SEMI ANNUAL PROGRAM NARRATIVE REPORT

2025

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ACRONYMS

ANC	Antenatal Care
ASRH	Adolescent Sexual Reproductive health
ARV	Ant retroviral
BCC	Behavior Change Communication
CBOs	Community Based Organizations
CDP	Centre for Disease Control
CHWs	Community Health Workers
CYP	Couple Years of Protection
FP	Family Planning
GLMI	Great Lakes Malaria Initiatives
GoR	Government of Rwanda
GP	General Population
HC	Health Centre
HF	Health Facility
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
HVST HIV	Self Testing Kits
IEC	Information Education Communication
IPC	Interpersonal Communication
KP	Key Population
LLINs	Long Lasting Insecticide-Nets
MCH	Maternal and Child Health
M&E	Monitoring and Evaluation
MoH	Ministry of Health
MoPDD	Malaria and Other Parasitic Disease Division
MNCH	Maternal newborn and Child Health
MSM	Men who have sex with men
PP	Priority Population
PPCP	Public Private Community Partnership
PrEP	Pre-exposure prophylaxis
RBC	Rwanda Biomedical centre
RSMP	Rwanda Social Marketing Program
SBC	Social behavior Change
SCJ	SC Johnson
SFH	Society for Family Health Rwanda
SGHPs	Second-generation" health posts
SRH	Sexual Reproductive Health
STIs	Sexually Transmitted Infections
UNFPA	United Nations Population Fund
UNICEF	United Nations Children Fund
USAID	United States Agency for International Development
VCT	Voluntary Counselling and Testing

INTRODUCTION

This report details activities implemented by Society for Family Health Rwanda over the last six (6) months from October 2024 to March 2025 in collaboration with different partners including MoH, Donors, Private sector and local communities. Social marketing of health products, Social Behavior change communication (Community engagement& awareness) and Health System's strengthening were the core solution areas focused on during this reporting period under the following priority health areas; HIV/AIDS; Family Planning & Reproductive Health; Malaria; Maternal, Newborn & Child health, Water, Hygiene and Sanitation (WASH), Health Systems Strengthening and Primary Health Care.

Table 1: Summary of Projects implemented

Project Name	Start –End date	Funder	Intervention Area
Increasing Access to Primary Health in Rwanda Communities through construction of 20 Health Posts.	Jan 2025- Dec 2025	TAKEDA	Establishing 20 Second-Generation Health Posts (SGHPs) in the hard-to-reach communities iN Rwanda.
Integrated Service Delivery Activity - ISDA	October 2024-Sept 2025	USAID	Demand creation for RMNCH/ Malaria services
Optimizing Rwanda Digital CHWprogram for Scale & evidence Generation	Jan 2025-Dec 2025	Bill & Melinda Gates Foundation	Optimizing CHW program (Echis/CEMR in collaboration with MoH, Bill & Melinda Gates foundation & Resolve to Save Lives
Cancer awareness campaign in Nyabihu & Rubavu	Oct 2024 to Feb 2025	Elekta Foundation	End-to end cervical cancer prevention and treatment
Digital Integration of Family Planning (FP), Antenatal Care (ANC), and Non Communicable Diseases (NCDs) Management at 10 Second Generation Health Posts (SGHPs) in Rwanda		Resolve to save lives	Digital integration of NCDs
Malaria Research- Syngenta	Dec 2024 to Dec 2025	Syngenta	Efficacy evaluation of a new insecticide formulated for Indoor Residual Spraying (IRS) against susceptible and wild-pyrethroid-resistant anopheles' mosquitoes under experimental huts, South-Eastern of Rwanda.

Umuko Project	March 2024 to April 2027	SAND technologies/SusanThompson Buffet Foundation (STBF)	Technology-enabled Sexual Reproductive Health Operating Systems in Rwanda and South Sudan
Capacity Building of Healthcare Providers (UHC) at Health posts	November 2024 to Feb 2025	Abbott	Capacity Building of Healthcare Providers and screening for child malnutrition with Mid Upper Arm Circumference (MUAC z-score) Tape at several SGHP
Improving access to SRHR services for adolescents with compounded vulnerabilities	2024-2025	Wemos Foundation	ASRH & R advocacy
Implementing a Nurse-Led Model of care using a MedWand Device	2024-2025	CGFNS and MedWand	Research & innovation to support tele medicine
Strategic Investment Facility funded project (2022-2025) on “Innovative Health Sector Investment Model for Health Posts to Achieve Universal Health Coverage in Rwanda”	2022 - 2025	UNFPA/SIF	Innovative health sector investment Model for health posts to achieve universal health Coverage in Rwanda.”
Malaria Prevention & Control/HIV prevention	July 2024 to June 2025	Global Fund-RBC SPIU	Malaria Prevention in the Eastern Province as well as HIV prevention in GP
Enhancing private sector investment – IFE through construction and equipping as well as management of Health posts	July 2022- July 2025	KFW	Construction of 80 HPs as a catalyst for job creation
Empower CHWs through Digital Health	Jan 2025 to 12/2027	French Expertize Iniative	Empowering Community Health Workers, improving gender equity, and enhancing access to care in Rwanda through an AI-powered, digitalized system for high quality Universal Health Coverage
PI/ Social Marketing		SFH	Social marketing of health products
Total			

