



SFH RWANDA



FY 2023 ANNUAL PROGRAM

NARRATIVE REPORT FOR THE BOARD

DEC 2023

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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	Centre for Disease Control
CHWs	Community Health Workers
CPR	Contraceptive Prevalence
CYP	Couple Years of Protection
DALYS	Disability Adjusted Life Years
DoD	Department of Defence
FAQ	Frequently Asked Questions
FP	Family Planning
GLMI	Great Lakes Malaria Initiatives
GoR	Government of Rwanda
GP	General Population
HC	Health Centre
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
KP	Key Population
LLINs	Long Lasting Insecticide-Nets
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
PP	Priority Population
PPCP	Public Private Community Partnership
PrEP	Pre-exposure prophylaxis
RBC	Rwanda Biomedical Centre
RDF	Rwanda Defense Forces
RHCC	Rwanda Health Communication Centre
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
TWG	Technical Working Group
UNFPA	United Nations Population Fund
UNICEF	United Nations Children Fund
USAID	United States Agency for International Development
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 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.

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.

This report details activities implemented by Society for Family Health Rwanda for the last twelve(12) months starting October 2022 to September 2023 in collaboration with different partners including MoH, Private sector and local communities. Social marketing of health products, Behavior change communication (Community engagement& awareness), Health System’s strengthening as well as monitoring and evaluation were the core solution areas focused on during this reporting period within the following 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.

Table 1: Summary of projects implemented.

Table 1: Summary of projecTitle 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.			

<p>CyberRwanda</p>	<p>CyberRwanda 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 linkage to high-quality, youth-friendly services.</p>	<p>5 years: (2019 to 2024)</p>	<p>USAID Washington/ Ylabs</p>	<p>7 districts</p>
<p>SC Johnson Malaria project- Sustainability, forecast</p>	<p>The SCJ program is focused on malaria prevention through use of mosquito shield and mosquito forecast- focused on the use of technology – google and climate engine to forecast mosquito density in a specific area.</p>	<p>Ongoing based on the availability of funds</p>	<p>SC Johnson</p>	<p>Bugesera and Rusizi</p>
<p>GF Malaria &HIV</p>	<p>The goal of the program is to employ social behavior change communication approach to prevent and eventually reduce malaria morbidity and mortality rates in the Eastern Province.</p>	<p>2021 – 2024</p>	<p>Global Fund</p>	<p>Country Wide</p>
<p>Access to Family Products</p>	<p>Social marketing of Plaisir, Pills and Injectables</p>	<p>Ongoing</p>	<p>UNFPA</p>	<p>National level</p>
<p>UNFPA SIF &SYP</p>	<p>ASRH &Systems Strengthening</p>	<p>2022-2023</p>	<p>UNFPA</p>	<p>12 Districts</p>
<p>African Leadership International (ALI)</p>	<p>Systems Strengthening &Digitization</p>	<p>One year</p>	<p>ALU</p>	
<p>Strengthening the capacity of youth centers to effectively deliver ASRH/FP, prevention of SGBV & Detection, prevention care for drugs and substances abuse.</p>	<p>Improve access and quality of SRH services at 9 YCs</p>		<p>Enabel</p>	<p>8 Districts</p>

Screening of breast cancer for 20,000 women	This pilot project aims to screening breast cancer in 20,000 women of Gicumbi district and link the positive cases to Kanombe Military Hospital for treatment	3 months	ELEKTA Foundation	Gicumbi District
Malaria prevention and control through SBBC interventions.	The project is focused on teaching people to adapt proper behaviors towards malaria prevention.	6 months	UN Foundation	South Sudan- Juba Gudele block
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
UN Foundation	Malaria Prevention in SS	One year	UNFPA	National level
Total				

2.0 IMPACT AT A GLANCE

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.

A.HIV Prevention

- 1923 individuals out of the 48,319 individuals tested are aware of their positive status and 1911 (99%) have been effectively linked to care and treatment representing a percentage rate of 99%.
- 10,467 have been retained on PrEP while 6,838 have been initiated hence reducing new infections among key populations (Kps) .
- 22,379 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.

B.RMNCAH social Behavior Change Communication.

