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RWANDA

THRIVE: IMPROVING HEALTH OUTCOMES

ABSTRACTS

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SUMMARY

This booklet provides a collection of abstracts under Development Objective 1 (DO1): THRIVE - Improved Health Outcomes. It contains 14 Health System and Service Delivery (HSSD) Activities abstracts developed for the June 14, 2023, Health Implementing Partners (IP) and updated with 10 Community Health & Empowerment Services (CHES) Activities abstracts for the December 6/7, 2023 IP meeting. Intermediate Result has organized abstracts from both of these meetings.

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IR 1: HEALTH SYSTEM STRENGTHENED FOR INCREASED SUSTAINABILITY

THE POWER OF PROXIMITY: FIELD OFFICE PLACEMENT AT HEALTH FACILITIES AND LOCAL AUTHORITIES FOR ENHANCED STAKEHOLDER ENGAGEMENT IN HIV INTERVENTIONS

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Background

Successful HIV/AIDS preventive and treatment care interventions necessitate effective stakeholder engagement throughout the program's lifecycle. This approach ensures a responsive and beneficiary-focused strategy, although engaging stakeholders efficiently can be challenging.

As part of the Turengere Abana (Let's Protect the Children) Activity, FXB Rwanda has implemented successful stakeholder engagement practices, including situating its field offices within health facilities or local government premises. This strategic placement allows for close collaboration with stakeholders based at these locations to identify the specific needs of the target beneficiaries and continually enhance program effectiveness.

Description

FXB Rwanda has been implementing the USAID Turengere Abana Activity since 2012, with a focus on reducing vulnerability and HIV incidence among Orphans and Vulnerable Children (OVC), their families, and Adolescent Girls and Young Women (AGYW). To foster physical proximity and build trust-based relationships, FXB Rwanda situates its field offices in both health facilities and local government premises. Of the 36 field offices, 70% are within health facilities, while the remaining 30% are in sector and cell premises.

Healthcare providers play a crucial role in program implementation, particularly for HIV prevention interventions that require substantial clinical support. The proximity to health facilities has yielded remarkable results, including easy and rapid service delivery for beneficiary People Living with HIV (PLHIV), a 100% adherence rate to antiretroviral therapy (ART), timely support for all referrals, and seamless data sharing.

Local officials based in cell and sector offices have been instrumental in community outreach efforts. The proximity has facilitated joint planning, monitoring, and evaluation. This practice of physical closeness has enhanced stakeholders' comprehension of the Activity's streamlined feedback mechanisms and increased commitment to supporting beneficiaries, even after the program phase-out.

Lessons Learned

- Proximity to health facilities significantly enhances service delivery access to program participants.
- Proximity to local government offices provides the platform for advocacy for program participants.
- Collaborative planning and monitoring with local officials in the community lead to more effective program outcomes.
- Situating field offices within these locations fosters improved stakeholder understanding, streamlined feedback processes, and long-term stakeholder commitment.

Conclusions

Engaging program stakeholders through close physical proximity at health facilities and local government premises is an effective and impactful approach to ensure the success of HIV/AIDS interventions. This practice improves service delivery and strengthens the collaborative efforts of stakeholders and their ongoing support for program participants, even after the program concludes.

Localization: DUHAMIC-ADRI'S path to becoming a prime recipient of USAID funding for OVC and DREAMS interventions

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Background

Since 2011, DUHAMIC-ADRI has been implementing USAID-funded Activities as a sub-recipient. It has implemented Activities such as USAID/Higa Ubeho, USAID/Ejo Heza, USAID/Twiyubake under Global Communities, Gikuriro Kuri Bose under CRS, and ACHIEVE under Pact.

Through these collaborations with international NGOs, DUHAMIC-ADRI has received structured capacity-building support to enhance its technical and financial capacity, making extensive use of various organizational capacity development (OCD) tools, particularly the Integrated Technical and Organizational Capacity Assessment (ITOCA) tool developed under Pact/ACHIEVE.

Description

- In August 2022, USAID introduced the Local Capacity Strengthening Policy to promote equitable partnerships in development and humanitarian efforts.
- DUHAMIC-ADRI is currently implementing the PEPFAR/USAID-funded THRIVE Orphans and Vulnerable Children (OVC) - DREAMS Activity (locally known as Igire-Jyambere) in Nyarugenge and Muhanga Districts from 2022 to 2027.
- The main objective of this Activity is to prevent new HIV infections and reduce vulnerability among OVC, their households, and Adolescent Girls and Young Women (AGYW) in high HIV burden districts in Rwanda.
- USAID has designated DUHAMIC-ADRI as the Prime of a five-year OVC and DREAMS Activity. It has grown since becoming a Prime, with annual funding increasing 92 percent to US\$ 4,756,323, and staffing has increased 89 percent to 310. Additionally, its program reach has grown by 47 percent to 30,176 program participants and 22 percent to 27 districts.

Lesson Learned

- **Robust engagement from the organization's leadership**, including Board Members., is necessary for a Prime Partner.
- To deliver high-quality interventions for USAID-funded programs and non-USAID-funded initiatives, DUHAMIC-ADRI **developed and updated various policies and strategies**.
- This role has strengthened the organization's systems, increased **its credibility, and fostered trust** among other partners and donors, leading to its appointment as a prime recipient of USAID funds.

Conclusion and Next Steps

This grant not only enables DUHAMIC-ADRI to serve many recipients and provide quality services but is also entrusted to an organization with the capacity to implement activities and responsibly manage financial resources.

INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS AND QUALITY OF CARE IN LOWEST-LEVEL HEALTH CARE FACILITIES IN RURAL RWANDA

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Background

Health posts (HPs) are strategically placed to enhance access to child health services, albeit often hindered by limited capacity and weak improvement systems. This study aimed 1) to gauge HPs' readiness for integrated management of childhood illness (IMCI) services and 2) to examine changes in care quality for IMCI services between mentorship-implementing HPs (Nyanza district) and non-mentorship HPs (Huye district) in rural Rwanda.

Methods

A cross-sectional study was conducted in 17 Nyanza HPs and 14 Huye HPs, one-year post-IMCI mentorship implementation in the Nyanza district. HP readiness for IMCI was assessed across nine factors, resulting in composite scores of 'essential' (all factors) and 'desirable' (less than seven factors). Unpaired t-tests were used to measure changes in IMCI quality.

Results

Nyanza HPs saw increases in mean desirable (0.7 to 0.89) and essential (0.61 to 0.78) composite scores compared to Huye HPs. Mentored nurses in Nyanza HPs notably improved in domains like IMCI training, service package availability, register availability, supportive supervision, and basic equipment availability. Quality improvements in IMCI assessments were observed in vital sign registration [$t(48)=4.4$, $p\leq 0.01$], danger sign detection [$t(48)=3.0$, $p\leq 0.01$], cough identification [$t(48)=2.0$, $p\leq 0.05$], malnutrition screening [$t(48)=3.6$, $p\leq 0.01$], and tuberculosis sign identification [$t(48)=3.0$, $p\leq 0.01$] compared to non-mentored Huye HPs.

Conclusion

Mentorship in HPs holds promise for enhancing facility readiness and IMCI service quality. Before expanding clinical mentorship, identified gaps such as staffing, supply chains, and health financing need to be addressed.

