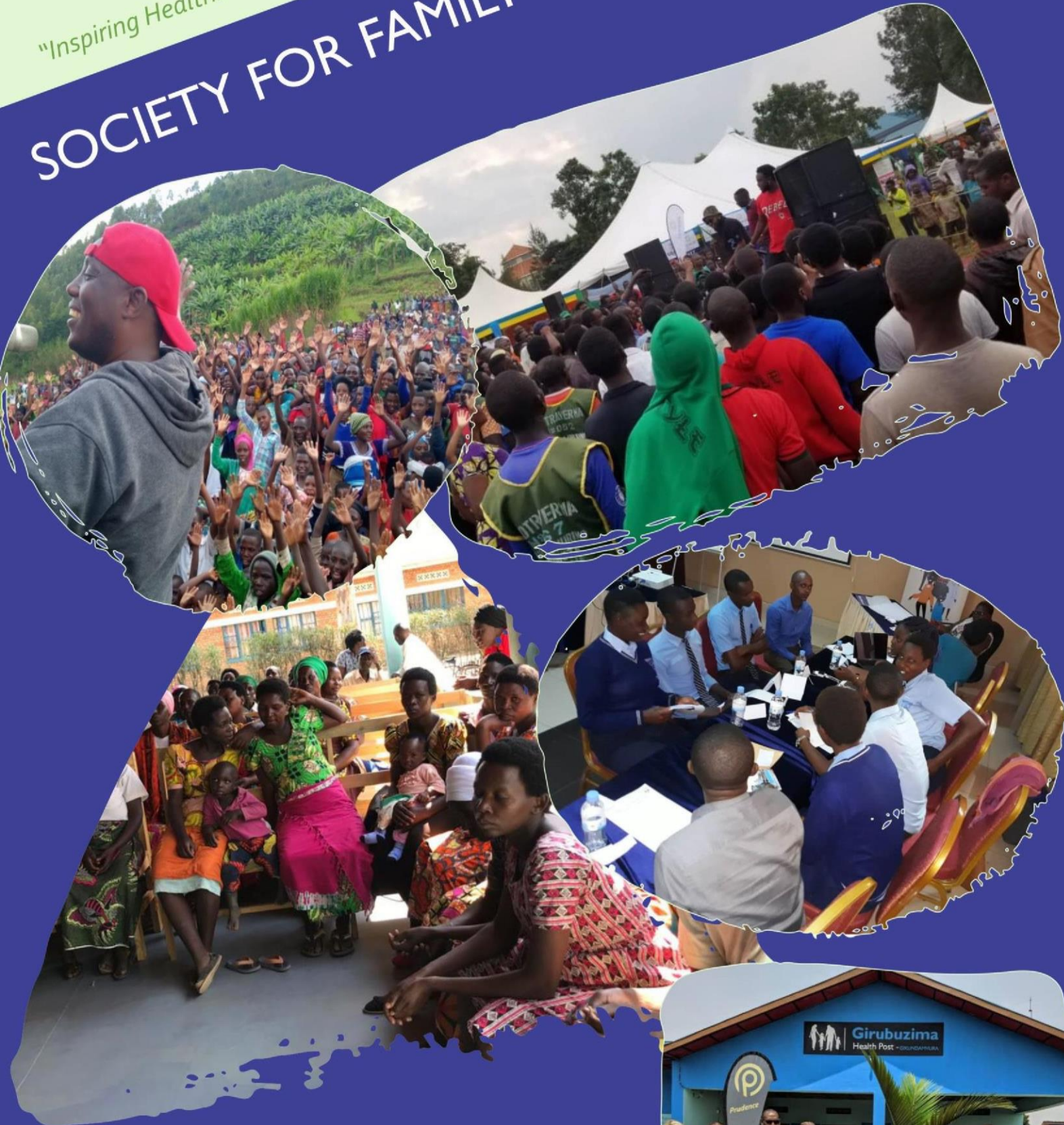




SOCIETY FOR FAMILY HEALTH RWANDA



2019 ANNUAL REPORT



FOREWORD

This year has been yet again a very successful year for Society for Family Health Rwanda. Working in partnership with the public and private sectors, and harnessing the power of markets, SFH has provided lifesaving products, clinical services and social behavior change communications (SBCC) to empower Rwanda's most vulnerable populations lead healthier lives.

At SFH Rwanda, we believe we will see better outcomes faster when we treat a beneficiary more like a consumer—engage them in program design and as much as possible, bring care right to them. Getting products and services to those who need it is not enough, we also need to delight consumers with their choices and healthcare experiences. With this belief, SFH Rwanda in 2019 embarked on a truly impactful journey as we implemented diverse public health interventions in HIV/AIDS, Reproductive health, Malaria, Maternal child health, WASH and systems strengthening.

HIV/AIDS prevention: Finding new positive cases, linking them to care and supporting them to adhere to treatment as well as counselling those found negative on how to stay negative was at the core of our programming. As such, working with peer educators from the target audience (FSWs, MSM) and health centers, Voluntary Counselling and testing sessions were conducted using a combination of community VCT, Community mobile and Community Index modalities. This was supplemented by provision of branded condoms, self-testing kits, support the initiation of PrEP for KPS as well as audience targeted SBC. This was to bring care and services right to beneficiaries and delight them with great health care experiences for better healthcare outcomes

Family Planning/SRH: Breaking down barriers (access, behavior, poor counselling, discontinuation etc) that limit uptake of modern contraceptives among women of reproductive age (15-45) was the focus of our intervention this year. Targeted SBC interventions coupled with service provision during community outreaches and social marketing of affordable modern contraceptive products (pills, injectables and condoms) and training of service providers ensured that we are reaching our client “SARA” with quality services and affordable products hence increasing adoption and therefore BETTER lives for families!

For the youth/ adolescents, with more access to technology, Young people more than ever need programs that reimagine the way sexual health services are designed, delivered, measured and evaluated. Youthfriendly information and services about contraception need to be easily accessible to them and not necessarily in a clinic setting for great health impact. Purposefully, SFH has launched a digital platform (website) that aims to improve the health and livelihoods of urban and semiurban adolescents (12-19 years). Co-designed with Rwandan youth, this Direct-to-Consumer platform weaves together choose-your-own-adventure storylines,

a robust FAQ library, online ordering, and a clinic locator to deliver integrated age-appropriate SRH information, employment skills, and linkage to high-quality, youthfriendly services.

Malaria Prevention: CHWs as the 1st line health care workers are very key for impactful malaria prevention efforts. Therefore, empowering CHWs to sustainably support communities adopt better and healthy practices was at the core of our 2019 malaria prevention programming. CHWs were trained on effective communication strategies (IPCs), product use, provided mosquitoes repellents (seedstock) for sale and generation of profits. These economically empowered and trained CHWs have organized several SBC interventions including HHs that have influenced healthy practices among communities.

