



Results from training additional community health workers in community-based provision of family planning in Rwamagana and Kamonyi districts in Rwanda

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Outline

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Background

- Community health workers (CHW) have played a critical service delivery role in the Rwandan health system:
 - In 1995, the first systematized CHW program was established in Rwanda
 - The number of CHWs has since grown by more than 275%, ensuring that each village has three CHWs to promote and administer reproductive, maternal, newborn, and child health services
- The modern contraceptive prevalence rate (mCPR) among all women of reproductive age is 29% & unmet need for a modern method of contraception is 24% (FP2020 2016-17).
- In 2010, the Ministry of Health (MOH) initiated Community-Based Provision of Family Planning (CBP-FP) by using existing networks of Community Health Workers (CHWs) to provide FP at the community level

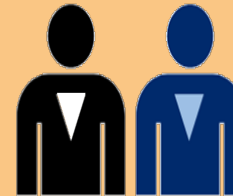
Rwanda's CHW Structure

- In Rwanda, each village has 3 CHWs supported by 1 Cell Coordinator
- CHWs provide comprehensive FP counseling and resupply of FP methods:
 - Condoms
 - Oral contraceptive pills
 - Injectables
 - Standard Days Method
- CHWs also refer clients to the health center for any suspected complications, side effects, and voluntary provision of long-acting and permanent methods of contraception.



Cell Coordinator:

Senior CHW overseeing multiple villages



2 Binomes per village:

1 female & 1 male in charge of iCCM & FP



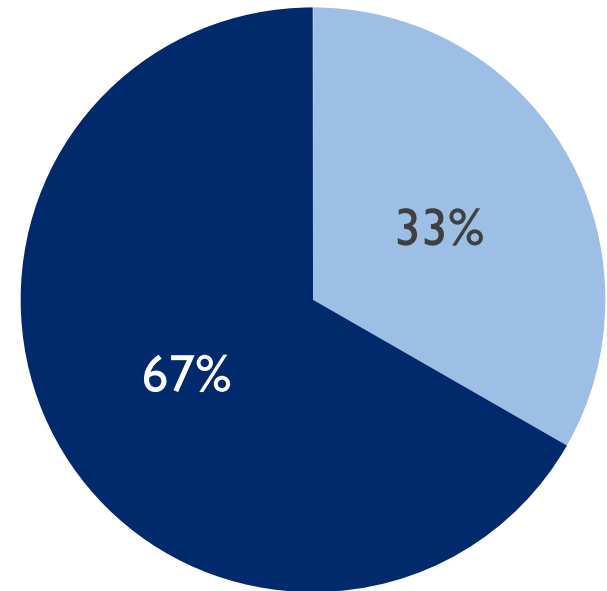
1 ASM per village:

1 Female in charge of maternal health & FP

CBP-FP Interventions

- In 2015, 791 CHWs (one per village) in Kamonyi & Rwamagana districts were trained in provision of CBP-FP by the MOH.
- The government of Rwanda, in collaboration with USAID's Maternal and Child Survival Program (MCSP) and the Rwanda Biomedical Center, trained the 2 remaining CHWs per village in CBP-FP
- From March to August 2016, a total of 1,454 CHWS were trained and validated in CBP-FP:
 - 672 in Kamonyi District
 - 782 in Rwamagana District

Gender of CHWs Trained in CBP-FP



■ Males ■ Females

N=1,454

Objectives and Methodology

- In order to evaluate the contribution of CHWs in provision of FP in two districts of Rwanda:
 - MCSP conducted analysis of results using data from both the the community health information system (Système d'information sanitaire/SIScom) and the national Health Management Information System (HMIS).
 - The evaluation focused on the 2016–2017 period, during which CHWs were providing FP methods in Kamonyi and Rwamagana districts.