STATUS OF INFECTION PREVENTION AND CONTROL PROGRAMS IN 25 FACILITIES OF RWANDA: RESULTS FROM THE WHO INFECTION PREVENTION AND CONTROL ASSESSMENT FRAMEWORK

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Background

This study aimed to evaluate the status of infection prevention and control (IPC) practices in Rwandan health facilities using the World Health Organization's (WHO's) validated Infection Prevention and Control Assessment Framework (IPCAF) tool.

Methods

A cross-sectional study was conducted in 25 health facilities, including districts and referral hospitals. The IPCAF tool assessed eight core components of IPC programs, and median scores and interquartile ranges were calculated to assess the implementation levels.

Results

The overall status of IPC practices was intermediate. The availability of IPC guidelines adapted to facility needs had the highest median score (87.0). In contrast, workload, staffing, and bed occupancy had the lowest median score (50.0) and indicated inadequate staffing and bed arrangement. Other core components showed varying median scores, including multimodal strategies for IPC implementation (80.0), IPC education and training (75.0), IPC program (70.0), environment, materials, and equipment for IPC (65.0), hospital-acquired infection surveillance (62.5), and monitoring and audit of IPC practices (57.5). The study identified significant gaps in staff expertise, training, and resource availability, impacting the overall performance of the facilities.

Conclusions

Improvements are needed in implementing the IPC program in Rwandan health facilities. Strategies should involve appointing dedicated full-time IPC focal persons, ensuring functional IPC committees, integrating IPC in mentorship and supportive supervision, and providing adequate resources for training and essential IPC materials. These interventions are crucial for enhancing IPC practices and ensuring patient and health worker safety.

PATIENT VOICE PROGRAM AND CITIZEN VOICE AND ACTION: LEADERS' RESPONSIVENESS TO RMNCH GAPS RAISED BY CITIZENS THROUGH COMMUNITY SCORECARD MEETINGS IN RWANDA: A CROSS-SECTIONAL STUDY

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Background

The Patient Voice Program and Citizen Voice and Action models employ scorecard meetings to foster dialogue among communities, healthcare providers, and governments to enhance health services. This study assesses leaders' and providers' responsiveness to issues raised by citizens via community scorecard meetings at the health facility level (health center) and government level (district office) in Rwanda.

Methods

We conducted a cross-sectional study from July to September 2022 in 325 Rwandan health centers across 20 districts. Responsiveness was measured by comparing resolved issues to raised issues. Logistic regression identified predictors of issue resolution, with a p-value less than 0.05 considered significant. Median responsiveness turnaround time was also analyzed.

Results

Fifty-nine percent (59.4%, 1,163) of the identified gaps were resolved. Facility-level issues experienced a higher resolution rate (65.9%) than district-level issues (35.4%). Gaps at the facility level were 3.24 times more likely to be resolved than those at the district level (OR: 3.24, $p < 0.001$, 95% CI: [2.48, 4.25]). Integrated gaps had 1.46 times higher odds of resolution compared to issues stemming from reproductive, maternal, newborn, and child health services (OR: 1.46, $p < 0.05$, 95% CI: [1.13, 1.88]). The median responsiveness turnaround time for resolving a gap was approximately 15.4 months (IQR: 6.7-25.8).

Conclusions

The study shows that the Patient Voice Program and Citizen Voice and Action models effectively address healthcare service gaps. By promoting collaboration among communities, healthcare providers, and governments, these models facilitate targeted, locally-supported solutions that significantly improve the resolution of health service delivery issues.

IR 2. IMPROVED UTILIZATION OF HEALTH, NUTRITION AND WASH SERVICES

CONTRIBUTION OF SAVINGS AND INTERNAL LENDING COMMUNITIES (SILC) GROUPS TO OPTIMIZE NUTRITION OUTCOMES AND NURTURING CARE SERVICES

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Background

Rwanda aims to achieve high-quality living standards for all, building on the trajectory under the Vision 2020 period. Rwanda registered significant poverty reduction levels between 2001 and 2016/17, dropping from 58.9% to 38.2% in 2016/17, with more than 1 million people lifted out of poverty. Overall, Rwanda aims to build on the solid progress made in reducing poverty to achieve a rate of below 1% for extreme poverty by 2024 and eliminate poverty by 2030 to enhance the living standards of all Rwandans.

The SILC-Private Service Provider (PSP) model is CRS's primary microfinance approach, offering low-income families safe and frequent opportunities to save in the convenience of their local community. SILC groups help members overcome the challenge of accessing useful sums of money to take advantage of investment opportunities or overcome cash shortages for necessary expenditures, such as school fees, Community Health Insurance ("Mutuelle de Santé"), etc. CRS integrated this approach into the USAID Gikuriro and Gikuriro Kuri Bose Activities to enhance resilience and nutrition outcomes.

Methods

The Gikuriro Activity conducted a cross-sectional study using quantitative and qualitative data collection methods. The study utilized individual households as study units, with adults participating in SILCs responding to the structured questionnaire in the quantitative survey. We targeted service providers and selected community members for the qualitative inquiry by conducting Focus Group Discussions (FGD) and Key Informant Interviews (KII). We collected data through various methods, including conducting a desk review of USAID Gikuriro Kuri Bose program reports and systematically documenting self-reported contributions of SILC using a web-based reporting software for savings known as the Saving Exchange Management Information System (SAVIX MIS).

Findings

The analysis revealed that savings and membership have progressively increased, affecting the living conditions of households and their capacity to start income-generating activities (IGA). SILC membership has tripled, and savings increased from Rwf 90,329,946 to Rwf 3,031,869,775 from 2017 to 2023.

According to the CRS assessment of SILC, respondents indicated that SILC groups had shared funds four times (1.5%), three times (45.1%), two times (37.4%), and one time (16%). Respondents reported using money from SILC share-outs for buying food (27%), purchasing small livestock (16%), buying household assets (14%), school fees (13%), and income-generating activities (IGA) (10%). Survey participants stated that they purchased various types of food, including carbohydrates (96%), oils and spices (72%), animal-sourced food (eggs, meat, milk -71%), fruits (44%), and vegetables (37%).

Regarding the impact of the SILC program on nutrition, 95.1% of respondents perceived that participation in SILC improved the nutrition status of children under five, and 98.2% believed it improved maternal nutrition status. Furthermore, the project reports revealed that the number of members paying MUSA increased from 4,695 in 2017 to 109,200 in 2023. Additionally, 109,832 households-initiated IGA, 109 Neighborhood Community Health workers Nurturing Care Hubs (NCHs) established kitchen gardens, and 50,815 participants purchased chickens.

Conclusions

The SILC methodology has helped vulnerable households resolve their economic and nutrition issues. Regarding the sustainability of SILC beyond a project's life, the groups are likely to continue working in the long term with facilitation from PSPs.

COMMUNITY-BASED CASE MANAGEMENT VOLUNTEERS (CMVS) AND LINKAGE FACILITATORS COLLABORATION TO OPTIMIZE PARTICIPANTS' IDENTIFICATION, ENROLLMENT, ACCESS TO HIV TESTING, CARE, TREATMENT, AND OTHER CLINICAL SERVICES

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Background

The USAID-funded Orphans and Vulnerable Children (OVC) and Determined, Resilient, Empowered, AIDS-free, Mentored and Safe (DREAMS) Activity, locally known as USAID/Igire-Wiyubake, aims to prevent HIV infection and reduce vulnerability among OVC and their households and Adolescent Girls and Young Women (AGYW). The Young Women's Christian Association (YWCA) Rwanda implemented the Activity in Kicukiro District. The Activity collaborates with other stakeholders, including health facilities, the Network of People Living with HIV (RRP+), ACHIEVE, and other Igire-IPs.