Water, Hygiene and sanitation: The practice of safe sanitation and hygiene behaviors is a pre-condition for health and development. Easing access to point-of-use safe water products (Sur'eau and P&G) to disinfect household water at low cost as well as strengthening targeted district authorities' capacity to achieve universal access to basic sanitation services were our focus under WASH

Health Systems strengthening: Access to primary care services is of critical importance to significantly impact health outcomes for rural communities in Rwanda. As a result, SFH Rwanda accelerated her efforts during this reporting period in health systems strengthening through construction of health posts under “Girubuzima brand”; Construction of early childhood development (ECD) Centers, upgrading of Kagitumba health center and piloting “second generation” health post models. Training/ capacity building of service providers on new service delivery package – entrepreneurship under the public private community partnership (PPCP) and maternity standard operating procedures (SOPs) was also done.

Lastly, we thank our partners and our funders, like USAID, CDC, Imbuto Foundation, Abbott Diagnostics etc (see the full list on page.31) without whom, none of this would have been possible. In the following pages of this Annual report, you will learn more about how our partnerships and our people have brought to life our sustainable and transformative programs

Our technical expertise in social marketing, social behavior change communication, health systems strengthening and our people's ability to build trust in our partners and communities, combine to make our work sustainable and achieve real impact.



Manasseh Gihana Wandera Executive Director

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LIST OF ACRONYMS

ANC	Antenatal Care
ASRH	Adolescent Sexual Reproductive health
ARV	Ant retroviral
BCC	Behavior Change Communication
CBOs	Community Based Organizations
CBD	Community Based Distribution
CDP	Center for Disease Control
CHWs	Community Health Workers
CPR	Contraceptive Prevalence
CYP	Couple Years of Protection
DALYS	Disability Adjusted Life Years
DHS	Demographic Health Survey
DoD	Department of Defense
ECD	Early Development Center
FAQ	Frequently Asked Questions
FP	Family Planning
FY19	Financial Year 2019
GoR	Government of Rwanda
GP	General Population
HC	Health Center
HF	Health Facility
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
HVST	HIV Self Testing Kits
IEC	Information Education Communication
IPC	Interpersonal Communication
ITN	Insecticide Treated Nets
IUD	Intrauterine
JADF	Joint Action Development Forum
KP	Key Population
LA/ PMS	Long Acting and Permanent Methods
LLINs	Long Lasting Insecticide-Nets
MARPS	Most at Risk People
MCH	Maternal and Child Health
M&E	Monitoring and Evaluation
MoH	Ministry of Health
MoPDD	Malaria and Other Parasitic Disease Division
MNCH	Maternal newborn and Child Health
MSM	Men who have sex with men
MVU	Mobile Video Unit
NCD	None Communicable Diseases
NGO	Non-Governmental Organization
NSP	National Strategic Plan
PSI	Population Service International
PNC	Postnatal Care
PP	Priority Population
PPCP	Public Private Community Partnership
PrEP	Pre-exposure prophylaxis

QI	Quality Improvement
RBC	Rwanda Biomedical Center
RBS	Rwanda Bureau of Standards
RDF	Rwanda Defense Forces
RH	Reproductive Health
RHCC	Rwanda Health Communication Center
RSMP	Rwanda Social Marketing Program
SBC	Social behavior Change
SCJ	SC Johnson
SFH	Society for Family Health Rwanda
SGHPs	Second-generation” health posts
SRH	Sexual Reproductive Health
STIs	Sexually Transmitted Infections
TFR	Total Fertility rates
TWG	Technical Working Group
UmC	Umurage Communication for Development
UNAIDS	United Nations Program on HIV and AIDS
USAID	United States Agency for International Development
USG	United States Government
VCT	Voluntary Counselling and Testing
WASH	Water, Sanitation and Hygiene
YLABS	Youth labs for Development

I.0. INTRODUCTION

Society for Family Health (SFH) Rwanda is a legally registered Rwandan NGO since 2012 when it transitioned from PSI/ Rwanda with the support of GoR and is the leading Social Marketing and behavior change communication (BCC) Organization with cutting edge and innovative business approaches that empower vulnerable people to adopt healthier solutions for healthier lives.

As a local organization, we are committed to working in partnership with communities, Government, civil society and the private sector around the country to bring about sustainable, impactful changes that improve the lives of the target audience.

Vision, Mission and Values

The vision of SFH is to achieve sustainable health impact. Society for Family Health is driven by a mission to provide health promotion interventions using evidence based social and behavior change communication and social marketing to empower Rwandans to choose healthier lives. Society for Family Health achieves her purpose through integrity, accountability, long -term commitment, results focused, efficiency and innovation.

Priority Health Areas:

HIV/AIDS; Family Planning & Reproductive Health; Malaria; Maternal, Newborn & Child health, Water, Hygiene and Sanitation (WASH), Health Systems Strengthening and Primary Health Care

Solution Areas

- Behavior change communication (Community engagement& awareness)
- Social marketing of health products through Private sector distribution approaches
- Capacity Building of health care workers
- Digital health
- Policy and advocacy
- Measurement (Monitoring & Evaluation)

