SDM INTEGRATION IN COMMUNITY-BASED PROGRAMS IN RWANDA

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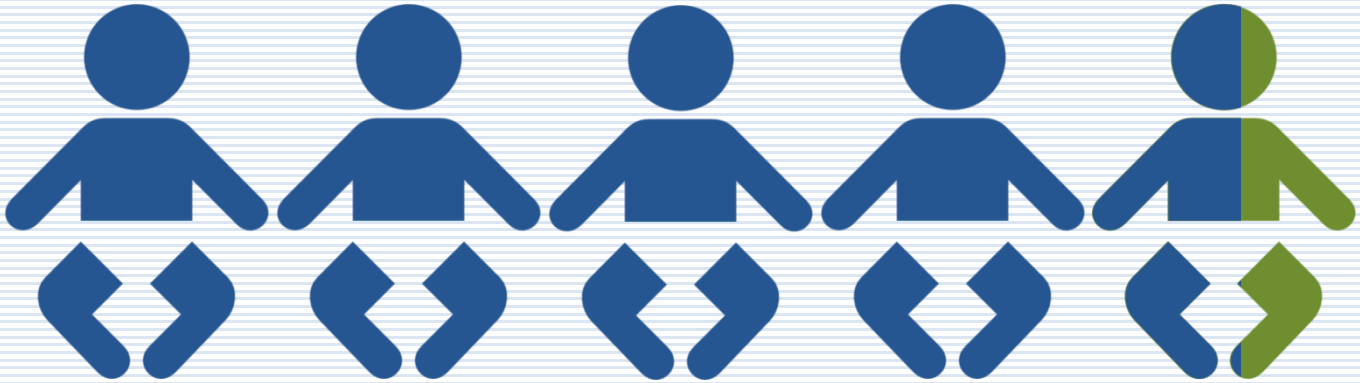
Caritas RWANDA

Community-based Provision of FP in Rwanda

- CBP of FP = recent initiative in Rwanda
- Developed in part to address the access issue
- Mobilizes Rwanda's 45,000 village-based CHWs to:
  - increase use of modern contraceptive methods
  - follow evidence-based practices supporting effective contraceptive supply
  - stimulate demand
  - create a supportive environment for FP

Source: Rwanda, Family Planning Strategic Plan 2012-2016



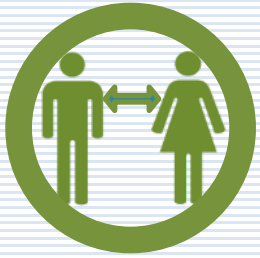
4.6 total fertility rate

50% of women › 2 yr **or less** between birth and next pregnancy

Reasons for nonuse of family planning

73% breastfeeding/waiting for menses return

15% fear of side effects



8% infrequent sex

Implementing Organizations

Association Rwandaise pour le Bien-Etre de la Famille (ARBEF)

IPPF Affiliate

Caritas Rwanda

FBO

Action Familiale Rwandaise (AFR)

FBO

MINISTRY OF HEALTH

Ministry of Health (MOH)

ARBEF	CARITAS	AFR	MOH
Community health workers	**Community volunteers**	**Educators**	**Community health workers (Binomes)**
Mostly women (70%) but some men	Majority women but some men	Women only, but often accompanied by husband	National FP Policy recommends a male and female CHW in each village
Primary education required + 5 years of FP experience	Current users of fertility awareness-based methods (FAM) of FP	Current users of FAM; long training period	Must pass practical validation of community-based distribution of FP services
Work in adolescent SRH	Work in HIV & gender-based violence prevention, OVC protection	Often engaged in other parish activities	Provide comprehensive health services
Offered condoms, pills and SDM	Offer SDM and LAM, but not officially recognized as FP providers	Offer Billings, LAM, SDM, TwoDay Method, and other FAM	Inform on all methods, offer resupply of condoms, pills, injectables
Transport stipend only	No monetary incentives	No monetary incentives	PBF; mobile phone; transport and communication stipend

SDM Integration Essential Steps

1. SDM included in provider FP training/supervision
2. Increasing public awareness of SDM
3. Assuring availability of CycleBeads
4. SDM recorded in FP service statistics and HMIS reporting
5. Including SDM in norms and guidelines to create a supportive environment, facilitating sustainability

ARBEF: Program Summary

- SDM introduced in CHWs training with all FP methods to provide context and ensure sustainability

- Strong awareness-raising component:
  - community meetings – 80%
  - pamphlet distribution – 18%
  - home visits – 71%

- Challenges: difficulties providing consistent supervision of CHWs; stock-outs

ARBEF: Key Point

Offering SDM at the community level **decreased time commitment** for clients and created a close, **trusting relationship** with CHWs.

"SDM allowed CHWs to find a solution for clients who do not want to use hormonals, increase choice, and helped CHWS to teach menstrual cycle at the community. In addition, the CycleBeads help them to use SDM well."

- Laurence, ARBEF supervisor, Huye

"With the injection, I was constrained to kill one day of work to be able to go to Health Center to do the injection. Currently, I have the CycleBeads at my house."

- User, 32 years, Nyaruguru

CARITAS: Program Summary

- 200 community volunteers **trained**, **supervised** monthly, and **resupplied** by FP providers via MOH
- Volunteers' service delivery **statistics reported** to health facility, **integrated** into national HMIS
- **Challenge**: volunteers are new, not always recognized in communities

CARITAS: Key Point

Reflecting private sector, community-based service provision in the national HMIS **improves MOH buy-in** and program support.

AFR: Program Summary

- Volunteer educators' **training focuses on wide range** of FAM, plenty of counseling practice time
- **Challenges**: Not linked with MOH for reporting or commodities; difficult to achieve scale due to time-intensive process and limited resources

AFR: Key Point

Client follow-up showed **high continuation rates** and **correct use.**

MOH: Program Summary

- CHWs or **“binomes” selected by the community**, 2/village, nationwide coverage
- **Trained** using CHWs MOH curriculum, **supervised** by facility-based FP providers
- MCH-focused tasks including resupply of condoms, pills, injectables
- **Challenge**: MOH policy does not allow FP provision to first time users

MOH: Key Point

Inclusion of SDM in national FP norms, training, and service delivery guidelines is a positive step…

…but restricting community-based provision for new users is an obstacle to FP uptake.

To mitigate this challenge, new pilot study to assess CHWs/binomes' ability to provide SDM to new users.

Conclusion

- Many actors in Rwanda documenting SDM integration at community level
- Health centers/providers must be vigilant and well-coordinated to avoid competition between groups
- MOH coordination and supportive policies are key.
  - MOH should include SDM in community PBF
  - MOH should recognize and support FBOs in this area
  - An exception should be made for SDM to initiate the offer for the 1st time to clients as there is no resupply and SDM is easy to offer it

THANK YOU