2024 | ANNUAL REPORT

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ACRONYMS

ANC	Antenatal Care
ASRH	Adolescent Sexual Reproductive health
ARV	Antiretroviral
BCC	Behavior Change Communication
CBOs	Community Based Organizations
CBD	Community Based Distribution
CDP	Center for Disease Control
CGFNS	Commission on Graduates of Foreign Nursing Schools
CHWs	Community Health Workers
CPR	Contraceptive Prevalence
CYP	Couple Years of Protection
DALYS	Disability AdjustedLife Years
DHS	Demographic Health Survey
FAQ	Frequently Asked Questions
FP	Family Planning
FY2024	Financial Year 2024
GoR	Government of Rwanda
GP	General Population
HC	Health Center
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 LA/ PMS Long Acting and Permanent Methods
LLINs	Long Lasting Insecticide- Nets
MCH:	Maternal and Child Health MEL: Monitoring, Evaluation & Learning
MOH	Ministry of Health MoPDD Malaria and Other Parasitic Disease Division
MNCH	Maternal newborn and Child Health
MSM	Men who have sex with men.
NCD	Non-Communicable Diseases
NGO	Non-Governmental Organization
PSI	Population Service International
PNC	Postnatal Care
PP	Priority Population
PPCP	Public Private Community Partnership
PrEP	Pre-exposure prophylaxis.

ACRONYMS

RBC	Rwanda Biomedical Center
RH	Reproductive Health
RHCC	Rwanda Health Communication Center
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
TWG	Technical Working Group
UNAIDS	United Nations Program on HIV and AIDS
USAID	United States Agency for International Development
USG	United States Government
VCT	Voluntary Counselling and Testing
WASH	Water, Sanitation and Hygiene
YLABS	Youth labs for Development

FOREWORD

At SFH Rwanda, we remain dedicated to delivering impactful, sustainable, and data-driven health interventions. In 2024, our unwavering commitment to improving healthcare access, driving behavioral change, and strengthening health systems has yielded remarkable results. From increasing access to family planning and reproductive health services to leveraging artificial intelligence in predicting disease trends, our efforts have solidified SFH Rwanda as a key player in shaping Rwanda's healthcare landscape. As we look ahead, our vision remains clear: to continue providing innovative, scalable, and community-centered solutions that improve health outcomes for all .

HIV/AIDS prevention:

We expanded HIV prevention efforts, identifying and linking new positives to care and supporting adherence to treatment.This was completed by distributing branded condoms, self-testing kits and initiating PreP for key populations.

Systems strengthening :

Significant strides were made in establishing and operationalizing health posts in remote areas. Our digitization initiatives improved data accessibility and decision-making, ensuring quality healthcare delivery. To improve overall patient journey and user experience as well as operational efficiency, 100 HPs have now been digitized using eFiche.

Audience targeted social behavior change interventions further amplified these efforts.

ASRH/Family Planning :

Improving access to SRHR services especially adolescents with compounded vulnerabilities and addressing barriers to accessing family planning services remained a priority. Advocacy, Integrated community outreach campaigns and youth-friendly awareness programs enhanced the adoption of modern contraceptives, especially for those in hard-to-reach areas.

Malaria Prevention :

With a focus on community engagement and innovative solutions, we supported malaria prevention through SBC campaigns and piloted sustainable products like refillable mosquito repellents.

Collaboration and Partnerships :

Through strategic partnerships, innovative digital health solutions, and targeted social behavior campaigns, we have expanded our reach and deepened our engagement with communities. MOU's have been signed with new partners including Bill & MelindaGates Foundation, Medwand & CGFNS, Global Fund, Wemos, UNFPA, among others.

Lastly, we thank our Board of Directors, Senior Management Team and all staff and our partners and our funders, like MOH, Mastercard Foundation , CDC, JPHIEGO, Elekta, GF, SCJ, Abbot, Sand Tech, and Takeda without whom, none of this would have been possible.

Manasseh Gihana Wandera
Executive Director

1.0. INTRODUCTION

SFH Rwanda, a leading Rwandan NGO since 2012, continues to be at the forefront of public health interventions, working to address the most pressing healthcare challenges through social marketing, behavior change communication, and health systems strengthening. Our approach is guided by the belief that sustainable health solutions must be community-driven, data-informed, and innovative.

We are committed to working in partnership with communities, Government, civil society, and the private sector around the country to bring about sustainable, impactful changes that improve the health and development of all Rwandan communities no matter where they live.

Vision, Mission, and Values

Our vision is to inspire healthier lives, and our mission is to deliver evidence-based primary healthcare interventions. Society for Family Health achieves her purpose through integrity, accountability, long-term commitment, results focused, efficiency and innovation.

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 .

Solution Areas :

- Behavior changes communication (Community awareness and engagement)
- Social marketing of health products through private sector distribution approaches
- Capacity Building of healthcare workers
- Health Systems' strengthening
- Digital health
- Policy and advocacy
- Measurement (Monitoring & Evaluation)

HQs Regional Offices)	Staff+ Volunteers	Projects in 2024	Expenditure
5	90	18	.....