2.0. SEMI ANNUAL IMPACT AT AGLANCE

The distribution of 9,261,995 Plaisir condoms, 66,630 cycles of confiance pills, and 17,830 Doses of Injectables and 24,940 cycles of emergence pills led to the provision of 27,444 CYP.

In addition, the distribution of 20,599 bottles of Sur'eau disinfected 20,599,000 liters of drinking water hence the contribution to the reduction of diarrhea related diseases.

A. RMNCAH social Behavior Change Communication.

- 5,161 new users adopted modern contraceptives through health posts limiting family size and improving their health
- 1,460 Live births registered.
- 4,920 ANC attendants registered.
- 5,058 children vaccinated
- 1,445 Post Natal Visits (baby) registered
- 1,443 Post Natal visits(mother) registered
- Capacity building of 223 HCP (62 nurses and midwives to provide quality services of HIV/ PMTCT, FP and antenatal care(ANC). Additionally, ten(10) nurse entrepreneurs managing HPs were skilled on business management and entrepreneurship in healthcare
- 54 HPs operational and offering healthcare services.

3.1. Social Marketing of health products

To ensure access and availability of health products, SFH Rwanda during this reporting period, continued supporting private sector distributors through outlet supportive supervision visits, product replenishments and awareness through radio spots and talk shows. ,1000 outlets in all the 30 districts were supervised to ensure effective distribution of the health products. Generally, sales went down for this reporting period due to stock of most products including plaisir condom, off lotion tube, baygon and mosquito nets. Details of the distribution in the table below.

Table 2: Distribution of health products

Social marketing products FY 2025(Q1&Q2)								
Products	Annual Targets	Semi-Annual Targets	Q1	Q2	6 Months Achievement	% achievement	Annual % Achievement	Comments
Plaisir	6,000,000	3,000,000	1,060,560	965,270	2,025,830	68	34	Stock out Q2/But now stock are available(on tracking)
Pills	200,000	100,000	0	66,630	66,630	67	33	on track
Injectables	50,000	25,000	8,080	9,750	17,830	71	36	on track
Emergency Pills	50,000	25,000	12,920	12,020	24,940	100	50	on track
Sur'eau	65,200	32,600	9,529	11,070	20,599	63	32	on track

- Data Source: Field Reports
- Data Quality: CTL triangulation

3.2. Social behavior change communication (Community awareness and engagement)

For improved and better adoption of RMNCH/ Malaria services, SFH Rwanda during this reporting period organized and conducted social behavior change activities both at community and individual levels to increase knowledge on HIV, FP, Maternal child health, Malaria as well as Hygiene and sanitation. At individual level, SFH aimed at addressing knowledge, attitudes, and practices on better RMNCH/ Malaria services, while at community-level the focus was aimed at changing social and cultural norms including myths and misconceptions as well as spousal support regarding RMNCH. Mass media programs were also implemented to scale up reach of education and awareness The details per health area are provided below.

3.2.1.HIV Prevention

In collaboration with CDC, and GF as donors as well as MOH/RBC and HCs as implementing partners, SFH Rwanda during this reporting period supported by 90 HCs facilitated voluntary HIV testing among key and priority populations as well as other prevention measures including condom distribution and education and counselling. The details of implementation are provided with the HIV prevention project.

3.2.1.1.CDC Project

The implementation of evidence-based prevention interventions for key and priority populations in the Republic of Rwanda under the President's Emergency Plan for AIDS Relief (PEPFAR), grant number – NU2GGH002206 focused on providing a comprehensive package of prevention services including HIV counselling and testing, same day linkage to treatment, adherence and retention support, and follow-up of Key Populations (KP). During this reporting period, the project focused on preparing and submitting final close out reports including program report as Sept 2024 was the end of program implementation. Over the last 5 years, the following was achieved !

HTS: By testing modalities/ HIV Self testing
During the project period, SFH tested 218,927 clients of which 9,447 were newly diagnosed as new HIV positives reflecting an overall project yield of 4.3% in 5 years .

