Lessons learned from Enhanced C3C Learning Exchange

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Overview of key FP strategic policy in Rwanda
Country CMM Staging on FP
Status of FP/HIV Health Systems
Current FP data trends
Enhanced C3C learning experience
Next steps

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Overview of FP in Rwanda-Key strategic policy

- **The *4th Health Sector Strategic Plan (2018-2024)*** "To increase the demand for SRH services, including FP by increasing access to services for all including adolescents and youths."
- ***FP comprehensive manual:*** PHC services (STI/HIV, MCH (ANC,PNC, Child growth monitoring services etc)) whether provided in the private or public sector, should offer opportunities to increase accessibility and availability of FP services;
    - *These points of service provision are often the only contact or the first contact a client will have in the health care system, they are sometimes the only opportunity for providers to offer FP and SRH services.*
- **FP methods are free of charge** in all public health facilities, including at the community level.
- **Increase awareness of FP and SRH** through different channels of communication as well as introduction of new proven modern methods

CMM- Family Planning Domain

Integration of Family Planning into DART models	National policies **do not** support integration of family planning (FP) services into less-intensive DART models	National policies **do** support integration of FP services into less-intensive DART models **BUT** there are no national coverage targets for the number or proportion of eligible women enrolled in DART who receive integrated FP services **OR** there are targets, but no data with which to assess progress towards targets in the past year	National policies do support integration of FP services into less-intensive DART models **AND** there are national coverage targets for the number or proportion of eligible women enrolled in DART who receive integrated FP services **AND** the country has achieved < 50% of its national targets in the past year	National policies do support integration of FP services into less-intensive DART models **AND** there are national coverage targets for the number or proportion of eligible women enrolled in DART who receive integrated FP services **AND** the country has achieved 50-75% of its national targets in the past year	National policies do support integration of FP services into less-intensive DART models **AND** there are national coverage targets for the number or proportion of eligible women enrolled in DART who receive integrated FP services **AND** the country has achieved over 75% of its national targets in the past year

- In 2022, Rwanda's self-staging result on FP/HIV scored **Orange.**
- Rwanda has FP coverage targets for the general population, but no coverage targets set for WLHIV.
- Starting to implement - targeted 20,000 WLHIV in 30 pilot facilities: <50% coverage of the targeted WLHIV has been achieved.

Status of Health Systems in support of FP/HIV integration: Coordination, Training and Stakeholder Engagement

Coordination

- MCCH coordinates FP/HIV integration. There is a team focused on FP activities targeting general population (PLHIV inclusive).
- MCCH and HIV Division collaborate to prioritize SRH needs of PLHIV through their respective sub-TWG, coordination meeting-low mentors, District health management team

Training

- This core team discusses FP/HIV integration needs and has previously collaborated in developing the comprehensive FP training manual that describes FP integration into DSDM.
- Rwanda has a team of 30 National FP trainer of trainers (ToT); 1 per district, and
- As well as a FP trainer and onsite trainer at each health facility.
- 2 cohorts of 30 HIV providers each have been trained and supervised.
- Allocated additional funds to train more ART providers in accordance with the scale-up plan for the next fiscal year.

Stakeholders

- USAID-Intrahealth, Jhpiego, UNFPA, CHAI, SFH, Other CSOs,

Status of FP/HIV Health Systems

PLHIV

Facility

- Intra-facility Referral → **FP Clinic** ⇕ Maternity, Hospitalization, OPD, ANC/PNC, PMTCT, SGBV
- One-stop shop → **ART Clinic** ⇕ Youth corners

FP Services:
A-Counseling, referral, natural methods, condoms
B- Pills, Injectables
C-Implants, IUD
D-Vasectomy, Bilateral Tubal Ligation

Community

- Secondary Health Post: **ABC**
- Yego Youth Centers Post: **ABC**
- CHWs: **AB**

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Differentiated approaches to HIV/FP Integration

