



FY 2022

ANNUAL REPORT



FOREWARD

Despite several challenges including post COVID 19 effects and funding limitations, a lot was achieved during this reporting period due to strategic collaborations and partnerships regarding easing access and availability of health products and services for our primary actors as well as building resilient and sustainable health systems.

At SFH Rwanda, Client centered programming is the cornerstone of our interventions and as such, beneficiaries have been engaged in program design, implementation as well as monitoring as much as possible. With this belief, SFH Rwanda in 2022 embarked on a truly impactful journey as we implemented diverse public health interventions in HIV/AIDS, Reproductive health, Malaria, Maternal child health, WASH & Health 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 our primary actors and delight them with great health care experiences for better healthcare outcomes.

Family Planning/SRH: To support our main actor “SARA” access quality services and affordable products for better health outcomes, we scaled up our efforts aimed at breaking down barriers (access, behavior, poor counselling, discontinuation etc) that limit uptake of modern contraceptives among women of reproductive age (15-45). promoting couple communication and spousal support was also the focus of our intervention this year.

For the youth/ adolescents (12-19), a digital platform(website) that aims to improve the health and livelihoods of urban and semi-urban adolescents (12-19 years) is being implemented in 60 schools. 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, youth-friendly services.

Malaria Prevention: Malaria represent major public health problems in Rwanda and are considered among the leading causes of morbidity and mortality. SFH works to address market failures in the public health space across the country and uses innovative approaches from the consumers’ perspective to develop convenient and sustainable solutions. SFH works with community health workers and local leaders of the Eastern Province of Rwanda to implement and use evidence based social and behavioral change communication at community level to protect people from malaria and complimenting SBCC activities with social marketing of mosquito repellents.

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 was our focus during this reporting period.

Systems strengthening: During this reporting period, SFH Rwanda accelerated her efforts during this reporting period in systems strengthening through construction of 37 health posts under “Girubuzima brand. Training/ capacity building of service providers on new service delivery package and maternity standard operating procedures (SOPs) was also done in order to improve access to primary care services for better health outcomes especially in the rural areas.

Collaboration and Partnerships: For resiliency and sustainability, SFH Rwanda during this reporting period established strong partnerships with appropriate ministries, EAC partner states, foundations as well as Governments for diversified resource mobilization among others. Its in this regard that, SFH signed a management MoUs with new partners including IEF, African Leadership International and ELEKETA Foundation.

Lastly, we thank our partners and our funders, like MOH, USAID, CDC, Imbutu, GF, SC Johnson, Amfref without whom, none of this would have been possible.



Manasseh Gihana WANDERA
Executive Director



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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	Non-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
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

1.0. 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 Government of Rwanda 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 changes communication (Community engagement& awareness)
- Social marketing of health products through Private sector distribution approaches
- Capacity Building of health care workers
- Health Systems' strengthening
- Digital health
- Policy and advocacy
- Measurement (Monitoring & Evaluation)

OFFICES		
(HQ& Regional Offices)	Staff+ Volunteers	Projects in 2022
5	90	15

Table 1: Summary of Projects Implemented

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	currently operating in 90 health centers (HCs) in 23 districts of Rwanda
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). 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	4 years: (2019 to 2024)	USAID Washington/ Ylabs	7 districts

	linkage to high-quality, youth-friendly services.			
SC Johnson Malaria project	The SCJ program is focused on Construction and equipping of 10 SG Health posts: SBC for Malaria prevention in South Sudan	Ongoing based on the availability of funds	SC Johnson	South Sudan, Rubavu, Musanze, Burera and Kirehe
Rwanda Social Marketing Program (RSMP)	The goal of the extended program is social marketing of condoms with the following objectives: Objective 1: increased availability and access to socially marketed condoms in Rwanda; objective 2: increased distribution and promotion of free condoms among DREAMS beneficiaries and objective 3: increased capacity of SFH.	2019 - 2022	USAID	National level
Access to Family Products	Social marketing of Plaisir, Pills and Injectables	Ongoing	UNFPA	National level
HIV Prevention among General population	Social marketing of Plaisir condoms and HIV prevention messaging	9 years 2013-2022	Global Fund Ministry of Health, SPIU	National level 30 districts
Strengthening the capacity of youth centers to effectively deliver ASRH/FP, prevention of SGBV & Detection, prevention care for drugs and substances abuse.	Improve access and quality of SRH services at 8 YCs		Enabel	7 Districts
Establishment of SGHP in Ruhinga, Nyabimata, Nyaruguru District	Construction & equipping of one SGHP	One year	Embassy of Japan	Nyaruguru
Systems Strengthening (Abbot)	A pilot project implemented in partnership with MoH and Abbott create a new	Ongoing based on the availability of funds	Abbot	Nyaruguru District

	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.			
Malaria Control Innovative Tools in Rwanda	Procurement of Malaria Control Innovative Tools (Wall paints & BTI and SBC	Two years	SPIU/RBC	20 Districts
Sustainability project in Rusizi	The project aims to improve the use the existing vector control tools plus the new one called SCJ Mosquito shield/envelop repellent as the new product which will be introduced as an additional tool, will be freely distributed to the Community using the health workers to eradicate malaria and to sensitize the population on hygiene and sanitation in Rusizi.	5 months	SC Johnson	Rusizi District
Management and Operationalization of HPs				
Investment for Employment (IFE) Project "IFE-07-RWA-C1-0163" in Rwanda,	Construction of 80 HPs and create decent jobs in the health sector while improving capacity of health workers to deliver quality health care in Rwanda.	2 yrs	KFws	Twelve districts
Mosquito forecast Project- SC Johnson	Establishment of a model -website that is used to forecast the density of mosquitoes in Rwanda.	5 years	USD	Bugesera District

2.0. ANNUAL IMPACT AT A GLANCE

A. Products/ Social Marketing:

- 15,901,411 condoms, 15,9664 pills including emergencies, 31,674 injectables were distributed resulting into 150,770 couple years of protection (CYP) and thus the reduction of unmet need.
- 181,398 bottles of Sur'eau were distributed disinfecting 18,1398,000 liters of drinking water hence contribution to the reduction of diarrhea related diseases.
- Distance travelled to access condoms is less than 10 minutes indicating ease of access as reported by 73% of the sexually active respondents as per the annual survey (Assessing the use of Prudence Condoms in Rwanda) conducted under RSMP. This is due to the improved outlet creation (4000) including kiosks, boutiques, and small shops.

B. Services

B.1. HIV Prevention

- 1,937 individuals out of the 44,131 tested are aware of their positive status and have been effectively linked to care and treatment at a percentage rate of 99,6% (1,931 individuals)
- 4,902 new eligible clients (KP&AGYW) were initiated on PrEP hence reducing new infections among key populations (Kps)
- 30,549 HIVST kits were distributed easing access and availability of testing services for people located in hotspots and who otherwise do not use testing services especially KPs and their partners.
- A digital platform (Mbaza Project) was created to ease access to HIV prevention and treatment services to key and priority population that has enabled 310,048 users' access information.

B.2. RMNCAH social Behavior Change Communication.

- 4,708 new users adopted modern contraceptives, limiting family size and improving their health as well.
- More than 663 pregnant women attended ANC.
- More than 15,162 under 5 children treated (IMCI)
- More than 356 deliveries recorded.

C. Systems Strengthening

- 37 HPs (18 SGHPs) fully functional and are providing health care services.

3.0. 2021/2022 IMPLEMENTATION RESULTS

3.1. Social Marketing of Health Products

Outcome: Increased accessibility and availability of health products through last mile distribution for improved usage of these lifesaving products

Through a well support private sector distribution channel, SFH during this reporting period, scaled up efforts to easy access to quality and affordable health products. These are (i) FP/HIV products (Condoms, pills, injectables and emergency contraceptives); (ii) Water purifiers (Sur'eau and P&G); and (iii) mosquito repellents (Off lotion Sachets, Off lotion tube and LLINs). As such, the following results were recorded.

