



Community health mentorship as an innovative approach to strengthen knowledge, skills, and link between clinical and community-based provision of family planning

Francois Kamali, RN, BSc, MPH

USAID' Maternal and Child Survival Program

Presentation Outline

- Background
- Program Intervention
- Methods
- Results
- Program Implications and Lessons



Background to Rwandan FP Context

- In Rwanda, 53% of married women use a family planning method
- In 2014, 20% of family planning (FP) users in Rwanda received their FP method at the community level
- Community Health Workers (CHW) play an important role in counselling and community-based provision (CBP) of voluntary FP
- However, unmet contraceptive need is still high



Background (cont.)

- Supervision has largely focused on theoretical knowledge and reporting, and has been conducted one-on-one with CHWs
- Supervision sessions are limited due to the number of CHWs to visit and the available number of staff at health center. As such, the original goals have been largely unfeasible to attain.
- Site visits at CHW households are conducted to supervise and ensure quality of FP provision at community level
- In September 2016, the Community Health Mentorship Program was rolled out in ten Districts

Program Intervention

- A new mentorship approach to strengthen CHWs' skills and knowledge was introduced in the catchment areas of 58 health centers in the districts of Rwamagana, Kamonyi, Huye, & Nyaruguru
- The goal was to reinforce the link between health facilities & CHWs and to support the sustainability of high-quality FP counselling & voluntary provision
- Once a quarter, two mentors from health centers gathered 5 to 9 CHWs from 3 neighboring villages
- Mentors and other CHWs observed home visits for FP
- Mentors address gaps through demonstration and discussions



A CHW providing her own evaluation after providing an FP method

Methods

- Prospective analysis of data reported monthly by community health mentors to compare the pre-intervention and intervention periods
- Quantitative data from January 2016 to December 2017 were generated from the national Health Management Information System (HMIS) & SISCom (HMIS for Rwanda's community health program)
- Also looked at the number of planned mentorship visits conducted; the number of CHWs targeted and reached; and the strengths, challenges, and areas for improvement documented in Mentee Observation Checklists.
- The data reflects work with 4,597 CHWs and 116 community health mentors.

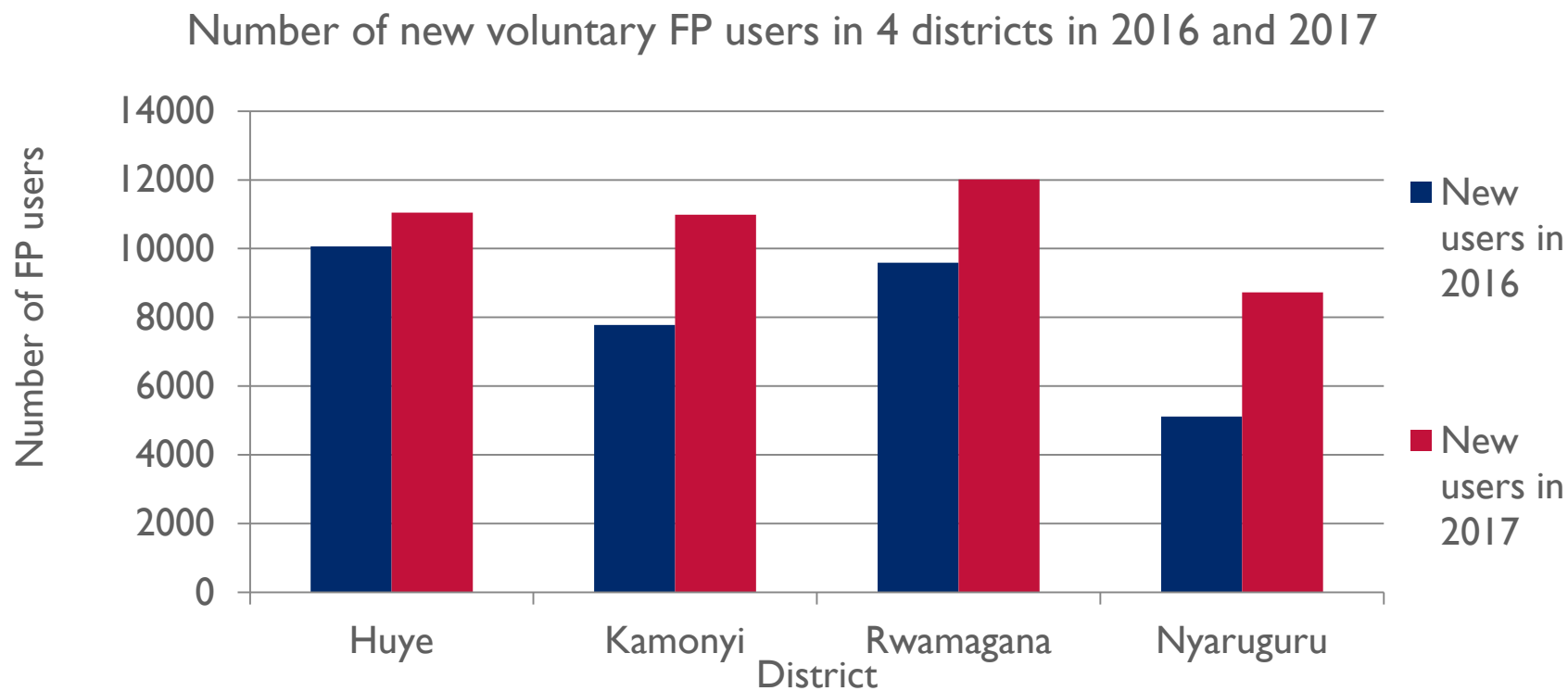
Results

- There were 162,019 voluntary FP users before the intervention compared to 184,513 FP users in December 2017, an increase of 22,494 FP users
- 36% (67,064) of voluntary FP users at the end of the year 2017, were receiving their selected FP method at the community level

Districts	Total FP users end of 2016	Total FP users end of 2017	CBP users in 2017	Contribution of CBP in 2017
Huye	42,455	45,187	12,215	27.0%
Kamonyi	41,206	45,854	18,811	41.0%
Nyaruguru	37,406	42,301	17,669	41.8%
Rwamagana	40,952	51,171	18,369	35.9%
Total	162,019	184,513	67,064	36.3%

Results

The number of new voluntary FP users across the four districts increased from 32,547 in 2016 to 42,774 in 2017.



Results

- In 2016, there were 13,529 voluntary FP users who discontinued, while in 2017 there were only 11,214, a decrease of 21%
- The contraceptive prevalence rate also increased by 4.7% in the four districts concerned.
- Of the 618 community health mentorship visits planned, 608 (97%) took place
- Every quarter, 98% of CHWs were reached by a team of community health mentors
- Mentor reports show that CHWs' skills and performance were improved in the provision of injectable contraceptives, from 64.1% in December 2016 to 85.7% in December 2017.

Program Implications and Lessons Learned

- Community health mentorship increased support to CHWs in the daily activities.
- Community health mentorship also allows for quality improvement and early identification and voluntary recuperation of dropout clients
- It is important to reinforce the linkages between clinical FP care and CBP-FP providers
- For the future, a cost effectiveness comparison between supervision and community health mentorship should be conducted

For more information, please visit
www.mcspprogram.org

This presentation was made possible by the generous support of the American people through the United States Agency for International Development (USAID), under the terms of the Cooperative Agreement AID-OAA-A-14-00028. The contents are the responsibility of the authors and do not necessarily reflect the views of USAID or the United States Government.

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