Description

USAID/Igire-Wiyubake's OVC program targets boys and girls aged 0-17 years with known risk factors for HIV and HIV-exposed infants. These beneficiaries receive a comprehensive package of age-appropriate, need-based services through case management by community-based Case Management Volunteers (CMVs). CMVs support 5 to 10 households and collaborate with Linkage Facilitators (LFs) based at health facilities to ensure that program participants are easily linked to clinical services, including HIV testing, care, treatment, viral load suppression, and family planning. While CMVs work with other program volunteers to educate beneficiaries on HIV testing, care, and treatment, they also actively refer and accompany them to health facilities. LFs build trusting relationships with healthcare providers to share information about patients lost to follow-up and engage those who missed their appointments.

In its first year of implementation, USAID/Igire-Wiyubake identified and trained 375 (273F & 102M) CMVs and supported 25 (19F & 6M) LFs. A total of 9,381 (5,590F & 3,791M) benefited from OVC comprehensive case management services provided by CMVs, who conducted the HIV Risk Assessment for 7,574 children.

Lessons Learned

Out of the 9,381 OVC served, 3,438 received HIV testing services, 1,211 received HIV care and treatment, and HIV viral load suppression extended to 1,195 people, representing 98.7% of all eligible beneficiaries. This approach signifies a positive shift in viral load suppression prevalence compared to the country's overall prevalence of 76.0%, per the Rwanda Population-Based HIV Impact Assessment (RPHIA) of 2020.

Conclusion and Next Steps

The collaboration between CMVs and LFs improved beneficiary identification, HIV testing, care, and treatment, resulting in enhanced access to clinical services, particularly achieving a remarkable 98.7% adherence rate for viral load suppression, compared to the national prevalence of 76.0% as per RPHIA. We will leverage these lessons to ensure improved access to clinical services for all program participants.

PROPER PARENTING, A PILLAR TO AIDS-FREE AGYW: CASE OF FAMILY MATTER! PROGRAM (FMP) INTERVENTION

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Background

In Rwanda, the HIV prevalence has been stable at 3% among adults aged 15-64 since 2005, with increased prevalence among women (4%) compared to men (2%)¹. With this disproportion background, the DREAMS (Determined, Resilient, Empowered, AIDS-free, Mentored and Safe) component was introduced by PEPFAR in 2018, reducing disproportionate levels of new HIV infection, particularly among Adolescent Girls and Young Women (AGYW) aged 10 to 24 years old. To help AGYW achieve DREAMS goals, especially AIDS-free, the parents play key roles. The intervention ensures good parenting in DREAMS is the Family Matter! Program (FMP).

Description

FMP is a key intervention for DREAMS to promote positive parenting practices and effective parent-child communication about sex-related issues. This intervention was tailored to ensure proper parenting to adolescent girls (AG) aged 10-14 by building the capacity of their parents on positive parenting and how they approach the discussions around sex-related matters with their children. Sex remains the major means of HIV/AIDS transmission². Sex education enables proper sex behaviors, increasing the possibility of remaining AIDS-free. To achieve this, such education is delivered to adolescent girls not only at schools but even back in their families by their parents. 9,557 parents of the 10-14 AG were helped with capacity building through FMP from FY18 to FY23. The parents are helped through seven consecutive sessions that promote positive parenting, follow-ups back in their homes, and engaging the parents in continuous FMP groups where they continue to learn best practices from one another. As a result, 28,557 adolescent children benefited from the skills and knowledge gained by their parents.

Lessons Learned

FXB Rwanda has been implementing other approaches to sex education aiming at HIV prevention since Turengere Abana started in 2012. The FMP implementation approach brought a different result as the AGYW understood social-related matters, including sex, when taught by their family role models, starting with their parents. It was found that parenting is key in improving sex education for the AGYW. Furthermore, it was found that with proper FMP, related interventions are easily implemented. AGYW is to continuously foster HIV/AIDS prevention by attending safe spaces where further education, referrals to health facilities, and other related interventions are provided. The AGYW, whose parents were part of FMP, had been showcasing an improved understanding of sex and had easily adapted to a safe space package.

"Before participating in FMP sessions, I found it difficult and experienced embarrassment when discussing sex education with my children. The FMP program empowered me to overcome my reservations and engage in these discussions candidly, a subject I previously viewed as taboo in my role as a father." - Musonera, an AGYW male caregiver in Nyanza district

"We have observed instances of unwanted pregnancies within our communities, often due to a gap in education on sexual risks during adolescence and limited parent-child dialogue. Thanks to FMP, my relationship with my children has strengthened, leading them to approach me with questions about the changes they observe and experience in their bodies. I am confident that my daughters are better prepared to prevent unintended pregnancies, new HIV infection, and stand against GBV in our society." - Adele, a female caregiver for AGYW in Rwamagana district.

Conclusion and Next Steps

FMP showcased the important contribution to the AIDS-free goal in DREAMS. This intervention is helping in the easy implementation of other related HIV prevention packages. This intervention was introduced in 2018

¹ https://www.unaids.org/sites/default/files/country/documents/RWA_2017_countryreport.pdf

² Centers for Disease Control and Prevention

and was considered in the cost extensions and transitions of the program. The current and future programming of HIV prevention interventions are vitally considering this.

DISTRICT METERED AREA APPROACH IN NON-REVENUE WATER REDUCTION AND MANAGEMENT IN RURAL WATER SUPPLY – CASE STUDY OF RWANDA.

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Background

Efforts to reduce Non-Revenue Water (NRW) are predominant in urban areas, but rural regions pose unique challenges due to weak governance, financial issues, and deteriorated infrastructure. Lack of awareness and funding further hampers NRW management. In Rwanda, private operators managing rural water systems struggle with high NRW levels, some even unaware of its extent. To address this, VEI, in collaboration with Water for People, through the Isoko y'Ubuzima project, funded by USAID, developed tailored interventions for NRW reduction. This initiative aims to conserve clean drinking water and improve intermittent water supply in rural areas.

Methods

VEI employed a comprehensive methodology to manage NRW in rural areas. It began with a thorough assessment to identify gaps in awareness, plans, tools, and organization among rural water service providers. This information informed the development of capacity-building programs for private operators and district staff responsible for NRW management.

After training, operators developed NRW reduction plans for their water supply systems. VEI then introduced District Metered Areas (DMA) to demonstrate their effectiveness. This involved mapping unmapped network extensions and customers, designing DMAs, and installing bulk meters at critical points on distribution networks. Monthly meter readings and customer billings were collected and compared to track water loss. VEI uses the International Water Association (IWA) water balance to identify and address specific water loss components. Bulk meter readings and private operators' billing indices are recorded at the beginning of the month. NRW is estimated as the difference between the system input and billed volumes. It also supports task forces to monitor NRW reduction plans quarterly. A cost-benefit analysis will be conducted to assess the impact, and if successful, the DMA approach will be expanded across rural areas. Advocacy will be used to secure budget allocations for its application. This comprehensive strategy aims to reduce NRW in Rwanda's rural regions significantly.