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Table 2: Table showing Health Products distributed

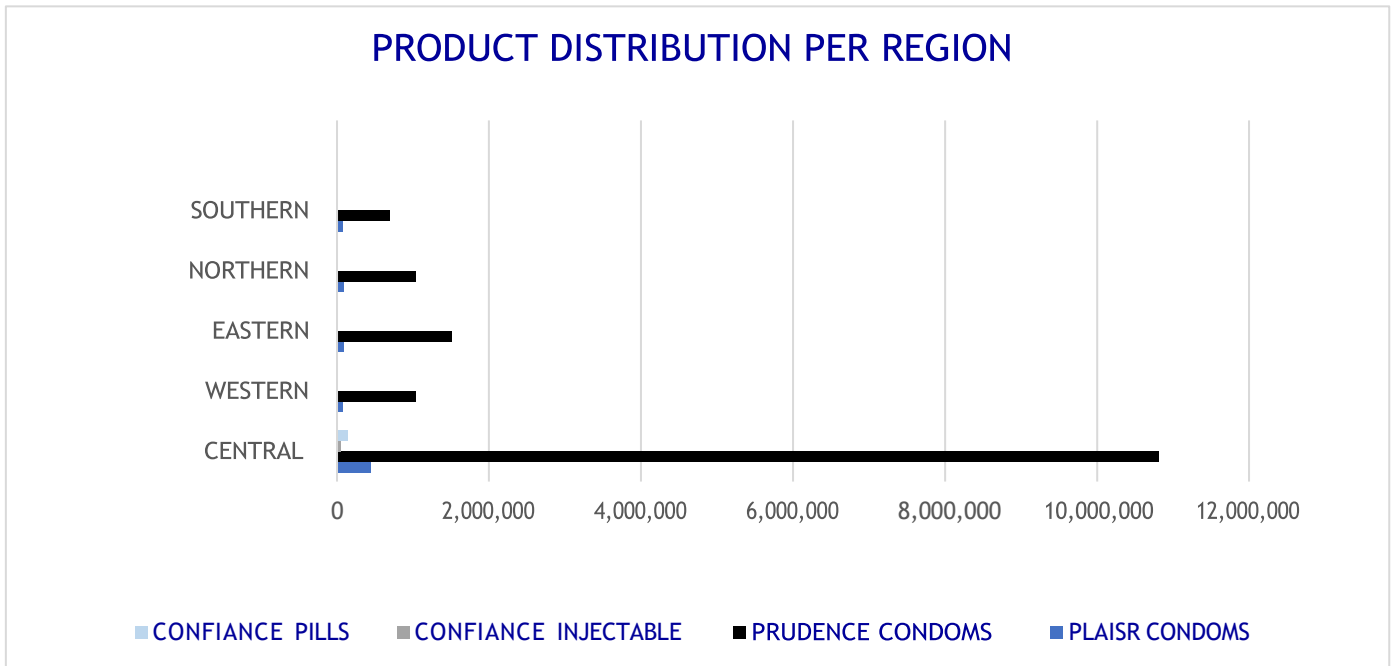
Products Distributed	Annual Targets	Q1 (Oct-Dec 2021)	Q2 (Jan-March 2022)	Q3 (April-June 2022)	July-September 2022	Annual Achievement	% Achievement	Observations
Plaisir	2,750,000	654,584	101,820	11,520	2,800	770,724	28	stock out
Prudence	16,417,334	3,198,616	4,425,641	4,364,478	3,141,952	15,130,687	92	On track
Confiance Pills	216,625	63,630	77,770	0	0	141,400	65	Stock out
Emergency Pills	19,800	6,030	7,434	4,400	400	18,264	92	On track
Injectables	30,500	10,100	7,434	7,400	6,740	31,674	104	
Sur'eau	65,200	21,360	14,838	8,631	136,569	181,398	278	
Coils	20,700	8,685	2,074	9,680	167,220	187,659	907	
Off lotion sachets	22,650	7,244	3,756	3,383	0	14,383	64	
Off lotion tube	15,340	5,420	2,402	1,800	2,976	12,598	82	
LLINs	11,500	310	309	189	20	828	28	stock out

Data Source: Field Reports

Data Quality: CTL triangulation

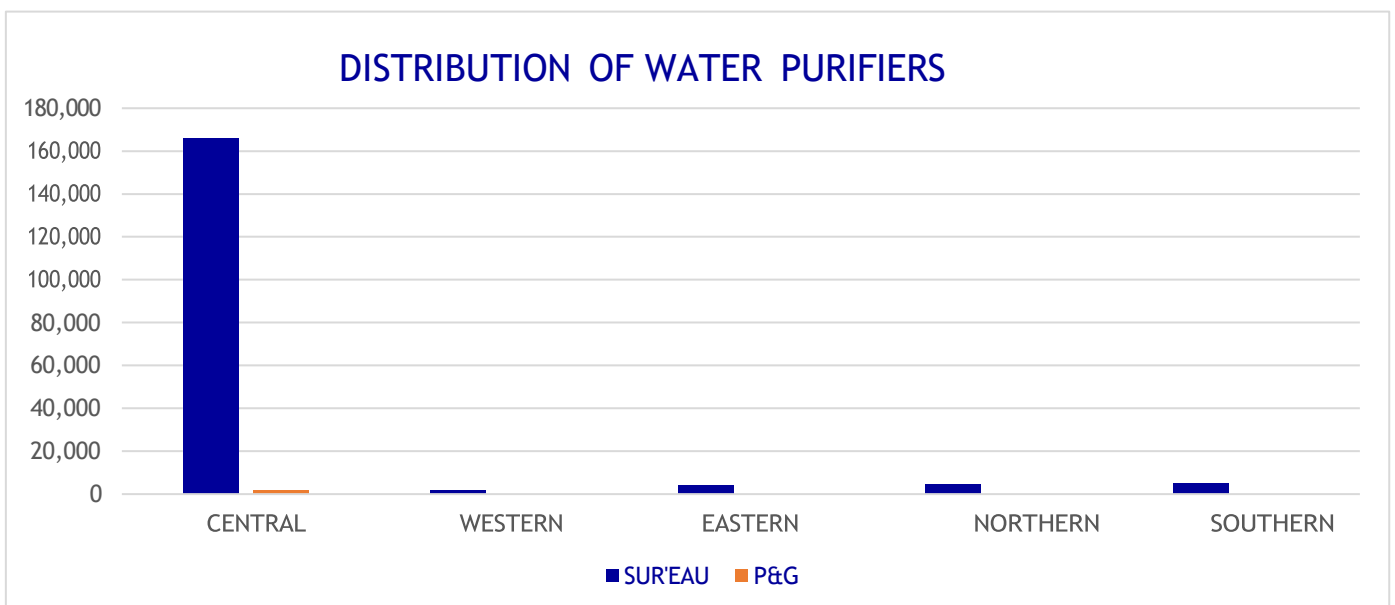
- The under achievement recorded under Plaisir, LLINs and con fiance pills is due to stock out.
- Overall, 150,770 couple years of protection (CYP) were recorded versus 182,785 targeted, leading to 82% of achievement. **The underachievement was due to stock out of Plaisir as well as con fiance pills, which we now have and will resume distribution very soon.**

Graph1: Family Planning/HIV products distribution per region



Data source: Sales Reports, triangulated with CTL.

- Condoms (Plaisir and Prudence) were distributed majorly in Central region due to the presence of many wholesalers in Kigali city as well as potential clients (bars, hotels etc)
- Pills and Injectables are exclusively sold in Kigali through pharmaceuticals and private clinics.