New FP Users by Place of Service

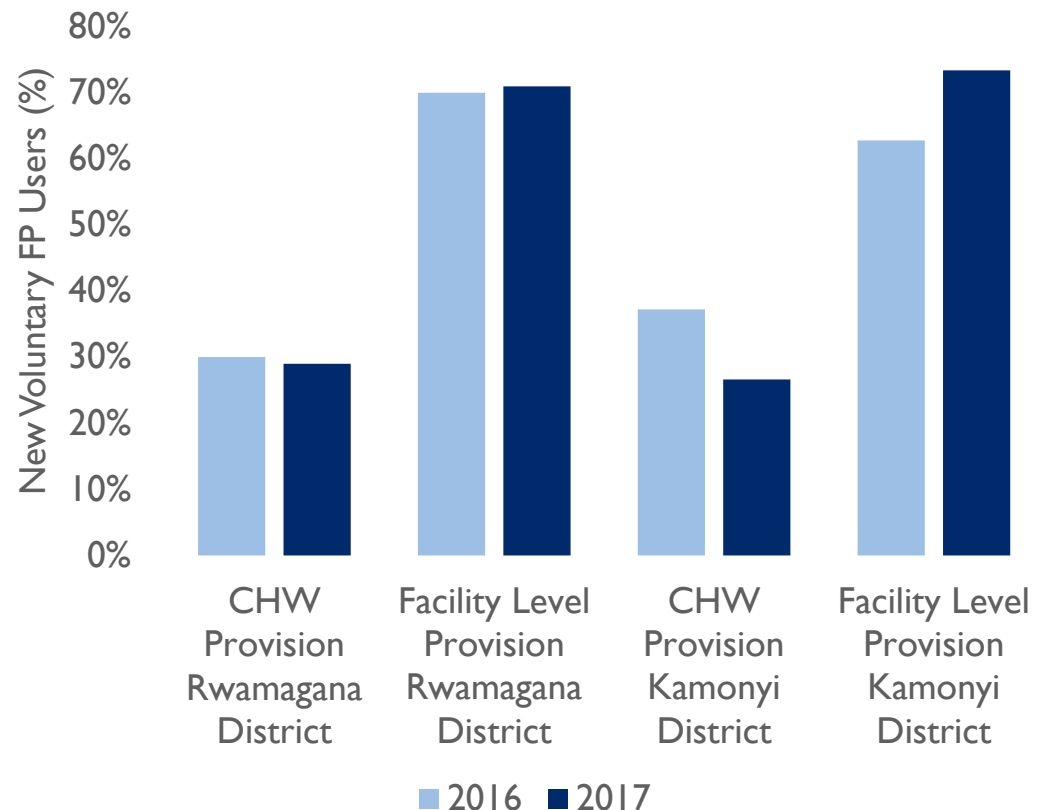
- Kamonyi District:

- 2016: 12,363 new voluntary FP users, 4,594 (37%) followed by CHWs
- 2017: 14,969 new voluntary FP users, 3,984 (26.6%) followed by CHWs

- Rwamagana District:

- 2016: 13,742 new voluntary FP users, 4,372 (30%) followed by CHWs
- 2017: 15,159 new voluntary FP users, 4,372 (29%) followed by CHWs

New FP Users by Place of Use



Comparing the number of new voluntary FP users in Kamonyi and Rwamagana districts in 2017 against 2016 finds no difference. However, this is not altogether surprising given that CHWs can only start condom clients on a new method.