OFFICES (HQ & Regional Offices)	Staff	Volunteers	Projects in 2019
5	80	41	10

SUMMARY OF PROJECTS IMPLEMENTED IN THE YEAR 2019

Title of program/project	Project Scope	Project Duration	Funding Source	Geographic focus
CDC HIV Project	The project aims at providing HIV prevention and treatment services to key populations (KPs) in Rwanda through finding new positive using 3 testing modalities (community_index, community_VCT, and community_mobile); maintaining positive KPs on treatment to attain viral suppression, as well as providing prevention services to KPs including provision of PrEP and HVST kits.	5 years (2019-2024)	CDC/PEPFAR	This is a national project currently operating in 90 health centers (HCs) in 23 districts of Rwanda
BAHO NEZA	Baho Neza project's purpose is to support the Government of Rwanda, to improve Universal Health Coverage through strengthening the capacity of health posts and ensure services are available at cell level and to improve entrepreneurship skills for health post operators as well as health care providers.	3 yrs	Imbuto Foundation	30 Districts but specifically for this first year, SFH implemented activities in 3 Districts of Nyagatare, Gicumbi and Gisagara
INGOBYI	Ingobyi Activity" is a program intended to improve the quality of reproductive, maternal, newborn and child health (RMNCH) and malaria services, in a sustainable manner with the goal of reducing infant and maternal mortality in Rwanda. It is funded by IntraHealth International.	5 years (2018-2023)	USAID/ Intrahealth	20 Districts
Cyber Rwanda	Cyber Rwanda is a digital platform that aims to improve the health and livelihoods of urban and semi-urban adolescents (12-19 years). Co-designed with Rwandan youth, this Directto-Consumer platform weaves together choose-your-ownadventure storylines, a robust FAQ library, online ordering, and a clinic locator to deliver integrated age-appropriate SRH information, employment skills, and linkage to high-quality, youth-friendly services. Cyber Rwanda is a 4-year project (2018 - 2022)	4 years: (2019 to 2022)	USAID Washigton/ Ylabs	6 districts
SC Johnson Malaria project	The SCJ Targeted Expansion program was focused on social marketing of mosquito repellents for malaria prevention and Social Behavior Change Communication (SBCC) in community	Ongoing processes based on the availability of funds	SC Johnson	Mosquito Repellents distribution in 10 districts
Rwanda Social Marketing Program (RSMP)	The goal of the program is to promote behavior change practices through improved communication techniques and social marketing of condoms with the following objectives: Objective 1: Increased availability and access to socially marketed condoms in Rwanda; Objective 2: Increased health promotion interventions through audience focused Social and Behavior Change Communication messaging regarding condom use, MCH, FP and Malaria; Objective 3: Increased capacity of SFH to provide sustainable, high impact health communication and social marketing interventions in Rwanda	5 years extension of 2 years up to September 2019. Now an extension of 3 years up to 2022 (Reduced Scope) is on going	USAID	National level 30 districts

HIV Prevention Among Rwanda Defense Forces (USG Department of Defense)	HIV prevention program among the members of the Rwanda Defense Forces (RDF), their families and communities surrounding military bases. The program goal is to reduce HIV incidence by increasing safer sexual behaviors among members of the RDF and their partners through increased HIV testing, circumcision, use of condoms and linkage to care and	6 years in two phases (20142016 and 20162019)	DoD	National level 30 districts
Title of program/project	Project Scope	Project Duration	Funding Source	Geographic focus
	treatment for those found to be positive with RDF members and their partners			
HIV Prevention among General population	GF previous framework ended in December 2017 and the new award started in April 2018 up to 2020. GF HIV activities are implemented country wide (30 districts) and they include Social marketing of Plaisir condoms done countrywide and demand creation campaigns are conducted in the 10 districts.	7 years 2013 - 2020	Global Fund Ministry of Health, SPIU	National level 30 districts
Hygiene and Sanitation Promotion	The overall objective of the program is to strengthen the district authorities' capacity to achieve universal access to basic sanitation services.	30 months July 2017 - January 2020	UNICEF	11 districts
Health Systems Strengthening (Abbot)	<p>A pilot project implemented in partnership with MoH and Abbott create a new model for decentralizing healthcare in the country. The pilot's goals are: 1) create a "second generation" health post that brings high-quality services within walking distance of where people live; 2) prove it works; and 3) help catalyze expansion of the model across the country and beyond.</p> <p>As part of a 6-month pilot, eight "second-generation" health posts (SGHPs) were constructed in Bugesera district to address key needs in rural areas. Expanded services include ante-natal and pediatric care, fever panel diagnostic enhancements, and testing and treatment for infectious diseases such as HIV, malaria, syphilis and hepatitis. Noncommunicable diseases (NCDs), such as diabetes and heart disease, are a focus as well.</p>	On going	Abbot	Bugesera District

ANNUAL IMPACT AT A GLANCE



PLAISIR

15,255,921
condoms

FAMILY PLANNING & RH

91,288 cycles of Confiance pills and 38,361 doses of Confiance Injectables

128,528 CYP provided 37,268 Unintended pregnancies 828 Death averted

149,137 149,137 individuals reached with FP/SRH messages and 7,298 New modern contraceptive users



PLAISIR

HIV/AIDS PREVENTION

14,795,025 Condoms distributed leading to 180,569 Dalys averted; 1558 HIV Self- test kits distributed

25,333 People tested and counselled for HIV&STIs reducing transmission rates and increasing access to treatment through referrals. 491 People found positive and linked to treatment & care contributing to viral load suppression, good health and ultimately, reducing new infections 968 KP initiated on PrEP across 10 HCs reducing new infections



WATER, HYGIENE & SANITATION

100,073 bottles of Sur'Eau and 1,121,301 sachets of P&G

111,286,010 liters of water disinfected 184 DALYs Averted 3 Death averted.

110,509 households triggered to construct/ upgrade their unhygienic latrines reducing spread diarrhea-related diseases



MALARIA PREVENTION

19,430 LLINs, 34,703 Off lotion tube and 132,918 Off sachets and 43,530,000 pieces of Baygon coils



UNIVERSAL HEALTH COVERAGE

75 HPs constructed



2.0. 2018/ 2019 IMPLEMENTATION RESULTS

2.1. HIV/AIDS Prevention

The UNAIDS 95-95-95 treatment targets (2030) were set in 2018 with the aim of accelerating epidemic control and generate momentum to end the AIDS epidemic by 2030. Rwanda has made significant progress towards achieving these ambitious targets, attaining 84–98–90 among adults, and exceeding 90-90-90 goals particularly for women (<https://www.cdc.gov/media/releases/2019/p0925-survey-rwanda-hiv-control.html>).

The country's adult HIV prevalence has reduced from 3% in 2015 to the now 2.6% as per the Rwanda Population-Based HIV Impact Assessment (RPHIA) results of 2019. Despite these gains, key and priority populations are disproportionately affected by the HIV burden. The HIV prevalence among Female Sex Workers (FSWs) is estimated at 45% national wide and 55% in Kigali; while the HIV prevalence rate among MSM stands at 4%. Generally, incident HIV infections among women 20-24 years stands at 1.8%, which group also represents a significant proportion of FSWs.

As a result, A new National Strategic Planning (NSP) for the next 6 years was developed to cover a period from July 1st, 2018 until 30th of June 2024. The focus is on key populations including sex workers and men who do sex with men and discordant couples to reduce the number of new HIV infections. The national targets are 95-95-95 by end of 2020.