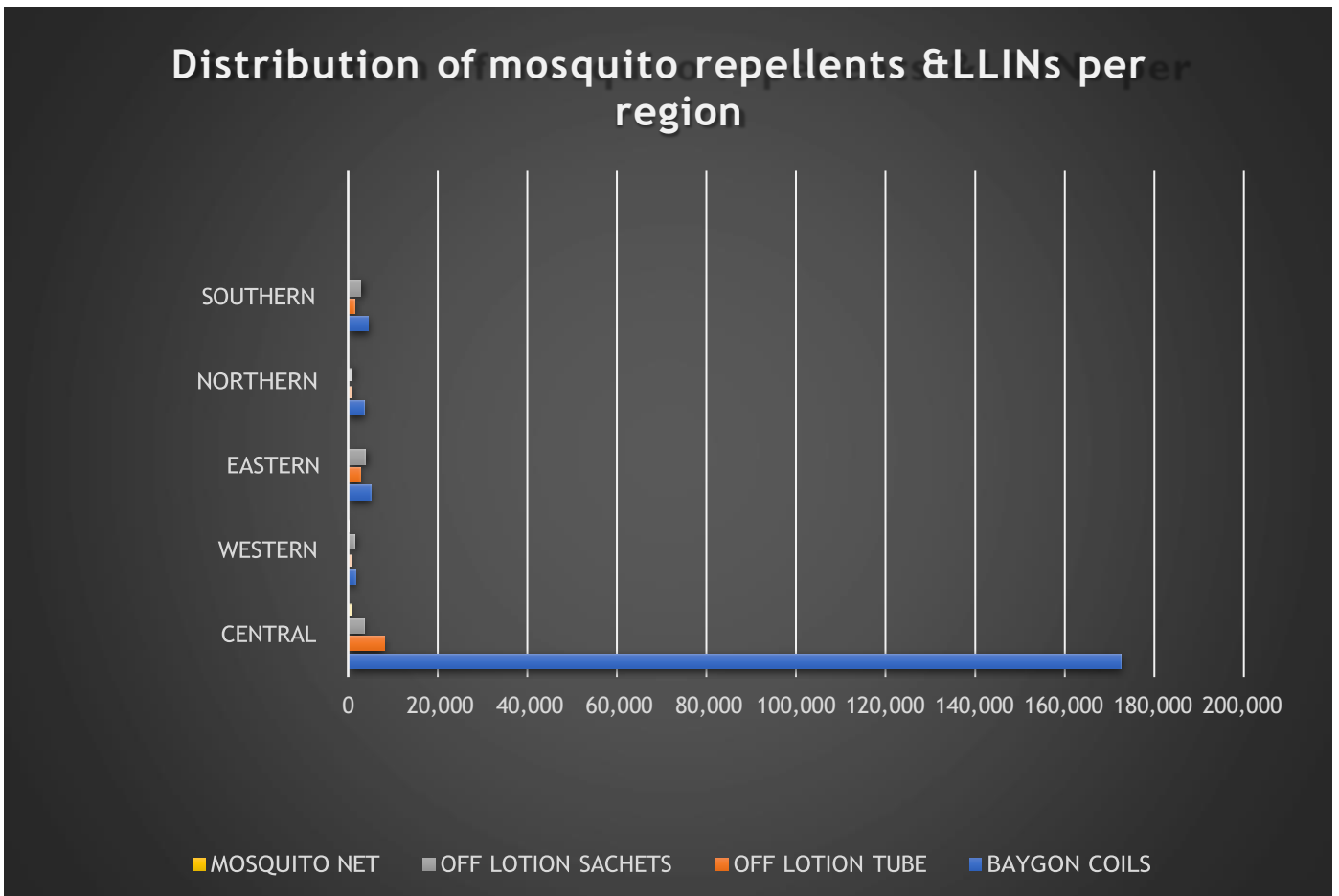


Graph 2: Distribution of Water Purifiers (Sur'eau & P&G) per region

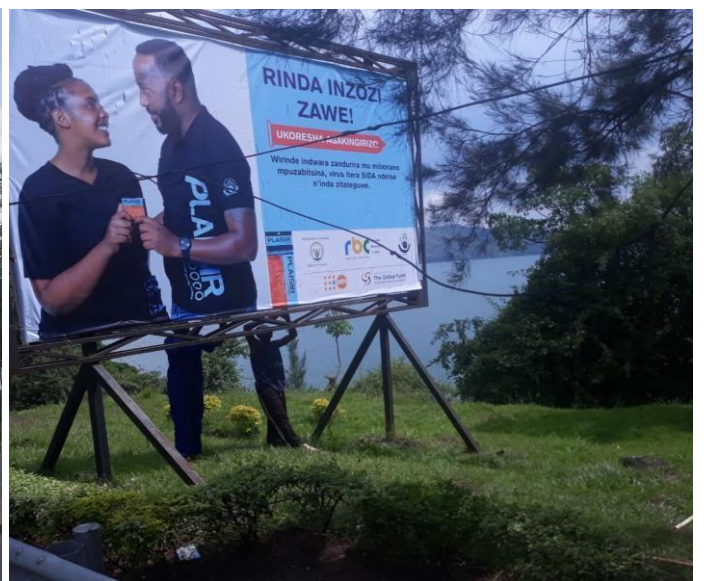
Data source: Sales Reports, triangulated with CTL.

- P&G (water purifier for turbid water) was exclusively distributed in the Central zone due to our partnership with Food for Hungry that implements a WASH project in Gasabo.
- Sur'eau was distributed countrywide.

Graph 3: Distribution of mosquito repellents & LLINs per region



Data source: Sales Reports, triangulated with CTL.



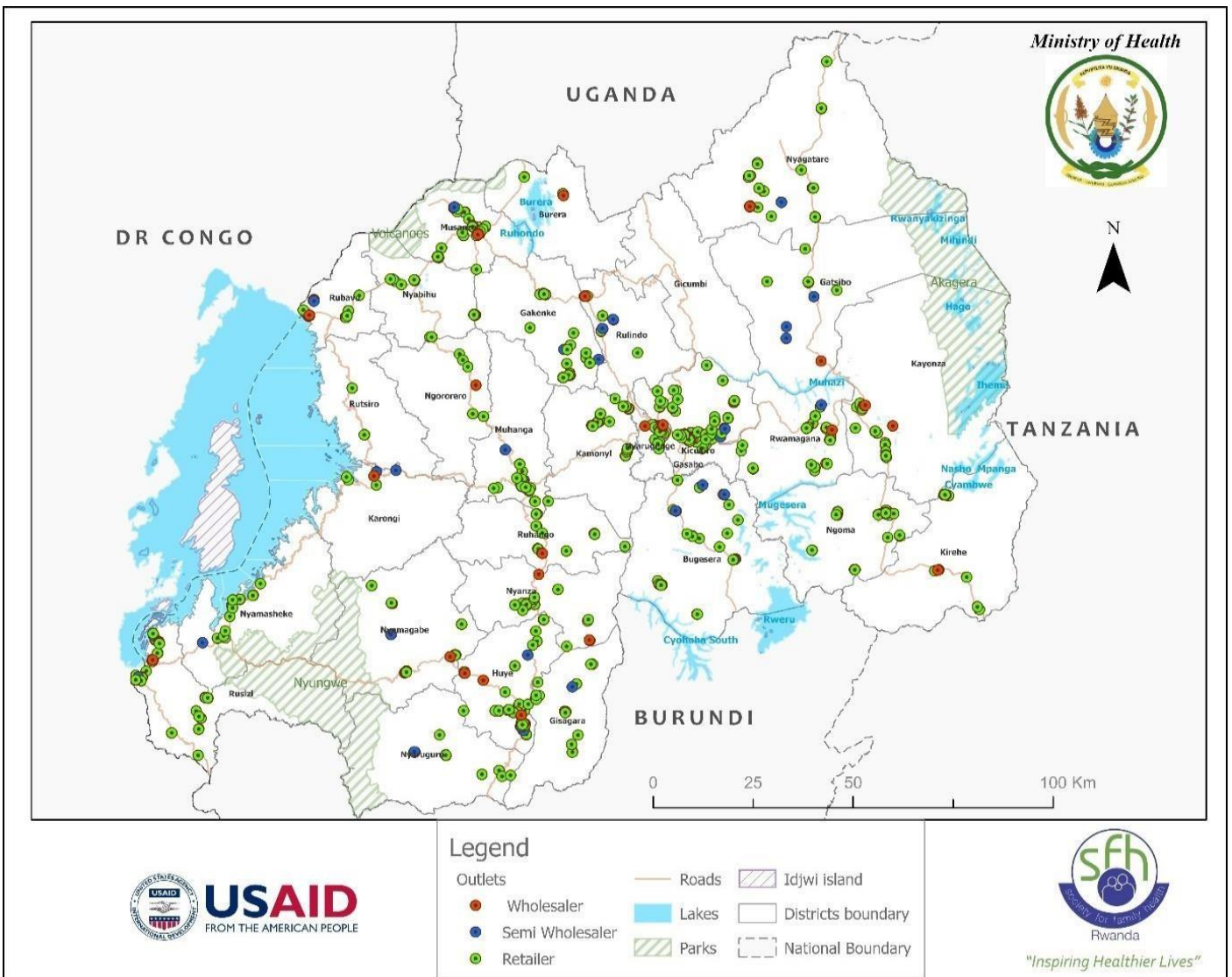
Mounted billboards promoting Plaisir condom brand in Karongi & Bugesera respectively



Outlet supervision and creation



Outlet supervision and creation



Map showing SFH's outlets across the country.

Challenges

- Stock out of Plaisir, LLINs and conformance pill. However, we have now received replenishment of FP products from UNFPA.

3.2. Behavior change communication (Community engagement & awareness)

SFH Rwanda during this reporting period, conducted social behavior change activities at community and individual levels to increase knowledge on HIV, FP, Maternal child health, Malaria as well as Hygiene and sanitation. At individual level, SFH aimed at addressing knowledge, attitudes, and practices on better RMNCH/ Malaria services, while at community-level the focus was aimed at changing social and cultural norms including myths and misconceptions as well as spousal support regarding RMNCH. IEC materials were also designed, produced, and distributed to support SBCC efforts. The details per health area are provided below.

2.2.1. HIV Prevention

The intended outcomes/ results for our HIV prevention program during this reporting period were.

Outcome 1: Increased knowledge on HIV prevention among key and priority populations who have been identified as the at most risky groups as per the national HIV prevention policy/ Strategies.

Through Rwanda Social Marketing Project, Global Fund HIV program and Enable project under Barame Framework, several SBC interventions were organized and conducted to raise awareness and knowledge regarding HIV prevention. These interventions ranged from peer education, road shows, radio and TV shows as well as special events. To this effect more than 500,000 KP & PP were reached with standard HIV prevention package including risk reduction counselling, STI diagnosis and condom distribution, increasing their knowledge and awareness.

Outcome 2: Reduced new infections among key and priority population.