Findings

The DMA approach has been piloted across ten water supply systems in nine districts since November 2022, when the baseline value of NRW was estimated to be 63%. Inefficient billing (only 70% of connections billed), delayed response time for leakage repair, lack of awareness of NRW by the community and private operators' technicians, and old, inaccurate customer meters (50% aged over five years) were identified as key issues. Ten (10) months of project interventions and private efforts resulted in an 18% NRW reduction on average across all ten water supply systems.

This achievement can be attributed to various initiatives by the private operators:

- Private operators enhanced their billing processes by updating their databases to include customers previously not listed on their bills.
- Awareness campaigns were conducted to involve communities in NRW reduction activities, such as reporting leaks and preventing vandalism, through initiatives like Umuganda and community dialogues.
- Customer meter replacement: Some private operators, such as PAAK KAM Ltd and REDEC Ltd, focused on replacing faulty meters, particularly for larger customers.

- The NRW reduction task force members developed a template for reporting leaks to estimate and report daily leakages.

During the NRW analysis, several challenges were encountered, including:

- Inconsistent bulk water meter readings: Private operators had difficulty recording bulk meter readings at the same hour on the first day of each month, which impacted the accuracy of the system input volume.
- Some private operators using electronic billing systems provided incomplete bill lists because some customers were not registered, resulting in manual billing on printed forms. This lack of information hindered accurate NRW analysis.
- Delays in the submission of billing lists.
- A lack of Geographic Information System (GIS) and hydraulic modeling skills among private operator engineers hindered their ability to perform activities related to pressure management.
- Poor record-keeping of NRW activities, including leakage surveys, water use for reservoir and network flushing, billing anomalies, and more.

Conclusions

In conclusion, the adoption of the DMA approach provided a structured framework for data collection, analysis, and management, which, when combined with other efforts such as enhancing billing practices, community involvement, customer meter replacement, efficient leak repairs, and leak reporting contributed significantly to the successful reduction of NRW in rural areas. This approach empowered private operators and communities to work collaboratively, with a data-driven focus, to tackle the NRW issue effectively. The project plans to develop a customer management system, test and replace old meters, and conduct asset inventories to improve project performance and reduce NRW.

ACTIVE FOLLOW-UP TO REDUCE EMERGENCY C-SECTIONS AMONG WOMEN WITH PREVIOUS CESAREAN DELIVERY IN RWANDA

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Background

The cesarean delivery (CD) rate in Rwanda has increased significantly from 2.2% in 2000 to 15.6% in 2020. A study conducted in 2019 in a rural area of Rwanda found that a history of previous CDs was the main reason for current CDs, with 85.4% of these cases presenting as emergencies. Furthermore, the 2019 confidential inquiry into maternal deaths highlighted that 37% of maternal deaths involved women with prior CDs. This study aims to assess the effectiveness of the MSSFPO's intervention in reducing emergency CDs among women with previous CDs.

Methods

This study employed a pre-intervention and intervention cohort design to compare outcomes defined as emergency cesarean delivery rate before and during the intervention. The study was conducted in four public hospitals and 64 health centers in Rwanda. The intervention involved active follow-up of pregnant women with previous cesarean delivery scars, utilizing education and phone call reminders. Data were collected from November 2022 to May 2023 using structured questionnaires, ANC registers, electronic medical records, and delivery registers. Descriptive statistics, including frequencies, percentages, and percent changes, were analyzed using Stata 17.

Results

The pre-intervention group comprised 212 women, whereas the intervention group involved 219 women. Among the 219 women in the intervention group, 86.3% had reported to the hospital within five days post referral when they were first called, 63.9% consulted and re-scheduled for delivery, and 22.4% were immediately admitted for delivery. The percentage of women who consulted for delivery plans within 36-38 weeks of gestation increased from 37.6% in the pre-intervention group to 68.6% in the intervention group. Consequently, the percentage of women reaching the hospital post-referral after 38 weeks of gestation decreased by 50%, from 62.4% to 31.4%. The reduction of emergency C-sections was highest among women who reached the hospital within 36-38 weeks of pregnancy age, from 71.8% to 26.3%, recording a reduction of 63.4%. A considerable decrease of 36.8% was also recorded in the women who reached the hospital at or after 39 weeks of gestation, reducing from 64.4% to 40.7%.

Conclusion

The study has demonstrated the effectiveness of active follow-up intervention in promoting delivery planning and reducing emergency C-section rates among pregnant women with previous CD scars. The tailored education and personalized phone conversations around the delivery period increased awareness and motivated women to seek timely care at the hospital for delivery planning. These findings highlight the importance of targeted non-clinical interventions to improve outcomes for women with risky pregnancies. Policymakers, healthcare providers, and researchers should integrate evidence-based strategies into routine antenatal care to enhance access to safe obstetric and surgical care. Further research is needed to assess such interventions' long-term impacts and cost-effectiveness in different healthcare settings.

BARRIERS AND FACILITATORS OF COMPLIANCE WITH THE RECOMMENDED PACKAGE OF SERVICES FOR FIRST ANTENATAL CARE VISIT CLIENTS IN SELECTED HEALTH FACILITIES IN RWANDA: A MIXED-METHODS STUDY.

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Background

Rwanda has made great progress in improving access to antenatal care (ANC) services and reducing neonatal mortality. However, providing the recommended package of ANC services to pregnant women remains a challenge. This study assessed the delivery of the recommended package to pregnant women during the first ANC visit and associated barriers and facilitators.

Methods

We conducted a facility-based mixed-methods study with multi-stage sampling between January and March 2022. Four districts were randomly selected. Two health centers with high ANC attendance and two with low ANC attendance were purposively selected from each district. In total, 2,242 records were extracted from ANC registers between October and December 2021. We compared ANC service provision with the Rwanda Ministry of Health ANC package checklist. Provision of the ANC package was reported using frequencies and percentages. We applied thematic analysis for qualitative analysis.

Results

Most services provided during the first ANC visit included iron and folic acid supplements provision (94.9%), administration of tetanus toxoid vaccine (93.4%), and HIV testing (88.8%). Surprisingly, 39.6% were not screened for urinary tract infection, 41.1% for anemia, 47.9% for malnutrition, 53.5% for syphilis, and 39.7% did not receive deworming tablets. Most health care providers reported stockouts of reagents and high workload as barriers, while training was reported as facilitators.

Conclusions

Frequent stock out of health commodities and high workload are the major barriers to providing the recommended package of ANC services. Proper financing, forecasting, and health workforce allocation can avert these shortcomings.

PREVALENCE OF AND FACTORS ASSOCIATED WITH LATE INITIATION OF FIRST ANTENATAL CARE VISIT IN RWANDA

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Background

Rwanda has significantly reduced maternal mortality rates, but the completion of recommended antenatal care (ANC) visits before delivery remains low. This study examined the rate of late initiation of ANC visits and associated factors in Rwanda.

Methods

This RDHS secondary data analysis included 5,950 women aged 15-49 who gave birth within the past five years. Descriptive statistics and multivariate logistic regression models were used to analyze the data collected between November 2019 and July 2020. The significance level was set at $\alpha = 0.05$.