Cumulative 5 Years HTS	Tested	HIV positive	Yield	Targets HTS	HIV Positive	% Achiev HTS	% HIV Positive
Community - Index	15,850	1,612	10.2%	19,884	1,059	80%	152%
Community - Mobile	135,176	5,158	3.8%	141,088	4,104	96%	126%
Community - VCT	43,915	1,771	3.9%	28,528	346	154%	512%
Community - SNS	23,986	906	3.8%	22,465	679	107%	133%
Total HTS	**218,927**	**9,447**	**4.3%**	**211,965**	**6,188**	**103%**	**153%**

Four testing modalities were used for case finding namely community index, community_mobile, community and community_SNS.

Distribution of HIV self-test (HVST) kits

To increase access to HTS, PN supported the distribution of HVST kits in the community. Kits targeted KP that would never come to the HF and CFSW. A total of 120,532 HVST kits were distributed over 5 years.

Table 2: Performance of HVST kits' distribution against targets

Year	Targets	Achieved	%Achieved
Y1	13,256	17,454	132%
Y2	13,000	18,898	145%
Y3	27,486	30,810	112%
Y4	27,789	22,379	81%
Y5	27,819	30,991	111%
Total	**109,350**	**120,532**	**110%**

Those confirmed HIV positive were initiated on ART.

COEs and Private Clinics:

In year 5, two Centers of Excellences (COEs) and 2 private clinics were opened as an initiative to strengthen provision of MSM friendly services. The COEs were Gatenga and Mukarange and these were supported by a dedicated staff, a tablet, and training on MSM friendly services for all staff at the COE. The sites continued to offer a standardized package of services for KP, and the additional interventions ensured that KP services were available daily in a stigma free environment. The private clinics engaged included Bwiza Clinic and Polyclinique Familiale. These came on late (last quarter of the project) and other than the training provided to these sites on SOGIE and GBV using LIVES, no particular outputs were realized.

Pre-exposure Prophylaxis (PrEP):

As one of the key initiatives championed by the program, pre-exposure prophylaxis was provided as an HIV prevention tool for eligible KP and AGYW. PrEP program started as a pilot at 10 HFs in Kigali and slowly expanded to 68 sites by year 5 Mobilization for PrEP occurred during HTS events and during KP follow-up visits.

Table 2: Performance of HVST kits' distribution against targets

	FSW	MSM	AGYW	TG	total	Indicators	Sites
Y5	7968	2076	738	0	10782	PrEP CT	68
Y4	6763	2334	1366	4	10467	PrEP CT	56
Y3	3340	1622	1103	0	6065	PrEP CT	42
Y2	5036	690	1817	0	7543	PrEP CURR	39
Y1	2435	197	217	0	2849	PrEP CURR	21

As per national guidelines PrEP recipients returned at month 1, month 3 and subsequently every 3 months for continuous eligibility assessment and refills for clients that were found willing and still eligible.

Capacity Building of Health Care Workers:

Training :

At project inception, the project trained 180 HCW and 180 PN on the provision of KP friendly services. This was conceptualized as a 3-day refresher training course that touched key aspects relevant to seamless and quality program delivery for KP.

In year 3, 4, and 5, 23 HFs that were receiving both FSW and MSM went through a gender sensitivity training focusing on sexual orientation and gender identify education (SOGIE) where all facility staff including the gateman were targeted.

In year 5, 3 sets of gender-based violence (GBV) trainings using the LIVES (listen, Inquire, Validate, Enhance Safety and Support) model were conducted in which 152 participants from 90 public HFs, 2 private clinics, and project staff from HDI and SFH were trained.

Sub grantees and Contractors:

The project engaged 3 sub awardees during its lifetime including ETR, HDI, ANSP+, and one contractor ESRI Rwanda.

EDUCATION TRAINING AND RESEARCH (ETR) :

Focusing on adolescents aged 10-24 years of age, both in school and out of school, SFH Rwanda during this reporting period implemented several interventions aimed at creating demand for SRH services as well as easing access to ASRH friendly services for better health outcomes.

HEALTH DEVELOPMENT INITIATIVE (HDI) :

HDI came on board as a champion for the provision of HIV services targeting MSM. It supported capacity building of facility and project staff in the provision of MSM friendly services. As the project matured, SFH staff took on more sites from HDI and by year-5, their mandate was only at the 2 HDI sites (HDI Kicukiro and HDI Nyakabanda/Nyamirambo).