To contribute to the achievement of the 95-95-95 global UNAIDS target, SFH Rwanda during this reporting period scaled up HIV risk reduction strategies targeting especially Key and Priority population (FSWs, MSM & AGYW), These strategies are:

- **HTS services that were conducted** through 4 modalities of community mobile, community_VCT, community index, and through the social network strategy (SNS). 44,131 clients were reached with voluntary HTS. Out of these, **1,937 new HIV positives got to know of their positive HIV status.**
- **Linkage to care and treatment:** Scaling up test and treat strategy in collaboration with HCs, **1,931 newly identified positives** were linked to **care and treatment** and through peer navigators, will be provided effective follow up resulting into possible viral load suppression.
- **PrEP (pre-exposure prophylaxis) for eligible clients:** **4,902 new clients** on were initiated thus reducing infection risks.

Table 3: Details of CDC HIV Prevention activities

Project	Activities	Annual Target	Annual Achievements	% Achievement	Comments
CDC	HIV testing services (HTS_TST)	43,376	44,131	102%	On Track due to partnership with HCs and mobilization efforts by peer navigators
	Newly Identified HIV positives (HTS_POS)	1,315	1,937	147%	On Track due to partnership with HCs and mobilization efforts by peer navigators

Linkage of HIV positives to care and Treatment (TX_NEW)	1,315	1931	147%	On Track due to partnership with HCs and mobilization efforts by peer navigators
Provision of Pre-exposure Prophylaxis for KPs (PrEP_NEW)	4,532	4,902	108%	On track
Distribution of HIV self-test (HVST) kits	27,486	30,549	111%	On track

Data Source: Field Reports

Data Quality: Triangulation with Client intake form

Mbaza Project:

During the reporting period, the project continued to engage with clients through digital platforms including the website www.mbaza.rw and the social media handles (Facebook and Instagram). The activities in this domain were led by our sub awardee Education Training and Research network - (ETR). The main activities during the period were providing information and linkage of clients to services.

Results:

During the reporting period, our content reached 310,048 individuals on Facebook down from 23,010 last quarter which is a 13-fold increase; a **testament that, digital platforms are accessible and highly used**. Out these, 16,758 engaged with our content (by commenting, liking, or sharing on Facebook) of which 97% were males., 1,087 individuals accessed our content on Instagram. Out of the these, 487 engaged with it (commented, liked, or shared) The post that drew the biggest interest on Facebook was on HIV self-testing while that that drew most interest on Instagram was stopping HIV stigma.

Table 1: Social Media Analytics data from the Mbaza Social Media Platforms

KPIs	Facebook insights	Instagram insights
Net followers	669	391
Number of pages likes	640	34
Post reach	310,048	1,087
Engagements	16,758	487

4.0. RMNCAH/ MALARIA SERVICES

To contribute to the prevention of infant and maternal deaths, reduce incidence of malaria and teenager pregnancies while bringing high quality, integrated health services to vulnerable communities, SFH during this reporting period supported audience targeted SBC campaigns facilitated by facility (HC) personnel and peer educators under the following projects.

4.1. Adolescent Sexual and Reproductive Health (ASRH)

Focusing on adolescents aged 10-24 yrs of age, both in school and out of school, SFH Rwanda during this reporting period implemented several interventions aimed at creating demand for SRH services as well as easing access to ASRH services for better health outcomes.

Outcome 1: Increased awareness and knowledge on ASRH resulting into reduced HIV infections and teenage pregnancies among adolescents.

Through Enabel, Ingobyi Activity as well as Cyber Rwanda projects, SFH Rwanda during this reporting period conducted several interventions aimed at **increasing ASRH awareness as well as easing access to youth friendly services for better health outcomes.** These interventions are.

- **Strengthening the capacity of Youth friendly Centers (YFCs)**

Eight youth friendly centers were strengthened to facilitate the provision of youth friendly services. This was done either through constructions, rehabilitation, equipping and as a result, all these Youth Centers are providing youth friendly services as per the required national minimum service package. **Over 834, 871 adolescents aged 10-24 yrs. have accesses ASRH services including education, counselling, STI screening among others through these supported Youth Centers.**

- **Peer education:**

1,118 peer educators (434 in school and 684 out of school youth) were trained and are providing education and counselling through health clubs and peer education hence increasing awareness and knowledge about ASRH in more than 151 schools.

- **Capacity Building of teachers:**

During this reporting period, **434 teachers were trained on ASRH services** and club facilitation and are supporting implementation of CSE within schools thus increasing knowledge and awareness while strengthening the referral and linkage system for improved ASRH service uptake as well.



- **Digital platform including tablet provision:**

A digital platform (CyberRwanda) is functional across 44 schools and 9 YCs that is easing access to ASRH information through stories, learn components while facilitating access to services via the clinic locator for more than 44 schools, 90 pharmacies as well as 9 YCs.

- **Midline data Survey:**

A midline survey under CR was conducted in 60 implementation schools reaching 5768 and the results showed; a slight increase of modern contraceptive (10.4%) from the baseline (9.6%) while 6.8 % increase in knowledge of long-acting contraceptive methods: implants, injectables, IUDs was recorded at midline.





4.2. Maternal Child Health and family planning

To contribute to the reduction of maternal and infant mortality, SFH Rwanda during this reporting period accelerated SBC and service provision for better health outcomes with focus on family planning as it reduces risks related to spacing, family size, and maternal age, as well as the risk of congenital defects that increase for older mothers.

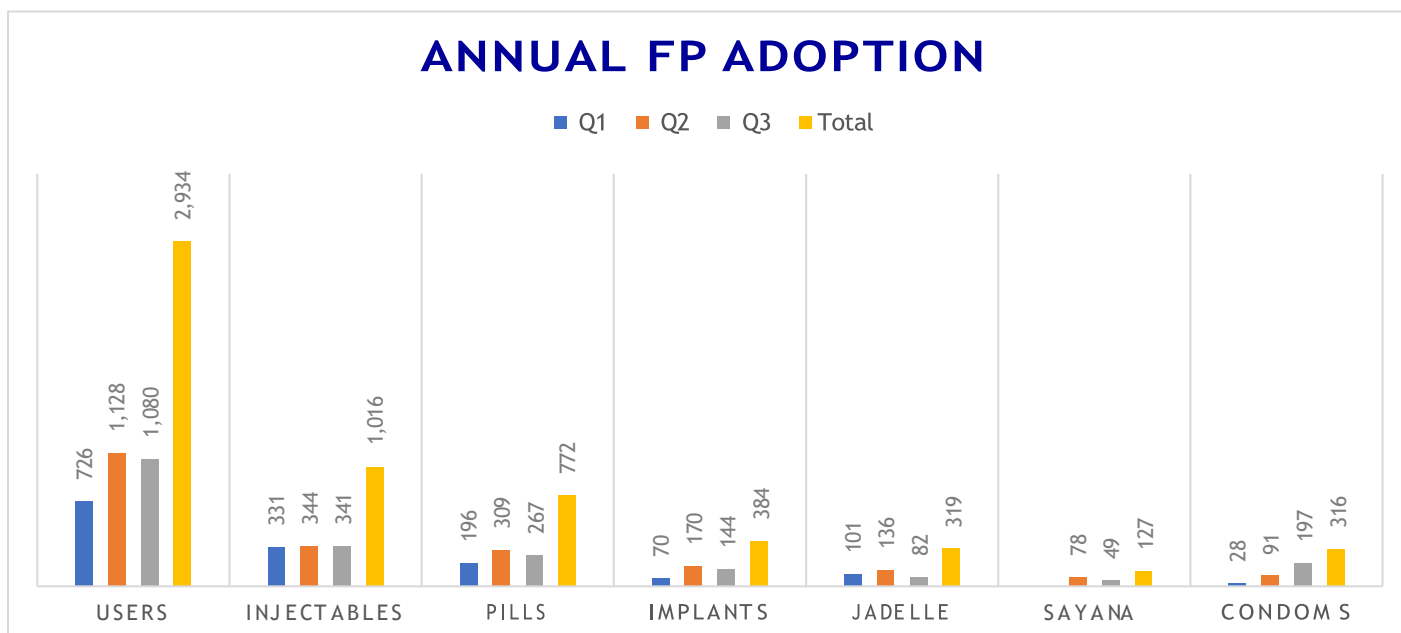
In addition, the MCH efforts involved strengthening HPs services which will be discussed under health systems strengthening.

Outcome 1: Increased adoption of modern contraceptive use

Targeted outreaches in hard-to-reach areas reaching more than 30,119 individuals (13,796 males and 16,323 Females) with integrated RMNCH/ Malaria messages and services. As a result, 2,934 individuals adopted modern contraceptive methods as follows; 1016 *Injectables (34.6%)*; 772 *Pills (26.3%)*; 384 *implants (13.1%)*; 319, *Jadelle (10.9%)*; 127 *Sayana (4.3%)* and 316 *Condoms (10.8%)*

Graph 3: Contraceptive Adoption in the YR 2022

ANNUAL FP ADOPTION



Data Source: Field Reports

Injectables at 33%, implano at 21%, pills at 20%, Jadelle at 16% and condoms at 10%



Integrated outreach in Nyamagabe District

FP Counselling and provision session

4.3. Malaria Prevention

During this reporting period, SFH Rwanda, through GF malaria and malaria innovative tools initiatives including sustainability project scaled up efforts in the prevention of malaria through strategic SBC interventions, availing of innovative tools (shields) as well as supporting HFs through improved monitoring of LLN, Home Based Management (HBM) through CHWs as well as other malaria commodities (RDTs and ACTs.)