Results

Of the 5,950 women, 39.2% (n=2,335) initiated ANC visits after 12 weeks of pregnancy. Late ANC initiation was more prevalent among women aged 35 or older ($p < 0.001$), married ($p < 0.001$), with no formal education ($p < 0.001$), belonging to the poorest or poor socioeconomic status ($p = 0.010$, $p = 0.018$, respectively), and having more than four children ($p < 0.001$).

Conclusions

To address late initiation of ANC visits, targeted social and behavior change interventions should focus on women in high-risk groups. Strategies should promote early ANC initiation and enhance access to care for older, married, less educated, and socioeconomically disadvantaged women with higher parity. By addressing these factors, interventions can improve maternal and child health outcomes in Rwanda.

DISRESPECT AND ABUSE OF WOMEN DURING LABOR AND CHILDBIRTH IN RWANDA: A CONCURRENT MIXED-METHOD STUDY

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Background

Disrespect and abuse during childbirth is a pervasive global issue, yet it remains insufficiently explored in Rwanda. The primary objective of this study is to investigate the factors linked to such maltreatment during labor and delivery in two district hospitals in Rwanda.

Methods

The study was conducted at Kabutare and Kibagabaga hospitals using a cross-sectional design. It comprised 280 women who gave birth at these facilities during the study period. Data analysis was performed using SPSS version 22 software. A Chi-square test was used to identify factors associated with disrespect and abuse during childbirth.

Results

Verbal abuse and abandonment by healthcare providers were reported by 27% and 27.5% of participants, respectively. Furthermore, 12% of women reported experiences of physical abuse. Women residing in rural areas were more likely to encounter disrespect and abuse [AOR=4.06, 95% CI (1.12, 14.7); p=0.03] compared to their urban counterparts. Women undergoing cesarean delivery were 77% less likely to experience disrespect and abuse relative to those undergoing vaginal delivery [AOR=0.23, 95% CI: (0.09-0.59), p=0.002]. Women who had attended antenatal care were 72% less likely to face disrespect and abuse [AOR=0.28, 95% CI: (0.13-0.81), p=0.029]. In contrast, women with primary education were more prone to disrespectful treatment than those without formal education [AOR=2.9, 95% CI: (1.10-8.9), p=0.04]. Women delivering at night were more likely to experience disrespect and abuse compared to those delivering during the day [AOR=2.23, 95% CI (1.34, 3.03); p=0.03].

Conclusion

The prevalent disrespect and abuse during labor and delivery reported by participants underscores the pressing need for strategies promoting respectful maternity care. Contributing factors, such as rural residency, limited education, and night-time deliveries, increase the risk of mistreatment. These issues require targeted interventions to ensure all women receive equitable, respectful care.

FACTORS ASSOCIATED WITH LABOR COMPANIONSHIP IN RWANDA- A FACILITY-BASED MIXED METHODS STUDY

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Background

Labor companionship has been shown to improve childbirth experience and outcomes. However, there is a lack of knowledge about this practice in Rwanda. This study aimed to assess the perspectives and experiences of women and health care providers regarding labor companionship, as well as possible associated factors, at selected hospitals in Rwanda.

Methods

The study used a prospective mixed-method; 393 mothers at 48 hours postpartum were randomly selected. Data were collected from January-March 2022. Interviews were conducted among 23 health care providers and 16 mothers. Demographic information was reported using frequencies and percentages. Chi-square test and logistic regression analysis were applied.

Results

Out of the 393 mothers, 95% (n=373) brought their chosen companion to the health facilities, while only 11.2% (n=42) were able to stay with their companions during childbirth. About 47% of the mothers who were allowed to stay with their companions during labor and delivery had reservations about doing so due to fear of embarrassment (47%), gossip (14%), and privacy (40%). Mothers' age, education, economic category, and planned pregnancies influenced the likelihood of companions staying during labor and delivery. The reported challenges to companionship included individual, provider, and institutional level barriers.

Conclusions

This study emphasizes the importance of labor companionship in improving maternal and neonatal health outcomes while also revealing the limited implementation of labor companionship in Rwandan health facilities and the need for policy and guideline development to facilitate access and health care provider training.

UNDERSTANDING MALE PARTNER ROLE IN MODERN FAMILY PLANNING UPTAKE: INSIGHTS FROM USAID INGObYI ACTIVITY IN RWANDA

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Introduction

Globally, family planning (FP) strategies primarily target women, often overlooking men's crucial influence on contraceptive use decisions. Evidence shows that male involvement in FP can significantly improve women's uptake and continuity of contraceptives. However, in societies where men are key decision-makers, their attitudes and understanding of FP can either promote or hinder the use of contraceptive methods. Notably, in Rwanda, while there has been a 10% increase in the use of modern FP methods over the past five years, the extent of men's influence on this uptake remains unclear.

Methods

The study utilized secondary data from a social and behavior change (SBC) survey conducted between September and October 2021 across 20 districts supported by USAID Ingobyi Activity in Rwanda. The survey involved 580 married men living in households with a child aged 0-12 months. The data underwent descriptive analysis, determining proportions and their 95% confidence intervals (CIs) and comparing rural and urban areas.

Results

The results showed that SBC FP interventions had reached 79.3% of male respondents. Most respondents found FP interventions very important (80.8%) and reported satisfaction with SBC FP interventions (81%). Nearly all (98.6%) of those reached with FP interventions motivated their friends/peers to use modern FP methods. About 90.3% often communicated with their partners about FP, and 92% attended FP counseling sessions with their partners. Positive behavior changes towards FP services utilization due to SBC FP interventions were reported by 90.2% of respondents. Notably, rural males had higher satisfaction with FP services and were more reached by FP messages than urban males.

Conclusion

The study highlights the effectiveness of SBC interventions that prioritize efforts at facility and community levels and utilize existing SBC channels in increasing the demand for high-quality FP services. Increased male engagement in FP interventions fosters spousal cooperation, reduces opposition to FP services, and promotes positive behavioral changes toward FP service utilization. The study underscores the value of comprehensive information dissemination about FP methods to facilitate active male engagement as supportive partners, advocates, and users of FP.

MISSED OPPORTUNITY FOR IMPROVING THE FIRST ANC VISIT THROUGH LINKAGE OF GENERAL OPD TO ANC SERVICES IN RURAL RWANDA

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Background

Early antenatal care is among the key interventions to prevent maternal and neonatal deaths. Timely referral from general OPD and linkage to ANC services is associated with improved first ANC attendance. This study assessed the propensity of, and factors associated with, OPD to ANC referrals for pregnant women identified with OPD.

Methods

This study employed a mixed-methods approach, involving 797 pregnant women identified at OPD between January and March 2021 across six health centers in Rwamagana District. The chart review data extraction tool was used to collect data on the characteristics of the women. These data were subsequently analyzed using descriptive statistics and the chi-square test. Additionally, to assess the barriers and facilitators of OPD to ANC linkage, 18 semi-structured interviews were conducted with health providers in Kinyarwanda, and focus group discussions (FGDs) were held with pregnant women.

Results

Of the 797 pregnant women identified in OPD, 72% (n=575) were referred to ANC services. Of those referred, only 44.52% (n=256) received ANC services on the same day as their OPD visit. Interestingly, 74% (n=428) of those referred to ANC services made an early ANC visit, defined as attendance within the first 12 weeks of gestation. Significant barriers to first ANC visits reported by pregnant women include the high workload due to understaffing in health centers, lack of health insurance, and the unavailability of ANC services on certain weekdays.