To contribute to the GoR's efforts to reduce new infections, SFH Rwanda through its HIV prevention projects (DoD, CDC, GF & RSMP) during this reporting period implemented several HIV prevention interventions ranging from condom distribution (Prudence and Plaisir); HIV testing through three major modalities (Community VCT, Community mobile and community index); Referrals and linkage of positive cases to treatment and care; Promotion and distribution of HIV self- test kits (HVST); Supporting targeted health centers offer PrEP to eligible PrEP recipients as well as audience targeted social behavior change communication (IPC & special events) aimed at increasing safer sexual behaviors and knowing one's HIV status. Key collaborators were; MoH (RBC), Health Centers; Private sector and trained peer educators from targeted audience (FSWs, MSM & Military). The following was achieved under HIV prevention during this reporting period;

2.1.1. Condom Distribution:

Through a well-established private sector distribution channel consisting of wholesalers, semi wholesalers and retailers, **15,255,921** condoms were distributed contributing to the reduction of new infections and 186, 194 Total DALYs averted

2.1.2. HIV Testing:

With major focus on Key populations (FSWs, MSM); Priority Population (RDF) and their partners, SFH Rwanda supported by RBC/ Health centers in targeted districts and RDF/ medical regiment respectively conducted voluntary testing and counseling sessions for HIV and other STIs reducing transmission rates and increasing access to treatment through referrals. **Community VCT** (testing at the HCs), **Community mobile** (testing in the communities) and **community index** (HIV-positive clients were given coupons to invite their partners who accessed fast-track HTS services upon presentation of the coupon) were the three modalities used as efforts to find **new HIV positive** cases were strengthened. Those found

to be positive were **linked to care and treatment** through referrals while the negatives were counselled on how to stay negative. Overall, **25,333 people** were tested, and **491 individuals** were HIV positive representing **2%** positive yield. Out of the individuals tested however, **5,279** were FSWs and **309** tested HIV positive representing **5.8%** positive yield and **148** were **MSM** and **8** tested HIV positive representing **5.4%** positive yield further confirming the need to focus on these populations if we are to further reduce new HIV infections. All the positive cases (100%) were referred to HFs for care and treatment and about **93%** of these were successfully linked and already initiated on Anti Retrovirus (ARV) treatment.

2.1.3. Distribution of HIV self- testing Kits:

Self-testing as a new strategy to encourage and reach people located in hotspots zones and who don't use testing services especially FSWs and their partners was implemented. HTC counselors were trained to provide any needed assistance during self- testing. Overall, **1,558 HVST kits** were distributed, of which **261** were for assisted modality while **1,297** were unassisted modality.

2.1.4. Pre-exposure prophylaxis (PrEP) Support.

As one of the new strategies to prevent new HIV infections especially the “Most at Risk people” MARPS, by taking a pill every day! SFH Rwanda therefore, supported this initiative in **10** selected health centers and; **968 KPs** (200 new and 768 inherited from PSM) are currently receiving PrEP across the **10** facilities; no adverse event was reported for any clients that were receiving PrEP and no seroconversion was reported at the PrEP sites.

2.1.5. Community awareness and Sensitization:

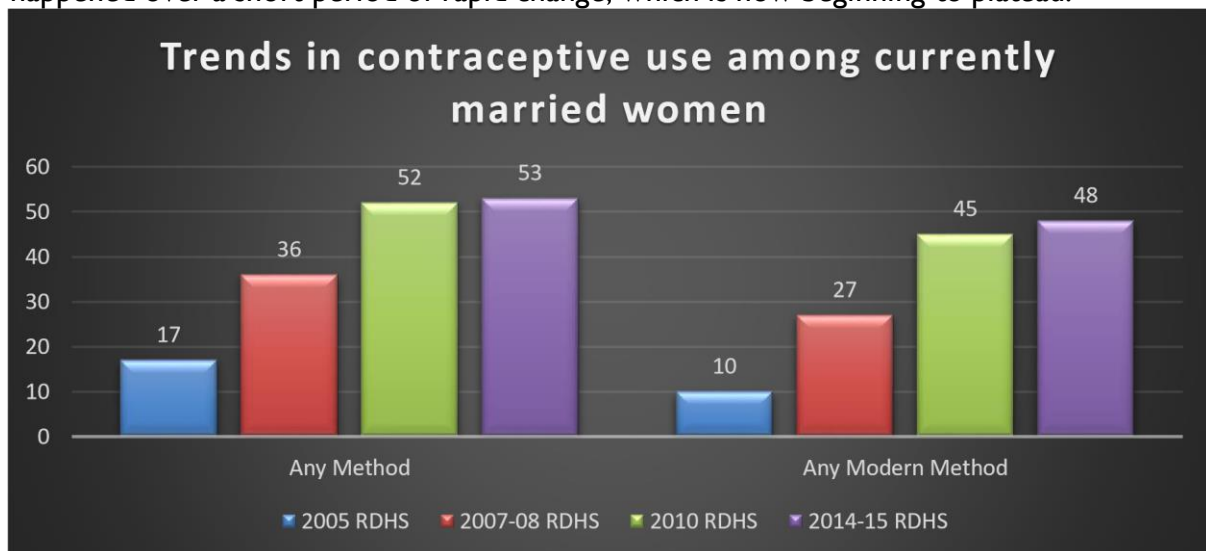
SFH conducted behavior change activities at community and individual levels to increase knowledge on HIV prevention and condom use. At individual level SFH aimed at addressing knowledge, attitudes, practices related to condom use, while at community-level the focus was aimed at changing social and cultural norms including myths and misconceptions about HIV and condom use. SFH also conducted demonstrations of condom use to reinforce correct and consistent use for self-efficacy of the condom. IEC materials were also designed, produced and distributed to the outlets and targeted audience to ensure accurate understanding and correct use of condoms. The materials included point of sale materials, banners (indoor and outdoor) and condom fact sheets. In addition, billboards were designed and erected in ten districts to increase brand visibility and awareness of the prudent condoms. Over all **38,681** individuals were reached with HIV prevention messages including condom use



Prudence billboard in Musanze district Roadshow held at Rwamagana district, Kigabiro sector, Cyanya cell

2.2. Family Planning/ Reproductive Health

Uptake of family planning behaviors has seen major shifts over the last ten years or more. Supported by the various non-governmental partners, a modern contraceptive prevalence (CPR) rate target of 60 percent by 2023 was set. The DHS 2015 I showed a rise in the use of modern contraceptive methods by more than four times from 10 percent in 2005 to 48 percent in 2014/15. In the same timeframe, total fertility rates (TFR) dropped from 6.1 to 4.2. These data suggest that the big leap in changing norms and practices related to FP have happened over a short period of rapid change, which is now beginning to plateau.