Outcome 1: Reduction of malaria incidences through increased knowledge and better malaria prevention practices

In collaboration with CHWs in the eastern province and Rusizi District, several community-based SBC interventions including household visits, IPCs through Inteko z'Abaturage, Umugoroba w'umuryango and Umuganda. This was reinforced with distribution of mosquito repellents including the piloting of mosquito shields. As such, more than **300,000 people have been reached with malaria prevention messages, 141,175 mosquito shields; 141,175 off lotion sachets and 12,598 distributed** which has not only increased knowledge but changed attitudes

and practices towards malaria prevention which has significantly contributed to the reduction of malaria incidences among other efforts.

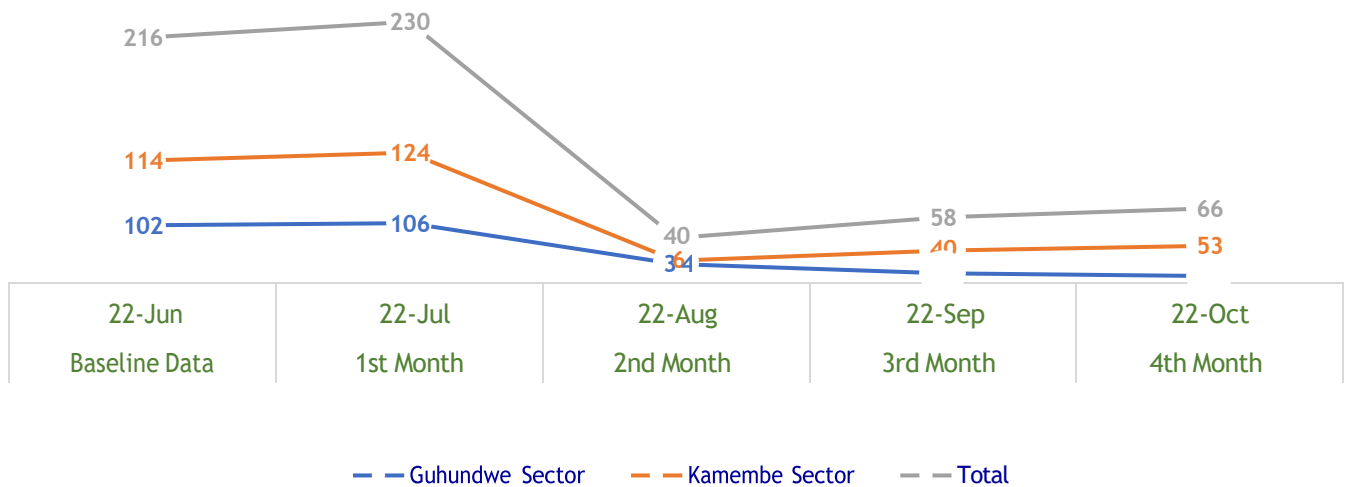
In addition, the improved monitoring of LLNs, HBM and commodities targeting HCs with low malaria performance indicators guided by approved score card enabled timely implementation of quality improvement plans, majorly focusing on; (i) strengthen routine distribution of LLINs to ensure provision of LLIN to every client in ANC or EPI; (ii) Timely quantification of malaria commodities as well their supply to CHWs; (iii) Data quality audits (iv) Regular mentorship of CHWs by HCs. This as well contributed to the reduction of malaria incidences in Bugesera, Nyagatare, Kirehe and Kayonza districts.



Supervision conducted in Bugesera District targeting HBM at community level.

- For example, taking an example of Rusizi interventions and using community data, malaria incidences reduced tremendously in the first two months after the start of project. However, the resumption of the fishing activities in lake Kivu has once again led to a slight increase of malaria cases but more efforts are being employed.

MALARIA INCIDENCES IN KAMEMBE AND GIHUNDWE SECTORS



Source: Data obtained from CHWs.

Malaria Prevention Community Engagement sessions

Furthermore, to minimize possible detrimental or negative environmental impacts of waste in Rusizi including plastic waste generated by malaria interventions (Shield usage), SFH Rwanda fixed 115 recycle bins and 2 collection sites in Rusizi Districts as well as signed an MoU with AGROPLAST for appropriate removal from the collection site and recycling in Gahanga. This initiative has not only impacted environmental management but also created 164 *temporally jobs*, of which 140 were CHWs who conducted door to door campaign activities, 5macons who fixed collection site, 5 painters who painted collection.



5.0 END-TO-END CERVICAL CANCER PREVENTION AND TREATMENT CAMPAIGN-GICUMBI DISTRICT

Elekta Foundation, in collaboration with the Rwanda Ministry of Health (MoH), the Rwanda Biomedical Center (RBC), Clinton Health Access Initiative (CHAI) and the Society for Family Health (SFH Rwanda), worked together to develop a model from prevention to treatment of cervical cancer, that can be operationally and economically scalable in Rwanda. The pilot project to test the model was implemented in Gicumbi District from September to December 2022. The tested model is expected to support the Rwanda MoH to enhance the Elimination of Cervical Cancer strategies and guidelines to expand access to prevention, care, and treatment of cervical cancer in Rwanda.

The target was to ensure that 20,000 eligible women were screened for HPV using HPV DNA tests. Testing was conducted among women who had been mobilised during community mobilization as well as through opportunistic testing. All women received health education and counselling at the facility prior to getting tested. The pilot project to test the model was implemented in Gicumbi District. 20,491 women were screened (HPV/VIA) within 45 days working. 327 of them were found to have pre-cancers lesions which were treated using (Thermo ablation). 18 cases were suspected to have cervical cancer and were referred for further investigation (biopsied). 5 of them were confirmed cervical cancer cases and are under palliative care at home.

6.0. Systems Strengthening

6.1: HP Management Under GoR Partnership

With support from GoR, SC Johnson, Abbot and UNICEF, Government of Japan and UNFPA; SFH Rwanda is currently managing and operationalizing 37 HPS of which 18 are Second Generation HPS. These HPs are now fully functional hence, contributing to GoR's efforts of improving UHC. Below are several interventions/ efforts by SFH that are enabling full functionality of these HPs as well as quality health care provision.

- Collaborating with districts health office to recruit qualified health care providers:
- About 132 clinical staff are supporting health care provision across these HPs.
- Capacity building of 88 health post workforce (nurses and mid wives) on quality of RMNCAH services through either clinical mentorship as well as training on basic emergency obstetric and new-born care (BMEONC), Integrated Management of Childhood Illness (IMCI), Circumcision among others
- Providing initial start-up grant (salaries) to private operators (nurse entrepreneurs) during the initial six (6) month of operation to help them find a good footing and support them towards consistent and sustainable quality service provision. All 18 SGHP are benefiting from this grant with support from UNFPA and UNICEF
- Demand creation for HPs services through community outreaches, radio programs and this has not only promoted HPs availability but also improved community health care seeking behaviours.
- Signed RSSB agreements for all the 37 HPS enabling service provision as well as cost care service reimbursements.
- Signed an agreement with RMS easing the acquisition of the needed drugs within all the 37 HPs.



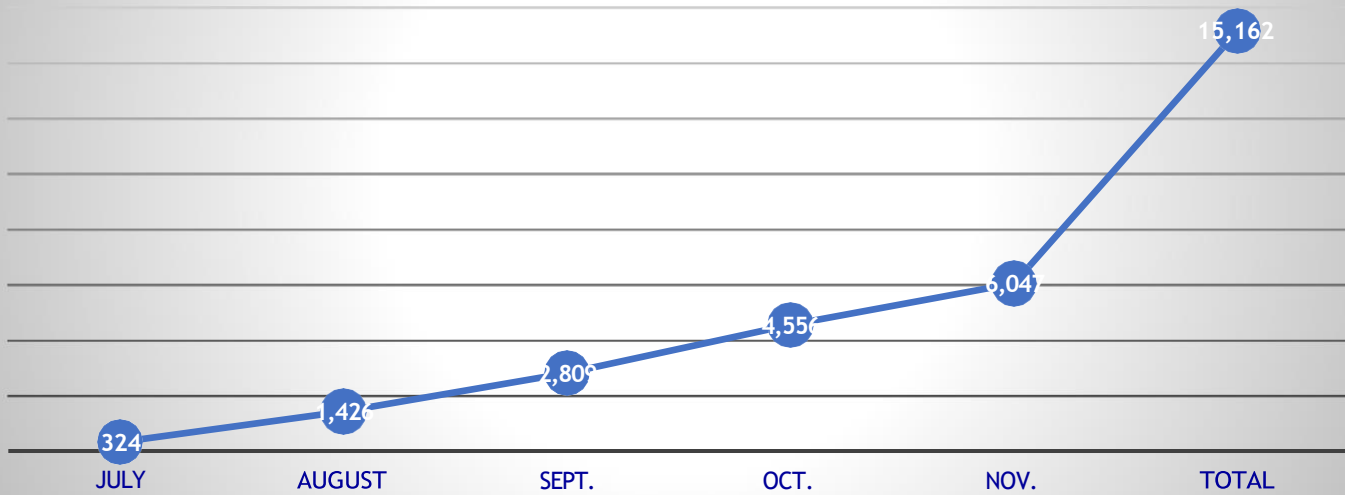
In the picture Hon. Minister of Health and other government officials visiting Girubuzima Health in Nyagatare district - as part of government collaboration



