPs and to the IPs to provide support in terms of budget and provide capacity building as will help in the future to have a better quality of health services.