



Rwanda

'Inspiring Healthier Lives'



FY 2021 ANNUAL REPORT



FOREWARD

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

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: 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 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 15 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. It's in this regard that, SFH signed a management contract with MoH, RSSB and RMS to manage 193 HPs over a period of 15 years

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 Wandera Gihana
Executive Director

Table of Contents

FOREWARD	
ACRONYMS	1
1.0 INTRODUCTION	3
Vision, Mission and Values	3
Priority Health Areas	3
Solution Areas	3
Table 1: SUMMARY OF PROJECTS IMPLEMENTED	3
ANNUAL IMPACT AT A GLANCE	6
2.0 2020/2021 IMPLEMENTATION RESULTS	6
2.1. Social marketing of Health Products.....	6
2.2. Behavior change communication (Community engagement& awareness),.....	10
2.2.1. HIV Prevention	10
2.2.2. RMNCAH/ Malaria Services.....	14
2.2.2.1. Ingobyi Activity.....	14
3.0 Systems	23
3.1. Second Generation Health Posts	23
3.2. Health Kiosks	25
4.0 MONITORING AND EVALUATION	26
5.0 COLLABORATIONS & PARTNERSHIPS	26
5.1. Great Lakes Malaria Initiative (GLMI) in partnership with EAC	26
5.2. Great Lakes Malaria Initiative (GLMI) in partnership with EAC and Republic of SSudan	28
5.3. Management and operationalization of Health Posts	30
6.0 CHALLENGES.....	31
7.0 FY2022 WORK PLAN	31

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
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 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 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 2021
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, and community mobile); maintaining positive KPs on treatment to attain viral suppression, as well as providing prevention services to KPs	5 years (2019-2024)	CDC/PEPFAR	currently operating in 90 health centers (HCs) in 23 districts of Rwanda

	including provision of PrEP and HVST kits.			
BAHO NEZA	Baho Neza project's purpose is to support the GOR to improve UHC 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/ Buffet	30 Districts
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	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.	4 years: (2019 to 2022)	USAID Washington/ Ylabs	8 districts
SC JOHNSON MALARIA PROJECT	The SCJ Targeted Expansion program is focused on social marketing of mosquito repellents for malaria prevention and Social Behavior Change Communication (SBCC) in community	Ongoing based on the availability of funds	SC Johnson	Mosquito Repellents distribution in 10 districts
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 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.	2017-2020	DoD	National level 30 districts
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	7 years 2013-2020	Global Fund Ministry of Health, SPIU	National level 30 districts

HIV Prevention among the adolescents in Gasabo District	The overall objective of the project is reduce HIV incidences and unwanted pregnancies within the adolescents aged 14-25	1 year (2020)	UNICEF	Gatsibo District
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
Systems Strengthening (Abbot)	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.	Ongoing based on the availability of funds	Abbot	Bugesera District
Global Fund Malaria	Malaria Prevention in the Eastern province	One year	GF/SPIU	Eastern province
Assess digital solutions & options to fast track efficiency in claims' reimbursement & increase accountability & transparency in the use of resources in HPs in Rwanda	Assessment	3 months	UNFPA	Study across 12 HPs in 12 Districts
Assess the capacity of HPs Platform for a sustainable Primary Care in Rwanda	Assessment	3 months	UNFPA	Study across 30 health posts from 10 selected districts
Amref/COVID-19 - The digitalization of CHWs education on covid-19 outbreak	Capacity Building of CHWs	5 Months	Amref	10 selected districts in Rwanda

ANNUAL IMPACT AT A GLANCE

A. Products/ Social Marketing:

The distribution of 16,424,439 condoms (Prudence& Plaisir), 134,314 cycles of Confiance pills, and 13,107 Doses of Injectables led to the provision of 149,101 couple years of Protection (CYP)

In addition, the distribution of 963 bottles of Sur'eau and 1,097,177 sachets of P&G disinfected 11,954,770 liters of drinking water hence contribution to the reduction of diarrhea related diseases

B. Services

B.1. HIV Prevention

- 2620 individuals out of the 83,117 individuals tested are aware of their positive status and have been effectively linked to care and treatment at a percentage rate of 99% (2,582 individuals)
- 6,601 new eligible clients (KP&AGYW) were initiated on PrEP hence reducing new infections among key populations (Kps)
- 23,284 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.2. RMNCAH social Behavior Change Communication

- 7,243 new users adopted modern contraceptives, limiting family size and improving their health as well.
- 354 Tablets were distributed to 44 schools in selected eight districts (8 tablets per school) easing access to ASRH information among adolescents aged 12-19 years
- 15 SGHPs have been constructed and are providing services

2.0. 2020/2021 IMPLEMENTATION RESULTS

2.1. Social marketing of Health Products

During this reporting period, SFH Rwanda scaled up its efforts to ensure access and availability of various health products through a well-established and supported private sector distribution channel consisting of wholesalers, semi wholesalers and retailers. Under HIV and FP program, Plaisir& prudence condoms, Confiance Pills & Injectables were distributed. Under Malaria program, Mosquito nets and Mosquito repellents (Coil, Off Lotion were distributed. Under Water, sanitation and Hygiene,P&G was distributed as home water purifiers **Forty(40) wholesale outlets** at district level, **180 cell level outlets** were created **while 3,176 outlets in all the 30 districts** were supervised to ensure effective distribution of the health products. In addition, **10 big billboards** were installed in ten different districts of the country for Plaisir and Prudence brands' promotion. Details of the distribution in the table below.