Table 1: S ummary of Projects implemented in FY2024.

Title of program/project	Project Scope	Project Duration	Funding Source	Geographic focus
CDC HIV Project	The project aims at providing HIV prevention and treatment services to key populations (KPs) in Rwanda through finding new positive using 3 testing modalities (community index, community VCT, and community mobile); Maintaining positive KPs on treatment to attain viral suppression, as well as providing prevention services to KPs including provision of PrEP and HVST kits.	5 years (2019-2024)	CDC/PEPFAR	Operating in 90 health centers (HCs) in 23 districts of Rwanda
Integrated Service Delivery Activity - ISDA	Ingobyi Activity is a program intended to improve the quality of reproductive, maternal, newborn and child health (RMNCH) and malaria services, in a sustainable manner with the goal of reducing infant and maternal mortality in Rwanda. It is funded by IntraHealth International.	Oct 2023 to Sept 2024	USAID/ JHPIEGO	20 Districts
Cyber Rwanda(CR)	CR is a digital platform that aims to improve the health and livelihoods of urban and semi-urban adolescents (12-19 years). Platform weaves together choose-your-own-adventure storylines, a robust FAQ library, online ordering, and a clinic locator to deliver integrated age-appropriate SRH information & education, employment skills, and linkage to high-quality, youth-friendly services.	5 years: (2019 to 2024)	USAID Washington/ Ylabs	7 districts
Malaria Research-Syngenta	The SCJ program is focused on the 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.	Dec 2023 to Dec 2024	Syngeta	Bugesera district
Malaria Prevention &Control/HIV prevention	The program's goal is to employ social behavior change communication approach to prevent and eventually reduce malaria morbidity and mortality rates in the Eastern Province.	July 2023 to June 2024	Global Fund	Malaria: Eastern province HIV prevention: Country Wide
PI/ Social Marketing	Social marketing of Plaisir, Pills and Injectables	Oct 2023- Sept 2024	SFH	National level
UNFPA SIF	ASRH &Systems Strengthening	2022-2024	UNFPA	12 Districts

Health Systems Strengthening: Expanding vaccination services in SGHPs in rural areas in Rwanda	Expanded Vaccination in SGHPs	October 2022 to September 2023	UNICEF	Selected HP's
Increasing Access to Primary Health in Rwanda Communities through construction of 20 Health Posts.	Establishing 20 Second-Generation Health Posts (SGHPs) to expand access to quality healthcare services in the hard-to-reach communities in Rwanda.	Jan2024- Dec 2024	TAKEDA	Selected Sites
FIND	Develop a digital system for CHW-led integrated screening and linkage to care for conditions managed by CHWs including TB, Covid-19, malaria, pneumonia and MCH screening.	Nov 2023 to April 2024	RBC/FIND	5 Districts
Cancer awareness campaign in Kayonza District	End-to end cervical cancer prevention and treatment	Oct 2023 to Feb 2024	ELEKTA Foundation	Kayonza District
One learns	Online Education for Leaders in Nutrition and Sustainability	Dec 2023 to June 2024	KTH	Ethiopia, Rwanda, Kenya
Enhancing private sector investment – IFE through construction and equipping as well as management of Health	Construction of 80 HPs and create decent jobs in the health sector while improving capacity of health workers to deliver quality health care in Rwanda.	July 2022- July 2024	KFW	Twelve districts
Malaria Prevention – Refilling & other studies	Evaluation of the acceptability and adaptability of the new packing of Off Lotion mosquito repellent in Bugesera District	Dec 2023 to March 2024	SC Johnson	Bugesera district
MIMS	8th Multilateral Initiative on Malaria (MIM) Society Conference	Jan-April 2024	MIM Society	Kigali
Capacity Building of Healthcare Providers (UHC) at Health posts	Capacity Building of Healthcare Providers and screening for child malnutrition with Mid Upper Arm Circumference (MUAC z-score) Tape at several Second-Generation Health Posts	November 2023- December 2024	Abbott	6 districts
Umuko Project	Technology-enabled Sexual Reproductive Health Operating Systems in Rwanda and South Sudan	March 2024 to April 2027	SAND technologies/ Susan Thompson Buffet Foundation (STBF)	Rwanda and South Sudan
Implementing a Nurse-Led Model of care using a MedWand Device	Research & innovation to support tele medicine	2024-2025	CGFNS and MedWand	Bugesera district

2.0.ANNUAL IMPACT AT AGLANCE

2.1.Social Marketing Product Distribution

- Distribution of 9,261,995 condoms (Prudence & Plaisir), 20,339 cycles of confiance pills, and 46,466 doses of Injectables and 35,630 cycles of emergence pills led to the provision of 90,452.64 CYP
- In addition, the distribution of 13,152 bottles of Sur'eau and 1,135,440 sachets of P&G disinfected 24,506,400 liters of drinking water hence contribution to the reduction of diarrhea related diseases.
- Distance travelled to access condomsis less than 10 minutes indicating ease of access as reported by 73% of the sexually active respondents as per the annual survey(Assessing the use of Prudence condoms in Rwanda) conducted under RSMP. This is due to the improved outlet creation (4000) including kiosks, boutiques, and small shops.