ASSOCIATION NATIONALE DE SOUTIEN AUX PERSONNES VIVANT AVEC LE VIH/SIDA (ANSP+):

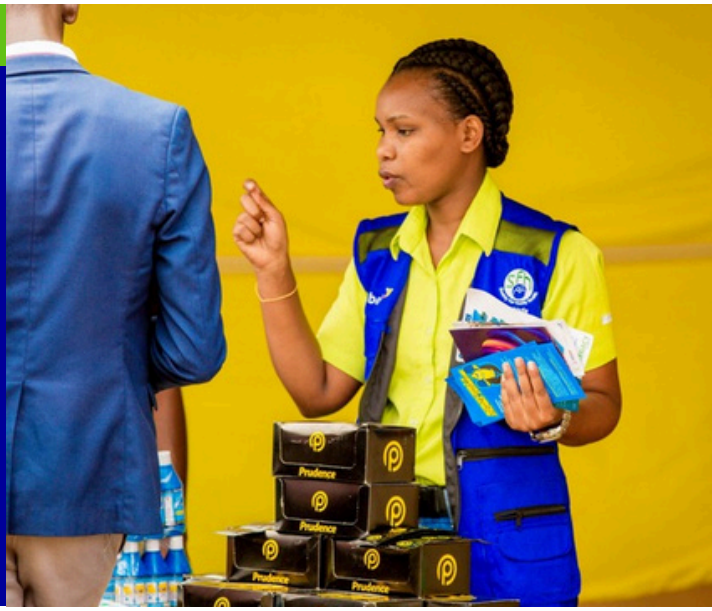
ASNP+ came in at project inception to support work for VIP FSW. They worked in years 1 and 2, finding VIP FSW and providing HTS alongside other packages of HIV prevention services. However, the testing yields for VIP proved to be very low and ANSP+ mandate ended in year 2.

ENVIRONMENTAL SYSTEMS RESEARCH INSTITUTE (ESRI) RWANDA :

ESRI Rwanda set up for us the data collection system using their survey 123 arcGIS system. They also digitized our KP intake form to allow us to phase out paper systems during HTS activities. They also supported the development of dashboards for tracking project performance. In the final year, we were exploring the use of geo-mapping capabilities that would allow us to conduct more informative hotspot mapping. This followed the revision of our tools to allow for capture of the village where the client receiving HTS came from as well as the site where HTS was being conducted.

3.2.1.2. GLOBAL FUND- HIV Prevention

With support from GF, SFH during this reporting period, implemented HIV prevention interventions among the general population including condom distribution, creation and supervision of outlets as well as airing of monthly DJ mentions regarding benefits of condom use on B & B Umwezi and Kiss FM Radios. As a result of these interventions 9,261,995 Pieces of Condoms (Plaisir & Prudence) were distributed resulting into 77,183.29 couple Years of Protection(CYP)



3.2. RMNCAH/ MALARIA SERVICES

To contribute to preventable infant and maternal deaths, reduce incidence of malaria and teenager pregnancies while bringing high quality, integrated health services to vulnerable communities, SFH during this reporting period supported audience targeted SBC campaigns facilitated by facility (HC) personnel and peer educators under the following projects.

3.2.2. Tubeho Project

USAID Tubeho was afive-year project (August 3rd, 2023-August 2nd, 2028) implemented by a consortium of eight local and international organizations led by Jhpiego in 20 districts across the country to build on USAID investments and promote access to, availability, and delivery of evidence-based, quality, and respectful Maternal, Newborn, Child, and Adolescent Health/Family Planning/Reproductive Health/Malaria services in alignment with national priorities and global standards and strengthen the ability of the entire health sector in Rwanda to respond to emerging global health threats.

As an SBC partner in the consortium, SFH however, during this reporting period did not implement any activities due to (i)delayed workplan and budget approval (ii) Global termination of USAID activities

3.2.3. NSP-RBF- Malaria, Social and Behaviours Change Communication project.

This reporting period (October204 -March 2025) SFH Rwanda implemented different activities aligned in the Global Fund National Strategic Plan (NSP) Malaria 2020-2027 framework. This report highlights the achievements for the period that include the following activities:

- Conducted 23 IPC sessions targeting malaria hotspots sectors through existing platforms and reached 5755 people
- Conducted community awareness through mass media: 6 Radio talk shows disseminating Malaria Prevention and Control messages focusing on malaria case investigation findings,
- Provided Communication facilitation to health facility team members (HCs) to support coordination of the project including follow up and supervision and 238 staff were supported,
- Organized and conducted targeted 49 technical meetings with CHWs and local leaders at cell level to identify and redress the root causes of high malaria incidence, severe malaria stock out and low coverage and 2940 key malaria stakeholders were met
- Organized and conducted 40 sessions of targeted Household visits targeting malaria cases (severe cases. death _) to identify risks and root causes for actions and disseminate malaria prevention and control messages 1200 HHs were visited.
- Conducted 3 annual Coordination meetings to sharewith local leaders and health care providers from Kayonza,Kirehe and Nyagatare districts ,the malaria indicators from scorecards and reached 136 participants
- Conducted Cascade trainings of opinion leaders on IVM in 3 sectors (Rweru,Kamabuye and Nyamata) of Bugesera district and reached 277 participants
- Supported RBC in organization and conducting MFT-onsite training of Health care providers at district level in all 7 districts of eastern province and reached 357 HCPs from 119 Health centers
- Supported RBC in organization and conducting MFT_onsite training of Community Health workers and reached 12606 CHWs from eastern Province
- Supported RBC in organization and conducting eCBES-onsite training of Health care providers at district level and reached 357 HCPs