Community FP Model

- **CHWs** offer FP at the community level and refills for clients with transfer from the facility. They refer for method initiation, procedure methods (like IUD, implants, ligation) and management of side effects

Table 4. Types and Functions of FP Services by Provider and training required for FP service providers

Service Provider	Natural Methods	Barrier Methods	Oral contra-ceptives	Inject-able	Implants	IUD	Tubal Ligation	Vasectomy
CHWs	V	V	V	V				
Nurse/ Midwife	V	V	V	V	V	V		

- **Secondary Health posts** located at sector offices, offering all modern CP methods, around catchment areas of Christian-based facilities that only offer natural ways.
- **Yego Youth centers** located in vibrant communities offering vocational training which act as points of entry for youth particularly AGYW. They offer youth-friendly FP services including VCT.
- **Community Outreach:** CP distribution coordinated by implementing partners (SFH, Acacia, MCCH/RBC..)

Differentiated approaches to HIV/FP Integration

Facility FP Models

- **One-stop shop**
- **Coordinated Intra-Facility models**

All methods can be offered at facility (Health centers, district and referral hospitals) including **Isange One-stop centers** dedicated to GBV

Table 1. Screening for other Sexual and Reproductive Health Issues During FP service provision, by Level of the Health System

Type of Screening	Community Level	Health post	Health center	District Hospital	Provin-cial Hospital	Referral Hospital
Sexually transmitted infection and HIV risk assessment		V	V	V	V	V
HIV counseling and testing		V	V	V	V	V
Cervical cancer screening			V	V	V	V
Breast cancer screening		V	V	V	V	V
Reproductive tract infection screening	V	V	V	V	V	V
Prostate cancer screening			V	V	V	V

FP Data – General Population targets

Focus	Quantitative indicators and targets
Increase mCPR (MW)	From 48% in 2019 to 60% by 2024
Reduce fertility rate to improve MCH outcomes	From 4.1 to 3.3 by 2024
Reduce unmet FP needs	From 19% to 15% by 2024
Demand satisfied	From 72% to 82% by 2024
Percentage of teenage pregnancy	From 7.3% to < 7.0% by 2024

Rwanda

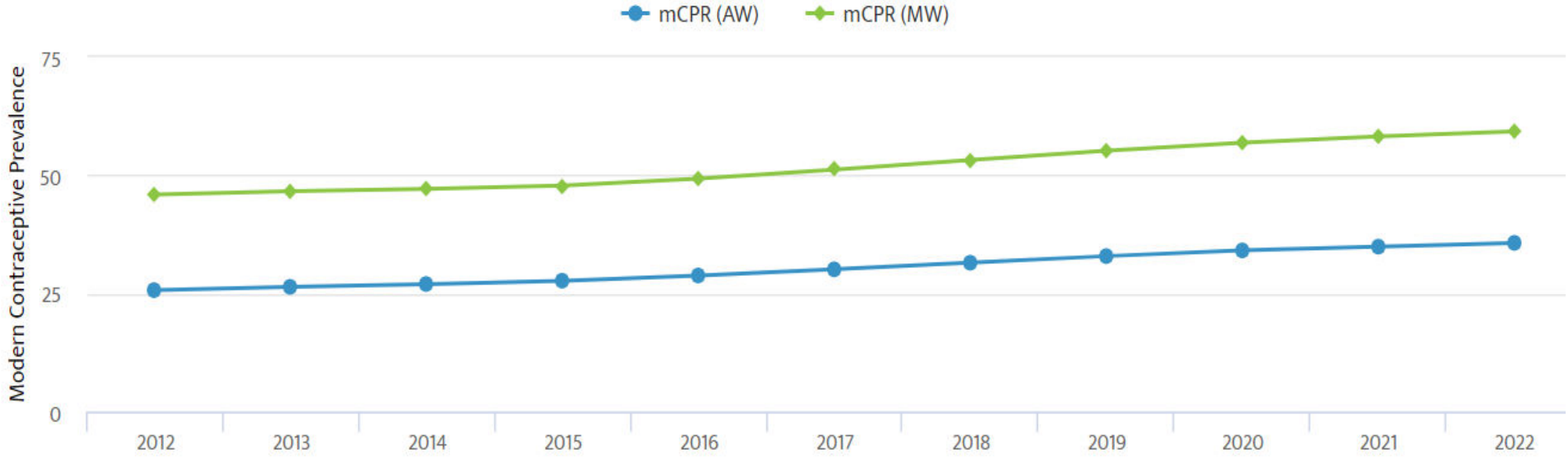
mCPR (AW):	35.7
mCPR (MW):	59.3
Unmet Need (AW):	12.6
Unmet Need (MW):	18.6
Demand Satisfied (AW):	73.9
Demand Satisfied (MW):	76