2.2. Services

2.2.1.HIV Prevention

- 1834 individuals out of the 35,203 individuals tested are aware of their positive status and 1834 have been effectively linked to care and treatment representing a percentage rate of 99.7%.
- 10,782 have been retained on PrEP while 5,368 have been initiated hence reducing new infections among key population (Kps).
- 30, 991 HIVST kits were distributed easing access and availability of testing services for people located in hotspots and who otherwise do not use testing services especially KPs and their partners.

2.2.2 RMNCAH social Behavior Change Communication.

- 20,012 new users adopted modern contraceptives, limiting family size, and improving their health as well. 12% were adolescents who received contraceptives through supported YCs.
- 1,961 Live births registered.
- 8,156 ANC attendants registered.

2.2.3 C.NCDs

- 2,472 pre-cancers lesions were treated using Thermo ablation.
- 33 confirmed to have cervical cancer and 3 women treated with LEEP procedures.
- 16 confirmed breast cancer cases and receiving treatment.

A. Systems Strengthening

- 42 Second Generation HealthPosts constructed and equipped including sixteen (16) First Generation Health Posts upgraded to Second-Generation Health.

3.0.Social Marketing of health products

3.1. Social Marketing of health products

Outcome: Increased accessibility and availability of health products throughlast mile distribution for better public health outcomes

- Leveraging on a well-established private sector distribution channel, SFH Rwanda during this reporting period, employed innovative marketing techniques to not only increase adoption of products but also to influence positive behaviors toward better health. As such, the following results were recorded.

Table 2: Distribution of health products

Products	Annual Targets	Q1	Q2	Q3	Q4	Annual Achievement	Annual % Achievement	Comments
Prudence	7,000,000	1,647,224	1,456,920	825,162	0	3,929,306	56	Stock out /End of Contract of USAID (RSMP)
Plaisir	6,000,000	2,405,748	638,691	998,010	1,290,240	5,332,689	89	On track
Pills	150,000	12,461	7,878	0	0	20,339	14	Stock out / we depend to the doners UNFPA
Injectables	50,000	17,135	10,581	6,060	12,690	46,466	93	On track
Sur'eau	65,200	680	496	1272	10,704	13,152	20	Stock out at the beginning of the year
P&G	1,120,000	567,600	567,840	0	0	1,135,440	101	On track
Emergency Pills	32,800	8,605	0	1,800	25,255	35,630	109	On track

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

The distribution of condoms,Confiance pills, injectables, and Emergence pills led to 89,228 CYP, while Sur'eau bottles and P&G sachets disinfected over 24 million liters of drinking water, helping reduce diarrhea-related diseases. The under achievement was due to stock-out at the beginning of the year due to unforeseeable supply chain challenges.

- Condoms (Plaisir and Prudence) were distributed majorly in Central region due to the presence of many wholesalers in Kigali city as well as potential clients (bars, hotels etc.)
- Pills and Injectables are exclusively sold in Kigali through pharmaceuticals and private clinics

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

Cognizant of the need to influence positive behaviors for better health outcomes, SFH Rwanda during this reporting period, conducted social behavior change related interventions at community and individual levels to increase skill and knowledge on HIV, FP, Maternal child health, Malaria as well as Hygiene and sanitation. At community-level, the focus was aimed at changing social and cultural norms including myths and misconceptions as well as spousal support regarding RMNCH while at individual level, SFH aimed at addressing knowledge, attitudes, and practices on better RMNCH/ Malaria services. The details per health area are provided below.

3.2.1.HIV Prevention

Outcome 1: Reduced new infections among key and priority population.

Supported by CDC, SFH during this reporting period implemented HIV prevention interventions aimed at finding new positive cases, linking them to care and supporting them to adhere to treatment as well as counselling those found negative on how to stay negative. As such, Voluntary Counselling and testing sessions were conducted using a combination of community VCT, Community mobile and Community Index modalities hence contributing to the achievement of the 95-95-95 global UNAIDS target. The details of implementation are provided per HIV prevention project.