3.2.3. NSP-RBF- Malaria, Social and Behaviours Change Communication project.

This research trial was initiated in human occupied experimental huts of Rwanda Biomedical Center (RBC), established in Ruhuha, Bugesera district. . The study is technically and financially supported by Syngenta Crop Protection B.V, the manufacturer of that new insecticide and will last for 12 months including preparation and implementation phases andaims to generate the local data or evidence on the bio-efficacy, residual activity and other induced effects per the new insecticide, Sovrenta 15WP, sprayed on surface wall of huts. The findings will help to support the marketing of the IRS insecticide, specifically in Rwanda and other malaria endemic countries for controlling malaria through IRS intervention.

Preliminary results after three(3) months of bioassays and entomology monitoring have demonstrated that Sovrenta 15WP, coded as SYN547407 WP has a bio-efficacy of 100% mortality both on mud and cement indoor surface walls on susceptible Anopheles gambiae S.S. Kisumu strain and reared at insectary.

Additional monthly bioassays for the fourth quarter, from October to December 2024 showed that the new insecticide, Sovrenta 15WP, coded as SYN547407 WP has a bio-efficacy which lasts below 100% mortality on susceptible An. gambiae s.s., Kisumu strain and reared at insectary at seven months but restored to 100% at 48 hours of mortality observation up to nine months. These results were similar both on cement and mud indoor surface walls of experimental huts. Therefore, the Knock down at 60 minutes was zero or very low at seven and eight months with a slight increase at nine months. Therefore, at the nine months, the positive control insecticide, Fludora fusion, on both types of surface walls maintained a knock down of 100% at 60 minutes.

The most of wild mosquitoes entering the experimental huts were culicines mosquitoes representing 87.2% of the total caught mosquitoes while An. gambiae s.l. is the dominant anopheles' species with 9.2% of the total mosquitoes and 71.4% of the total anopheles' species. The mortality effect on wild mosquitoes entering inside huts was declining over time, but didn't reach 100% of mortality either at any type of treatment nor in any month's period surveyed. The mortality per hourly intervals at 24 hours and 168 hours respectively ranging from 0.0% to 69.2% for Sovrenta, 56.3% to 87.5% for Fludora Fuson and 0.0% to 15.6% for the control huts.

The following bioassay tests will determine at which period the residual efficacy of the new insecticide will drop down below 80% of mortality for two consecutive tests, as a threshold of insecticide activity on treated hut walls. The bi-monthly entomology surveys of wild mosquitoes entering inside huts will also allow us to measure the delayed mortality period as well as the potential deterrence effect induced by Sovrenta 15WP in comparison with the positive and control treatment arms.

3.2.5. WEMOS Project : Improving access to SRHR services for adolescents with compounded vulnerabilities

Under WEMOS partnership agreement, and Make way program approved work plan 2025, Society for Family Health (SFH) Rwanda as a HSS partner, successfully implemented the following;

- In collaboration with NUDOR, SFH successfully organized and conducted two days' workshop to review and discuss the key takeaways from the Global report on health and equity for people with disabilities. Recommendations were drafted based on the country gaps to inform the actions and raising advocacy around SRHR services for people with disabilities & are guiding advocacy initiatives .

- Conducted assessment on the Enablers and Barriers to Inclusive and Intersectional SRHR Services for Adolescents: A Multi-dimensional Analysis of Health System Infrastructure, Policy, and Healthcare Provider Capacity in Rwanda and findings disseminated and the final report available for use.

3.2.6. Elekta Project: Women's Cancer Early Detection (WCED) campaign

- In collaboration with Elekta, RBC and partners in health including 32 HCs, SFH Rwanda during this reporting period implemented a mass breast and cervical cancer campaign in Nyabihu and Rubavu. This follows successful campaign in Gicumbi, Kayonza and Karongi hence the scale up. During the campaign, 4,046 women aged between 50-65(1746 in Rubavu & 2300 in Nyabihu) underwent screening for cervical cancer using HPV/VIA and 58,784 women (33,984 in Rubavu & 24,800 in Nyabihu) received clinical breast examinations for breast cancer. Among those screened, 3,824 were diagnosed with pre-cancerous lesions and were encouraged to seek treatment. In addition, 28 cases of breast cancera and 12 cases of Cervical Cancer were confirmed and are undergoing treatment further underscoring the importance of the campaign .