"The data above is included in the 2022 Progress Report. These values were produced using Track20's FPET model

MW = Married Women
AW = All Women

Projected Trends in mCPR

Rwanda



Note: FP2020 uses a "rolling baseline" so values are recalculated each year based on the newest available dat

In 2022

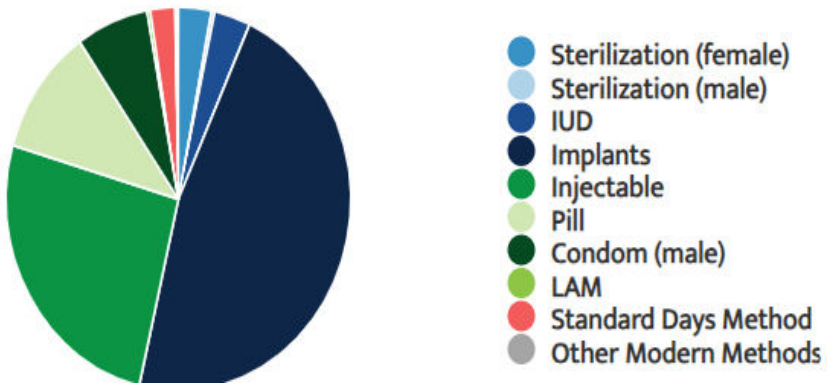
1,280,000 women are using a modern method of contraception