Activities	Annual Target	Q1	Q2	Q3	Q4	FY24	Annual % Achievement	Comments
HIV testing services (HTS_TST)	35,203	13,172	11,026	6,696	4,210	35,104	99.7%	Use of several testing modalities
Newly Identified HIV positives (HTS_POS)	1,316	609	568	413	244	1,834	139.4%	Collaboration with 90 HFs and peer navigators
Linked to care and treatment		606	568	412	244			
Distribution of HIV self-test (HVST) kits	27,819	1,449	12,500	10,243	6,799	30,991	111.4%	We did not reach the expected target because we had a stock-out of HVST kits and few available for distribution.
Provision of Pre-exposure Prophylaxis (PrEP_NEW)	5,571	1,674	1,176	1,274	1,244	5,368	96.4%	Peer navigators
Retention of Clients on Pre-exposure Prophylaxis (PrEP_CT)	4,227	11,516	11,052	12,597	10,782	10,782	255.1%	

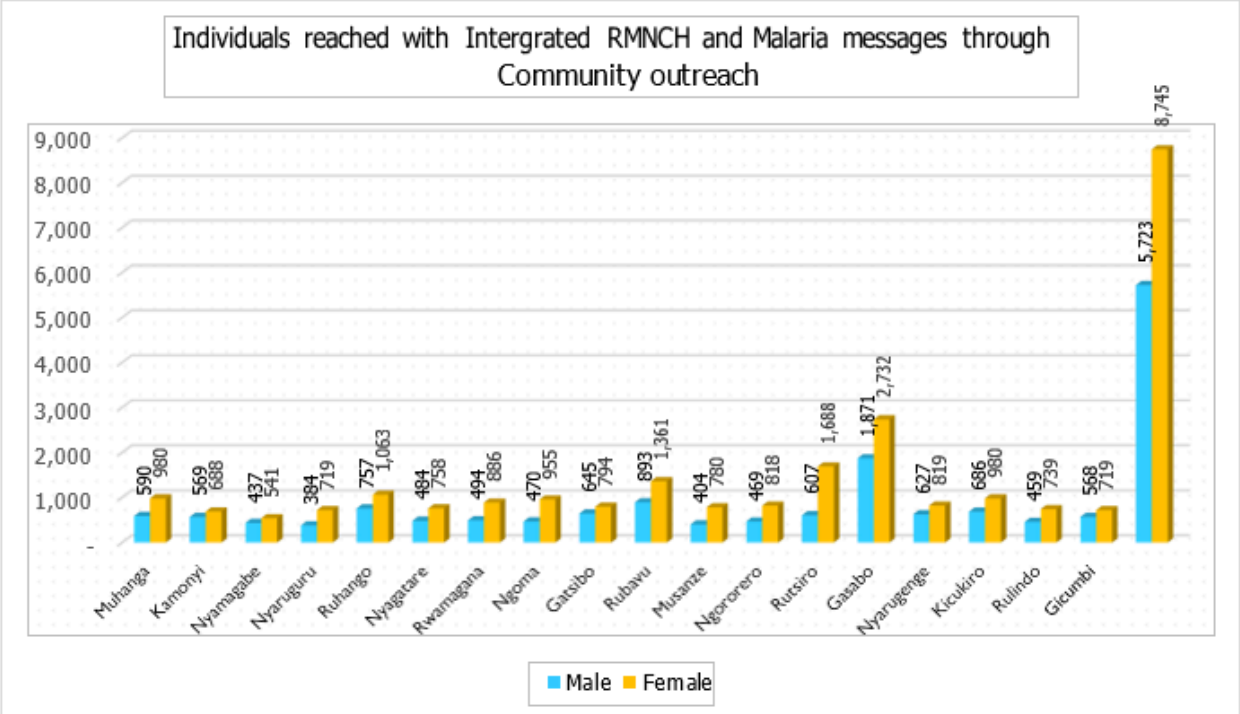
Outcome 2: Increased knowledge on HIV prevention among key and priority populations who have been identified as the at most risky groups as per the national HIV prevention policy/ Strategies.

In addition to HIV testing, SFH Rwanda, through Global Fund HIV program and Enable project under Barame Framework, organized and conducted HIV awareness and knowledge raising interventions including peer education, road shows, mass media (radio, and TV) shows as well as special events. To this effect more than 600,000 KP&PP were reached with standard HIV prevention package including risk reduction counselling and condom distribution, increasing their skills knowledge on HIV prevention.

3.2.1. RMNCH/ Malaria Services

To contribute to the prevention of infant and maternal deaths, reduce incidence of malaria and teenager pregnancies while bringing high quality, integrated health services to vulnerable and hard to reach communities, SFH during this reporting period supported Maternal, Neonatal, Child health/ Malaria as well as Adolescent sexual reproductive health interventions aimed at not only creating demand for services through awareness and education, but also facilitating access to quality services through referrals as well as strengthening of HPs services provision.

