







The Role of Health Posts in Providing FP for Populations Living in Catchment Areas Served by Faith-Based Health Centers in Rwanda

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Background

- Faith-based Health Centers (FBHCs) are public-private entities in Rwanda which contribute to the national healthcare system.
- Health posts built near FBHCs support outpatient programming such as immunization and family planning (FP) with a network of CHWs.
- At many FBHCs, FP is limited to natural methods, thus limiting their clients' ability to choose modern FP methods.
- To address the unmet need for FP at FBHCs, the Ministry of Health relies on public health posts to reach the population with strengthened reproductive health and FP care, thus increasing voluntary uptake of contraceptive methods, curbing unintended pregnancies, and improving maternal and child health.

Program Intervention

- The Maternal and Child Survival Program (MCSP) supplemented reproductive health and FP care offered within the catchment areas of FBHCs in Ngoma District through directly strengthening their affiliated satellite health posts' capacity to provide a full range of FP methods.
- MCSP strengthened provider skills for: LARC provision, community-based FP, community engagement, demand generation, and mobile outreach

Methods

- Health center (HC) level data was collected through the national health management information system from January to December 2017 from the eight health centers of Ngoma District.
- This data was used to calculate descriptive statistics, examine FP indicators, and compare utilization in four FBHCs (Gituku HC, Jarama HC, Rukoma Sake HC, Zaza HC) and four public HCs in the same area (Nyange HC, Rukumberi HC, Rukira HC, Sangaza HC).

Results

Public HCs reported providing a much greater number of women in their catchment areas with FP than FBHCs. In some months, this number exceed over 100% of the women of reproductive age in their catchment area because their count included provision of FP methods by health posts operating in the catchment areas of FBHCs which do not report FP data.

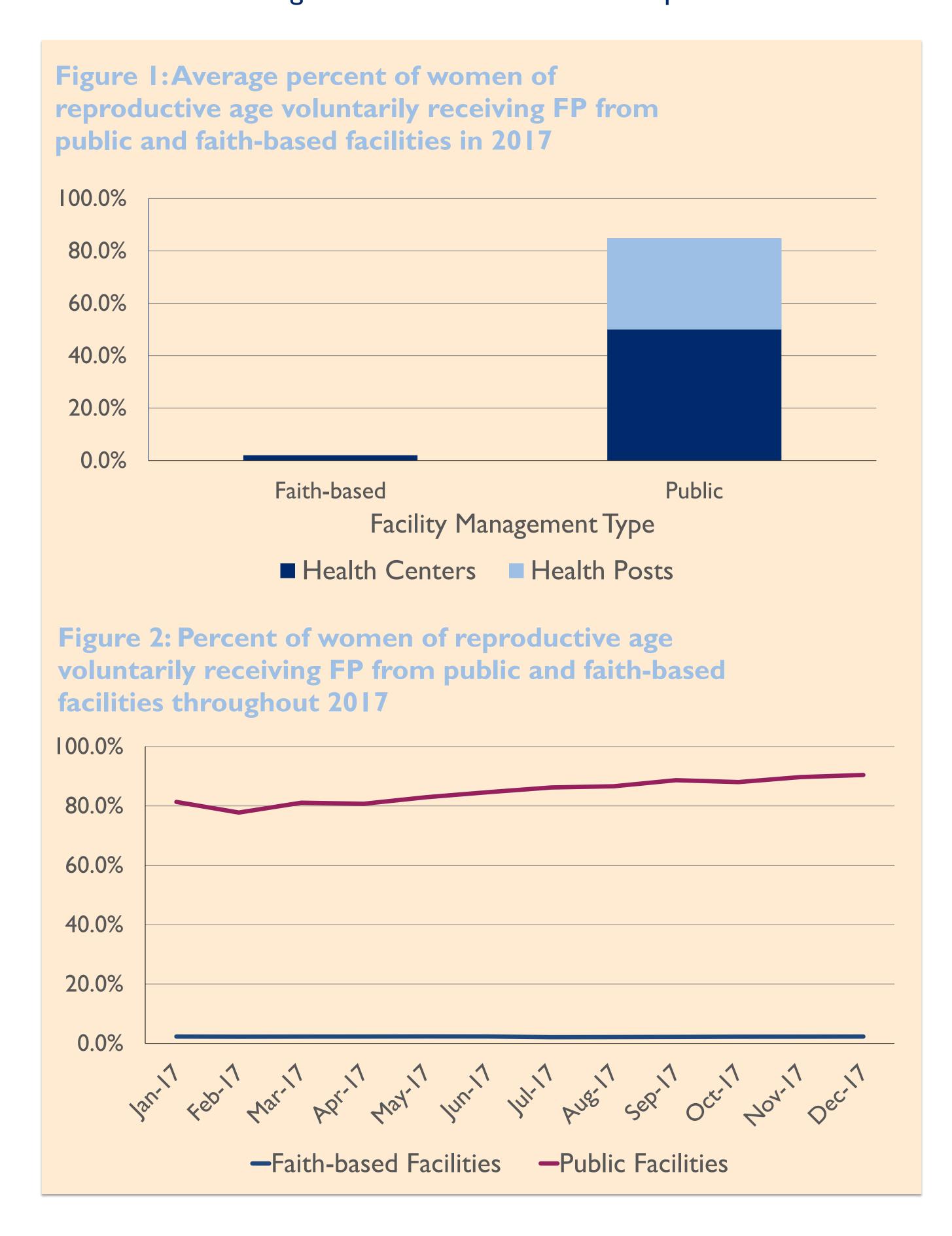
Table I:Average percent of women of reproductive age in the catchment area who voluntarily received FP from their faith-based or public HC from January to December 2017

FBHC	Percent	Public HC	Percent
Gituku HC	0.5%	Nyange HC	67.2%
Jarama HC	2.9%	Rukira HC	94.7%
Rukoma Sake HC	4.8%	Rukumberi HC	95.3%
Zaza HC	0.9%	Sangaza HC	82.2%
Average	2.3%	Average	84.8 %

Results (cont.)

On average, in 2017 the four FBHCs provided FP to 2.3% of the women of reproductive age within their catchment areas, compared to 84.8% of the population who were served by public facilities (50% of population were served from public HCs and 34.8% from the public health posts working under FBHCs).

The percent of the women of reproductive age voluntarily receiving FP in the four public HC catchment areas increased from 81.3% in January 2017 to 90.4% in December 2017, while the percent receiving FP from FBHCs did not change from 2.3% in the same time period.



Conclusion

The vast majority of women in Ngoma District receive their FP from a public HC or satellite health post of a FHBC, while very few access such services from FBHCs themselves. This experience demonstrates that a country-wide scale-up of health post provision of FP is needed as approximately 28% of health facilities in Rwanda remain under the management of FBOs.