Conclusion

Improving early ANC visits requires a multi-faceted approach, including a) social behavior interventions that motivate partners to accompany pregnant women during ANC visits, b) assurance of the permanent availability of ANC services throughout the week, and c) the enhancement of staffing levels at health centers. These efforts, if effectively implemented, have the potential to significantly improve early ANC attendance rates and contribute to better maternal and neonatal health outcomes.

EFFECT OF SOCIAL AND BEHAVIOR CHANGE INTERVENTIONS ON MATERNAL AND NEWBORN HEALTH IN RWANDA

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Background

Social and behavior change (SBC) interventions have been linked to improved health-seeking behavior. In this study, the effect of SBC interventions on the utilization of maternal and newborn health (MNH) services and their contribution to behavioral change was evaluated among families with children below 12 months of age.

Methods

We used a mixed-method approach in four Rwandan districts in families with children below 12 months. Data were collected between September and October 2021 using a semi-structured questionnaire, in-depth interviews, and focus group discussions. Logistic regression was performed to determine factors associated with health-seeking behavior. Thematic analysis was performed, and relevant verbatim quotes were used to report qualitative findings.

Results

Of 1,153 respondents, 72% (n=830) of women had heard of SBC messages on MNH services, and 53.8% (n=1153) of all respondents resided in urban areas. Most MNH messages were heard from live radio talk shows (87%, n=830) and the *Urunana* soap opera (49%, n=830). Families from lower wealth categories and without religious affiliation were less likely to be reached by MNH SBC messages ($p < 0.05$). Most respondents (75%, n=830) perceived that MNH SBC messages were very important and were satisfied. Reported behaviors following exposure to messages included improved male engagement in MNH services, increased uptake of early antenatal care, improved breastfeeding practices, and self-care among pregnant women.

Conclusion

Well-designed and tailored social and behavior change interventions can effectively promote positive behavioral changes and improve health-seeking behaviors in maternal and newborn health. Efforts to maximize the impact of SBC interventions should prioritize approaches that reach low-income and non-religious communities in Rwanda.

OPTIMIZING ADOLESCENT AND YOUTH REPRODUCTIVE HEALTH SERVICES THROUGH SPECIALIZED INTERVENTIONS IN RWANDA

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Introduction

Despite concerted efforts to sensitize adolescents and young people to utilize comprehensive reproductive health services in Rwanda, including those available at youth corners in health centers, demand for services remains suboptimal. In October 2021, USAID Ingobyi Activity, in collaboration with Rwanda Biomedical Center (RBC), initiated a special intervention to make reproductive health services available during the weekend when most youth, especially those in school, can access these services. Six months into the intervention, USAID Ingobyi Activity conducted a rapid assessment to understand its impact on service delivery for youth. The assessment aimed to explore if the initiation of special weekend hours for comprehensive reproductive health service provision improved adolescent and youth reproductive health service demand and access.

Methods

This study adopted a quantitative approach to assess the effects of the introduction of weekend intervention on the utilization of reproductive health at youth corners located at health centers. One hundred health centers (80 public and 20 faith-based) were strategically selected. Pre- and post- implementation data were retrospectively extracted from health centre records. Metrics included adolescent and youth attendance of individual and group health education and counseling disaggregated by sex. Healthcare providers' comfort and perceived workload when delivering weekend services were gauged via a structured questionnaire. Data were analyzed using descriptive statistics to ascertain the impact of this intervention.

Results

Over six months (October 2021-March 2022), we observed an increase in adolescent participation in group health education sessions, from an initial 7,663 attendees to 12,585 in the centers assessed. Similarly, the number of adolescents and youth attending individual counseling sessions increased from 1,030 to 1,955 attendees by the 6th month, a 90% change in attendance. Furthermore, we noted a rise in female adolescent participation in health education sessions, from 43% to 56% during the six-month intervention, with menstrual concerns cited as the primary consultation subject. Notably, most healthcare providers (87.4%) were comfortable providing weekend services at youth corners, and 83.2% indicated the additional weekend duties did not overburden them.

Conclusion

The study's findings indicate that targeted modifications to service delivery schedules can significantly enhance adolescent and youth reproductive health services utilization. This study underscores the need for adaptive strategies in health service provision tailored to the unique needs and circumstances of the targeted sub-populations. The findings offer valuable insights for future interventions to enhance adolescent and youth health outcomes in Rwanda and similar contexts globally.

IR 3. STRENGTHENED CAPACITY TO ADDRESS THE HEALTH NEEDS OF HIGH-RISK INDIVIDUALS

IMPACT OF MENSTRUAL HEALTH IN HIV PREVENTION: A CASE STUDY OF DREAMS IN KICUKIRO DISTRICT

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Background

Under the USAID-funded Orphans and Vulnerable Children (OVC) and Determined, Resilient, Empowered, AIDS-free, Mentored and Safe (DREAMS), locally known as USAID/Igire-Wiyubake, YWCA distributed sanitary pads to 19,552 in-school and out-of-school adolescent girls and young women. The distribution has been ongoing every quarter since January 2023. The intervention aims to improve menstrual health among adolescent girls and young women enrolled in the USAID/Igire-Wiyubake Activity. Based on the excitement expressed by in-school participants in the Activity, the implementing organization conducted a quick assessment to understand the immediate results of education from the distribution of sanitary pads.

Description

This abstract is based on a quick assessment that employed qualitative data collection methods. It involved interviews with key informants, including school leaders, teachers, parents, and participants. The assessment interviewed 40 adolescent girls and young women, 16 parents (all females), and three teachers.

Lessons Learned

The lack of sanitary pads during the menstruation period is one of the major issues affecting girls. It is a risk factor for sexual exploitation, HIV/AIDS, psychosocial issues, and poor educational outcomes, especially school attendance. It is not easy for most households to afford the cost of sanitary pads, and yet they are not seen as a priority, especially from a paternal perspective. Access to sanitary pads improved school attendance and self-esteem for adolescent girls and young women. Most of the interviewed girls and parents reported that girls missed at least three days a month before the intervention due to the lack of sanitary pads. While we confirmed that sanitary pads improved school attendance, we did not confirm their contribution to short-term school performance.

Conclusion and Next Steps

Menstrual health is crucial in HIV programs, particularly in preventing risk factors such as sexual abuse/exploitation, school dropouts, and psychosocial problems. Investment in menstrual health for adolescent girls and young women must be increased due to its importance in preventing HIV risk factors. Involving men is necessary to ensure that fathers and brothers support daughters' and sisters' access to sanitary pads. We need to conduct a more comprehensive assessment to gain a better understanding of the impact of menstrual health, especially in increasing access to sanitary pads for adolescent girls and young women in HIV prevention.