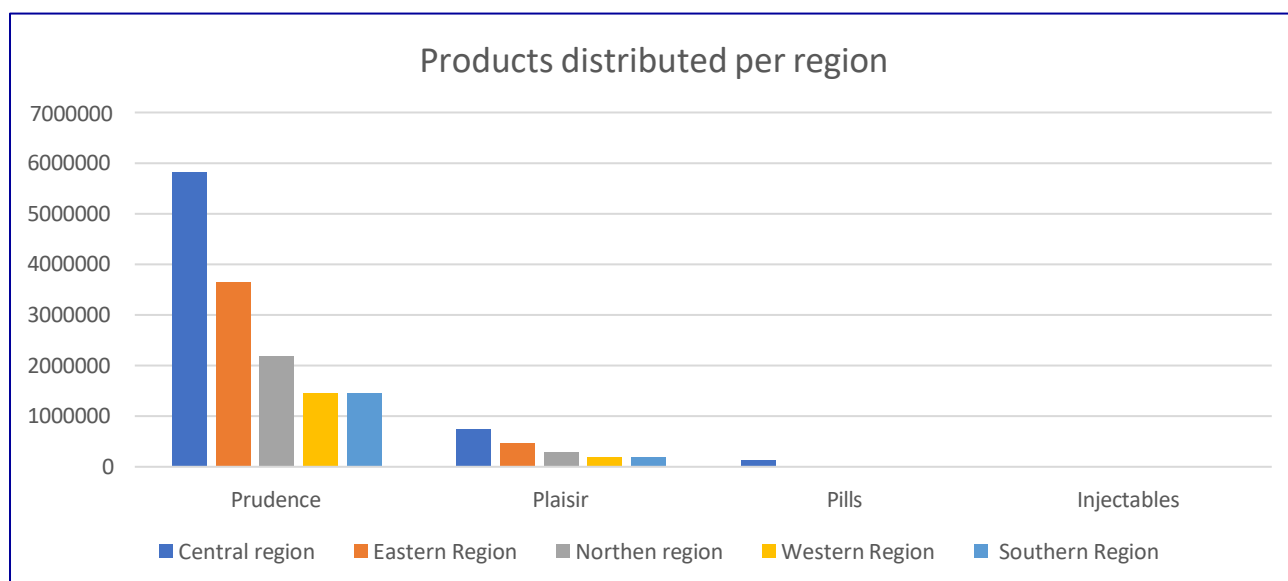
Table 2: Table showing Health Products distributed

Products	Annual Targets	Q1	Q2	Q3	Q4	Total	annual % Achievement	Observation
Prudence	15,159,375	3,781,560	3,347,460	3,564,048	3,863,641	14,556,709	96	On track due to increased sales efforts and supportive DS
Plaisir	2,500,000	576,000	130,380	75,010	1,086,340	1,867,730	75	Condoms were tested and failed on a few parameters and halted distribution
Pills	140,000	36,338	19,293	22,043	56,640	134,314	96	On track due to increased sales efforts and supportive DS
Injectables	15,000	1,157	2,335	2,735	6,880	13,107	87	Underachievement due to free injectables to private clinics that have been our clients by MoH
P&G	1,135,000	250,000	-	-	849,177	1,099,177	97	On track
Baygon	140,112	7,794	5,442	8,576	130,788	152,600	109	On track due to increased sales efforts and supportive DS
Offlotion tube	34,560	729	209	7	28,717	29,662	86	
Off lotion Sachets	172,800	10,415	6,833	13,462	205,627	236,337	137	
Mosquito nets	10500	1,833	1,276	1,900	1,066	6,075	58	Stock out of LLINs

Data Source: Field Reports

Data Quality: CTL triangulation

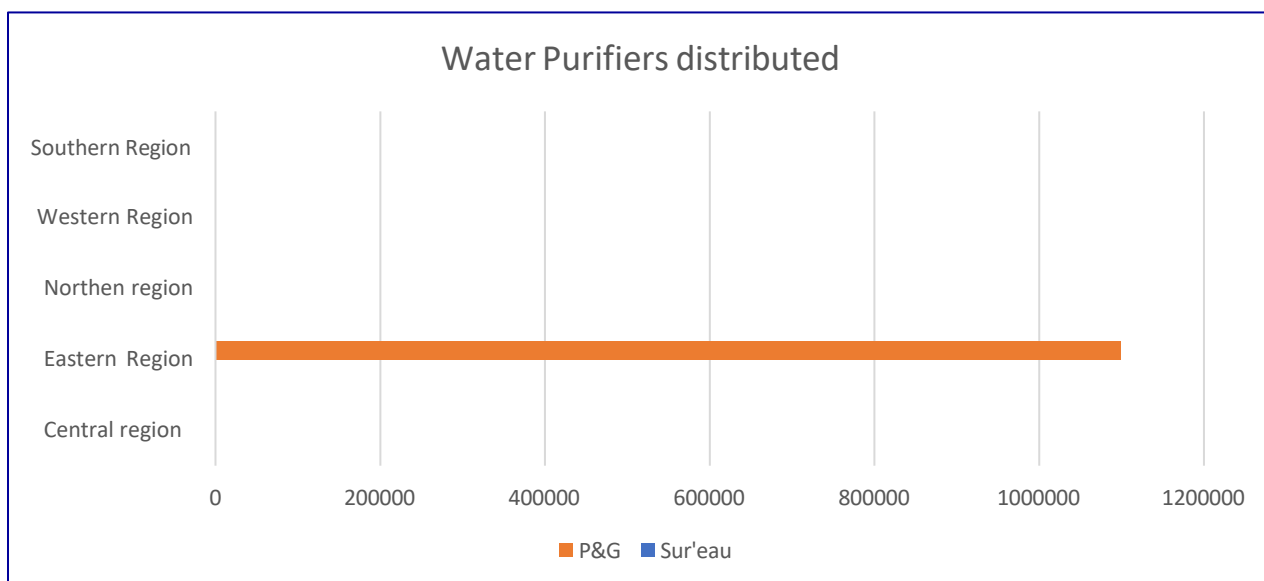
Graph1: Family Planning/HIV products distribution per region



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.