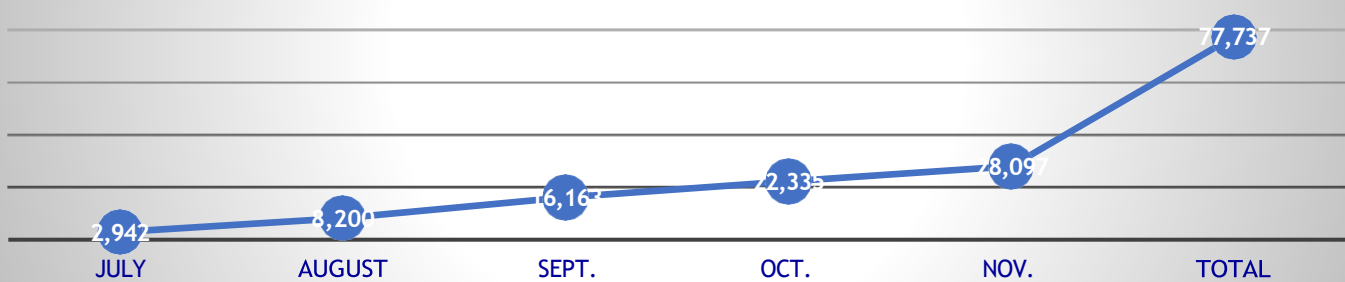
In the picture HP- Operator explaining to the Hon. Minister of Health, Dr. Nsabimana Sabin the operationalization of health and service provision.

As a result of the collaborative efforts, an impressive trend in terms of uptake of health care services at the SGHP has been recorded as per HMIS reports. For example, below is the service provision report in the last five (5) months.

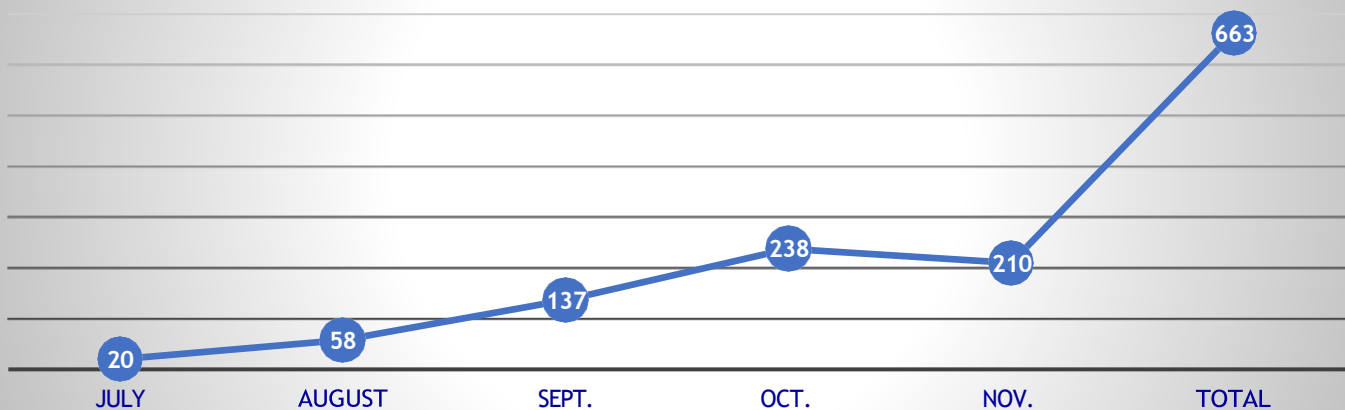
of patient under five years treated (Integrated Management of Childhood Illness (IMCI) service)



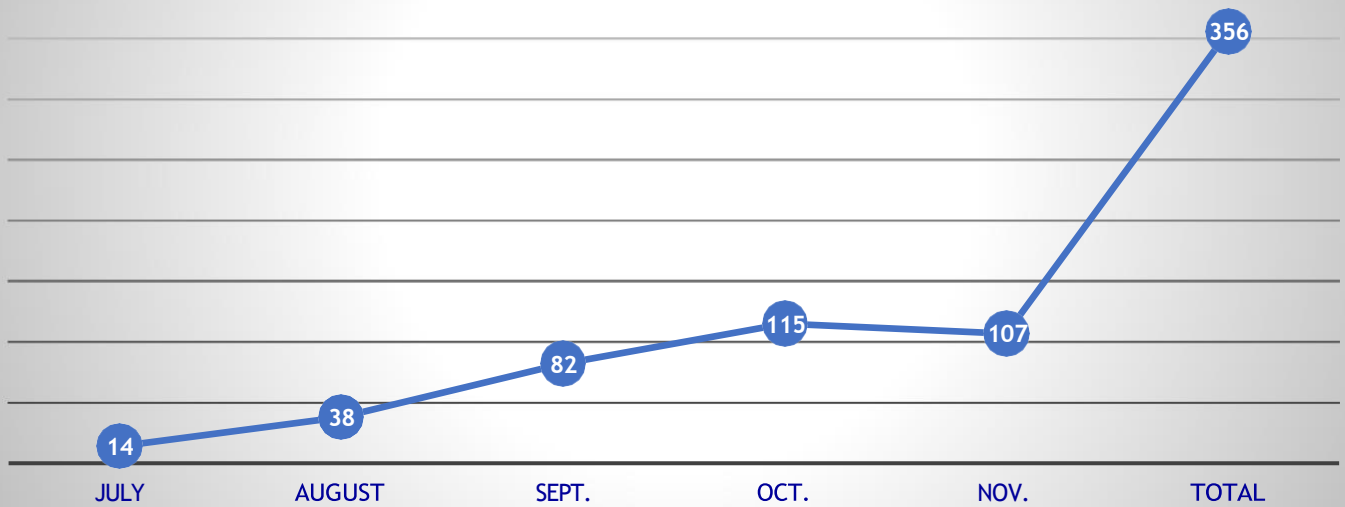
of patient with 5 years and above treated in OPD (cases)