- 14,376 new users adopted modern contraceptives, limiting family size and improving their health as well. 7% were adolescents who received contraceptives through supported YCs.
- 1,887 Live births registered.
- 4203 ANC attendants registered.
- 13 sectors in the Eastern province were removed from red malaria incidents to green due to products and SBC activities.
- C.NCDs
- 327 pre-cancers lesions were treated using Thermo ablation.
- 18 cases suspected to have cervical cancer and were referred for further investigation(biopsied).
- 5 confirmed cervical cancer cases are under palliative care at home.



3.0. OCTOBER 2022 -JUNE 2023 IMPLEMENTATION RESULTS

3.1. Social marketing of Health Products :

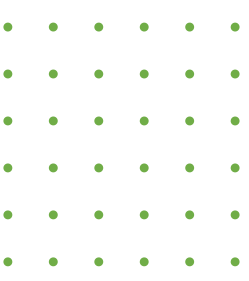
To ensure access and availability of various health products under its social marketing portfolio, SFH Rwanda during this reporting period distributed condoms (prudence), Confiance Pills & Injectables, water purifiers (Sur'eau & P&G), Mosquito nets and Mosquito repellents (Coil, Off Lotion) through a well-established private sector distribution channel consisting of wholesalers, semi wholesalers and retailers. 180 new sector level outlets created , 2,000 outlets in all the 30 districts were supervised to ensure effective distribution of the health products. In addition, 5 big billboards were installed in five different districts of the country for Plaisir and Prudence brands' promotion. Generally, sales went down for this reporting period due to stock of most products including plaisir condom, offlotion tube, baygon and mosquito nets. Details of the distribution in the table below.

Table 2: Details of the social marketed products for the reporting period:

Products	Annual Targets	Q1	Q2	Q3	Q4	Annual Achievnt	Annual % Achievement	Comments
Prudence	11,000,000	2,462,078	1,984,646	1,128,816	1,027,600	6,603,140	60	stockout, in discussion with UNFPA for supply
Plaisir	2,750,000	134,600	45,300	463,110	1,961,581	2,604,591	95	on track
Pills	150,000	16,240	50,058	42,280	42,170	150,748	100	on track
Injectables	25,000	6,190	3,280	0	1,850	11,320	45	Free distribution to clinics
Sur'eau	65,200	43,557	17,621	152,791	2,358	216,327	332	On track
P&G	1,120,000	0	285,000	0	0	285,000	25	No demand but FH has made a big order
Baygon	150,000	2,834	63,556	0	0	66,390	44	Stock out
Offlotion tube	15,340	5,489	1,608	1,443	2,034	10,574	69	stock out
Emergency Pills	19,800	3,320	1,231	580	11,400	16,531	83	Stock out, advocating for large quantities thru Quantification TWG

Data Source: Sales Report

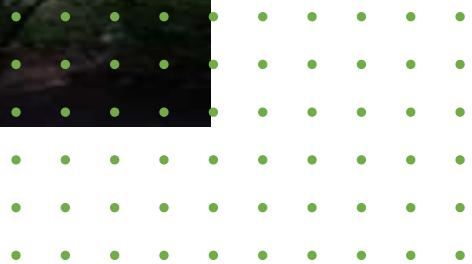
Data Quality: Triangulation with CTL Reports



Picture of SFH staff taken during outlet supervision in one of the districts supervised in Rwamagana district



Billboards hanged in Karongi District.



3.2. Behaviour 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.

3.2.1. HIV Prevention

In collaboration with MoH/RBC, Health Centers, and trained peer educators from targeted audience (FSWs & MSM), SFH during this reporting period implemented several HIV prevention interventions. Promoting condom use among general population, adolescents, 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, Voluntary Counselling and testing sessions were conducted using a combination of community VCT, Community mobile and Community Index modalities. The details of implementation are provided per HIV prevention project.

3.2.2. CDC HIV prevention project

The grant supports services for all KPs inclusive of FSWs, men who have sex with other men (MSM), transgender (TG) men and women, and people who inject drugs (PWID). Also covered in the scope of year 2 are priority populations (PPs) like clients of sex workers, adolescent girls and other women (AGYW), fishing communities, security personnel etc. Summary of the services offered are provided in the table below.

Table 3: Details of activities implemented under CDC.