INTEGRATING MENTAL HEALTH SERVICES TO TEENAGE MOTHERS' SUPPORTS TO ADDRESS GENDER-BASED VIOLENCE PSYCHOLOGICAL CONSEQUENCES: IGIRE GIMBUKA CASE STUDY

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Background

Teenage pregnancy is a challenging and traumatic experience, often associated with Gender-Based Violence (GBV), an increased risk of contracting HIV/AIDS, and emotional distress for young mothers. According to the Rwanda Demographic and Health Survey 2019-2020 (RDHS, 2021), teenage pregnancy rates in Rwanda are at 5.1 percent among women aged 15-19 nationwide. In the Western province (IGIRE GIMBUKA implementation zone), the prevalence is as follows: Rubavu (5.5%), Nyamasheke (2.2%), Rutsiro (2.1%), and Karongi (0.5%). Teenage mothers face numerous challenges, such as social stigma and family and community rejection, leading to stress, depression, anxiety, and financial crises, among other difficulties. In addition, most teenage pregnancies result in school dropouts due to fear of embarrassment, humiliation, and harassment by peers.

Within the scope of the IGIRE-GIMBUKA "Be Resilient, Be Self-Reliant," a USAID/PEPFAR-funded OVC community-based program implemented by Caritas Rwanda (2022-2027) in the Western Province (Rubavu, Karongi, Rutsiro, and Nyamasheke districts), collaboration and leverage among local leaders, health professionals at facilities), government existing structures (Community Health Workers), and the Rwanda Investigation Board (RIB) to integrate mental health and psychosocial support within interventions to prevent and respond to gender-based violence against children has addressed the multiple challenges faced by teenage mothers.

Methods

With this collaboration and leverage, a three-day GBV clinical community outreach event was organized for 197 teenage mothers and their parents, who also benefited from various on-site services, including psychosocial support, healthcare services (voluntary HIV screening), and filing complaints, among other forms of support. IGIRE GIMBUKA conducted a comprehensive mental health assessment using the Patient Health Questionnaire (PHQ-9) to assess and screen for symptoms of depression and monitor the severity of their symptoms over twelve months.

Following the GBV clinic outreach, IGIRE GIMBUKA closely connected GBV survivors with healthcare providers, including mental health professionals, to ensure continuous and individualized support tailored to their mental health needs within their respective communities. Tailored support group sessions were created and facilitated for individuals experiencing mild to moderate depression. In contrast, those dealing with Post-Traumatic Stress Disorder (PTSD) and severe depression received individual counseling sessions to facilitate their healing journey.

Findings

Before the intervention, the findings revealed that 62.9 percent (representing 124 teenage mothers) were experiencing moderate to severe depression. Qualitative conversations with these individuals uncovered the complexity of their struggles, with anxiety and PTSD emerging as common reactions to the traumatic experiences of GBV. The assessment found 12 individuals in severe depression and had suicidal thoughts due to stigma and community/family rejection. Fortunately, after one year of IGIRE-GIMBUKA interventions, this percentage dropped significantly from 62.9 to 8.6 percent (representing 17 people), reflecting a positive outcome.

The relationships between teenage mothers and their trained and mentored parents have improved. Most teenage mothers now report that their parents no longer harass them and are willing to take care of their grandchildren when they express their desire to return to school with the support of IGIRE-GIMBUKA. Furthermore, factors identified as contributors to GBV among teenage mothers included family conflicts, domestic violence, peer pressure, family rejection, and the absence of productive activities for young girls out of school. As part of the intervention, considerable progress was made in supporting teenage mothers:

- One hundred eighty-two (182) teenage mothers are enrolled in Technical Vocational Education Training (TVET) and provided with school fees, school materials, and start-up kits. They are offered industrial attachments upon completing their training. Eight are scheduled to return to formal education in the upcoming academic year (2023/24).
- Sixty-five (65) teenage mothers' households received grants from IGIRE GIMBUKA, enabling them to engage in income-generating activities, including animal rearing and small businesses for self-reliance.
- For those who tested HIV positive during voluntary screening, the IGIRE GIMBUKA Program facilitated their access to antiretroviral treatment (ART) medications. In contrast, pregnant HIV-positive individuals were mobilized to seek PMTCT services.
- Teenage mothers with malnourished infants or other health issues were referred to partner organizations offering assistance, including nutrition education, legal support, and civil registration of their children.
- The GBV clinic outreach to teenage mothers, along with comprehensive sexual education, HIV awareness, and pregnancy prevention, played an essential role and enabled local partners to monitor and respond to the difficulties encountered by these young mothers.

Conclusions

- Continue engaging communities, parents, local leaders, and existing government structures in providing teenage mothers with mental health services, justice and preventing teenage pregnancy.
- Maintain the integration of mental health support and counseling services for teenage mothers to address depression, anxiety, and trauma.
- Implement age-appropriate sexual education within schools and communities, encompassing sexual health, consent, and healthy relationships.
- Advocate for the rights and well-being of teenage mothers, including their access to healthcare, education, and social services.
- Establish peer-to-peer and mentorship support programs to support teenage mothers with successful outcomes.

EMPOWERING AT-RISK ADOLESCENT GIRLS AND YOUNG WOMEN: EXPANDING PRE-EXPOSURE PROPHYLAXIS (PREP) ACCESS FOR ENHANCED HIV PREVENTION

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Background

New HIV infections have been on the rise in recent years. In sub-Saharan Africa, adolescent girls and young women account for approximately 25% of new HIV infections, while in Rwanda, Adolescent Girls and Young Women (AGYW) aged 15-24 years are two or more times more likely to have HIV than their male counterparts. PrEP usage is one of the effective methods to reduce the risk of HIV acquisition among at-risk, HIV-negative adolescent girls and young women. The use of PrEP for HIV prevention among AGYW aged 18-24 years was approved in 2021 following consultations between PEPFAR and the Ministry of Health. In October 2021, USAID/Ubaka Ejo Activity promoted the uptake of PrEP among project participants in the Gasabo district.

Description

USAID/Ubaka Ejo Activity trains AGYW aged 15-24 on the safe use of PrEP. After that, mentors provide referrals to the health facilities. Mentors work closely with Linkage Facilitators in the respective health facilities to ensure that referred AGYW easily access PrEP services. At the health facility, healthcare workers assess AGYW's eligibility for PrEP, provide counseling, and determine the PrEP users' ability to adhere to medication before initiation.

PrEP uptake continues to be plagued by limited knowledge, skepticism, misconceptions, fear, stigma, and discrimination among at-risk AGYW, their communities, and health service providers. To overcome this resistance, the Activity engaged 35 PrEP champions (AGYW within the areas of operation who are current PrEP users) to demystify the use of PrEP among their peers. The Activity strengthened MOUs with health facilities to formalize the working relationships with the PrEP champions, improving the linkage between AGYW and healthcare providers by helping them understand clients' concerns.

Lessons learned

Increased and consistent PrEP intake among AGYW since 2021, from an initial 147 early adopters to an average of 502 every six months. Of these 1,646 initiated on PrEP, 431 are no longer at-risk and were discontinued. PrEP users enjoy more friendly SRH services at the health facilities, including using non-judgmental language by healthcare workers and setting multiple schedules for PrEP appointments to ease access to services.

Using credible sources of information to address misconceptions and knowledge deficits is pertinent. For young people, peers are the main trusted source of information. PrEP awareness among multiple stakeholders is necessary to address stigma and misconceptions and increase access to available HIV prevention medication.

Conclusions and next steps

SBCC strategies help to bridge the gap between the medical approach to HIV prevention and behavioral barriers among at-risk and infected populations. The Activity creates awareness of PrEP to AGYW caregivers through the Families Matter! Program (FMP) and train healthcare workers in collaboration with Rwanda Biomedical Centre (RBC) to complement the efforts of the PrEP champions.