Despite the great strides made in Rwanda, there are a number of barriers that still exist as identified in the DH2015; access to health facilities, especially in Rwanda's hilly terrain; culture, inappropriate provider behaviors, inadequate counselling and discontinuation. As such, SFH Rwanda during the reporting period through its FP/RH projects (RSMP and Ingobyi) conducted audience focused social behavior change communication in the communities to raise awareness and increase knowledge on family planning/SRH in order to influence positive behaviors and increase uptake of family planning services. The interventions targeted men and women of reproductive age and youth especially in the hard to reach/ rural areas. The

implemented SBC interventions ranged from interpersonal communications (IPCs), community level (Drama, Men special events, Mobile FP & Counselling sessions (IEC& method provision) and Youth & adolescents' special events. In addition to SBC, FP products were distributed through social marketing. Below are the achievements registered under FP during the reporting period;

2.2.1. FP product distribution:

Through a well-established private sector distribution channel consisting of wholesalers and depo pharmaceuticals, **15,255,921** condoms, **91,288** cycles of conformance pills and **38,361** doses of conformance injectables were distributed leading to **128,528** CYP provided, **828** death averted by Modern Contraceptives, and **37,268** unintended pregnancies averted.

MoH: Rwanda Demographic and Health Survey 2014

2.2.2. Direct service delivery of Modern Contraceptives:

To reduce access barriers as well as create demand for FP services, SFH during this reporting period organized mobile integrated community outreaches especially focusing on remote and underserved populations in collaboration with local authorities, health centers and community health workers. The mobile integrated outreaches combined demand creation and service provision in form of information and education sessions; counselling of the potential FP adopters as well as provision of FP methods to voluntary acceptors/ adopters, Referral to the nearest HF for services not provided at the sites like long term FP methods was done, Over all, **7,298** new adopters of modern contraception were recorded as follows; **2561** injectables at **35%**; **2384** implano at **33%**; **1445** Pills at **20%** and **908** Jadelle at **12.4%**. For long and permanent methods that could not be done at the outreach sites, referrals to the nearest HCs were done. **15** IUDs referrals and **3** Vasectomies were done.

2.2.3. RH/ Family planning demand creation / Community awareness;

Implemented SBC interventions ranged from interpersonal communications (IPCs), community level (Drama, Men special events, Mobile FP & Counselling sessions (IEC& method provision) and Youth & adolescents' special events through schools and Itorero. Overall, about **149,137** individuals (**71,231** females and **77,906** males) were reached with FP messages increasing their knowledge and FP uptake.



IEC Session by nurses in Kavumu sector.



Individual counselling sessions before method provision



Waiting line for counselling and methods.



IEC Sessions by Nurses from Byimana HC in Ruhango District.



A Nurse delivered a message of RH



An artist performed at Itorero in mukamira (Nyabihu)

In addition, **346** Family Planning Focal Points and **347** ASRH Focal points from all the **350** HCs in targeted districts were trained on IPC techniques, FP counselling techniques, management of side effects as well as youth friendly services. During the training, participants elaborated action plans indicating the activities on how they will improve service delivery at the health facilities based on the knowledge gained and new skills acquired and follow up on the implementation of the action plans done during mentorship by Intrahealth team.

2.2.4. Digital SRH school-based Program:

To contribute to the reduction of unplanned pregnancies and HIV/STIs infections among youth/ adolescents, a digital platform(website) that aims to improve the health and livelihoods of urban and semi-urban adolescents (12-19 years) was launched in two pilot districts (Nyagatare and Gasabo) in selected schools. Co-designed with Rwandan youth, this Directto-Consumer platform weaves together choose-your-own-adventure storylines, a robust FAQ library, online ordering, and a clinic locator to deliver integrated age-appropriate SRH information, employment skills, and linkage to high-quality, youth-friendly services. Three outcomes of the platforms are; Improved SRH Knowledge among adolescents; Improved adolescents' access sexual and reproductive health (SRH) products and services and employment resources via our digital platform, network of trained service providers, and virtual peer educators AND improved providers' knowledge on SRH and address provider bias to increase service quality for youth.

To operationalize the pilot phase, four schools (G.S Kabuga and APAER) in Gasabo and (GS Rwimiyaga and Nyagatare SSS in Nyagatare) were recruited. In addition, 3 youth centers and 8 pharmacies have also been recruited; facilitated to set up Cyber Rwanda accounts with details on working hours, products and prices. Recruited schools and youth centers were provided with 5 tablets each and selected peer educators/ school ambassadors trained on the platform to support navigation of the site as well as awareness events. In total, 15 school ambassadors, 12 teachers, 3 youth center administrators and 8 pharmacists have been trained on cyber Rwanda program. Scale up will be done upon successful completion of the pilot



Gasabo Training – Cyber Rwanda



Peer educator leading a club session in Nyagatare SS



Club members using the cyber Rwanda tablet

2.3. Malaria Prevention

Rwanda has made tremendous strides in malaria prevention and treatment. By 2011 Rwanda had accomplished a remarkable decrease in the burden of malaria, witnessing an overall decline from 2005 to 2011 of 85% in malaria incidence. In addition, there was an 87% reduction in outpatient malaria cases, and a 74% reduction in inpatient malaria deaths and (National Malaria Contingency plan, 2017 citing HMIS). Despite the gains made, the Malaria Contingency

Planning reports that since 2012 Rwanda has experienced a significant and growing upsurge of cases reported as a quadrupling of the malaria incidence rate from 93 per 1,000 in 2011/2012 to 418 in 2016-2017 thus making it major cause of morbidity and mortality. To contribute to the GoR's efforts of eliminating malaria, SFH Rwanda during this reporting period continued to engage and strengthen community networks to deliver high quality and impactful malaria SBC interventions (IPC, Mobile Video shows, community Drama, and Special event)s in the communities to create demand for correct and consistent net use in order to reduce the burden of malaria. In addition, SFH through Community based distribution (CBD) by CHWs and pharmacies distributed long-lasting insecticidal nets (LLINs), and other complementary malaria prevention products; mosquito repellents- Lotion and Bygone coil. Below are the achievements registered under malaria prevention during the reporting period;

2.3.1. Malaria prevention SBC interventions.

To raise awareness on malaria prevention as well as increase knowledge on correct and consistent use of LLINs; IPCs and community level SBC interventions comprising of MVUs, community theatrical performances and special events organized at selected health posts and mass media. Overall, approximately, 860,498 individuals were reached with malaria prevention messages and the following mass media interventions conducted;