Activities	Annual Target	Q1	Q2	Q3	Q4	Total	Annual % Achievmt	Comments
HIV testing services (HTS_TST)	33,052	6,354	9,129	10,537	14,571	40,591	123%	Use of several testing modalities
Newly Identified HIV positives (HTS_POS)	1,207	330	436	464	657	1,887	156%	Collaboration with 90 HFs and peer navigators
Linkage of the positives to care and treatment	1,207	328	437	460	650	1,875	155%	
Distribution of HIV self-test (HVST) kits	27,789	6,034	8,093	5,153	3,099	22,379	81%	We didn't reach the expected target because we had a stock-out of HVST kits and few available for distribution .
Provision of Pre-exposure Prophylaxis (PrEP_NEW)	5,259	1,605	1,735	1,783	1,715	6,838	130%	Peer navigators
Retention of Clients on Pre-exposure Prophylaxis (PrEP_CT)	4,415	6,160	7,180	7,969	10,467	10,467	237%	

Table 3: Details of activities implemented under CDC.

As per the HIV NSP Plan of Action, SFH was granted funding to expedite the implementation of the "strategic information" component of the NSP program, with specific emphasis on nationwide condom distribution and media (TV and radio) campaigns. To ensure the availability and accessibility of condoms in the community as part of this initiative, SFH utilized social marketing of condoms as a channel. Under the GF program, several project activities were undertaken to enhance the availability and accessibility of condom social marketing in Rwanda. All behavior change communication (BCC) efforts were aimed at achieving the following primary objectives. Below are highlight of achievements for the reporting period.

- A total of **9,207,731** condoms were distributed, which helped to prevent HIV/STI transmission and unintended pregnancies among the target population.
- Seven(7) roadshows/special event were conducted in Nyamagabe ,Nyanza, Rusizi, Kayonza and Nyagatare districts.
- Three talk show promoting condoms and their correct use was aired on Rwanda National Television (RTV) as part of its Friday Flight Show and Radio B&B Umwezi
- Two Radio mentions broadcasted on B&B umwezi and Kiss FM for 30 days
- Supervision was provided to 2,000 condom outlets.

Created IEC material (RINDA INZOZI ZAWA PLAISIR) 5 billboards fixed with 10 Flex (message) as targets for 5 districts. which are Gasabo, Muhanga Ruhango Gicumbi and Karongi leading to an achievement of 100%



Plaisir TV Show and Road show event in Nyamagabe district aimed at condom promotion

3.3. RMNCAH/ MALARIA SERVICES

To contribute to preventable 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.



3.3.1. Ingobyi Activity

Ingobyi Activity is a USAID-funded activity implemented by a consortium led by Intra-Health with the main objective of improving the utilization and quality of RMNCH and malaria services in Rwanda, in a sustainable manner.

For this reporting period, Ingobyi Activity accelerated her efforts of influencing positive health behaviors for better adoption of RMNCH/ malaria services. **A total of 20,719 individuals were reached with RMNCH/ malaria messages and services through 16 outreaches. During those outreaches 2,617 users adopted modern contraceptives which equals to 10.5%. In addition, 316 school peer educators and ,240 out of school peer educators ,451 teachers received ASRH training in order to promote ASRH within their communities, 65 SRH focal points from health center participated to ASRH and teenage pregnancy refresher training to support intended referrals and linkages. No activities were conducted in Q3 as the project came to an end.**

Details of activities implemented during this reporting period are provided below.

Table 4. Details of RMNCH SBC activities during the reporting period

Activity	Annual Target	Semi-Annual Target	Q1 Achievement	Q2 Achievement	Total	Semi-Annual %	Annual % Achievement	Comments
Conduct Integrated community outreaches	18	18	9	18	17	92.5	94	16 sessions reaching 20,719 individuals
Family Planning adoption	N/A	N/A	1,389	1,228	2,617			11.6% of the individuals reached
Training of school peer educators	300	300		316		105%	105%	
Training of school peer educators	224	224		240		107%	107%	
Training of teachers	451	451		451		100%	100%	

Source: Project Reports



RMNCH and malaria messages and services delivered during an outreach event was delivered in Gicumbidistrict, Rwesero sector

RMNCH and malaria messages and services delivered during an outreach event was delivered in Gicumbidistrict, Rwesero sector



**Muhanga Director of health
*participated actively in the ASRH
training in Mata site**

3.3.2. Cyber Rwanda

Cyber Rwanda is a digital platform(website) that aims to improve the health and livelihoods of urban and semi-urban adolescents (12-19 years) and consists of a robust FAQ library, online ordering, and a clinic locator to deliver integrated age appropriate SRH information, employment. During this reporting period, the following was achieved.