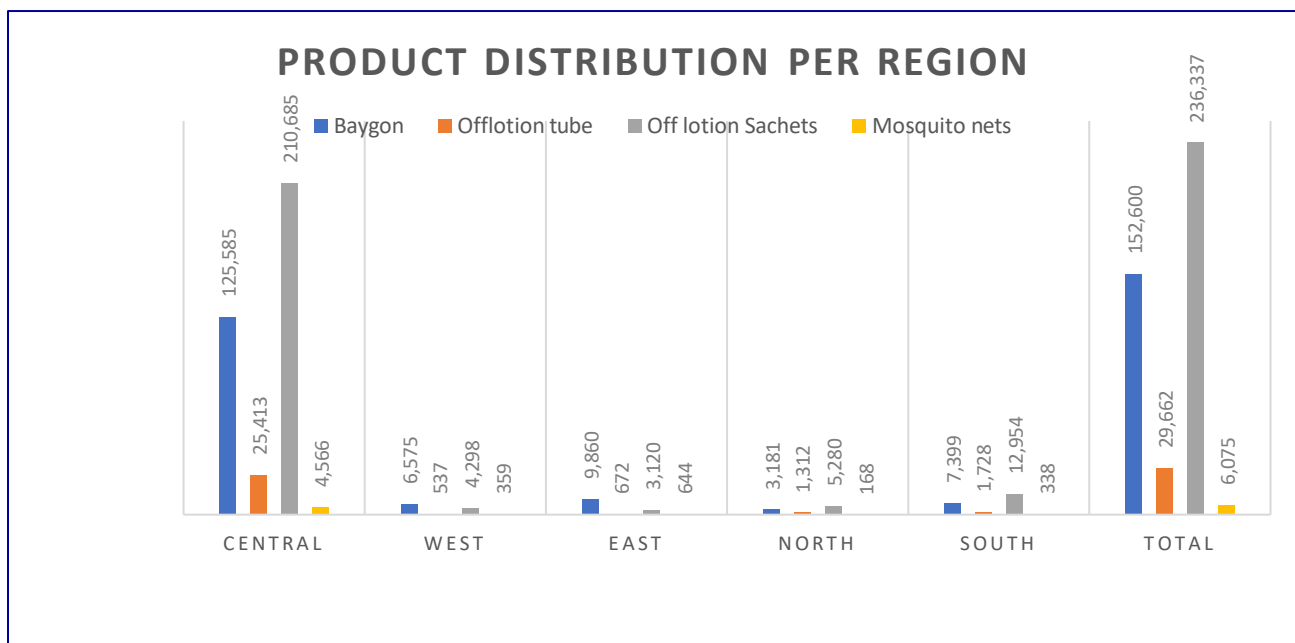
Graph 2: Distribution of Water Purifiers (Sur'eau & P&G) per region



Data Source: Sales Reports, triangulated with CTL

- P&G (water purifier for turbid water) was exclusively distributed in the Eastern zone due to our partnership with Food for Hungry that implements a WASH project in Nyagatare
- Only a few bottles of sur'eau(963) were distributed. There was a stockout due to COVID 19 that disrupted importation of the product but now the, product is available

Graph 3: Distribution of mosquito repellents & LLINs per region



Data Source: Sales Reports, triangulated with CTL



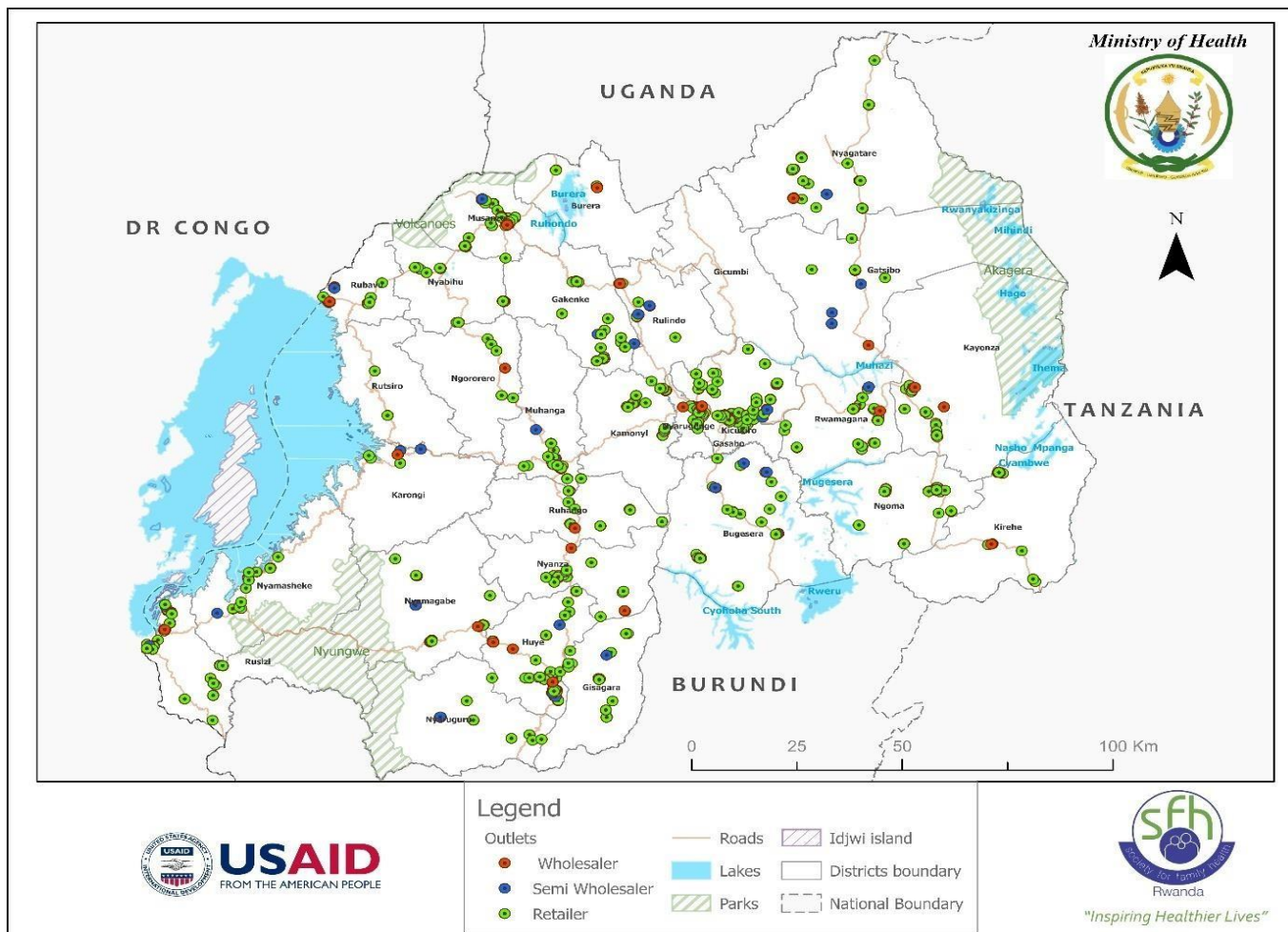
Mounted Billboards promoting Plaisir condom