- **Radio Spot:** 2 malaria prevention radio spots (30 seconds) were produced and aired twice daily on Radio Rwanda for 22 days every quarter (Q1-Q4).
- **Integrated radio spot:** 2 radio spots with integrated message were produced and aired 152 times during the year. The purpose of the radio spot was to increase knowledge and create demand for utilization of Malaria prevention, family planning and maternal child health services.
- **Live Radio Talk Shows:** In collaboration with the district health officials, 24 radio talk shows (a one-hour interactive radio talkshows) were organized on five (5) community radio stations: Isango star (Kigali City), Radio Izuba (Ngoma), Radio Isangano (Karongi), Radio Huye and Radio Nyagatare. The topics of discussions were around malaria prevention and control strategies. In addition, 31 Integrated radio live talk shows were conducted on Radio Rwanda, Radio Flash, Isango, and Rusizi Community radio station during the national malaria week.
- **Radio Mentions: Leveraging** on popular radio programs, Radio mentions on malaria prevention were aired on five (5) radios stations: Radio one, Radio Flash, City Radio, Isango star and Kiss FM at different times
- **Radio drama series:** 56 episodes with integrated messages (Malaria/FP/MCH), were produced and aired through Umurage on 5 radio stations including RBA, Salus, Isango star, Contact FM and radio Izuba

All the radio spots were approved by the Health Communication Center, content and schedule for radio talk shows was shared with RHCC, MCCH and Malaria division for their participation and information. RBC team participated in the malaria radio talk shows both at central level while the district health team were involved in community radios.

2.3.2. Malaria prevention products' distribution:

Using CHWs as a CBD channel. Mosquito repellents as complimentary malaria prevention strategies were distributed. **43,530,000** pieces of Baygon coils; **32,783** off tube lotions and **112,158** Off sachets were distributed. **560** CHWs were prior trained on malaria prevention and

control, use of mosquitoes' repellents, and effective communication strategies and provided seedstock for effective community-based distribution. In addition, to support sustainability of CHWs cooperatives and economically empower CHWs, 30% of their profits was contributed to the respective cooperatives.

2.3.3. Malaria prevention in Mahama Camp:

Special Malaria prevention program was implemented in Mahama refugee camp as support to MoH/ RBC. Through this program, **19,430** LLINs **1,920** Off lotion tube and **20,760** Off sachets were distributed to refugees in the camp. For effective and quality messaging on the correct and use of the products distributed, **600** CHWs(refugees) were trained on malaria prevention and control, use of mosquitoes' nets and repellents as well as effective communication strategies.



A super star Senderi International Hit supported in educ-entertainment of the Matyazo people in Ngororero District.



A Malaria Prevention drama in Ngoma District

2.3.4. Other Malaria prevention intervention:

- SFH Rwanda financed and organized the malaria cross border initiative workshop that was attended by all the EAC countries and DRC in April 2019
- SFH Rwanda supported workshops to develop and validate malaria strategic plan 2020-

2024 spearheaded by RBC/Malaria and other parasitic diseased division (MoPDD)

- Supported the Government of Rwanda to develop A regional malaria plan

2.4. Maternal, newborn and child health

Rwanda has made significant progress in the areas of maternal, neonatal, infant and child mortality. While a comparison of the maternal mortality ratios from the 2000, 2005, 2010, and 2014-15 RDHS surveys shows a steady decline in maternal mortality (1071, 750, 476 and 210 deaths per 100,000 live births, respectively), maternal deaths still accounted for 15 percent of all deaths of women age 15-49 in the five years preceding the survey.

Mortality rates for under-5 have fallen three-fold in the last 15 years but rates are still unacceptably high. 32 of every 1,000 babies do not survive to their first birthday and child mortality is still at 19 deaths per 1,000 live births. Overall, under-5 mortality in Rwanda is 50 deaths per 1,000 live births. As such, to contribute to the of reduction of infant and maternal mortality in Rwanda, SFH Rwanda, implemented MCH interventions in targeted districts supported by Peer educators who educated women, their partners and general population as follows;

2.4.1. MCH Community level SBC interventions:

The interventions were carried out through door to door visits, IPC sessions (targeting pregnant women) and dissemination of MCH messages through media (Umurage Drama series). The messages focused on the importance of the recommended 4+ Antenatal Care (ANC) visits, post-natal care, proper feeding, exclusive breastfeeding, vaccination, hygiene and child spacing. Approximately, **66,760** individuals were reached with MCH messages through community level interventions out of whom, about 3005 were pregnant women. **168** CHWs/ peer educators were also trained on drama and scriptwriting for effective communication.



IPC session with pregnant women in Ngoma district, Rukumberi sector, Rugabo cell on 17/5/2019 by COGJA



IPC at Vaccination site at Jomba HC and right Photo for Bigogwe HC

2.4.2. Make Your Pledge Campaign:

In addition, SFH Rwanda designed and implemented a three-month campaign to intensify demand for increased uptake of MCH services. The campaign with a theme **“make your pledge”** was aimed at rallying social support around a pregnant women, from the household to community level, targeting different actors such as the spouse of the pregnant woman, mother/mother in law, CHW and the midwife/nurse at the facility. It was a call for everyone to make a pledge to support the pregnant women and ensure healthy pregnancy and safe delivery and healthy baby. The following interventions were conducted during the campaign:

- **A radio spot:** on MCH campaign theme “Make your pledge” was produced and aired on RBA plus other 5 community radio stations 20 times.
- TV spot with MCH campaign theme “Make your pledge” was produced and aired on RTV twenty times days during a three-month campaign
- **Radio Talk shows:** 31 talk shows to support the radio drama series broadcast on the above radio stations, radio live talk shows were conducted on the same radios to complement the drama, increase the listenership and collect feedback from the community on the drama content. In collaboration with Districts and RBC representatives, the radio talk shows were conducted on ANC, PNC, and birth planning with focus on RSMP MCH campaign theme *“this is my pledge”*.

2.4.3. Integrated health messaging:

During the reporting period, SFH Rwanda implemented integrated health interventions to complement the individual health interventions in malaria, family planning and maternal and child health. The interventions targeted pregnant and lactating mothers and children under five. The purpose of the integrated health campaigns was to leverage on the mass media platform to reach to the target audiences with several health messages at the same time for efficiency and maximum health impact. The interventions are described below:

- **Two radio spots:** with integrated message were produced and aired 152 times during the year. The purpose was to increase knowledge and create demand for uptake of malaria/FP and FP and MCH health services
- **31 radio talk shows:** with integrated messages were conducted on the 5 radio stations where the drama series were aired to complement drama series.