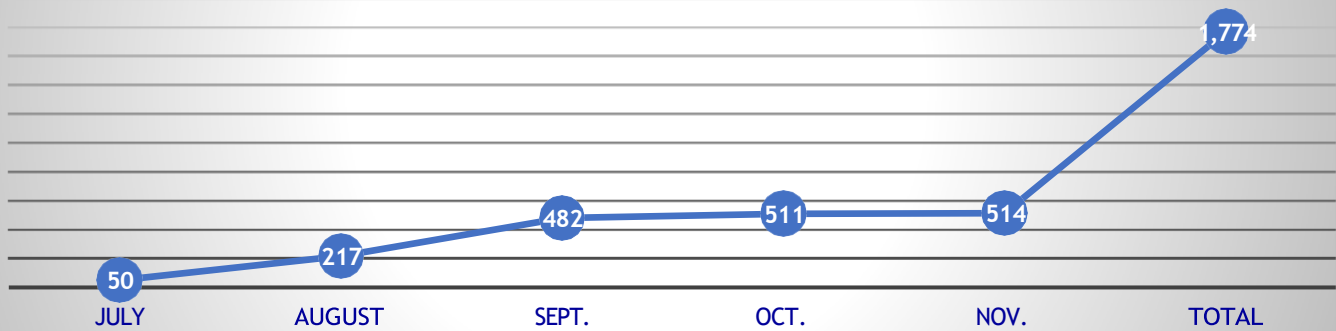
of women who were attended for ANC



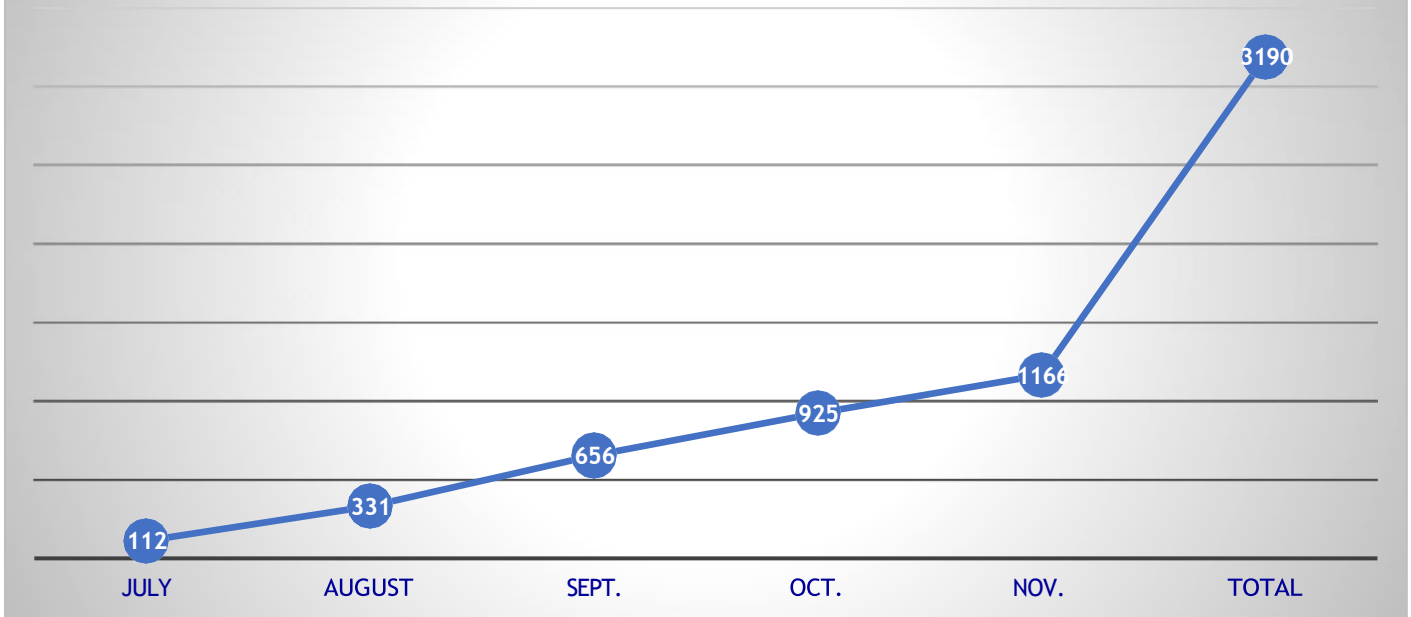
of live births delivered in the Health Posts



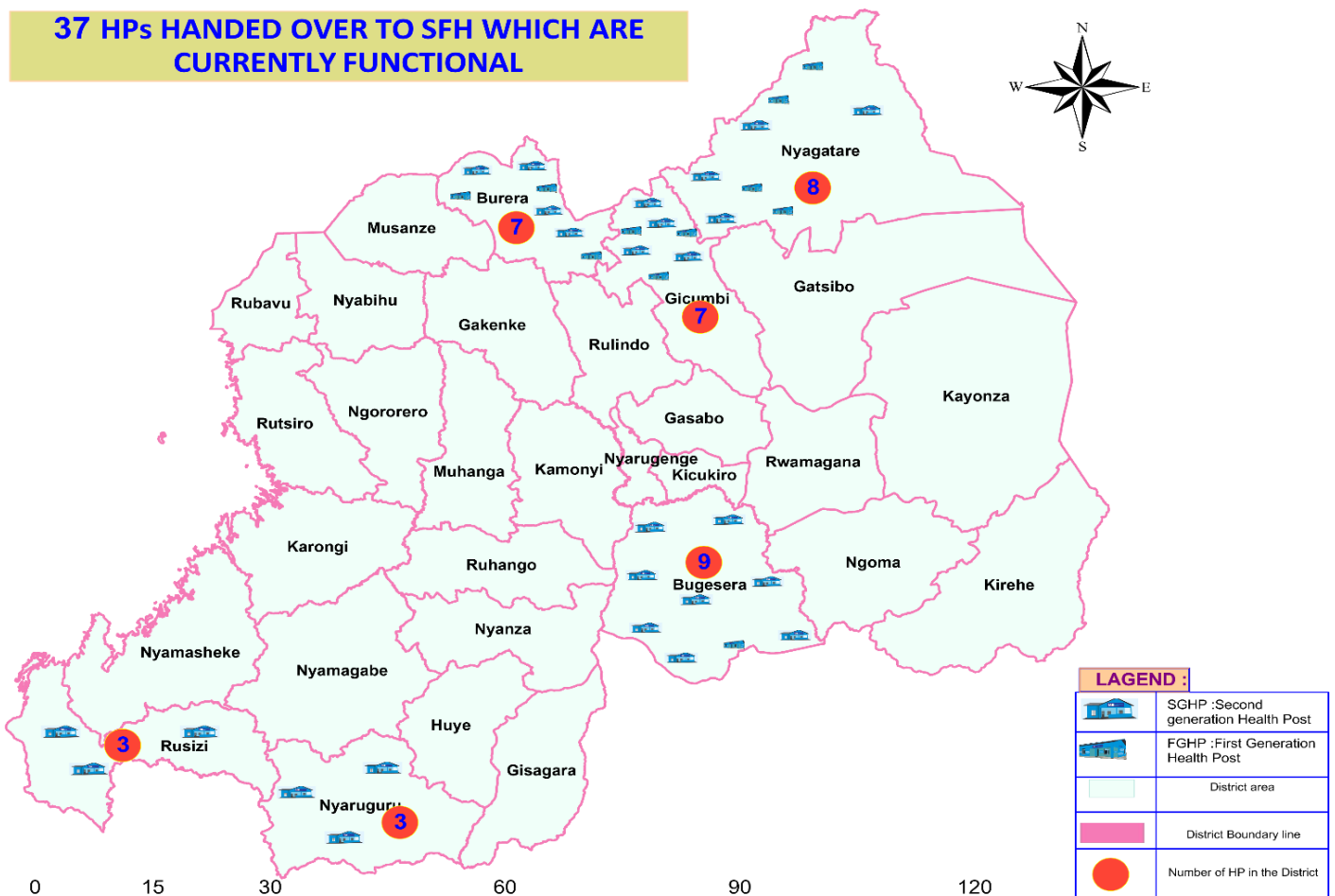
of active new users for FP modern methods



Average number of patients per day



37 HPS HANDED OVER TO SFH WHICH ARE CURRENTLY FUNCTIONAL



Map showing the 37 HPS under SFH management.

Furthermore, SFH Rwanda in partnership different donors like SC Johnson, Abbot and others built and equipped both first- and second-generation health posts. The community's use of health care was drastically raised by the presence of HPs nearby, for better care and a lower risk of disease sequels which is ensured by early disease detection and treatment compliance. The presence of a reliable source nearby and the increased penetration of BCC messages in the community enhances care-seeking behavior which leads to healthier lives. The variation in patients visiting health facilities, the expansion of health facilities across the nation, the upgrading of first-generation health facilities to second-generation ones which accommodate more patients than first-generation facilities draw the gap faced and creates line of improvement as indicated in the variation of activities undertaken monthly.

In Rwandan communities, especially second-generation health posts that offer expanded services, the number of cases detected and treated is higher than the number of patients, indicating that one patient may have more than one medical case. This has increased the pace at which the importance of health posts has been demonstrated.

Number of patients received, diagnosed, and treated.

	Jan 2022	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Total
Total patients	36,968	41,867	42,803	49,977	52,582	55,581	53,710	53,347	59,291	64,153	67,304	64,277	641,860
Total cases	37,627	42,349	43,564	50,692	53,731	56,963	54,934	54,413	60,146	65,099	68,377	65,350	653,245

Reasons for visiting HPs

	Jan 2022	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Total
Malaria	830	371	335	466	113	157	101	176	803	778	518	892	5,540
Respiratory tract diseases	19,854	19,995	22,643	27,603	33,403	27,147	21,734	29,690	27,794	30,293	30,262	30,262	292,886
Parasites	8,082	9,187	10,010	11,468	10,601	9,662	10,006	10,466	9,753	10,826	10,668	10,668	121,397
Diarrhea	183	482	761	715	273	579	587	629	1,012	427	1,046	1,046	7,740
Other Ailments	659	1,440	767	1001	1,150	1,231	1,224	1,066	855	946	747	1,073	12,159
Rheumatism	1096	1,778	1510	2041	1,620	1,882	1,855	1,939	2,813	2,998	3,188	3,188	25,908

6.2. CAPACITY BUILDING OF HP-HEALTH CARE PROVIDERS

Outstanding challenges remain the gaps in skills in provision quality healthcare services as well as limited career development for health providers in targeted health posts. For addressing those issues that hindering quality of service delivery, SFH increased knowledge and skills of technical staff of HPs (Nurses and midwives) to provide quality services aiming to reduce maternal and child mortality and morbidity in Rwanda as well as strengthening health system as described below:

Training area	Trainees (category)	Number of trainees
Basic Emergency Obstetric and Neonatal Care (BEmONC)	Midwives and Nurses	22
IMCI (Integrated Management Childhood Illness)	Midwives and Nurses	34

Circumcision	Nurses	22
Entrepreneurship and Business Management	Nurse Responsible/Health Post Managers	54
Antenatal Care national guidelines	Nurses & Midwives	10
Health and safety management	Nurse Responsible/Health Post Managers	24
HMIS (Health Management Information System),	Nurse Responsible/Health Post Managers	31
Electronic Logistics Management Information System (eLMIS)	Nurse Responsible/Health Post Managers	32

Sustainability plan of HP management

SFH uses an integrated Public-Private investment approach for new health posts constructed or upgraded to speed up Universal Health Coverage in Rwanda using integrated Public-Private investment approach.