Brand in Nyamagabe & Muhanga Respectively



Outlet supervision and Creation



Map showing SFH's outlets across the country

2.2. Behavior change communication (Community engagement & awareness),

Despite limitations brought by COVID 19 prevention measures, 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

In collaboration with MoH/RBC, Health Centers, Medical Regiment and trained peer educators from targeted audience (FSWs, MSM & Military), SFH during this reporting period implemented several HIV prevention interventions. Promoting condom use among 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.

Table 3: Summary of Achievements per Project

Project	Activities	Annual Target	Annual Achievements	# of positives	% Achievement	Comments
DoD	HIV testing services (HTS)	14,272	15,401	280	107.9%	On track achievement due to strong partnership with MoD, Kanombe Military Hospital and peer educators
	Finding of positives	132	280	N/A	212.1%	
	Linkage of HIV positives to care and Treatment	132	265	N/A	94.6%	
	Distribution of HIV self-test (HVST) kits	2,683	4,204	N/A	156.7%	
	Identification of hotspots surrounding military bases	168	220	N/A	131.0%	
	Provision of standardized individual and group HIV prevention messages	5,645	6,111	N/A	108.3%	
CDC	HIV testing services (HTS_TST)	72,332	67,795	2,342	93.7%	Increased efforts of the staff & HC collaboration despite disruptions by COVID 19
	Newly Identified HIV positives (HTS_POS)	981	2342	N/A	238.7%	Supported by 21 HCs within Kigali City
	Linkage of HIV positives to care and Treatment (TX_NEW)	932	2332	N/A	250.2%	Peer navigators supported the provision of which 99% was unassisted
	Provision of Pre-exposure Prophylaxis for KPs (PrEP_NEW)	4176	3931	1435	94.1%	On track
	Provision of Pre-exposure Prophylaxis for AGYWs (PrEP_NEW)	971	2670	1433	275.0%	Community VCT eased immediate linkage as testing was done the HC
	Recency Testing (HTS_RECENT)	908	1307	N/A	143.9%	
	Distribution of HIV self-test (HVST) kits	13000	18860	N/A	145%	
RSMP	Reach of AGYW through IPC& special events	12,000	11,400	N/A	95%	On track achievement due to 82 cell level peer educators & strong partnership with Caritas mentors

Data Source: Field Reports

Data Quality: Triangulation with DATIM data

Ubuzima Bwiza Ishema Ryange Project (UNICEF HIV Prevention Project in Gatsibo)

With the new 2021 extension, this project aims to introduce a new strategy involving integrating individual risk assessment in HIV testing services at facility and community levels and providing HIV self-testing services in two pilot sectors, GASANGE and KIRAMURUZI in GATSIBO District. UNICEF and the Ministry of Health (RBC) will provide technical guidance and support and will conduct required implementation research to inform national scale-up of this new HIV testing strategy. Peer to peer programs at community level will also be strengthened to increase knowledge on HIV and create demand for HIV testing and treatment services focusing on vulnerable adolescents and young people, mainly out of school and young mothers aged 15 to 24 years. During this reporting period, the following has been implemented.

An initial meeting to introduce the project was conducted and 22 stakeholders and 141 peer volunteers attended the meeting

- In collaboration with UNICEF, RBC and Gatsibo District, 24 Health care providers (HCP) and 32 Peer volunteers from Gasange and Kiramuruzi Sectors were trained on use of the individual risk assessment tool during HIV testing services at facility and community level and peer educators to use the simplified individual risk assessment tool as they mobilize peers for community based HIVST services.
- 167 Peer volunteers from all 14 Sectors of Gatsibo district were provided refresher trainings on SRH and peer education and communication
- 4 Radio talk shows were aired & 20,830 youth 15-24 are estimated to have listened to the show.
- 50,066 generic condoms were distributed. and
- 9,925 individuals were tested against 9,140 targeted representing 101% of achievement
- 65 Adolescents and Young People 15-24 received HIV Self-Test services.
- Gasange Youth center was equipped with a tent, 100 chairs, a projector and TV screen for use during youth engagement sessions and outreaches

