SDM INTEGRATION IN COMMUNITY-BASED PROGRAMS IN RWANDA

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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)

Caritas Rwanda

Action Familiale Rwandaise (AFR)

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