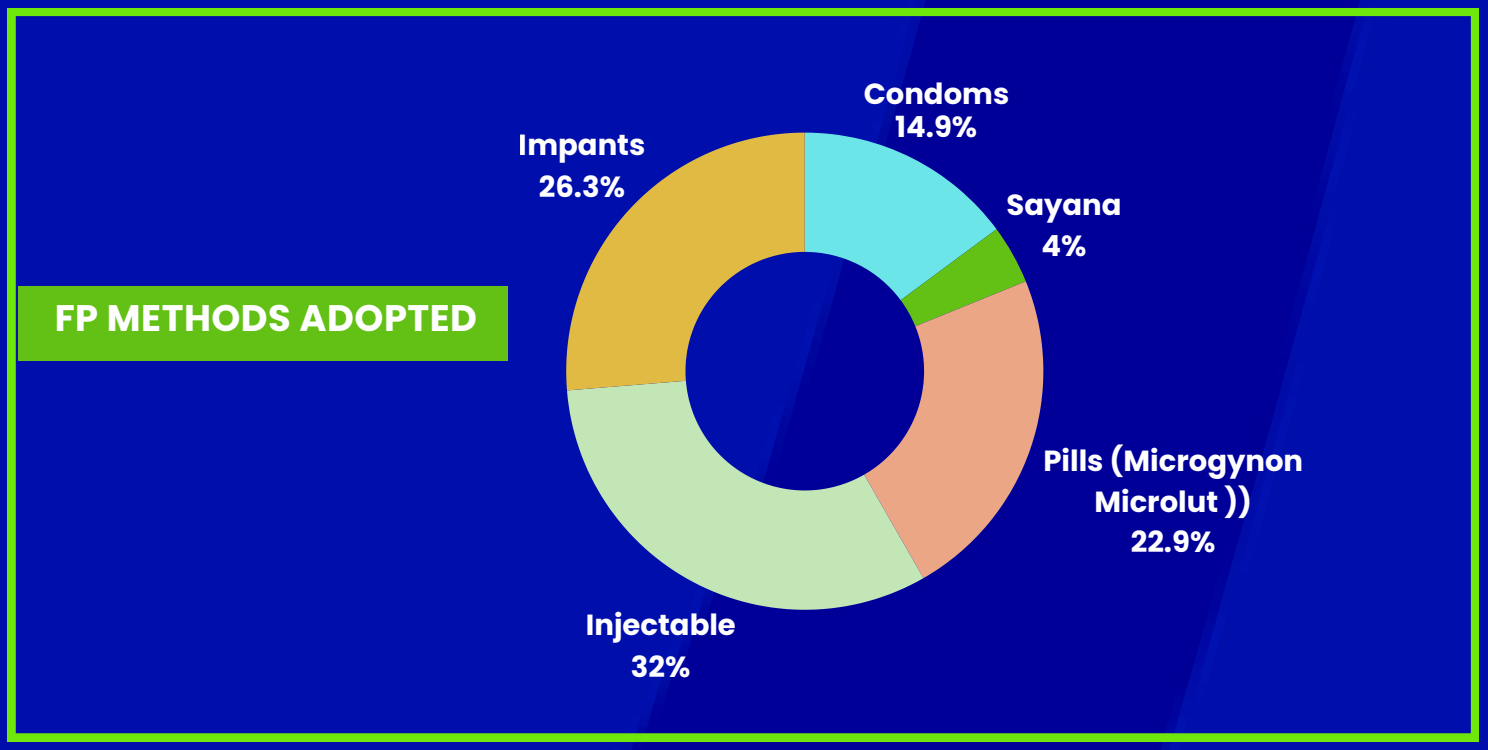
Outcome 1: Increased awareness and knowledge on MCH resultingin better maternal practices.



- Data Source: Field Reports
- Data Quality: Triangulation with Field intake forms

Outcome 1: Increased awareness and knowledge on MCH resultingin better maternal practices.

Through the mobile clinic, 4,959 users adopted modern contraceptives as per the pie chart below,



Data Source: Field Reports

RMNCH and malaria messages and services outreach event in Ngororero district, Mugano cell.

RMNCH and malaria messages / services an outreach in Musanze district, Buramira cell.

3.2.3 Adolescent Sexual and Reproductive Health (ASRH)

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.

Outcome 1: Increased awareness and knowledge on ASRH resulting in reduced HIV infections and teenage pregnancies among adolescents.

Through Tubeho Activity as well as Cyber Rwanda projects, SFH Rwanda during this reporting period conducted several interventions aimed at **increasing ASRH awareness as well as easing access to youth friendlyservices for betterhealth outcomes.** These interventions are.

(I) Collaboration with Youth-Led Organizations:

Adolescents' session in Bugeseradistrict playing and learning usingthe SRH IshemaRyanjye Card

Two Youth-Led organizations (Community Health Boasters and Health Promotion Organization were engaged, to support implementation of creative and edge-cutting youth friendly interventions on FP/ASRH. Thirty (30) selected youth corners in 3 districts

(Rwamagana, Gatsibo & Kirehe) were equipped with Two hundred and ten (210) YA health board games to ensure easy access to ASRH information & Education. In addition, and 200 Ishema Ryanjye card packages were distributed to 10 selected youth corners across the two districts (Nyagatare and Bugesera), with 2,000 adolescents reached by playing and learning about ASRH general information, HIV/STIs, teen pregnancy, Drug and Alcohol abuse, and Mental Health.