- Cyber Rwanda conducted refresher trainings for 74 health service providers (51 pharmacist and 23 nurses), 210 students and 88 lead teachers in 44 implementation schools across 8 districts. These trainings were aimed at re-discussing the implementation of the CR programme and reviewing the changes made to the CR website based on research check-ins done to help users gain knowledge and skills on SRH via CR.
- In addition to trainings under R4S programme in youth centers a total of forty-five (45) youth ambassadors and eighteen (18) youth center staffs were trained on CR program and implementation in youth centers and discussed on the CR baseline survey across 9 youth centers in 8 districts.
- 44 school organized launch events were conducted across 8 CR intervention districts to increase awareness on CR programme in schools. During these promotional events 23, 108 secondary students received SRH messages from nurses and students were reminded on youth friendly services delivered at the HCs specifically in the youth corner.
- Two study findings were also disseminated: Baseline report for youth centers under R4S and midline data survey findings for CyberRwanda
- Two new study surveys were conducted: Endline for youth centers under R4S and Endline survey for Cyber Rwanda. Survey Reports are being compiled and planning for scale up





Photo: Pharmacist from Trojanus Pharmacy and Nurse from Nyamata Health center in Bugesera District

3.3.3. The safeguard young people program(SYP)- funded by UNFPA.

The Safeguard young people program contributes to improving sexual and reproductive health and rights (SRHR) of young people, thus reducing gender-based health inequities. It supports the adoption, domestication, and implementation of policies, and strengthens young people's competencies on and access to SRHR services and was recently expanded to Rwanda, leveraging on the experience in Southern Africa financed by SDC, the United Nations. **The goal is by 2023, the health and wellbeing of adolescents and young people aged 10-24 is improved and maximized with a focus on their sexual and reproductive health and rights, including the reduction of HIV new infections, in the ESA region, specifically in Rwanda. For this reporting period;**

1. Five PAC sessions were conducted; reached 303 people (174 parents and 130 Adolescents). Individuals through which these ASRH education and PAC techniques were provided, and impact was clearly observed during home visits and was documented as part of success stories.
2. Twenty-one (21) Special ASRH outreach activities in partnership with HCs & Peer educators in hard-to-reach areas were conducted to raise awareness on HIV, GBV and unintended pregnancies and provide voluntary HIV testing services and modern Contraceptives across three districts in different sectors where 768 young people and adolescents were tested for HIV.
3. Fifteen (15) special ASRH events in partnership with HCs/Ycs in selected schools were conducted, raised awareness and created demand for ASRH services including HIV testing & Linkage to care and treatment, whereby during these events (810) students received HIV services and two (2) were linked to health facilities.
4. Seven (7) Radio talk shows were conducted on community radios (RC Rusizi and Isangano) to raise awareness on PAC, ASRH, teenage pregnancy, substance abuse and create demand for SRH services.
5. Two hundred twenty-Five (225) peer educators were recruited and trained on ASRH and peer education, and post -test assessment showed an increase in knowledge whereby, the average mark recorded was 12.7/20 during pretest and 17.6 at post- test and have started raising awareness among their peers.

6. ASRH service delivery points were mapped through coordinates collection and maps produced, giving visibility to the status which will inform delivery strengthening efforts to increase access to quality SRHR, GBV and HIV integrated services.

Peer educator sharing a session on ASRH with their peers including teenage mothers Karongi district.



Peer educator Isaac delivering a session on drug abuse and HIV prevention after umuganda community work Rusizi district.



Peer educator sharing a session on ASRH with their peers including teenage mothers Karongi district.