Table 4: Summary of CDC Project achievements per District

District	HTS (Community Mobile, VCT, Index)	Finding of new positives	Linkage HIV Positives on ART	Distribution of HIV Self testing	KP Prev (HIV prevention)	PrEP provision by HCs (Fsws, MSM & VIP FSWs)
Bugesera	4631	126	126	740	1211	
Burera	317	4	4	155	430	
Gakenke	911	24	24	265	821	
Gasabo	6903	293	293	2060	3884	1825
Gisagara	819	13	13	120	818	
Huye	2577	97	97	806	2404	450
Karongi	2349	97	97	454	905	167
Kayonza	1465	52	52	518	1055	
Kicukiro	11649	465	463	4570	9143	2048
Kirehe	2383	61	61	530	1314	
Muhanga	4335	156	153	735	1340	100
Musanze	2765	113	113	965	1033	
Ngoma	614	18	18	490	808	
Ngororero	666	8	8	117	540	69
Nyagatare	1187	45	44	837	832	
Nyamasheke	1877	52	52	282	1439	
Nyanza	1218	25	25	145	1448	81
Nyarugenge	5438	207	206	1510	4619	1111
Rubavu	2594	88	88	729	1520	372
Ruhango	4061	50	50	309	921	187
Rulindo	1552	63	63	570	1163	
Rusizi	3958	137	135	909	2331	
Rwamagana	3526	148	147	1044	1135	191
Total	67795	2342	2332	18860	41114	6601



Special event in the Kabuga Youth Center- Gasabo district

Lessons learned

- Identification of the biggest hotspots and a strong mobilization done by trained FSWs peer educators has increased identification of new positives
- Integration of nurses in charge of ARVs services in mobile HTC services is continuously improving the linkage of clients tested positive.
- Adolescent peer education has improved access to ASRH information as well as services
- Well-equipped youth centers create demand for youth center services & delivery



Peer Education in Kiramuruzi Sector

2.2.2. 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.

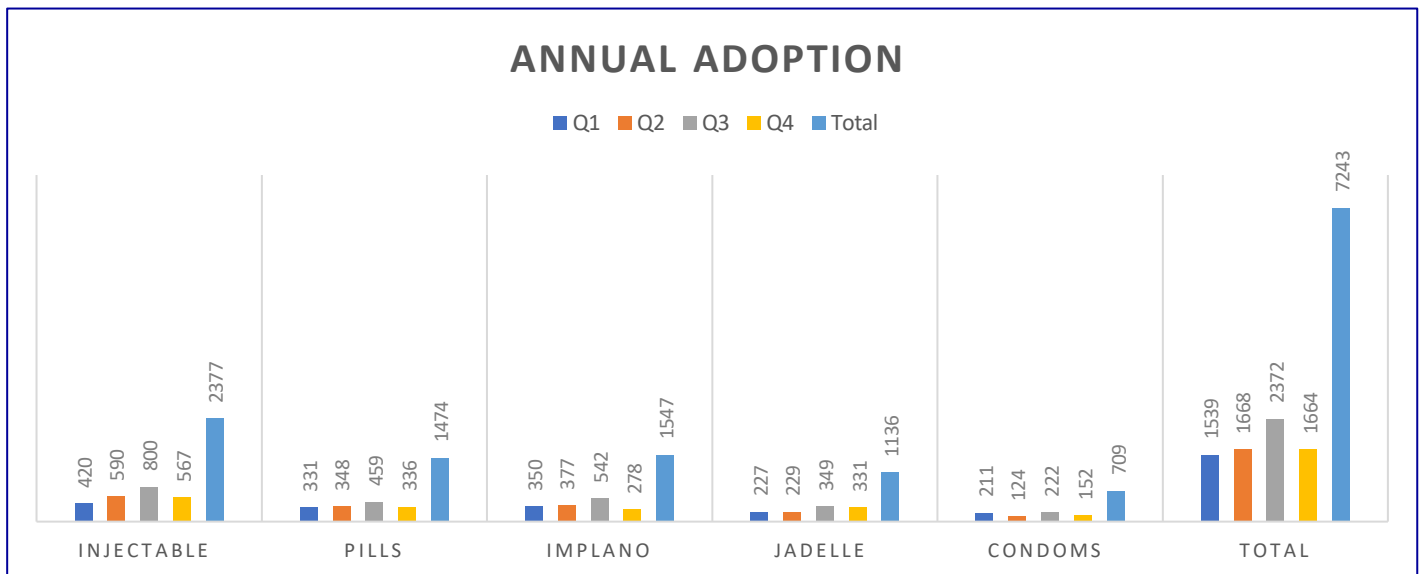
2.2.2.1. Ingobyi Activity

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

Activities	Annual Targets	Q1	Q2	Q3	Q4	Annual Achievement	%Achievement	Comments
Integrated Community Outreaches (3 days each)	80	20	17	22	19	78	98%	29,944 individuals reached in 20 districts
Family Planning adoption	N/A	1539	1686	2354	1664	7243		Injectables at 33%, implano at 21%, pills at 20%, Jadelle at 16% and condoms at 10%
Conduct one day session on parent-adolescent communication (PAC) in the community	28		1	11	16	28	100%	1,139 individuals (569 parents, 570 Adolescents) were reached with SRH messages
Train teachers from selected schools on ASRH & how they can facilitate youth clubs	224		226			226	101%	on track, Done in Gyumbi, Musanze and Rubabvu
Train school peer educators on interpersonal communication and ASRH	140			166		166	119%	
Support peer education through existing out of school youth clubs	80			156		156	195%	