- **Community road shows with UmC live drama using caravans:** Two (2) community caravans using large digital screen were held in Nyanza district and Ruhango district (Ruhango sector). Besides campaigning for HIV prevention and control, other issues in Umurage 3 drama (Antenatal/Post-Natal Care, Family Planning and couple communication, Sexual Gender Based Violence (SGBV), Adolescent Sexual Reproductive Health, Child Protection and Malaria) were highlighted. Approximately, 17,700 individuals were reached with integrated health messages through Umurage live drama using community outreaches.
- **56 radio drama episodes:** with integrated messages (Malaria/FP/MCH), were produced and aired through Umurage on 5 radio stations including RBC, Salus, Isango start, Contact FM, radio Izuba. The five radio stations aired all the 54 episodes the last one being radio Isango Star which did on June 11, 2019 as per the media calendar below:
- Media calendar for Radio drama series aired in January – June 2019

➔ Kwigisha urubwiruko ubuzima bw'imyororokere no kwirinda agakoko gatera SIDA
 ➔ Kwamagana ihohotera n'ivangura rishingiye ku gitsina
 ➔ Kuboneza urubyaro n'ibiganiro hagati y'abashakanye.
 ➔ Kwita ku buzima bw'umubyeyi kuva asamyeye no kwirinda Malariya

POPULATION ACTION CENTER
 The Global Fund
 UmC
IKINAMICO UMURAGE

NO.	RADIO	Kuwa 1	Kuwa 2	Kuwa 4	Kuwa 5	Kuwa 6	Kucyumweru
AMASAHA YO GUKURIKIRANA IKINAMICO UMURAGE							
1	Radio Rwanda	20h30			20h15		
2	City radio	21h00			21h00		21h00-21h30
3	Isango Star		19h15	19h15			
4	Radio Salus			19h45			7h00
5	Radio Izuba					18h00-18h30	

- **Community dialogues:** Two (2) community dialogues on HIV prevention, Sexual Reproductive Health and Gender Based Violence were held in Nyanza district (Busasamana & Mukingo sectors). These were conducted in collaboration with 'COENEVI' a Nyanza community-based organization and local authorities. Approximately, 112 individuals were reached.



Live Drama in Nyanza and Ruhango districts in June 2019

IEC Material design, production and distribution:

In collaboration with RBC/MCCH and RHCC, SFH Rwanda designed and produced communication materials for 340 health facilities to be used during IEC sessions and subsequently for community outreaches campaigns. The materials include **4212** posters and **212** Flip books for RMNCH/ Malaria services

2.5. Water, Sanitation and Hygiene (WASH)

The practice of safe sanitation and hygiene behaviors is a pre-condition for health and development. However, despite the life-saving impact of these behaviors, handwashing and sanitation practices are still not globally prioritized.

The Rwanda National Sanitation Policy (2016) aims to raise and sustain household sanitation coverage to 100 per cent by 2020. The policy seeks to raise sanitation coverage by enhancing the demand for sanitation through a combination of measures .Hence, ownership and behavior change are critical steps for sustainably increasing sanitation coverage and improving hygiene practices, including proper use and maintenance of latrines, hand washing at critical times, safe water storage and handling, as well as improved access to local materials and services.

Owing to the above and support implementation of the policy during the reporting period implemented two key WASH interventions; social marketing of water purifying products and Gira Isuku Gira Ubuzima campaign.

2.5.1. Distribution of water purifiers (Sur'eau and P&G):

Using well established distribution channels, SFH continued empowering individuals to purify water in the home and practice proper hygiene and sanitation through distribution of Sur'eau and Procter and Gamble (P&G) water disinfectants that are household water treatment

solutions, easy to use and inexpensive. 100,073 bottles of Sur'Eau and 1,121,301 sachets of P&G were distributed resulting into a total of 111,286,010 liters of water disinfected and hence 184 DALYs and 3 Death averted.

2.5.2. Gira Isuku Gira Ubuzima campaign

This campaign was implemented in Nyamagabem Ngororero, Gakenke, Rubavu, Nyaruguru, Rusizi, Karongi and Rutsiro districts and was aimed at ensuring that all households own their basic latrine focusing on hygienic slab as it is the part of the latrine that has health impact. Key components of the campaign were;

- Awareness campaigns through existing Govt structures like Umuganda, Inteko z'abaturage, Isibo, Umugoroba w'ababyeyi, Inamay'ubudehe, umuganura, Inama y'umudugudu, and Inama z'abagore as well as special events with artists organized by SFH and UNICEF through which approximately **1,285,261** people were reached with hygiene and sanitation promotion messages
- Training of toilet builders: **1084** Cell level latrine builders were trained on the minimum standards of constructing a hygienic, safe and sustainable latrine. These trained masons have supported their communities voluntarily during communal work initiatives such as Umuganda to help vulnerable families to own hygienic latrines, but they can also be hired privately upon need and be paid, empowering them economically
- Create and support cell level outlets to carry affordable sanitation products for easy access to needed sanitation products/ Materials. **555** outlets were supported and lastly,
- Training of local authorities on unsafe sanitation management and its associated consequences including related data management. **3030** Local authorities were trained

As a result of the above integrated approaches; a total of **110,509** households were triggered to upgrade their unhygienic toilets or built new hygienic toilets using their own household investment or by receiving direct support from district authorities. **9622** households were directly supported through a voucher system

2.6. Health Systems Strengthening:

Access to primary care services is of critical importance to significantly impact health outcomes for rural communities in Rwanda. As a result, to support GoRs efforts to improve Universal Health Coverage, SFH Rwanda with support from Imbuto Foundation and SC Johnson accelerated her efforts during this reporting period in systems strengthening through constructing health posts under “Girubuzima brand”; Construction of early childhood development (ECD) Centers, upgrading of Kagitumba health center and piloting “second generation” health post models. Training/ capacity building of service providers on new service delivery package and maternity standard operating procedures (SOPs) as well as the SOPs for the Health posts and their accreditation was done. Below are details of achievement during the reporting period;

2.6.1. Construction of Health posts:

In partnership with district authorities, health posts were constructed and branded “Girubuzima”. **112** HPs were constructed but only **56** were operationalized. The health posts are operating under the Public Private Community Partnership (PPCP) model that work to strengthen mixed health systems by bringing together providers—commonly from the

private sector—into a quality-assured health network to deliver health services by established standards.

Table 1: Details of HPs constructed

District	Constructed	Operational	Non operational
Nyagatare District	57	23	34
Nyanza District	2	2	0
Gatsibo District	23	12	11
Gisagara District	17	17	0
Rwamagana District	6	1	5
Kirehe District	5	1	4
Gakenke District	1		1
Nyaruguru District	1		1
Total	112	56	56

In addition to the above HPs, infrastructure of Kagitumba Health centre was upgraded and equipped as well. For effective management under the Public Private Community Partnership (PPCP) model, 87 nurses were trained in Entrepreneurship. Summary of clients received, and income generated below:

Table 2: Details of Revenue, expenses and profits by HPs

Province	Total clients	Tot revenues/Rwf	Tot expenses/Rwf	Total profits/Rwf
Eastern	183,049	173,318,577	145,527,216	27,791,361
Northern	39,725	35,955,432	25,802,447	10,152,985
Southern	187,452	204,782,619	136,210,216	68,572,403
Grand total	410,226	414,056,628	307,539,879	106,516,749

2.6.2. Construction of early childhood development (ECD) Centers:

To support GoR's ECD efforts, SFH Rwanda constructed and equipped two (2) ECD centers in Rubavu district (one in Murara cell, Rubavu sector and another one in Busigari Cell, Cyanzarwa sector. But they are not yet operational.