3.3.4 . The Baramé-ASRH project:

The Baramé-ASRH project is implemented by Society for Family Health (SFH), Rwanda, and funded by Enabel Rwanda. The goal of this project is to enhance Youth Friendly Centers (YFCs) to deliver services and improve knowledge of young people in ASRH and the prevention GBV and drug abuse. The focus of the project is to reinforce youth-friendly centers in the 7 districts (one from each district of Gakenke, Gisagara, Karongi, Nyamasheke, Rulindo, Rusizi and two in Nyarugenge district) to effectively offer high-quality youth-friendly services among young people and adolescents aged between 10 to 24 years. Key interventions of the project include renovations of YFCs, empowerment of health workers to deliver quality ASRH services and drug/substance abuse prevention.

To date, 8 out of 8 Youth Centre are offering ASRH minimum package

- 1,447,808 Youth aged 10-24 attended youth friendly center services. As per the daily record at the reception of Yego centers.
- 251,045 youth aged 10-24 years old attended educational events in 7 districts by both Yego center staff and peer educators.
- 53,122 youth aged 10-24 years received FP/SRH messages through educational materials, and events organized by YCs and PEs
- 83 teen pregnancies recorded in all 8 Yego centers located in 7 districts during the reporting period. Out of these, 51 received ANC services from the nearest health center because of YCs and PEs efforts.
- 7728 youth were tested for HIV and 36 were tested HIV positive and referred to HC for care and treatment.
- 976 Youth and adolescents received family planning methods from Youth Friendly Centers.
- 175 Youth and adolescents were referred by Youth Friendly Centers to Health Centers for family planning uptake.



3.3.5.NSP-RBF- Malaria, Social and Behaviour Change Communication project

For the reporting period Oct 2022 to June 2023, SFH Rwanda received funding from Global Fund/ SPIU to implement Malaria Social Behaviour Change Communication in the seven (7) districts of the eastern province. During this reporting period, the following activities were implemented.

- Conducted 7 Coordination meetings with local leaders at district level and 278 people reached.
- Conducted 65 IPC sessions were conducted in Bugesera, Nyagatare, Kirehe and Rwamagana districts through existing platforms (Community gatherings (Inteko z'abaturage and Umuganda)) and CHWs coordination meeting targeting the hotspot sectors to disseminate integrated malaria prevention and control message and reached 4729 people.
- Reached 124 households through targeted supervision of malaria case finding analysis and supply chain management of malaria commodities in hotspots (at Community Level)
- Conduct targeted supervision visits targeting LLINs, HBM and malaria commodities effective use. Reached 7 districts, 6 district hospitals, 43 health canthers and 52 health workers.
- Conduct Supportive supervision by Central level staff. Reached 7 districts, 7 district hospitals, 26 health canthers and 124 health workers.
- Provided Communication facilitation to 236 health facility team members (Heads of HCs and CEHOs) to support coordination of the project including follow up and supervision.

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, where only Ntarama sector of Bugesera is the only sector in red for the entire province.



Malaria case findings and analysis at Sharita Island of Rweru sector, Bugesera district. .

Malaria prevention and control messages were disseminated at Bugesera district, Ntarama sector, Kibungo cell during community work (Umuganda)



3.3.6. Sustainability Project – Envelop Shield

This narrative report details activities implemented to achieve the objective of sustainability project on malaria prevention using innovative tools (Mosquito shields) in collaboration with MoH through RBC and Rusizi district.

In partnership with MoH through RBC, SCJ and Rusizi district, in this Quarter SFH **distributed 231,000 mosquito shields** in 14,310 households (103,565 people) in Kamembe and Gihundwe and collected the used ones after every 30 days for the environmental protection and recycling process. In partnership with agroplast the used repellent were recycled and we continue production in the process of collection.

During this quarter, in collaboration with the local leaders, we have changed the approach where the distribution is done in the cell level whereby before it was distributed per households using door to door approach. This new approach is helping on the sustainability whereby the community in these sectors collect the repellents at the cell level, during community work (umuganda) and community meetings, it is also helping us to reach the population in few days of distribution and in collection.



The training of the community leaders at cell level.

During the training meeting, they formed groups by cell and discussed on the way they will distribute mosquito shields and collect them after 30 days of use.