(II) Capacity Building of teachers and service providers:

During this reporting period, **74 healthcare providers (nurses and pharmacists), 84 teachers and 192 school ambassadors were refreshed on ASRH services** and club facilitation and are supporting implementation of CSE within schools, thus increasing knowledge and awareness while strengthening the referral and linkage system for improved ASRH service uptake as well.

CyberRwanda Mass Campaignat Rubavu districtYego Youth Centre.

(iii) ASRH Digital System :

An ASRH digital platform was deployed across sixty(60) schools, ten (10) youth Friendly Centers facilitating access and education to integrated age appropriate SRH information by urban and semi-urban adolescents (12-19 years). Enhanced promotional events and mass media activities geared towards promoting a digital platform (website) were also conducted.

3.2.4 Malaria Prevention

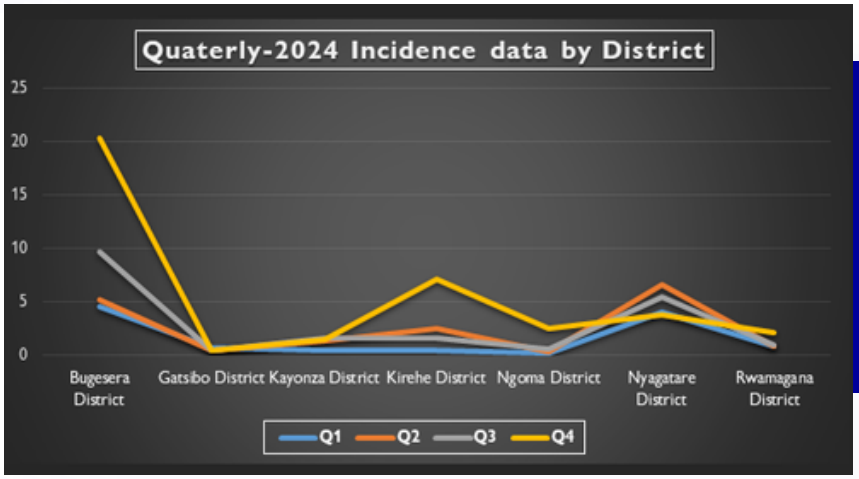
Outcome 1: Increased awareness and knowledge on malaria prevention and treatment reducing malariainfections.

During this reporting period, SFH with support from Global Fund and SC Johnson conducted malaria prevention interventions in Eastern Province. Comprising of community level interventions (IPCs, Community dialogues, through community platforms such as Umuganda) targeting hotspot sectors as well as targeted supervision visits for LLINs, HBM and malaria within seven (7) districts with low malaria performance indicators.

IVM Training Session on Malaria Control, Nyamata sector, Bugesera district

Approved score card guided supervision performance and enabled timely implementation of quality improvement plans, majorly focusing on;
(i) Strengthen routine distribution of LLINs to ensure provision of LLIN to every client in ANC or EPI and educating on the proper use;
(ii) Timely quantification of malaria commodities as well their supply to CHWs;
(iii) Data quality audits
(iv) Regular mentorship of CHWs by HCs.
This as well contributed to the reduction of malaria incidences in Bugesera, Nyagatare, Kirehe and Kayonza districts, where only Ntarama sector of Bugesera is the only sector in red for the entire province.

Bugesera District shows a sharp increase, particularly in Q4, where it jumps from 9.8 to 20.4, indicating robust growth or a significant impact in the final quarter. Kirehe District shows a steady rise, especially in Q2 and Q4, with Q4 reaching 7.2, suggesting a growing performance over time. Ngoma District experiences a gradual increase over the quarters, reaching 2.5 in Q4, which may reflect steady improvement. Gatsibo District shows minimal fluctuation, maintaining consistent low performance acrossall quarters as shown below :



Districts such as Kayonza, Ngoma, Nyagatare, and Rwamagana show moderate fluctuations or gradual improvements, with some districts like Nyagatare experiencing declines by Q4.

3.2.5 End-to End Cervical Cancer Prevention and Treatment

Outcome 1: Increased number of women screened and treated for cervical cancer

In collaboration with Elekta Foundation, UNFPA and MoH, an economically operational & scalable model was developedto support prevention to treatment of cervical cancer, which was implemented in Kayonza, Karongi, Rubavu and Nyabihu Districts. The tested model is expected to support MoH to enhance Cervical Cancer elimination strategies and guidelines to expand access to prevention, early screening, care, and treatmentof cervical cancer in Rwanda.

As a result of this pilot, 113,711 women were screened (HPV/VIA); 2,472 were found to have pre-cancers lesions which were treated using (Thermo-ablation); 81 cases were suspected to have cervical cancer and were referred for further investigation (biopsied) while 33 confirmed cervical cancer cases are under palliative care at home. The project has been scaled up to Kayonza District and Karongi districts.