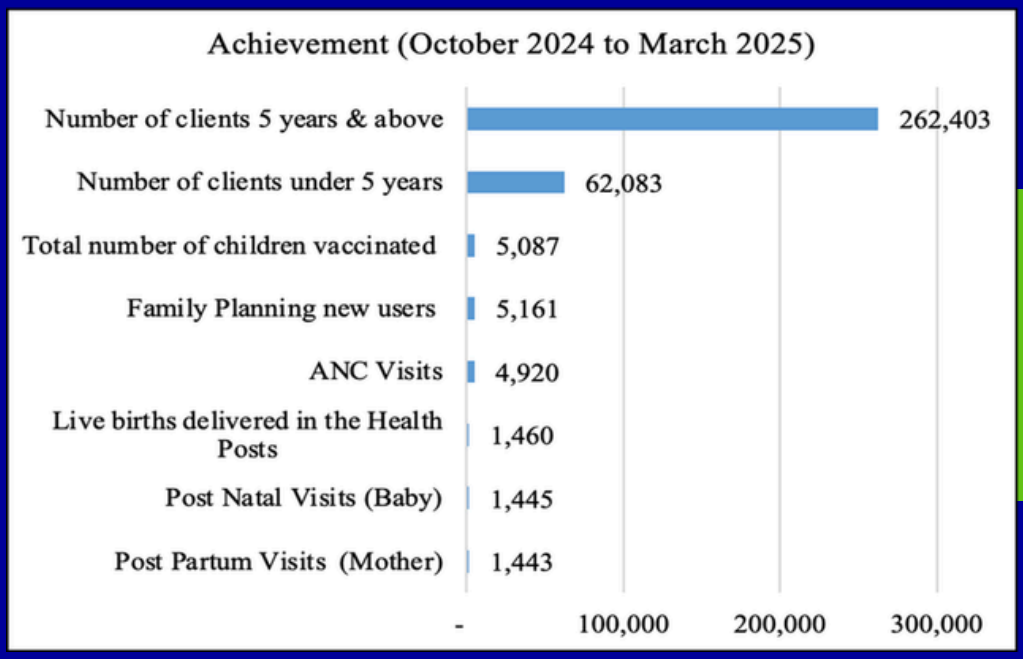
3.3. Health Systems Strengthening

3.3.1 MoH Partnership

The Government of Rwanda and Society for Family Health (SFH) Rwanda entered into an agreement to manage and Operate Health Posts in Rwanda with the aim of ensuring their quality service delivery, harmonized governance structure and financial sustainability. This was announced in the cabinet meeting held on December 14th, 2021. The purpose of this agreement is to give SFH a mandate to streamline the management of 193 health posts selected in 15 districts of Rwanda. This agreement will be implemented in three phases as summarized in the table below :

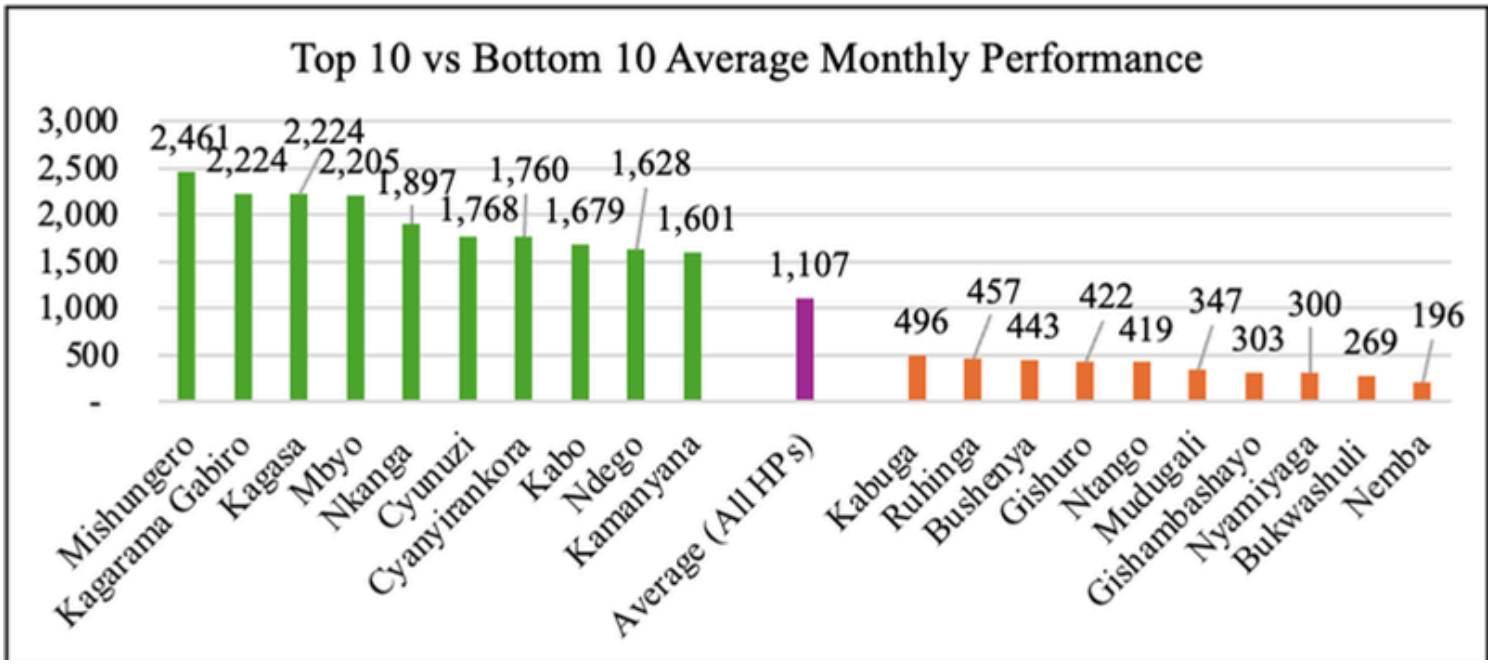
Phase i (Y1-Y5)	Phase ii(Y6-10)	Phase iii (Y11-15)
Streamline functionality and sustainability of 64 existing HPS	Upgrade 144 FGHPs to SGHS	Sustain functionality of 193 HPs
Construct 20 new SGHPs	Streamline functionality and sustainability of 64 existing HPS	Transition of management 7 Operationalization of HPs to the GoR
Upgrade 10 FGHs to SGHs		

