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Background

- The Ministry of Health (MOH) Rwanda and the Rwandan Biomedical Center (RBC), in collaboration with Bixby Center (UC Berkeley) University designed & implemented a model for integrating FP into all SRH services.
- A complementary strategy to the Integrated FP-SRH program was necessary to address demand for LARC in rural areas.
- The focus was on zones in the Musanze District with very low contraceptive uptake due to limited access to services

Program Goals

- Increase FP coverage & awareness, including LARC
- Strengthen FP health posts in provision of all FP methods, most specially in provision of LARCs methods
- Improve skills of health providers in providing IUDs and implants
- Increase FP coverage in zone/sectors where health centers are religious and do not provide FP
- Reach new & underserved populations by bringing free of charge FP methods
- Address misinformation & myths surrounding long acting FP methods & reduce discontinuation
- Provide equipment and renovation of FP health post and other community outreach sites

Program Intervention

The preparation and steps for implementation in 12 health center zones were as follows:

- 1) Trained health providers on integrated SRH program;
- 2) map the geographic areas and program sites for implementation;
- 3) Enlisted support of community/religious/women's groups leaders, health center managers;
- 4) Assessed the status of existing infrastructure at sites, including equipment, consumables, cleanliness, safety, privacy ;
- 5) Purchased materials, commodities and instruments for all sites and prepare community awareness materials, including posters and brochures;
- 6) Conduced orientation meetings for community leaders and community health workers (CHWs), health providers, data managers and CHW supervisors;
- 7) Developed and print monitoring and evaluation tools.

Implementation – Outreach Activities

- CHWs conducted community education, mobilizing the community for the visit and take FP LARCs
- Health providers conducted individual counseling to clients who opt for methods and ensure informed choice.
- Health providers provided quality FP, ensuring proper process for follow-up after LARC insertion
- Integrated services, including provision of additional SRH services such as HIV test, STI screenings, cervical cancers screening, treatment & referral for positive cases.
- Health providers book for appointments & referrals for those who choose permanent methods.

Program Implications

- DHSs for Rwanda show that between 2010 and 2014-2015 surveys there was an increase in modern contraceptive use among married women of reproductive age in urban areas (47% vs 51% respectively), while in rural areas the rates had little change (45% vs 46%).
- FP programs can make significant progress if they continue to improve supply side strategies that combine CHW participation with bringing services (including LARCs) closer to women in their rural communities.
- interventions can reinforce and complement the existing health systems, as the model develops health workers' knowledge and skills in the provision of LARC by strengthening rural health posts in the provision of all FP methods, with emphasis on LARC methods.

Key Results

- More than 700 CHWs trained (men and women)
- Each zone had 1-6 outreach sites and the number of days of the campaign varied from 2-48 depending on population size that needed to be covered and demand for services during late 2017 through February 2018.
- 60,000 people reached by CHWs with FP education through 12822 home visits and 886 large community meetings.
- Of those reached, 43% were men and 49% were women, with the remaining 8% were adolescent girls
- In a 6 month period LARC utilization increased to levels expected by the district in 16 months.



Figure 1. Participants in education sessions in the community by zone

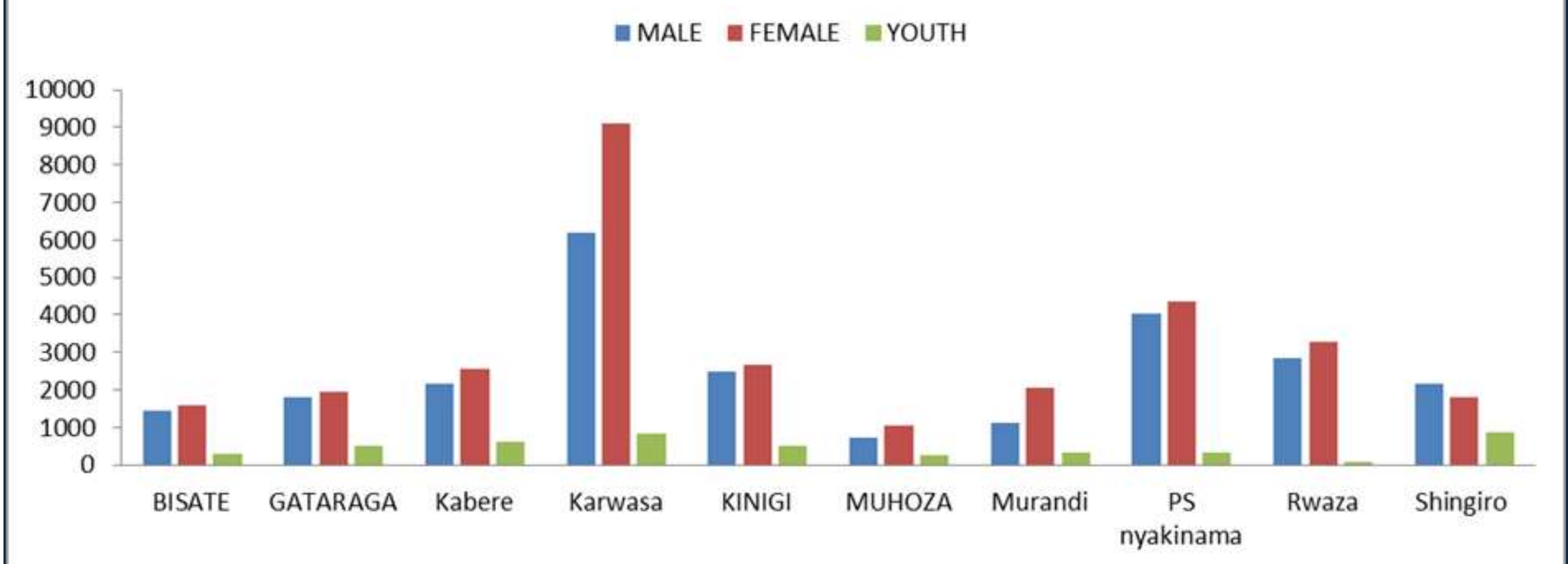


Table 1. FP uptake by method and zone in 12 health center zones in Musanze District.

Zone	Implant	IUD	Jadelle	Pills	DMPA	Vasectomy	Tubal Ligation	Total New Users	Users shifted to LARC
Bisate	211	0	193	2	0			406	236
Gataraga	46	1	18	0	0			65	0
Gasiza	255	8	245	26	101			635	95
Gataraga	320	4	98	1	24			447	185
Kabere	518	9	364	8	33			932	144
Karawasa HC	141	2	121	21	46			331	124
Kinigi	248	13	108	22	69			460	21
Muhoza HC	335	7	183	6	10			541	167
PS Byangabo	202	6	152	14	23			397	19
PS Nyankinama	498	3	205	7	12			725	304
PS Rwaza	214	10	109	3	4			340	156
Shingiro HC	343	1	179	3	4			530	172
Hospital							5	37	42
Total	3331	64	1975	113	326		5	5851	1623

Figure 2. FP users by method and age group