3.2.6 TB Screening usinginnovative digital solutions

Outcome: Early detection and TB case Management

SFH In collaboration with FIND, RBC & MoH, piloted a groundbreaking Community Health Information System(eCHIS) aimed at empowering CHWs conduct TB screenings within the community using innovative digital solutions for enhanced practices and early intervention including detection and treatment. 600 CHWs from selected five districts underwent comprehensive training on the utilization of the Community Health Information System (eCHIS) and were equipped with smartphones to initiate an implementation research pilot phase effectively: Key Findings are;

- CHWs are happy to move from paper to digital solutions
- For TB household investigations, the interventions doubled the yield compared to the standard care, thus triggering early patient management
- Significant decrease in cases referred to health facilities as most cases were handled at the community level
- CHIS facilitated CHWS in screening multiple conditions hence increasing access to quality care

This innovative digital innovation will soon be scaled out to other districts

4.0. HEALTH SYSTEMS STRENGTHENING

For quality integrated primary health care, SFH Rwanda in collaboration with GoRand other partners has scaled up its investments in key aspects to ensure equitable access to health care services &hence improved universal Health Care (UHC). These aspects are;

i) Construction of Second-Generation Health Posts

Gitega Healthpost, Mukindi Sector, Gisagara District

Nyamikamba healthpost, Gatunda sector, Nyagatare district

Through Takeda and IFE projects, SFH Rwanda has during this reporting period constructed and fully equipped Fifty (50) Second Generation HPs aimed at

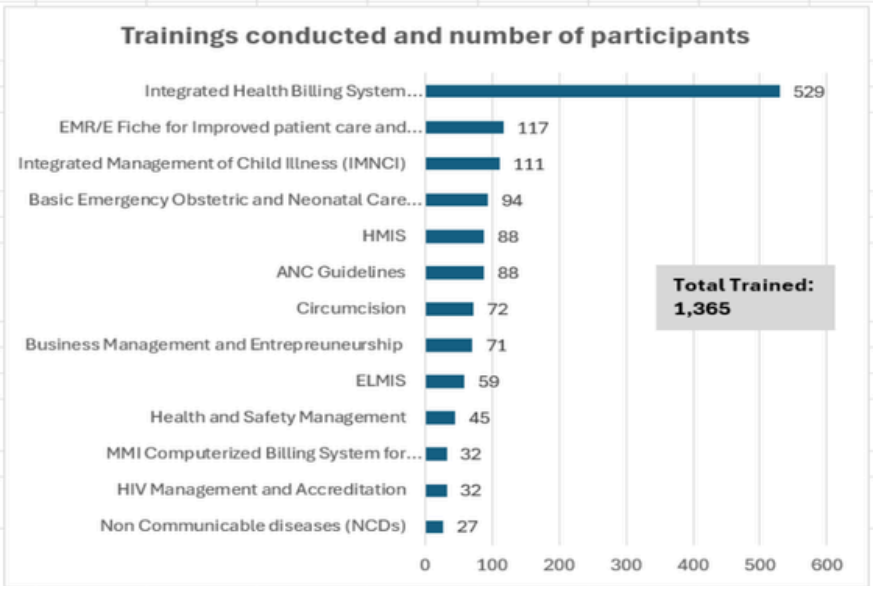
expanding access to quality healthcare services in the hard-to-reach communities in Rwanda. Of these, thirty-three (33) are already operational and offering services while the remaining ones are yet to comply with RSSB requirements. In addition, thirty (30) more HPs are under construction.

(II) Capacity Building of health care Providers

In partnership with Abbot,SFH has trained over 42 nurses and midwives from 27 HPs were on Integrated Management of childhood illness and Male circumcision, Entrepreneurship, Financial management, Leadership & Human resources ensuring that all health providers working in the health posts have the skills and competences necessary to deliver quality health care services.

Type of Training	Number of participants	Position of the trainee
Non-Communicable diseases (NCDs)	27	Nurse/ Midwife
HIV Management and Accreditation	32	Nurse/ Midwife
MMI Computerized Billing System for healthcare providers	32	Nurse/ Midwife/ Manager
Health and Safety Management	45	Nurse
ELMIS	59	Nurse/ Midwife
Business Management and Entrepreneurship	71	Nurse/ Midwife/ Manager
Circumcision	72	Nurse
ANC Guidelines	88	Nurse/ Midwife
HMIS	88	Nurse/ Midwife
Basic Emergency Obstetric and Neonatal Care (BEmONC)	94	Nurse/ Midwife
Integrated Management of Child Illness (IMNCI)	111	Nurse/ Midwife
EMR/E Fiche for Improved patient care and Operational Efficiency in Health posts	117	Digital Health Officer
Integrated Health Billing System (IHBS) Kwivuza RSSB	529	Nurse/ Midwife/ Manager
Total	**1,365**	

Capacity building of Healthcare Providers and Community Health Workers (CHWs)



Capacity Building of Health Care Workers Under CDC Project

Training:

At project inception (Nov 2019), we trained 180 Health Care Workers (HCW) and 180 Peer Navigators (PN) on the provision of Key Population (KP) friendly services. This was conceptualized as a 3-day refresher training course that touched on key aspects relevant to seamless and quality program delivery for KP. The trainees came from 90 Health Centers (HC) spread across 23 districts.
In year the subsequent years (Year 3, 4, and 5), 23 HC that were receiving both Female Sex Works (FSW) and Men Who Have Sex with Men (MSM) went through a gender sensitivity training focusing on sexual orientation and gender identify education (SOGIE) where all HC 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 HCW from 90 public HC, 2 private clinics, and project staff from HDI and SFH were trained.