Group discussions

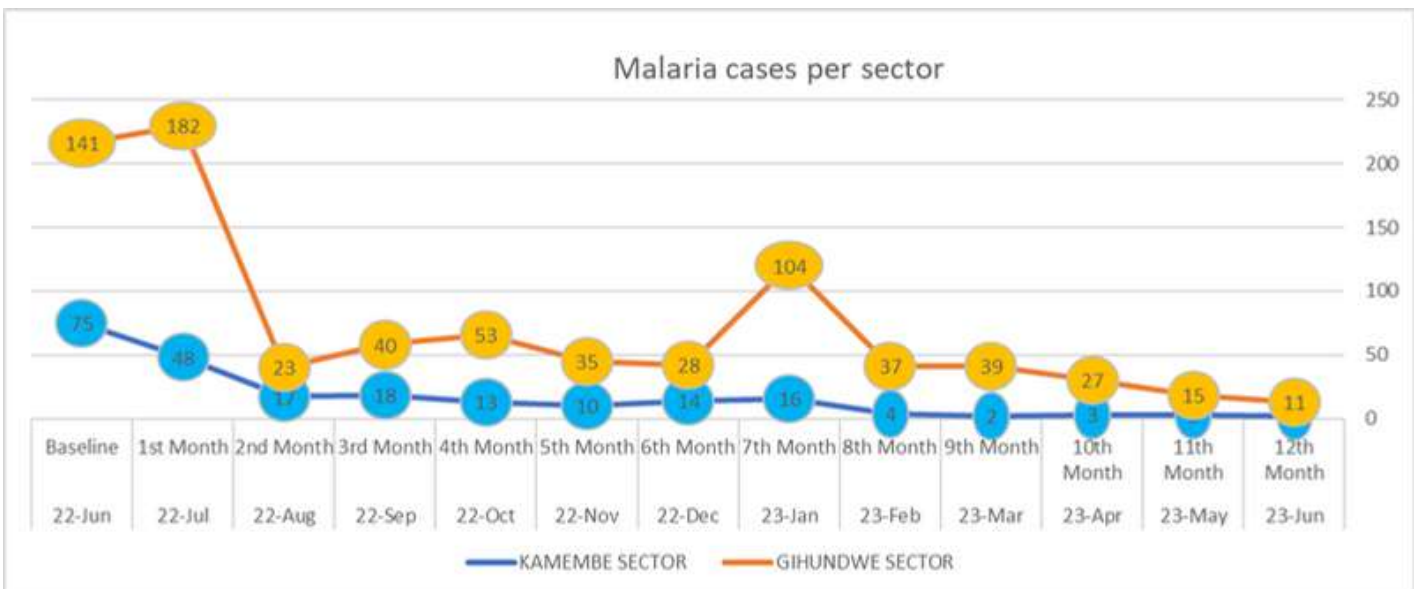
The distribution and collection were made through community works and meetings to reach out many households in short period. The community mobilization was also made through these meetings and different events for the awareness of the new changes in distribution and collection which involve the community responsible to receive and hand their shields and collect them after 30 days of use.



Peer educator sharing a session on ASRH with their peers including teenage mothers Karongi district.

Malaria Cases

With a combined interventional strategy, malaria incidence reduced considerably as shown by the below chart. From June 2022, which was considered the baseline, the malaria cases were 216 cases and now we have 13 new cases at the end of June 23. As per the below graphics. This shows a tremendous achievement from the mosquito shields used during this period.



Malaria cases decreased from 216 new cases per month in June 2022 to 13 new cases in June 2023.

Challenges encountered.

- Some people travelling to Congo for their daily work and miss time to pick the new shield this affect the time to return the used shield for after every 30 days.
- Some vulnerable people requested the leaders to bring for them the shields to their households.

Proposed solutions and next steps

- Mobilization of the community and avail one of the family members to reach out the leaders and pick the products as well as bringing back the used shields after 30 days.
- Fund mobilization to continue the intervention and scale it countrywide as it is needed

3.7.7. Mosquito Forecast -Bugesera District

As the country moves to malaria pre-elimination, entomology surveillance and community-based response become paramount in reaching the last mile. It is in that regard, that SC Johnson and Society for Family Health, Rwanda introduced an innovative and technological model that will compliment the existing interventions employed by both the government and partners. The new model is named Raid Mosquito, it is a website that provides a mosquito forecast of 28 upcoming days of mosquito density for all parts of the country to alert different stakeholders including community members for better response. The overall goal of the RAID Mosquito Forecast is to provide prediction(forecast) of mosquito density per specific location to inform different stakeholders response. The project started as a pilot project in Bugesera district in seven sectors which are Mareba, Musenyi, Mayange, Nyamata, Ntarama, Kamabuye and Rweru. The project will be piloted for 1 year and scaled up in other districts especially where there are entomology sentinel sites

Table:5 summary of activities implemented.