So far SFH Rwanda is managing fifty-two (52) Health posts including 40 Second Generation Health Posts and 12 First Generation Health Posts and contributing to key health impact as follows;



Graph 1: Programmatic Achievements from October 2024 to February 2025

A deeper look at the performance of individual health posts reveals that, on average, each health post receives 1,107 clients per month. However, this varies sharply when we compare the top 10 with top bottom, where the average monthly footfall for the Top 10 performers is 1,945 compared to the 365 for the Bottom 10. The low performers are mainly FGHPs or SGHPs which some service delivery interruption due to changes in management



Graph 2: Comparison of top vs bottom performers

The health posts' team is planning to enhance supervision and mentorship around mobilization so that the underperformers increase their footfalls

Construction/ Upgrade of Health Posts

During this reporting period, SFH Rwanda supported by Takeda and IFE completed construction of Eighteen (18) SGHPs of which 10 are already operational while 8 are awaiting provisional handover. Furthermore, thirty one(31) SGHPs are under construction .

Enhancing the sustainability of HPs

SFH Rwanda has embarked on enhancing the capacity of health posts to ensure their sustainability in the long term. A number of strategies are being implemented, which include improving the systems, infrastructure, and personnel.

Capacity Building of Health Posts' Staff

SFH in collaboration with RNC, Abbott & UNFPA- SIF continued to strengthen the capacity of health providers from health posts to deliver quality primary healthcare while supporting the continuous professional development of health post staff.

In this regard, several targeted training courses were conducted to enhance their skills and competencies, as summarized below:

Training Name	Target Position	# Trained staff
HMIS	Clinical manager and Cashiers	47
BEmONC	Midwives and Nurses	69
IMCI	Midwives and Nurses	33
NCDs	Nurses	37
Health and Safety Management	Clinical manager	37
Total		223

Public-Private-Community Partnerships Model Implementation

In October 2024, SFH Rwanda was still directly managing 17 health posts. This was not sustainable as these health posts were consuming more than they were generating. We embarked on a process of recruiting nurse entrepreneurs who would manage the health posts privately, but still in line with the PPCP Model requirements.

To date, 15 of the 17 HPs are privately run, and we are still looking to get operators of the remaining two, namely Bukwashuri and Nemba, both FGHPs.

3.3.2. Digitization In collaboration with Sand Technologies

SFH Rwanda has prioritized digitization of health posts to ensure real-time data visualization and timely decision-making. Todate, 126 health posts are fully digitized. This means that they have a reliable internet connection (Starlink), IT equipment, an Electronic Medical Record (eFiche) and trained Digital Health Officers (DHOs).

To ensure that these Equipment are functional, and the internet is on, SFH Rwanda is also equipping health posts with solar power system as a backup for those with Grid power, or as a primary power source for those without Grid electricity. So far, we have installed 13 health posts with high-power solar systems, and an additional 30 are in the pipeline.