In this regard, SFH provided the catalytic start up grants to the nurse entrepreneurs as bridge toward assessing the working capital and creating a de-risked and concessional loans facility with local financial institutions.

The startup capital includes:

- Equipped and capacitated public private health posts to delivers quality health services,
- Sensitized and engaged community members to increase demand and utilization of health services,
- Provided initial startup capital and regular technical support to the HP private operators until the business breakthrough to ensure long term sustainability of HPs.
- Linking HPs with microfinance institution for medical loan and establish revolving fund that will sustain the HP business.

7.0 INVESTMENT FOR EMPLOYMENT (IFE) PROJECT “IFE-07-RWA-C1-0163” IN RWANDA

IFE is a two-year project of enhancing private sector investment to create decent jobs in the health sector and improving capacity of health workers to deliver quality health care in Rwanda in 12 districts of Nyanza, Kirehe, Gisagara, Nyamagabe, Rusizi, Rutsiro, Kamonyi, Rubavu, Ngoma, Nyamasheke, Nyaruguru and Bugesera. 80 Health Posts to be constructed under IFE-RWA-C1-0163 project. The following pre-liminary activities have been completed waiting for the first disbursement of funds.

No	Description	Status
1	Identification and obtention of land titles for the 80 SGHPs	Completed
2	Recruit and allocate project staffs for the investment period	Completed
3	Development of the ToR for conducting the E&S Impact Assessment and ESMP study on 80 sites meant for the 80 SGHPs	Completed
4	Identification of the First series of 40 sites where first 40 SGHPs in phase 1 will be constructed	Completed
5	Capacity building of the project staff	Completed

6	Development of the ToR for the contractors to construct 80SGHPs	Completed
7	Development of the ToR for the consultant to supervise the construction works on 80 SGHPs	Ongoing
8	Identification and obtention of land titles for the 80 SGHPs	Draft available
9	Recruit and allocate project staffs for the investment period	Draft available with comments from IFE, Pending approval from IFE
10	Contextualizing the RFP from IFE for hiring the consultant to conduct the ESIA/ESMP study on 80 sites	Completed and the study is on going

8.0 MOSQUITO FORECAST

In May 2022, SC Johnson in partnership with SFH Rwanda (leaders in insect control and insect science) partnered with Google (experts in data science) and Climate Engine (leaders in climatology) and to launch the first scientifically validated Mosquito Forecast. The forecast operates like a weather forecast because it predicts mosquito levels in specific areas for the next 28 days. The goal of the mosquito forecast is to reduce malaria cases by getting more residents to engage in behaviors that protect them from mosquitoes when they are most at risk and get the right amount of malaria supplies in the right place at the right time. The Official launch of the website is planned in 2023, in Bugesera district as pilot district.

9.0 COLLABORATIONS & PARTNERSHIPS

9.1. Great Lakes Malaria Initiative (GLMI) in partnership with EAC -Regional interventions

Supported by SC Johnson, SFH Rwanda has coordinated several GLMI activities with the aim of promoting malaria control and elimination in Africa Great Lakes region with special focus on the cross-border areas. Activities implemented during this reporting period are.

9.1.2. Kenya -Uganda Launch at Busia Boarder

Following the successful launch of GLMI in Rwanda; SFH again coordinated the Busia Boarder Launch between Kenya and Uganda which brought together high-level dignitaries including, the Chief Administrative secretary MOH Kenya, the State Minister of Health Rwanda, the deputy Minister of Health Uganda as well as Malaria Managers from DRC/Rwanda/Uganda/Kenya/Tanzania/Burundi, and other development partners from the member states. The launch of GLMI HP at Busia boarder included larviciding, Launch ceremony as well as malaria expert meeting. The two launches so far have demonstrated strong country commitment to GLMI initiative.





9.2. Great Lakes Malaria Initiative (GLMI) in partnership with EAC and Republic of South Sudan

In South Sudan, SFH Rwanda, SC Johnson and MoH- Sudan successfully, signed a five-year memorandum of understanding, that permits SFH Rwanda to operate in South Sudan and implement malaria project and construction of health posts.

Following the successful construction and launch of the SGH in Gudele block 4; SFH is closely following up its operation to ensure quality provision of services to clients. For the reporting period, **7,506** patients have been diagnosed and treated at the HP broken down as follows.

Table 6: Clients diagnosed and treated at Guidele Block 4 HP

	Total number of patients diagnosed and treated at the SC Johnson Health posts/Oct 2021- September 2022					
Clients	October-Dec 2021	Jan-March 2022	April-June 2022	July- Sept 2022	Oct-Dec 2022	Total
Total Patients	1,856	1,514	1,470	1,743	1,757	7,506
Malaria Cases	1,225	914	854	1,444	1,439	5,754

Awareness on behaviour change communication in the community is ongoing to increase knowledge on prevention measures and fight against malaria. In addition, mosquito repellents have been distributed as follows; 727,980 pieces of baygon coils 4,552 bottles of off lotion tube and 180,186 pieces of Off Sachets were sold since July 2022 to December 2022.

Table 7: Social Marketing in South Sudan

	Total number of products distributed October 2021- September 2022				
Products	Jan-March 2022	April-June 2022	July-Sept 2022	Oct- Dec 2022	Total
Baygon	0	0	196,980	67,440	795,420
Off Tube Lotion	1,536	1440	192	3,648	8,200
Off Tube Sachets	106	480	59,600	4,663	184,849
Outlets Created	36	0	10	12	111

Data Source: Field Reports

Mosquito shield study

In partnership with SCJ and South Sudan central equatorial state through MoH, SFH SS is conducting an entomological study on the effectiveness and acceptability of Spatial repellents; a low-cost, lightweight spatial repellent (Mosquito Shield™) for public health use developed by SC Johnson. Spatial repellents (SRs) are a promising vector control paradigm that could be added as a complementary vector control intervention to the existing toolbox against malaria. The data collection phase was concluded in July and in October mosquito samples collected were shipped to Rwanda, where there are advanced laboratories and machines for morphological identification and PCR analysis. The research findings rescheduled to be realised in March 2023.

11. LESSONS LEARNT

- Easy access to health posts have greatly contributed to utilization of health services and including family planning and ANC attendance.
- The participation and strong collaboration with local authorities and communities has played a key role in successful operationalization of health posts.
- Social marketing has contributed to last mile distribution and use of contraceptive especially condoms that can be accessed in boutiques and shops in the communities. It has also broken down the misconceptions afflicted to contraceptive and improved self-efficacy.
- Coordination and collaboration of private operators and public health systems has improved access and availability to health care services at the community level (HP), contributing to UHC efforts (Supportive supervision, mentorship, regular review of service statistics data and supply chain support)

- Provision of initial start-up capital and regular technical support has facilitated smooth initial operations by the private operators to efficiently provide comprehensive service package without the initial burden of the needed start-up capital as they move to breaking even and sustainability.

12. CHALLENGES

- **Staff turnover that is high:** Most of the health posts have been constructed in areas that are very hard to reach in order to ensure universal health coverage regardless of the geographical locations. This inaccessibility makes it hard to retain the needed qualified and trained healthcare providers which compromises the service provision.
- **Delayed payments reimbursement from RSSB:** Most of the time the RSSB payments comes after 2 months, and this bottlenecks the smooth running of daily operations at the health posts.
- **Out-of-pocket payment** by those who use other insurance limit timely access to healthcare services: Currently all health insurance other than CBHI are not accepted in private health posts, yet these facilities are close to the communities and can improve timely access to health services and health outcomes.
- Limited resources for promotion, education and awareness which limits use and adoption of family planning products.
- Long bureaucratic process in terms of product quality approvals has most times led to stock out of products like condoms limiting access to these lifesaving products with dual protection.

13. SUSTAINABILITY PLAN

SFH Rwanda sustainability plan is embedded in the management model of health posts that are managed using Public Private Community Partnership (PPCP) model, an innovative and sustainable business model that is a mechanism of engaging private sector through shared value approach in health care services delivery at community level. Through partnership with RSSB, SFH Rwanda earns money from RSSP receipts. Secondly is through social marketing of health products like condoms, mosquito nets, water purifiers , mosquito repellents to mention but a few. The generated is re-invested in program activities for sustainability.