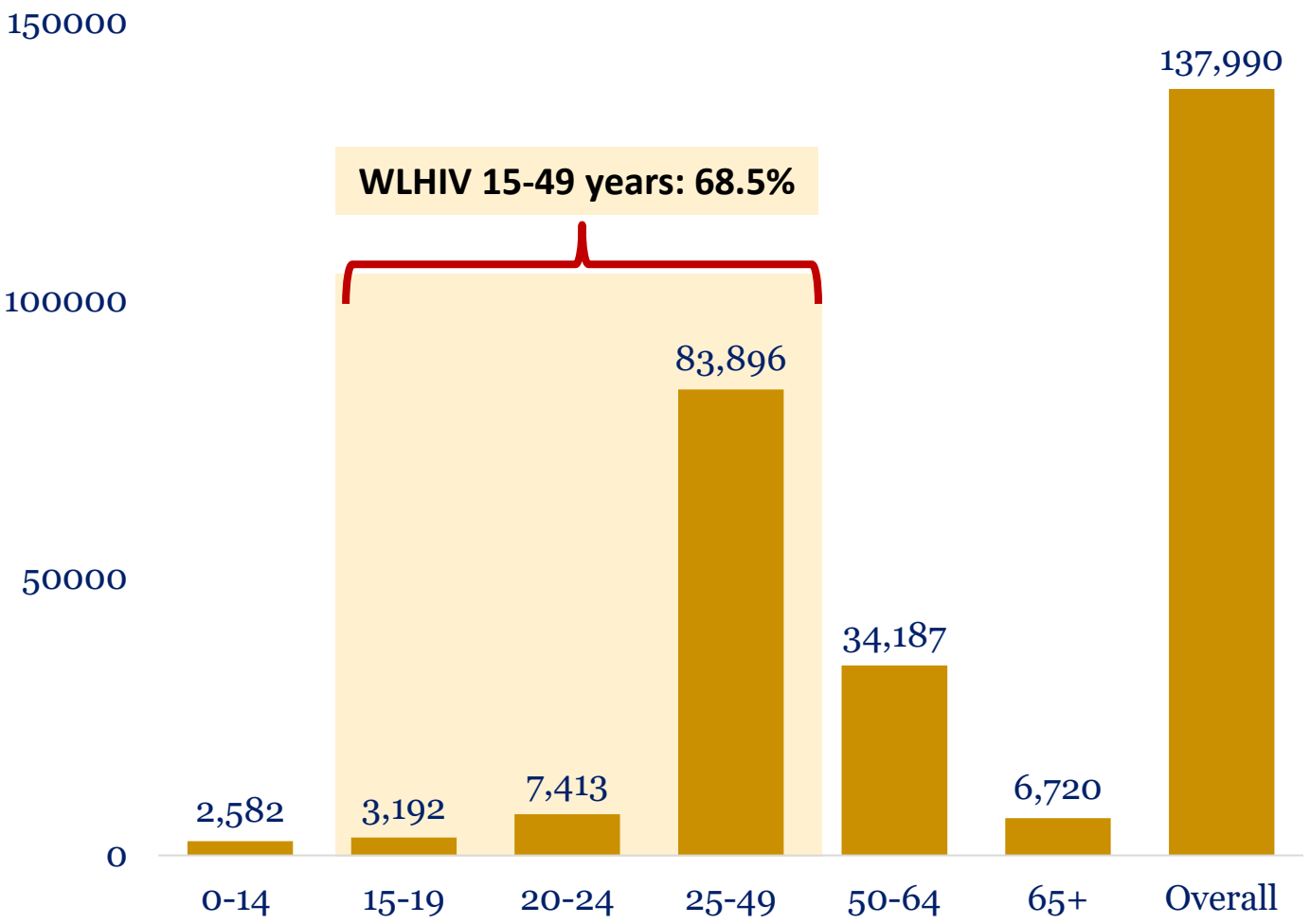
As a result of that contraceptive use

490,000	unintended pregnancies will be prevented
122,000	unsafe abortions will be averted
910	maternal deaths will be averted