MULTI-DISCIPLINARY NEEDS ASSESSMENTS OF CHILDREN AND ADULTS WITH DISABILITIES AND OTHER HEALTH CONDITIONS FOR THEIR FULL INCLUSION IN NUTRITION AND EARLY CHILDHOOD DEVELOPMENT ACTIVITIES IN RWANDA

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Background

The World Health Organization (WHO) estimates that globally, over one billion people have disabilities, with 80% of them living in low and middle-income countries (WHO, 2021). In Rwanda, the Fifth Rwanda Population and Housing Census (RPHC5) revealed that 12.6% of elderly individuals in Rwanda live with a disability, compared to a 3.4% disability prevalence (equivalent to 391,775 people) among the total resident population aged five and above. Also, the prevalence of disability is higher among females (13.5%) than males (11.3%) among older people, 3.6 percent of females and 3.1 percent of males in the general population.

To enhance the living conditions of persons with disabilities and ensure their inclusion in nutrition and early childhood development activities, the USAID-funded Gikuriro Kuri Bose (GKB) Activity has introduced a new model to assess their needs. GKB collaborates with community-based Inclusive Development (CBID) Volunteers, Rwanda Biomedical Centre, the National Council of Persons with Disabilities (NCPD), and the Ministry of Health (MOH) through multi-disciplinary experts to conduct home visits and individual needs assessments.

Methods

The GKB Activity, in collaboration with NCPD and MOH, has developed standardized forms for participant registration. From February 16, 2022, to September 30, 2023, 98,860 households enrolled in GKB were administered the Washington Group Short questions to identify adults and children with functional difficulties. The Multi-Disciplinary Assessment Team (MDAT), comprising NCPD and healthcare professionals at the district and Health Center levels, assessed severe and complicated cases identified during the home visits. This Activity aimed to screen and identify disabilities early, assess specific needs, provide counseling and psychosocial support to parents of children with disabilities, and facilitate referrals and linkages to GKB services and existing health, rehabilitation, and social protection programs.

Results

Data analysis revealed that 19,559 (20%) of the 98,860 households surveyed responded that they 'cannot do at all' or have 'a lot of difficulty' in at least one functional domain, indicating a disability. These 19,559 individuals received follow-up home visits by CBID Volunteers in ten districts. Of those screened positive for disability, 5,526 (41%) underwent multi-disciplinary assessments by the MDAT.

Among the 5,526 participants assessed, 665 (12%) were referred for health services, 1,323 (24%) were referred for rehabilitation and assistive technology, 689 (13%) were referred for early childhood development (ECD) services, 1,104 (20%) children were referred to nutrition services, 2,093 (38%) were referred to join Savings and Internal Lending Communities (SILC) activities, and 1,581 (29%) were referred to existing social protection schemes.

Conducting these assessments and referrals helped identify individual needs and provide appropriate services based on specific needs. As a result, participants can access the referred services, which have improved their status and well-being.

A significant number of children with disabilities have been able to join Early Childhood Development (ECD) programs, while others were enrolled in Village Nutrition Schools. This has improved their nutritional status, and their parents are now equipped with skills to preserve, promote, and protect their children's well-being.

Conclusion

The home visits and needs assessments conducted by CBID Volunteers and multi-disciplinary experts demonstrated a feasible approach for identifying the individual needs of persons with disabilities. Engaging community volunteers and specialized teams model can effectively facilitate linkages and access to required services.

The assessment findings revealed opportunities for the GKB Activity and government to enhance service access in critical domains such as health, rehabilitation, ECD, nutrition, economic empowerment, and social protection. Targeted efforts to improve availability, outreach, and inclusion in these programmatic areas could further support positive health and social outcomes for the disabled community.

This collaborative assessment model successfully identified needs, facilitated access, and demonstrated pathways to optimize services and inclusion for persons with disabilities. Scaling up this approach could enable the GKB Activity and government to maximize its impact on the well-being of this vulnerable population.

EFFECT OF NEONATAL NURSE MENTORSHIP IN IMPROVING NEONATAL CARE COMPETENCIES AMONG NEONATAL NURSES IN RWANDAN HOSPITALS

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Background

The recent Rwanda Demographic and Health Survey revealed stagnating progress with only a slight decline in newborn deaths from 20 per 1,000 live births in 2015 to 19 per 1,000 live births in 2019-2020. Clinical mentorship has been shown to strengthen the capacity of healthcare providers to deliver high-quality care, ultimately reducing newborn mortality. This study evaluated the impact of a neonatal mentorship model on improving nurses' competencies in neonatal units in Rwandan hospitals.

Methods

We conducted a prospective cohort study in 25 USAID Ingobyi Activity-supported health facilities that received monthly mentorship on five neonatal competencies: manipulation of neonatal equipment, management of small and sick newborns, infection prevention control (IPC), kangaroo mother care, and family-centered care. We measured the proportion of acquired neonatal practice competencies using an observation checklist by comparing practices on competencies at the baseline, 6th, and 12th-month mentorship sessions.

Results

One hundred eighty-eight (188) neonatal nurse mentees enrolled in this mentorship program. Overall, the proportion of neonatal practice competencies substantially improved from 42.7% at baseline to 75.4% after 12 mentorship sessions. Specifically, these improvements were as follows: family-centered care (40.3% to 70.3%), IPC (43.2% to 84.2%), kangaroo mother care (56.9% to 73.3%), management of small and sick newborns (38.5% to 77.6%) and manipulation of neonatal equipment (42.7% to 75.4%).

Conclusions

Our findings demonstrate that it is possible to improve the competencies of neonatal nurses through neonatal clinical mentorship in Rwanda and other low-resource settings.

USING ELEARNING TO IMPROVE AND RETAIN KNOWLEDGE OF COMMUNITY HEALTH WORKERS IN MATERNAL AND NEONATAL HEALTH IN RWANDA: A PILOT PROSPECTIVE COHORT STUDY

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Background

Rwanda's Community Health Workers (CHWs) are vital in providing community-based maternal and neonatal health (CBMNH) services. However, gaps in accessing refresher training lead to inadequate knowledge among CHWs and impede their ability to carry out their roles confidently. This study assessed the effect of using eLearning to improve and retain CHWs' knowledge of CBMNH.

Methods

We used a prospective cohort study design to measure knowledge acquisition and retention. The study was conducted in two districts in Rwanda between April and October 2021. A total of 36 CHWs took the eLearning course using smartphones. We used a structured questionnaire to measure the knowledge score at pre- and post-training and follow-up assessment at six months. Descriptive analysis was conducted, and three paired t-tests were used to measure the mean difference.

Results

Performance scores improved after the training. The average score increased from 86.5% in the pre-test to 98.2% in the post-training test with a mean difference of 11.7 ($p < 0.001$) and was sustained at the six-month follow-up evaluation with a mean difference of 11.3 ($p < 0.001$). The study showed a statistically significant association between age category and performance of CHWs in pre-test ($p = 0.01$) and post-test ($p = 0.04$). Similarly, findings showed a significant association between years of experience and performance scores on the pre-test ($p = 0.02$).

Conclusions

The study indicates that using eLearning effectively improves and retains CHWs' knowledge of CBMNH. It confirms it is an effective approach to strengthening the capacity of CHWs in Rwanda and other countries with similar contexts.

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