Data Source: Field Reports

Graph 3: Contraceptive Adoption in the YR 2021



Injectables at 33%, Implanon at 21%, Pills at 20%, Jadelle at 16% and Condoms at 10%

In addition, to promote male engagement in RMNCH/ Malaria services, a campaign was conducted that supported 18 community Radio talk shows covering all the 20 Ingobyi supported districts were conducted, 4 Radio spots (MCH, SRH, FP and Malaria) were aired for 40 days on selected community Radios as well as 2 short documentaries (Parent and adolescent communication and Family planning) which are now on the choice live you tube and have attracted more than 51,000 views. Social media content was also created and shared through social media platforms including influencers



Integrated community Outreach



Community engagement group sessions on RMCH and malaria services at Kora HC of Nyabihu district



Parent-Adolescent communication (PAC) in Muramba HC of Ngororero District

2.2.2.2. Cyber Rwanda

CyberRwanda is a direct-to-consumer digital platform developed by YLabs and implemented by Society for Family Health, Rwanda (SFH) that provides information on health and employment and links youth to local pharmacies to improve access to contraception and other health products. It is implemented in 8 districts (Gasabo, Nyatugenge, Huye, Bugesera, Rwamagana, Kayonza, Gatsibo and Nyagatare)

The objective of Cyber Rwanda is to improve a spectrum of adolescent health outcomes, with specific focus on **increased uptake of modern contraception, delayed initiation of childbearing, and increased rates of HIV testing**. Within a Theory of Planned Behavior (TPB) framework, the hypothesis is “Cyber Rwanda will strengthen the knowledge, attitudes, perceived social norms, and perceived behavioral control of participants, leading to the aforementioned health outcome”

CyberRwanda is implemented in schools using two different models: self-service and facilitated and impact will be evaluated through a 3-arm cluster-randomized non-inferiority trial, comparing two different methods of school-based implementation of CyberRwanda and a control group which receives standard available services in the community. As such, during this reporting period.

- Cyber Rwanda conducted **recruitment for all the 60 implementation schools as well as district sessions for randomly assigning study arms to schools (self-service, facilitated and control)**.

- Cyber Rwanda conducted **information sessions in all the 60 schools** that are part of the study design to explain to lead teachers and SI &S2 student leads how the study will be conducted in eight (8) districts.
- **Baseline data collection** was done in all the 60 schools whereby more than 60,000 students were interviewed. Baseline report is available and has been disseminated throughout the 8 districts. Notable findings is sexual debut is 12 yrs and below for girls and 13yrs for boys, Limited ASRH knowledge among adolescents and HIV testing, availability of myths and misconception on contraceptive use among others
- **220 peer educators/ School Ambassadors/ Teachers** have been trained on CR and club facilitation and are facilitating CR in schools.
- **CR has been launched in all the 44 implementation schools** in all the CR districts and each school was given 8 tablets and internet activity booklets, flyers and other promotion materials.





Tablet usage in schools- Reading ASRH information

2.2.3. NSP-RBF- Malaria, Social and Behaviour Change Communication project implemented in all the seven (7) districts of the Eastern province

In November 2020, SFH Rwanda received funding from Global Fund/ SPIU to implement ma Malaria Social Behaviour Change Communication in the seven (7) districts of the eastern province. During this reporting period, the following activities were implemented.

- A rapid assessment to map out Malaria high risk areas and the actual related gap to inform targeted interventions was conducted and final report submitted and approved by RBC
- A Documentary film on the project implementation process and impact was produced for future reference in decision making
- A one-day theoretical training was held with 53 representatives of cooperatives (rice farmers, cattle farmers, fish farming, poultry farming, mining companies/sites and security organs) in 6 districts (eastern province). These categories were thought of because the nature of their occupations exposes them to mosquito biting hence malaria victims.
- Eighteen (18) talk shows were aired on community radios in the eastern province (RBA Nyagatare, Radio Ishingiro and Radio IZUBA) to disseminate malaria prevention messages to a wider audience
- A previously produced radio spot on malaria prevention was aired 239 times in total, on RC Nyagatare, Radio Ishingiro and Radio Izuba
- 7,584 seven thousand five hundred eighty-four thousand CHWs were given performance-based incentive
- CHWs technical orientation meetings were conducted and focused on the following indicators.
 - % LLINs Coverage in EPI: 95% for all districts
 - % LLINs Coverage in ANC: 95% for all districts
 - Malaria Incidence:(reduction of malaria cases by 15%)
 - % HBM: Based on Incidence



The above interventions led to;

- 97% of LLINs distribution coverage in EPI versus 95% targeted
- 96% of LLINs distribution in ANC versus 95% targeted
- 78% HBM performance versus 65% targeted



Malaria prevention interventions

2.2.4. Strengthening the capacity of Youth Centers to effectively deliver ASRH/family planning, prevention of SGBV and detection, prevention care for drugs and substances abuses in seven districts.

The Youth centers strengthening project is implemented through the framework of Barambe project funded by Enabel Rwanda. This project pays attention to the needs of adolescents and young people aged between 10 to 24 years at Youth friendly centers and is implemented to reinforce youth-friendly centers in the 7 districts (one in the district of Gakenke, one in Gisagara, one in Karongi, one in Nyamasheke, two in Nyarugenge - Kimisagara and Club-Rafiki, one in Rulindo, and one in Rusizi), to provide targeted information and high-quality services on adolescent sexual and reproductive health (including FP, unwanted pregnancy, abortion, sexuality, safe sex & sexual transmitted infections,

prenuptial consultation), on drug and substance abuse and on gender-based violence and health friendly services and the following preparatory activities were done during this reporting period;

(i) Inception meetings in the districts of implementation: 35 local leaders from 7 districts were met and included in each district the vice mayors in charge of social affairs, district health directors, JADF officers, Youth coordinators and head of health centers neighbouring the YFC. The project has been very well welcomed as it will contribute to the existing efforts to create awareness and reduce teen pregnancies, GBV and drug abuse. Lessons learnt during these meetings and site visits.