Modern Contraceptive Method Mix

Rwanda

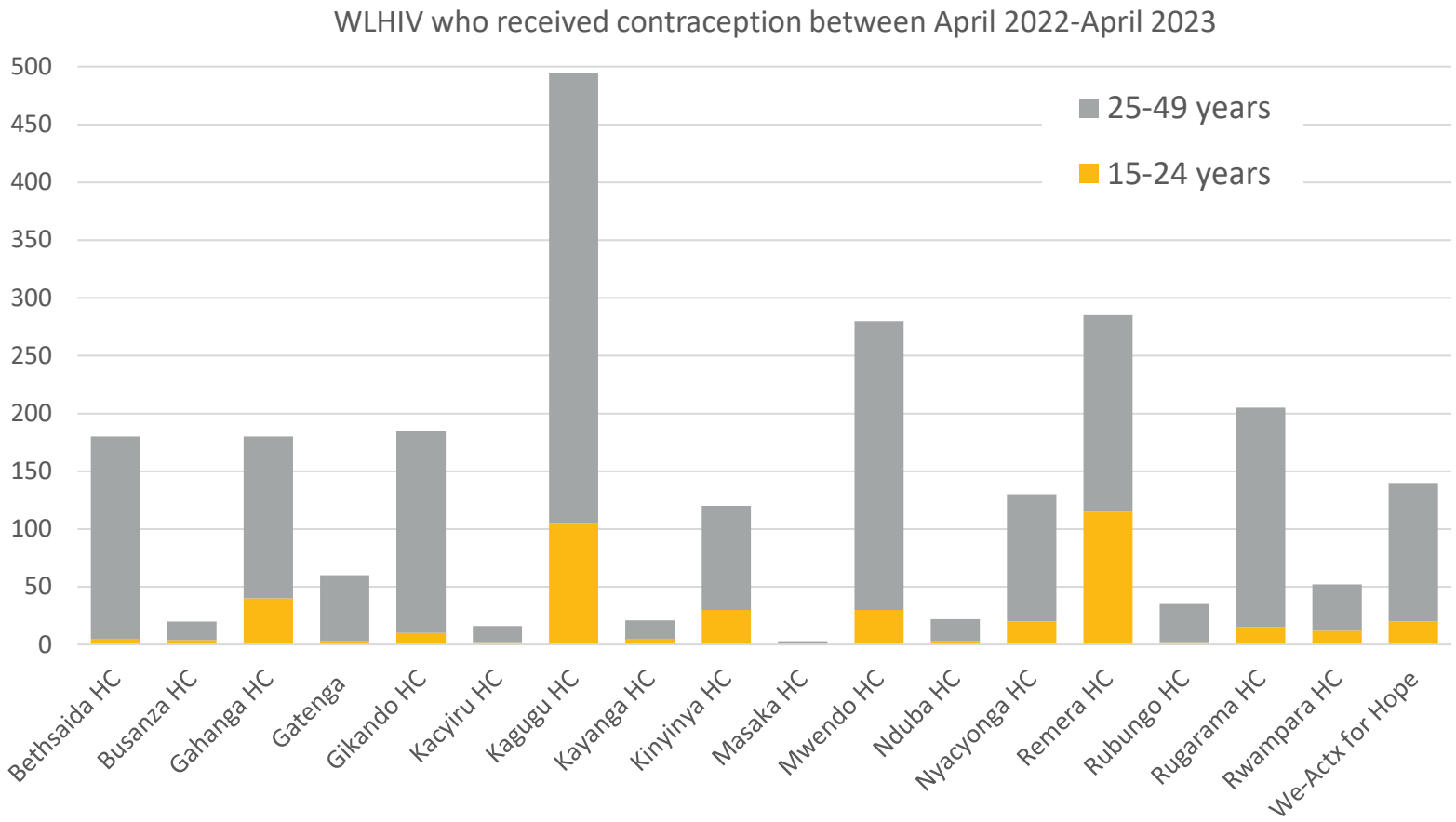




Country context and health system structure

- WLHIV on ART: 137,990
- WLHIV of childbearing age (15-49 years) represent **68.5%** (94,501) of all WLHIV

FP Data among WLHIV in 19 pilot sites with ongoing enhanced FP/HIV



Disaggregation by Method:

- Short-term: 37%
- LARCs: 61%
- Permanent methods: 1%

ART pickup aligned with Contraception?	
Yes	57%
No	63%

The enhanced FP/HIV supported 30 sites targeting 20,000 WLHIV (15-49 years) of reproductive age in Kigali catchment area.

- Results from 19 sites showed that 2,644/14,067 WLHIV enrolled on FP were new acceptors between (April 2022-April 2023)
- Of which 18% (15-24 years) and 82%(25-49 years) were new FP acceptors

Lessons learnt from the C3C exchange visit

- Target setting for WLHIV, M&E systems to track FP uptake among WLHIV
- Intentionally assess the need for FP among WLHIV, tools should pose questions that allow linkage to FP and other SRH needs.
- Cultural and religious beliefs contribute largely to the unmet need of FP: mis-conception, SGBV
- Designated FP distribution points near Christian-based facilities (Rwanda- Secondary health post)
- Encourage referral when they cannot provide FP services; silent referral.