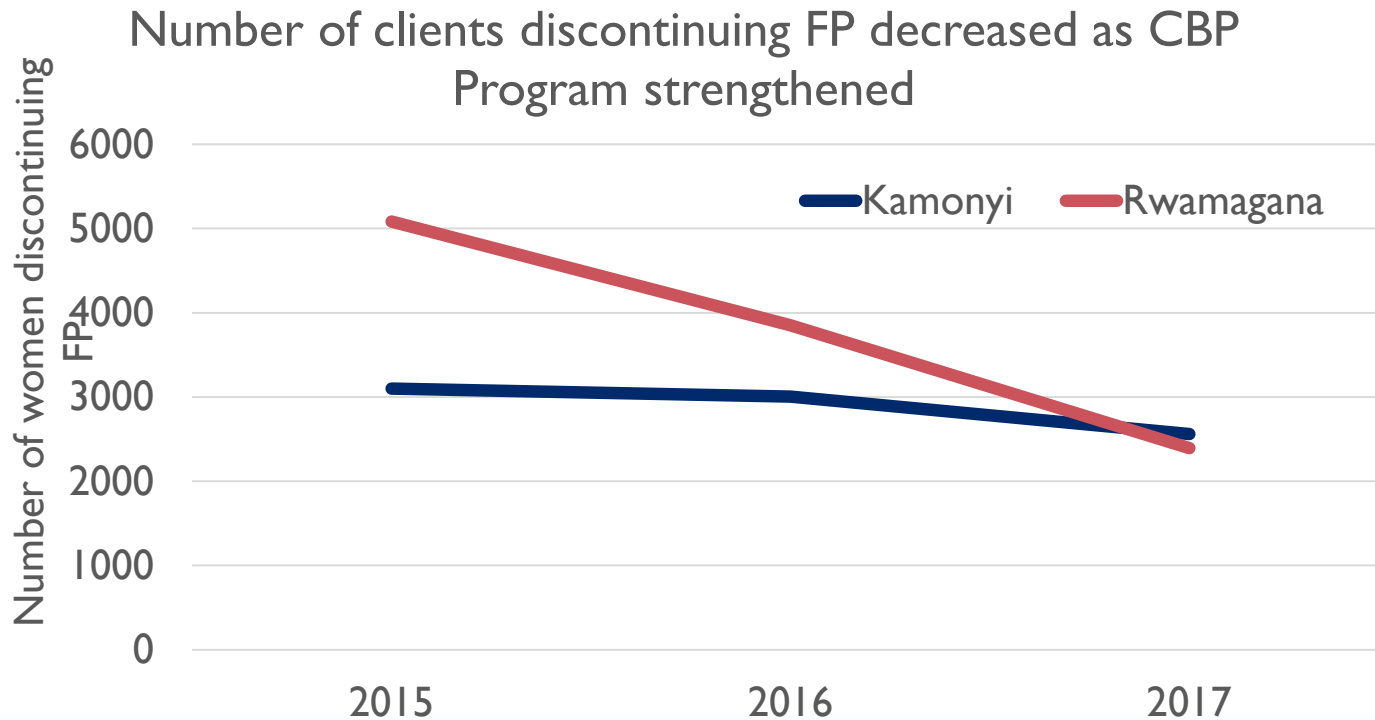
Secondary Analysis of DHS also found that CBP-FP did not impact overall use, only source of FP

To support the Government of Rwanda to develop a new FP and Adolescent Sexual Reproductive Health Strategic Plan (2018-2024), MCSP undertook a secondary analysis of the Rwanda Demographic and Health Surveys (RDHS), comparing data from 2010 and 2014-15 surveys.

- While the CBP-FP program did not seem to impact overall use of FP, it did affect where women obtain FP.
- From the 2010 to the 2014-15 RDHS, utilization of CHWs as a source of FP had increased everywhere, but has increased the most in districts which phased CBP-FP earlier.

Number of clients discontinuing FP decreased as the CBP-FP program was strengthened

The number of clients who discontinued FP decreased in both districts during the intervention period: by 14 % in Kamonyi district and 37% in Rwamagana district from 2016 to 2017



Program Implications

- CBP-FP brings services closer to the community, but is unlikely to increase mCPR in Rwanda in its current form.
- However, CBP-FP does appear to contribute to reducing clients discontinuation rates, perhaps because of convenience in accessing resupply.
- CBP-FP could potentially increase new voluntary users, e.g. postpartum women, if the national policy was changed to allow CHWs to start users on FP methods additional to condoms.
- MCSP's experience in permanent methods also found an important role of CHWs in identifying potential clients for tubal ligation and no-scalpel vasectomy through comprehensive FP counseling.
- Regular supervision, meetings, and mentorship with CHWs are important in order to maintain and improve CHWs skills and competencies in providing CBP-FP, and strengthen referral systems.

Thank you!



For more information, please visit
www.mcspprogram.org

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