

Looking to the Future: Improving Family Planning Access and Quality in Rwanda



FP training-of-trainers session

In geographically small and densely populated Rwanda, “there’s an imbalance between population growth and economic development,” says Dr. Camille Munyangabe. As the national representative for family planning on the Maternal and Child Health Task Force at the Ministry of Health, he is dedicated to meeting this challenge. “The population is far too numerous for the country’s capacity to sustain them geographically—not enough land—and economically—the level of poverty is unacceptable,” he explains.

“That’s why the State puts such an emphasis on family planning,” Dr. Munyangabe continues. Rwanda’s population policy calls for an increase in modern contraceptive prevalence from 7% in 2003 to 60% in 2015 and 80% in 2020. “To this end, we formed a special partnership with USAID and IntraHealth International, which implements the Capacity Project as lead partner and covers 11 districts out of 30.”

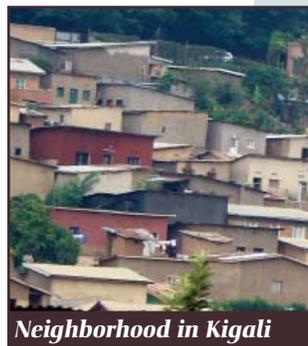
The Capacity Project is applying an integrated strategy to strengthen family planning (FP) and reproductive health. Led by FP experts Dr. William Twahirwa and Dr. André Koalaga, the Project is helping the Ministry of Health develop the capacity of the clinical workforce to provide a full range of FP methods and services at 13 hospitals and 146 health centers.

“To build on rock instead of sand,” recounts Dr. Koalaga, “we performed a situational analysis to identify the needs and gaps.” In the 11 priority districts, no facility provided the complete range of contraceptives; fewer than 10% of providers had the necessary skills and training for FP; and 80% of facilities lacked the basic equipment and supplies for FP. The rate of contraceptive use among clients at surveyed facilities varied between 0.7% and 5%.

Provider training was an urgent need. Dr. Ferdinand Bikorimana, who is in charge of implementation for a joint project of the Ministry of Health and UNFPA, explains how the Capacity Project’s decentralized approach empowered the districts. “Before, we had to go outside [of the districts] to train our providers. We had no choice, but it became tiresome and was certainly expensive. Now, the Capacity Project has led training-of-trainer sessions for district training officers. This allows every district to organize its own trainings for FP providers.”

Through training of trainers (TOT), the Project educated providers in methods of clinical trainings, counseling and FP techniques. Two trainers instructed by the TOT are now located in each of the 11 priority districts, and a total of 75 trainers—representing all 30 districts—are equipped to train others. The new trainers have already trained more than a hundred providers. The Project has also trained 210 providers in integrated FP services; among this group, 161 received additional instruction in the on-the-job training approach and will begin training others.

“Strengthening the capabilities of FP providers has improved the quality of services offered, which brought about the public’s acceptance.”



Neighborhood in Kigali

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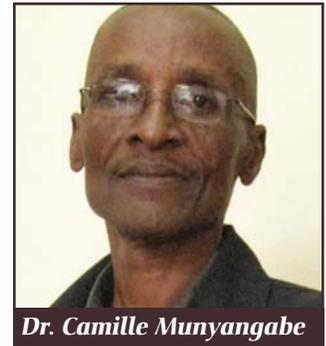
Clinical training in Butare

Some clinics run by faith-based organizations (FBOs) do not offer the full range of FP services, since their belief system does not allow them to promote contraception. To increase access, Project staff worked with FBOs on a strategy introduced by another IntraHealth-led project in Rwanda, the Twubakane Decentralization and Health Program, in which modern FP methods can be provided in nearby secondary posts. Staff at these FBO clinics now provide the Standard Days Method and refer clients who choose other methods to the secondary posts. The Capacity Project has renovated and equipped 21 secondary posts.

After just 18 months, the results are encouraging. "We have to acknowledge the Capacity Project as a real champion," Dr. Munyangabe remarks, "especially in strengthening the capabilities of FP providers. This has improved the quality of services offered, which brought about the public's acceptance." In the first three quarters of 2007, for example, the Project tracked an average increase of 27% for eight FP methods, and male involvement rose sharply. "There was even a stockout of Jadelles!" notes Dr. Munyangabe. The UNFPA initiated an emergency procurement of the five-year contraceptive implants due to high demand, stemming from the Project's training of providers who increased access to this long-acting method.

The Capacity Project also helped to develop an HR strategic plan, improve HR information systems, strengthen FP content in the national pre-service nursing curriculum and update the FP in-service curriculum. These strategies are helping to equip Rwanda's health workforce with the skills and knowledge to provide quality FP services.

"Rwanda is confronted by a severe population problem," says Dr. Munyangabe. "I give a glowing report to the Capacity Project for what it does for the well-being of the Rwandan public."



Dr. Camille Munyangabe

The Capacity Project, funded by the United States Agency for International Development (USAID) and implemented by IntraHealth International and partners, helps developing countries strengthen human resources for health to better respond to the challenges of implementing and sustaining quality health programs.

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