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Best practices

- FP services can be offered at both facility and community. RoC should take led in the implementation, M&E of FP service delivery.
  - In Rwanda, CHWs play the central role of linkage, provision of FP, and progressive monitoring (side effects, refills)
  - Community FP/HIV integrated models are opportunities to offer less-intensive services.
  - SRH-friendly services in the community offer opportunities to access HIV and FP-friendly services that address issues of stigma and discrimination.
- Digital System monitoring for transparency and accountability
  - support donors to assess the need
  - Alert early warning to enable last-mile FP commodity access.

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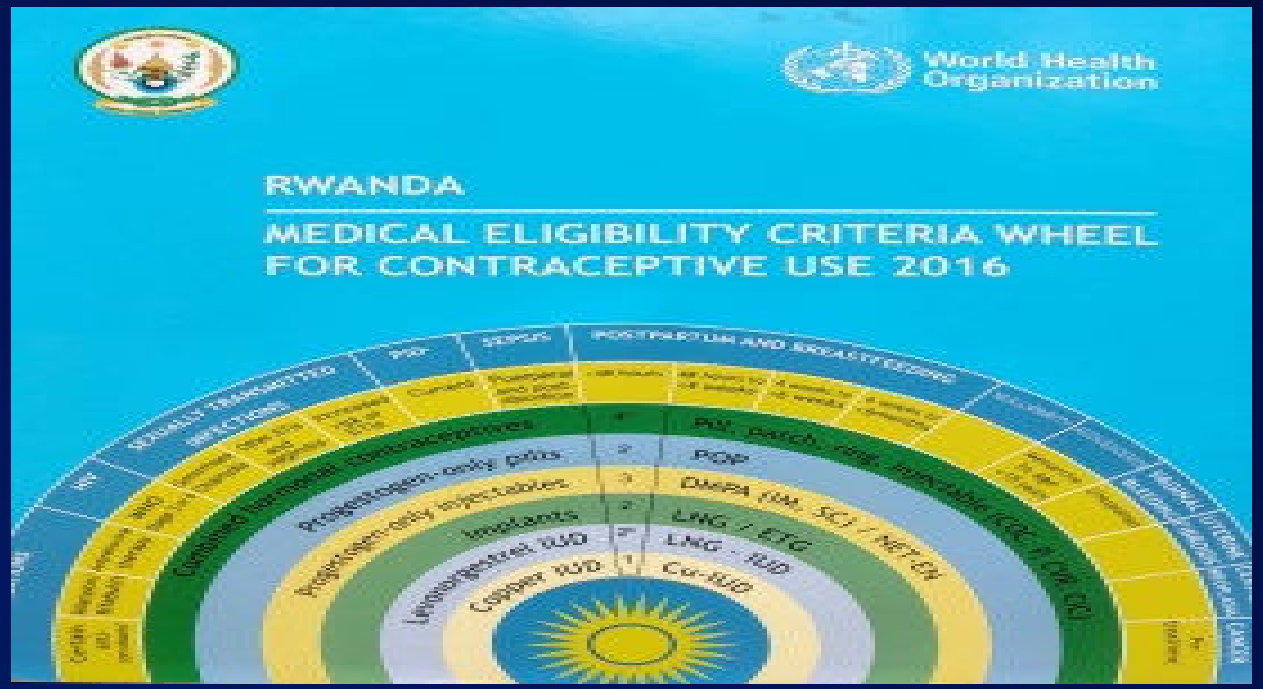
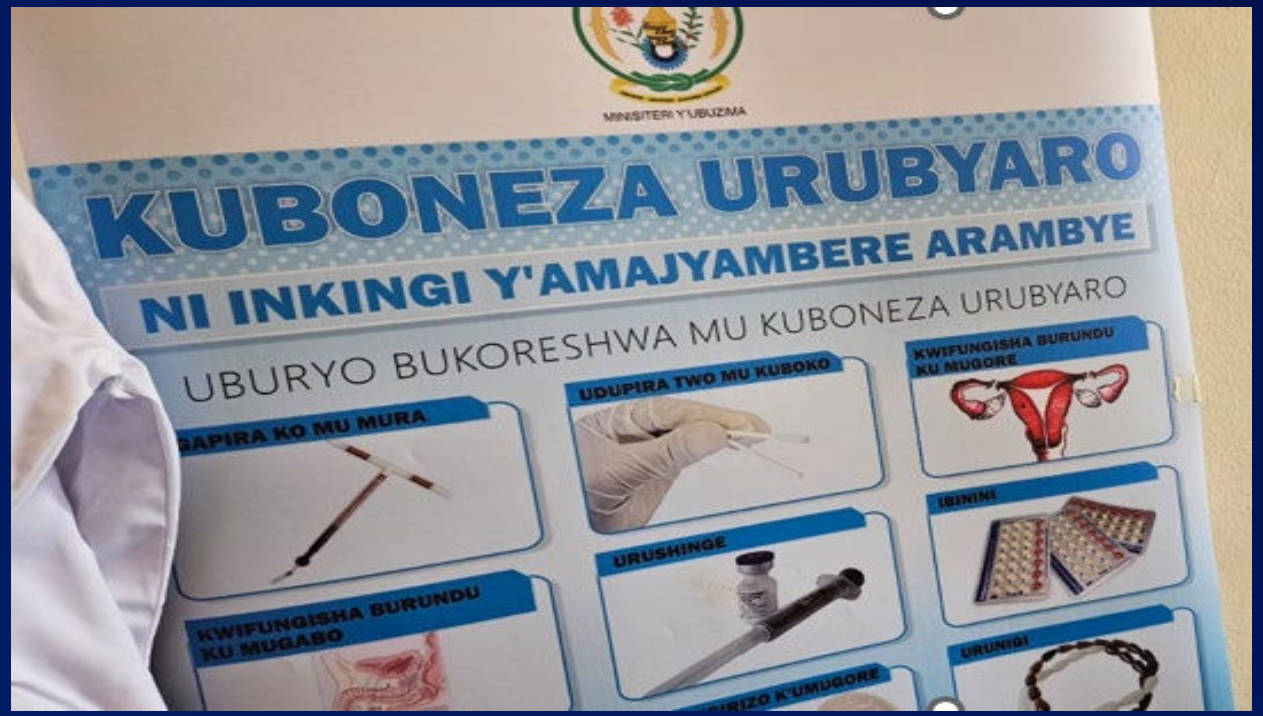
Best practices