Activity	Stakeholders Involved	Activity Status	Outputs
Project conceptualization and design	MoH, RBC, SCJ, SFH and Local government (district)	Completed	Project well designed and approved to fit purpose
Introductory meetings at national level	MoH, RBC, SFH and SCJ	Completed	<ul style="list-style-type: none"> Two introductory meetings held at RBC between SCJ, SFH and RBC staff. Project was introduced. RBC – malaria division provided feedback to incorporate for the project implementation
Introductory Meetings at community level	Bugesera district, sectors, cells and CHWs	Completed	<ul style="list-style-type: none"> Two introductory meetings held at Bugesera district, participants included Vice-Mayor Social Affaire, Health Director, Director General for Nyamata Hospital, in charge of CHWs, among others. Seven meetings held in 7 sectors where the pilot project will be implemented. Participants of the meetings included Head of health centers, CEHO, Sector executives, cell executives and CHWs.
Website review, testing and feedback provision.	RBC, MoH, SCJ and SFH	Completed	Website nreviewed and provided feedback on what to improve.
Joint stakeholder meeting to create SMS messages to share with CHWs	MoH, RBC, Bugesera district, SCJ and SFH	Completed	Draft SMS was proposed, it will be tested and validated in May 2023
SMS testing and feedback provision at community level.	Bugesera district, Sector Executives, Head of health centers, cell executives, CEHO and CHWs	Ongoing	Testing still ongoing.

3.4. END-TO END CERVICAL CANCER PREVENTION AND TREATMENT

Elekta Foundation, in collaboration with the Rwanda Ministry of Health (MoH), the Rwanda Biomedical Centre (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 October 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 on SFH side 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.

The project has now been scaled up to Kayonza District

3.5. Systems Strengthening

3.5.1. HPs under MOH Partnership

With support from GoR, SC Johnson, Abbot and UNICEF, Government of Japan and UNFPA; SFH Rwanda is currently managing and operationalizing 40 HPS of which 29 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.

Table:5 summary of activities implemented.

Health indicator /Month	2022			2023									Total
	Oct.	Nov.	Dec	Jan	Feb	March	April	May	June	July	August	September	
# of patient U5 treated (Integrated Management of Childhood Illness (IMCI) service	6,591	7,799	9361	14,559	7,728	6,599	7,971	9,614	6,925	6,378	8,323	6,437	98,285
# of patient 5 years and above treated in OPD (cases)	30,884	37,808	39963	37,741	31,818	29,482	34,515	32,351	35,734	25,977	24,258	25,339	385,870
# of women who were attended for ANC	300	277	281	330	313	291	385	294	275	747	370	340	4,203
# of live births delivered in the Health Posts	157	150	146	135	159	150	151	164	155	154	186	180	1,887
# of active new users for FP modern methods	807	696	773	648	1,172	693	794	1262	1136	834	1099	869	10,783
Total	38,739	46,730	50524	53,413	41,190	37,215	43,816	43,685	44,225	34,090	34,236	33,165	501,028

3.5.2 . Sand technology Partnership

SFH Rwanda established a partnership with African Leadership International Limited (ALI) to implement an innovative health posts project through digitization of forty (40) Health posts located in 7 districts (Nyagatare, Kirehe, Bugesera, Gicumbi, Burera, Nyaruguru and Rusizi).

In this reporting period , twenty six (26) SGHP have been digitized, powered by eFiche, easing data capture and analysis. Each HP was given two laptops, two tablets and star link internet. A centralized data center(Blue room is now operational)

In addition to training the HP staff, Health posts project -SFH has recruited Digital Health Officers (DHOs) for each HP and trained them in Technical Support and Troubleshooting, Data Quality and Security, Performance Monitoring and System Improvement, and Communication and Collaboration. Their training has equipped them with strong data management and security skills, excellent communication and interpersonal skills, and the ability to work independently and as part of a team. The DHOs will oversee the implementation, training, and maintenance of the Health Post's HER system which will allow health post providers to monitor quality of healthcare services and improve patient outcome.