3.3.3. Digital Integration of Family Planning (FP), Antenatal Care (ANC), and Non-Communicable Diseases (NCDs) Management at 10 Second Generation Health Posts (SGHPs) in Rwanda

In Collaboration with resolve to save lives, SFH Rwanda during this reporting period deployed a digital integration of FP, ANC and NCD as a pilot at 10 SGHPs. The objectives of this six (6) months project are;

- To digitally integrate FP, ANC, and NCDs management at 10 SGHPs in Rwanda
- To improve data quality and availability for healthcare decision-making
- To streamline patient care workflows through digital solutions
- To build healthcare worker capacity in digital health systems and clinical management
- To establish a scalable model for nationwide implementation

The key deliverables so far;

- Selection and setup of 10 SGHPs for the pilot implementation
- Provision of necessary equipment and consumables for digital health integration
- Comprehensive training of healthcare workers on FP, ANC, and NCDs management with certification
- EMR system improvements to accommodate integrated service delivery
- Integration with national health information systems via RBC partnership
- Completed Baseline data collection for initial assessment

Monitoring and supportive supervision are planned to include both baseline(which has just been concluded) end line data collection after six months of implementation

4.0. OTHER PARTNERSHIPS

4.1. Havard Partnership

Through a bid process, SFH was successfully selected to serve as the in-country partner for Havard University to coordinate and execute y in-country meetings in January and March 2025 as follows.

≠	ITEM	BUDGET	TIMELINE	STATUS
1.	Strengthening Public Health Analytics	66.052 USD	3-5/02/2025	Successfully Completed
2.	Applied Health Analytics for Delivery and Innovation		7-9/04/2025	Successfully Completed
3.	Science of Defeating Malaria	351,751 USD	15-20/06/2025	Upcoming

Through these partnerships, SFH Rwanda does not only generate income but also serve as platforms for networking and showcasing our work

5.0. MAJOR CHALLENGES

Despite the efforts we are putting in to ensure quality and interrupted service delivery, there are challenges that hinder effective management and operationalization of health posts. The major ones include:

- Shortage of technical staff, especially Nurses, Midwifes, Dental and Ophthalmology therapists to work in SGHPs. The above technical staff are lacking on the labor market. SFH has reached out to the Ministry of Health to request that dental therapists and Ophthalmologists be allowed dual practice and trained and certified nurses be allowed to deliver mothers.
- The current tariff of services delivered at the health post does not reflect the inputs (costs) at the health post, which causes losses and impedes financial sustainability. However, a new tariff is in the pipeline
- Financial constraints brought by the global by USAID dissolution

6.0 SIX MONTHS PLAN

Project Name	Funder	Intervention Area
Increasing Access to Primary Health in Rwanda Communities through construction of 20 Health Posts.	TAKEDA	Complete the construction and equipping of 10 SGHPs Strengthen management & Operationalization of the previously constructed 10 SGHPs
Integrated Service Delivery Activity - ISDA	USAID	Close the project as per the project closure requirements
Optimizing Rwanda Digital CHW program for Scale & evidence Generation	Bill & Melinda Gates Foundation	Fast track project implementation upon acquisition of phones which is a very major dependence
Digital Integration of Family Planning (FP), Antenatal Care (ANC), and Non-Communicable Diseases (NCDs) Management at 10 Second Generation Health Posts (SGHPs) in Rwanda	Resolve to save lives	Digital integration of NCDs indicators within EFiche system, avail baseline report as well as conduct endline survey
Umuko Project	SAND technologies/Susan Thompson Buffet Foundation (STBF)	• Digitize additional 70 HPs in Rwanda Ensure that at least 70 HPs are Umuko Prime: facilities are fully equipped to offer the entire service package from a clinical service • delivery, financial sustainability, facilities, inventory, people, and data & tech perspective. • 95 Facilities on Umuko • Standard Package Umuko Standard Package: facilities have received all • necessary digital tools and are reporting in the EMR • Three renovated HFs in SS arE digitized
Capacity Building of Healthcare Providers (UHC) at Health posts	Abbott	MUAC z-score tape validation and deployment across HPs including training of providers on its use
Implementing a Nurse-Led Model of care using a MedWand Device	CGFNS and MedWand	Research & innovation to support tele medicine

Strategic Investment Facility funded project (2022-2025) on “Innovative Health Sector Investment Model for Health Posts to Achieve Universal Health Coverage in Rwanda”	UNFPA/SIF	Innovative health sector investment Model for health posts to achieve universal health Coverage in Rwanda.”
Malaria Prevention & Control/HIV prevention	Global Fund- RBC SPIU	Malaria Prevention in the Eastern Province as well as HIV prevention in GP
Enhancing private sector investment – IFE through construction and equipping as well as management of Health posts	KFW	Finalize construction and equipping of 39 HPs and initiate operationalization process
Empower CHWs through Digital Health	French Expertize Iniative	Empowering Community Health Workers, improving gender equity, and enhancing access to care in Rwanda through an AI-powered, digitalized system for high quality Universal Health Coverage
PI/ Social Marketing	SFH	• Initiate the new Digital Community Champions model Project • Roll out the e-sales & distribution Management System