- Lack of staffing in youth friendly centres to deliver health services (lab technicians, nurses, receptionist, and counsellor).
- Limited number of peer educators to appropriately cover the selected district' 1 peer educator per cell may have challenges to cover the whole cell. Strategic approaches will be applied to ensure the entire cells are reached by the peer educators.
- Due to COVID-19 outbreak, the Lockdown and social distancing requirements may lead to limitation of gathering methodologies during the trainings and BCC campaigns. The team doing the implementation will ensure COVID-19 prevention barriers are applied to stop the spread of the COVID-19 outbreak.

(ii) Recruitment and training of peer educators: 523 peer educators (one per cell) were recruited in partnership with district officials in charge of Youth in the community and were trained on SRH and communication to ensure effective implementation of the SBC strategy

(iii) Training of health providers: 129 health care provider (HC nurse and YC care provider) s were trained on SRH and provision of Youth Friendly services. The trainings were conducted using the national training manual of service providers and focused on the following subjects: ASRH friendly services, quality ASRH service package delivery interpersonal communication techniques (IPC) youth friendly

(iv) Baseline Survey and KAP survey were finalized, and final reports shared. Among key findings were;

- Providers need more capacity in managing ASRH issues including prevention and detection of drug and substance use, and to involve the youth in decision-making.
- Half (4/8) of the youth centres don't have the required minimum staffing including a nurse and laboratory technician as well as minimums service package
- Access to youth centres and youth-friendly services were found to be hindered by shame, fear, stigma, and lack of trust experienced by youth, privacy and confidentiality concerns, limited staff at youth centres, lack of awareness of services at youth centres, limited services and opening hours and physical inaccessibility.
- Low knowledge of ASRH among adolescents aged 10-24 yrs

(vi) Renovation of youth-friendly centres: SFH finalized construction and renovation of eight (8) youth friendly centres in the 7 districts to ensure availability and provision of quality youth friendly services

Youth centers	Construction or renovation status
Karongi YC	<p>The rehabilitation works of a Basketball and a sitting volleyball playground of Karongi Youth Center and the construction of public toilets with changing rooms was done and provisional handover was done on December 15, 2021</p> 
Kimisagara YC	<p>The construction of the main entrance fence and rehabilitation of a showroom was done and received by Nyarugenge district on 22 November 2021</p> 
Gakenke	<p>The construction works of a new building block (multipurpose hall, laboratory room, consultation room, counselling room, toilets, and other offices and handover to the district done on 17th December 2021</p> 
Club Rafiki	<p>The construction of fence and public toilet finalized and was handed over to the district on 22nd November 2021.</p>



Cyinzuzi YC

The rehabilitation works of included fixing electricity, ceiling, painting, and provision of a rainwater Harvesting tank.... Those activities were done and handed over to the district on 12 Nov 2021.



Rusizi

Rehabilitation of existing building and public toilets was finalized and handed over to the district on 16th Nov 2021



Gisagara

Rehabilitation of existing building and construction of washroom for people with disabilities.



3.0. Systems

3.1. Second Generation Health Posts

With support from SC Johnson, SFH Rwanda during this reporting period accelerated efforts to ensure full functionality and operationalization of 15 SGHPs. Rusizi (2), Nyaruguru (1) in Burera (2), Musanze (4), Kirehe (3) and Rubavu (3), including maternity services, wound care/surgery.

These SGHPs are strategically constructed in areas that are bordering with other countries, the Pyrethrum farmers - who need these services and they are designed to provide a more comprehensive service package.



Dental chair



Delivery table and infant radiant warmer in Maternity room

In addition, SFH Rwanda supported **Kinigi Health Centre** at the request of Ministry of Health through the provision of the following medical equipment and furniture.

- Four (4) Baby bassinet (neonatal candle)
- Two (2) drug dispensary trolley
- Two (2) Patient wheelchairs
- One (1) Hospital laundry trolley
- Three (3) Infusion stands
- Ten (10 patient beds) and 10 waterproof mattresses
- One (1) Hydraulic delivery bed
- One examination Table
- Three (3) Ward screen (paravant) with 4 sections
- One (1) Obstetric examination light
- Four (4) Instrument trolley
- One (1) Direct ophthalmoscope
- Two (2) Armoire vestiaire / Metal Locker
- Four (4) Office desk
- Four (4) simple tables
- Sixteen (16) standard Chairs
- Five (5) office desks



Hydraulic delivery bed & Examination Table



3.2. Health Kiosks

In addition to the above interventions, three health kiosks were built in partnership with Sc Johnson (Nyaruguru, Rusizi & Gasabo) and these serve as outlets for health products except the one in Rusizi (Akanyaru) that doubles as a testing site!