2.6.3. Piloting “second generation” health post models

Working with MoH and Abbot, SFH during the reporting period began a 6-month pilot program in Bugesera to create a new model for decentralizing healthcare in the country. The pilot’s goals are; Create a "second generation" health post that brings high-quality services within walking distance of where people live; Prove it works; and; help catalyze expansion of the model across the country and beyond. As such, **8 Second Generation Health Posts** were constructed and equipped and expanded services provided include ante-natal and pediatric care, fever panel diagnostic enhancements, and testing and treatment for infectious diseases such as HIV, malaria, syphilis and hepatitis. Non-communicable diseases (NCDs), such as diabetes and heart disease.

For quality services and community support, additional services were provided including; *Training of 16 HPOs/Nurses on new service package delivery (2 nurses per SGHP); Training of 16 HPOs/Nurses on Maternity SOPs and new lab tests as well as Training of 120 CHWs on the new SGHP service package*

Summary of the services, clients received, and revenue generated while the private health care workers provided additional service care package in three months (October-December 2019) as follows;

Hp name	Clients	Revenues	Deliveries	ANC Panel test
Ramiro (lev 1)	1,650	2,157,107	0	12
Mbyo (lev 1)	2,469	3,287,354	0	33
Batima (lev 2)	4,076	4,546,369	46	33
Kagasa (lev 1)	2,339	3,139,465	1	14
Musovu (lev 2)	1,872	2,311,815	18	24
Gikundamvura(lev 2)	1,799	2,735,864	8	22
Murama (lev 1)	1,545	2,032,999	0	25
Rulindo (lev 2)	2,305	3,260,788	17	26
Total	18,055	23,471,761	90	189

3.0. MONITORING AND EVALUATION

3.1. Meetings-Monthly Coordination Meeting

To provide support to the CBOs as well as ensure quality and program improvement, monthly meetings were conducted with focus on sharing monthly plans, implementation challenges as well as recommended strategies. This platform also provided opportunities to replenish IEC materials as well as remind orient them on the key messages per health area

3.2. Quarterly review meetings

Quarterly coordination meetings with CBOs and local private sector distributors was conducted in all the regions, three in each region (15 in total). The meetings were meant for review and application of quarterly data to help improvement in the program delivery and social marketing efforts.

3.3. Supportive Supervision visits

Supportive supervision was conducted by regional staff to support the CBOs/CHWs in implementation of activities. During the supervision visits, CBOs were provided with onsite feedback to help in improve SBC activities like IPCs and door to door sessions. The headquarter team also provided support supervision to the regional teams and CBOs in the field under HIV, malaria, Family Planning and MCH. In addition, supervision of outlets through which products are distributed was undertaken to ensure correct display, brand visibility and adequate stock levels. Feedback was provided, and recommendations made for improving the quality of programming and social marketing.

3.4. Monitoring surveys

SFH with technical support from Breakthrough ACTION partnered with Viamo to conduct eight (8) monitoring surveys through mobile phone technology to monitor and assess the effectiveness of the RSMP SBCC campaigns relating to condom use and SRH / HIV, FP, MNCH and Malaria

4.0. GENDER INTEGRATION

**NIYEMEJE KUBA HAFI
Y'UMUGORE WANJYE MU
RUGENDO RWO GUTWITA**

- Muhereseze kwe mu gashyamba kwipimisha inda ku gashyamba.
- Mu gashyamba kuzama barajoro mu maza bitamubu ikuranyeye umuho.
- Iwacu gushyamba hafi kare kuzayari na rwa muganga.

**NAWE BIGIRE
INDAHIRO YAWE
UYU MUNSI**

MINISTRE URUKUNDA
RUBAKURUKUNDA
RUBAKURUKUNDA

rbc RWANDA BUREAU OF STANDARDS
A Healthy People, A Healthy Nation

sfh SOCIETY FOR FAMILY HEALTH

USAID FROM THE AMERICAN PEOPLE

During FY2019, SFH's interventions aimed at improving health outcomes for men, women, boys and girls at the individual, household, community levels by ensuring that equal and equitable access to opportunities for participation fitted within their gender roles at household levels. SFH endeavored to implement activities in a way that timing, location and approaches were always gender sensitive.

During our FP and MCH activities in the reporting period, Couple Communication around household decisions about childcare and family, healthcare was encouraged because when power relations are unequal, it results in not only underutilization of MNCH services but also can increase risky sexual behavior and intimate partner violence.

The implementation of the maternal and child health campaign paid attention to the social and cultural norms that

influence uptake of MCH services including the fact that pregnancy and childbearing is a business for women thus limiting the participation of men in this area. Recognizing also that the male partners are part of the social network that need to support a pregnant woman.

5.0. IMPLEMENTATION CHALLENGES AND LESSON LEARNT

Some of the challenges faced during the reporting period were:

- Stock out of condoms due to delays in obtaining testing certificate from Rwanda Bureau of Standards (RSB)
- Under the Sanitation campaign, the initial plan was to have/create H&S outlets/shops in each cell in the project's coverage area. However, during the actual implementation,

it was discovered that some cells didn't have any outlet and the process to convince them to create new outlets was not successful because they don't have capital. To address this issue, SFH arranged with existing traders to establish mobile sales by transporting products to cells without outlets without adding transport fees.

- Late disbursement of Global Fund money affecting timely implementation of planned activities
- Some of the sites in different sectors, Districts where the health posts that do not have access to water and electricity. In order to provisionally respond to this challenge, under the package all the health posts constructed, a 5,000cm³ to hold water and a solar energy for lighting is provided.

Among the lessons learnt were:

- learned that despite the fact that men do attend the community outreaches, they still consider FP and RMNCH, a business for women, targeted men outreach like Football matches and special hour sessions for men should be considered to influence positive behavior change among men
- Working closely with Health Providers and Local Leaders is also a good lesson learnt during the implementation of this quarter activities as it has led to not only successful implementation but also community ownership of the activity.
- The construction of health posts at the lowest level or decentralized level under the PPCP health post model has provided business and job opportunities in the communities where they are being built.

FUNDERS



COVERAGE MAP