3.6. 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. So far, SFH Rwanda has obtained the Environmental and Social Due Diligence (ESDD) Letter from the IFE Department of Environment and Social Governance (ESG), to confirm the fulfillment of IFC conditions for ESIA and ESMP and Construction and the acquisition of equipment. The 40 HPs in the 1st Phase has ended, and recruitment of private operators is also underway. The construction of the second phase of 40 additional HPs will start soon.

4.0. COLLABORATIONS & PARTNERSHIPS

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

SFH in partnership with the government of South Sudan through the support of SCJ continued to enhance the people's healthier lives through providing quality health care which respects the needs and wishes of the community. This set out SFH's ambition to provide outstanding care to the community we are serving. This project intends to upsurge health promotion interventions using evidence based social and behavior change communication to empower the communities. SFH works in partnership with MOH South Sudan continually to increase malaria awareness and health service available and accessible within the community of South Sudan particularly people who live in Gudele zone. The following are major achievements of this reporting period of October 2022 to June 2023.

- **10,624** clients of different categories came to Gudele community health for different health services that including ANC, FP, consultation, diagnostics, treatments, medical follow up, pharmacy, HIV testing.
- **4618** Malaria cases tested and treated
- **100** mothers took up family planning methods
- **157** mothers came for ANC visit
- **6** Deliveries
- **849** clients were tested for HIV 7 were found positive.



The pharmacist giving education on how to properly take the medicines as prescribed by the Doctor.

4.2. Un Foundation -Malaria Prevention- Through SBCC

SFH, South Sudan in partnership with UN Foundation is implementing malaria prevention using evidence-based approaches to prevent and control malaria in gudele community South Sudan. The Project is aimed at increasing acceptance and correct/consistent use of LLINs among the target audience improved knowledge and attitudes toward malaria behaviors, products and services improved, increased number of people who seek of early malaria treatment services, increased number of people reached with Malaria prevention messages through SBCC interventions, and reduction in the number of malaria cases in South Sudan.

The following is a summary of implemented activities and achievement for 6 months:

- Introductory Meetings with Minister of Health at national level, Hon. Minister of Health of central equatorial state, Director General of Munuki payam and the entire leadership of gudele zone.
- Trained 20 community health workers and 8 supervisors.
- Conducted SBC IPC and door to door Sessions 3,316 people reached through IPCs and 2,918 general population, 2,176 children under five years and 1,930 pregnant women who were the target audience for malaria prevention and control messages.
- Conducted 2 radio talk shows on Eye Radio.
- Conducted 6 coordination meetings with community health worker and supervisors.
- Provided malaria diagnosis to 2605 people and 2475 treated for malaria disease.
- Provided 6 months' salary to 3 staff, Head Doctor, laboratory technician and SBCC officer.



Picture of CHWs conducting IPCs at household level to disseminate malaria prevention messages.



5.0 CHALLENGES

- Stock out of products specifically mosquito repellents, mosquito nets and plaiser condoms.
- Limited funds to carryout social marketing of health products
- Some Youth centers are not delivering full package of health services as they don't have health staff (service providers)
- Issue of availability of technical staff, especially Nurses, Midwives, Dental and Ophthalmology therapists to work in SGHPs is persisting. SFH has requested the support of the Ministry of Health to use one (1) Dental and Ophthalmology therapist available to offer healthcare at two health posts on a rotational basis.
- The issue of financial sustainability of some health posts located in very hard to reach communities with low population densities. In addition, the cost of running the health posts is high which is a major threat to the financial sustainability of health posts, therefore SFH is actively looking for partnerships/funders to provide start up capital for atleast the first six(6) months..
- High staff turnover, most of the health posts that are being managed by SFH are in
- very hard to reach communities. This inaccessibility makes it hard for the retention of the needed healthcare providers. One of the long-lasting solutions is ensure that would address the issue would be to build staff houses along with all newly established health posts and expand the performance-based financing.