4.0. MONITORING AND EVALUATION

Three studies were conducted in addition to the routine monitoring activities (Quarterly coordination meetings, supportive supervision visits and data quality assessments (DQA)). These surveys are;

- (i) **Cyber Rwanda Baseline study** and key findings are: in-school youth have limited knowledge of FP/RH topics and that misinformation about contraception is common; Early sexual debut of 12 years or younger (39.3%); high self-efficacy for contraceptive use and most partnered females reported feeling confident negotiating contraception (79.1%); Despite this, actual use of modern contraceptive methods was low overall (14.7%). Previous HIV testing is low (38,3%)
- (ii) **Assess the capacity of HPs Platform for a sustainable Primary Care in Rwanda that was conducted across 30 health posts from 10 selected districts:** The findings included the lack of new national protocols and guidelines in the HPs, refuting the quality of care. In terms of service delivery, the assessment reported that most of the private health posts struggle to deliver good services within the package of health services they are expected to provide because of the limited number of staff, delay in payment of medical bills by RSSB causing delay to purchase medical supplies on time and paying the salary of health personnel. The limited collaboration with CHWs was reported as in many areas. CHWs continue to travel to the HCs, the limited opportunities for supervisions and trainings.
- (iii) **Assess digital solutions & options to fast track efficiency in claims' reimbursement & increase accountability& transparency in the use of resources in HPs in Rwanda; study conducted across 12 HPs in 12 Districts:** that Patient's health records are currently dominated by a paper-based phenomenon that is negatively affecting patient medical record accessibility, billing and tracking for administrative and medical purposes. There are poor infrastructure assets as most of all Health Posts owns one computer, which is used in daily data entry of each patient's health care invoice, verification of CBHI insurance validity, and preparation of other reports. In addition, most of the HPs visited did not have printers, whenever they need to generate a report or monthly bill to RSSB. Internet connectivity was also one of the issues identified, some of the HPs have 3G modems, and others use their mobile phones' data to connect to internet. The billing is also a big challenge as it is done manually using excel. The HPs capture each patient's visit in the RSSB billing format. Moreover, due to paper-based system, they have many typing errors; Also Capturing this information from a patient's invoice or from the consultation book takes time and is subject to typing errors that lead to losses during the bill verification.

5.0. COLLABORATIONS & PARTNERSHIPS

5.1. Great Lakes Malaria Initiative (GLMI) in partnership with EAC

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. The activities supported are;



RBC Division Manager elaborating GLMI HP service package during launch in Kirehe

Development of the GLMI Strategic Plan 2021-2025 and its costing that was approved by the EAC member states through its Sectoral Council of Health on 23rd April 2021

Supported a meeting convened by the East African Community in partnership with the Democratic Republic of Congo which developed the Great Lakes Malaria Initiative (GLMI) Score card which will enhance policy dialogue, advocacy, accountability for malaria results and resources

Coordinated the launch of GLMI in Rwanda and Tanzania that took place in Kirehe District- Rusumo boarder and attended by high level dignitaries from EAC member states including, The EAC chair of the Sectoral Council of Ministers of health **Hon. Mutahi Kagwe**, Cabinet Secretary Health of Republic of Kenya. The The launch activities included;

- The malaria expert meeting aimed at approving the GLMI health post service package and structural design
- The launch of GLMI HP at Rusumo boarder
- Demonstration of drone based larviciding at Cyunuzi rice marshland
- Other Community malaria prevention initiatives including IRC
- Launch ceremony



Drone Setting



Larvaciding Cyunuzi rice marshland during GLMI Launch

5.2. 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.

In addition, SFH Rwanda has successfully been registered and was awarded a plot of land to construct a health post in Gudele block 4:

Lastly, SFH supported by SC Johnson, constructed a second generation HP, which will be managed by SFH with support from Ministry of Health at both National and state level. This HP was launched and is fully operational



Gudele block 4 Health Post



Launch event in SS- Guedele



5.3. Management and operationalization of Health Posts

As part of our sustainability plan, SFH Rwanda signed an agreement with MoH to manage and operationalize HPs approved through communiqué of the Cabinet resolutions of the cabinet meeting of December 14th, 2021, The MoU aims at streamlining the management structure of 193 health through staff motivation, Service package improvement(both infrastructure and equipments), improvement of supply chain, Capacity building of HP operators (clinical and non-clinical staff) and CHWs, regular supervision and Mentorship and strengthening of referral system (Ambulances).

This project will be implemented in three phased out approach as follows:

Phase One

During this phase, SFH will focus on 64 HPs located in Bugesera, Nyagatare, Burera, Gicumbi, Rusizi, Nyaruguru and other critical areas that may be deemed necessary among these, 19 will be SGHPs and 45 will be FGHPs. The main interventions will be to enhance their functionality in terms of policy management, capacity building of health workers and SGHPs in general and financial sustainability. Other SGHPs that will be established by SFH during this phase, will also be enrolled in this project framework. This phase will take 5 years during which the following specific interventions will be conducted:

- a) Streamline functionality and sustainability of existing 64 HPs.
- b) Construct 20 new SGHPs in areas where the needs will be expressed in consultation with MOH and the district administration.
- c) Upgrade FGHPs to the level of Second-generation HPs. SFH will ensure that at least 10 FGHPs are upgraded into SGHPs. The selection of FGHPs to upgrade will be done as per the expressed needs and in joint agreement of the district administration, MOH and SFH.

Throughout phase 1 implementation, SFH will conduct annual assessments and submit annual reports to Ministry of Health not later than 20th July each year to document and apply learnings from this phase.

Phase Two

In Phase 2, SFH will scale up learnings from phase one to the rest of the FGHPs supported by SFH and other partners including government. During this phase of 5 years, 144 FGHPs will be retrofitted/upgraded into SGHPs, and their management and functionality enhanced. In addition to the annual evaluations of the project implementation, at the end of this phase, SFH will conduct an end line study to inform the next phase of sustainability. This study will help to develop a sustainability plan based on policies in place.

- a) Upgrade 144 FGHPs to SGHPs.
- b) Streamline functionality and sustainability of existing 193 HPs.

Phase Three

- a) Sustain functionality of 193 HPs
- b) Project documentation and end project evaluation,
- c) Transition of management and operationalization of HPs to the Government of Rwanda.

6.0. CHALLENGES

- COVID 19 and prevention measures especially limitation on public gatherings. However, working with HCs and district authorities have facilitated our interventions
- Limited Funds to implement the needed interventions

7.0. FY2022 WORK PLAN