- Integrated models tailored to RoC contexts and the availability of optional FP methods increase the uptake of FP services.
- Simplified job aides and educational materials; support lay service providers to disseminate information about FP; increasing demand creation. Rwanda
- FP tools should intentionally assess for reproductive coercion and intimate partner notification i.e., use of Balanced Counseling Strategy Plus (BCSP) tool recommended by WHO. Kenya





Challenges

- Inadequate infrastructure to offer integrated services.
- Shortage of health workforce. CHWs may partly address the issue of high turn-over of HIV providers - shifting reliance on HCPs.
- Lack of HIV indicators and target to track FP coverage among PLHIV.
- Programs still rely on paper-based over electronic system impeding progress to full transition- duplication of efforts.

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Next Steps: Proposed indicators

I.	I. Family Planning / *Planification familiale*				
Methods	New Acceptors in the program	PPFP uptake (Before discharge)	New Users of FP methods	Stopped FP Method	Active users at end of month
Short term Contraceptives (<1 year)					
LARC (Long-acting Contraception) (>1year)					
Summary by age		15-19 Yrs	20 – 24Yrs	25yrs and above	
	New Acceptors in the program by age group(All methods)				

Next steps

- M&E for FP/HIV (Indicator tracker to monitor FP trends in PLHIV) - Review tools to accommodate the new changes
- Re-enforce close collaboration between MCCH and HIV divisions (build on the current data to set targets for WLHIV and align indicators)
- Collaborate with faith-based facilities to co-create solutions to address unmet needs of FP services, particularly for PLHIV.
- Support ongoing stream of work on Rwanda FP2030 commitment objectives

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Thank you!