Mentorship and supervision of HF/HCW PN:

Mentorship and supervision were conceived within the project model as a means of keeping relevant skills acquired through training. Opportunities for mentorship existed through two avenues, during HTS activities (outreaches) and during routine follow-up of KP at the HC. Through the HTS avenues, project staff worked alongside HCW and PN in planning for outreaches, ordering commodities for the conduct of outreaches, planning and supervising mobilization of KP by PN for outreaches, and on the day of outreaches, working alongside HCW. For routine follow-up, project staff in collaboration with HCW and PN scheduled appointments for KP follow-up, supervised mobilization of KP groups to return for review, and on the appointment dates, worked alongside the HCW to provide HIV risk reduction counseling, STI screening and treatment where indicated, distribution of condoms and lubricants, and refill of Pre-exposure Prophylaxis (PrEP) for those eligible. In all instances, new skills were passed to the HCWs and PNs, and any issues that needed administrative attention were ironed out.

TRAINING OF COMMUNITY HEALTH WORKER/ Malaria prevention

I**ntroduction**: For the last decade, Society for Family Health Rwanda (SFH) has been highly invested in building capacity of community health workers and health care providers, we conducted comprehensive training program for Community Health Workers (CHWs) on malaria prevention, economic empowerment and provision of seed stock health products that generated both health impact and economic gain. The trainings were part of ongoing efforts to improve public health in Rwanda and was supported by various partners, including the Ministry of Health (MoH), RBC and local communities. Over 10,000 CHWs were trained under our malaria program. Malaria remains one of the leading causes of morbidity and mortality in the country, particularly in rural areas. Therefore, empowering CHWs with the necessary skills and knowledge to combat malaria is a critical step in reducing the disease burden.

Training Content:

The training covered a range of essential topics, including:

Malaria Epidemiology: Understanding the impact of malaria on health and the key factors influencing transmission in the region.
Preventive Measures: Emphasizing the importance of using insecticide-treated nets (ITNs), indoor spraying, mosquito repellents and environmental management to reduce mosquito breeding sites.
Diagnosis and Case Management: Teaching CHWs how to recognize malaria symptoms, perform rapid diagnostic tests (RDTs), and provide treatment according to national protocols through support of Rwanda Bio-medical center.
Community Education and Advocacy: Strategies for engaging community members in malaria prevention, addressing misconceptions, and promoting behaviour change.
Data Collection and Reporting: Training on how to collect accurate data on malaria incidence and prevention efforts for effective monitoring and reporting.

Methodology: The training sessions utilized a blend of theoretical instruction, hands-on demonstrations, and group discussions. Practical exercises, including case studies and role-playing, were used to reinforce learning and ensure CHWs could apply their knowledge in real-world scenarios. Additionally, interactive Q&A sessions allowed participants to clarify doubts and share their experiences from the field.

Key Outcomes:

- A total of 10,000 CHWs from various districts including Nyagatare, Ngoma, Kirehe, Bugesera, Nyanza, Gisagara, Nyamasheke, Rusizi, Rubavu among others participated in the training, significantly enhancing the malaria prevention capabilities at the community level.
- Participants demonstrated a deeper understanding of malaria transmission and prevention methods, which will be vital in their community engagement activities.
- The training reinforced the importance of collaboration between CHWs, local health facilities, and the community, ensuring that malaria prevention efforts are sustained and impactful.
- Certification and knowledge advancement of community health workers, after the trainings CHWs were given certificates to justify their trainings.

(iii) Digitization

Digital Health Officer at Healthpost entering patient data at Murama Healthpost, Bugesera District

State Minister of Health visits Health Intelligence Center, SFH HQ.

In collaboration with Sand Technology/African Leadership International Limited (ALI), SFH Rwanda has digitized one hundred (126) SGHPs and FGHPs, powered by eFiche, easing data capture, access, and analysis. Each HP was given two laptops, two tablets and star link internet. In addition, A centralized data center (Blue room is now operational) and data from health posts can now be accessed/visualized at central level in the blue room easing access to data for reporting and decision making on healthcare services and patient outcomes.

(iv) Integrated service Provision

Through the HP management agreement with the GoR, SFH Rwanda is currently managing and operationalizing 72 HPS of which 60 are Second Generation HPS. These HPs are now fully functional hence, contributing to GoR's efforts of improving UHC as per the below table:

Table 3: Monthly performance of health post services

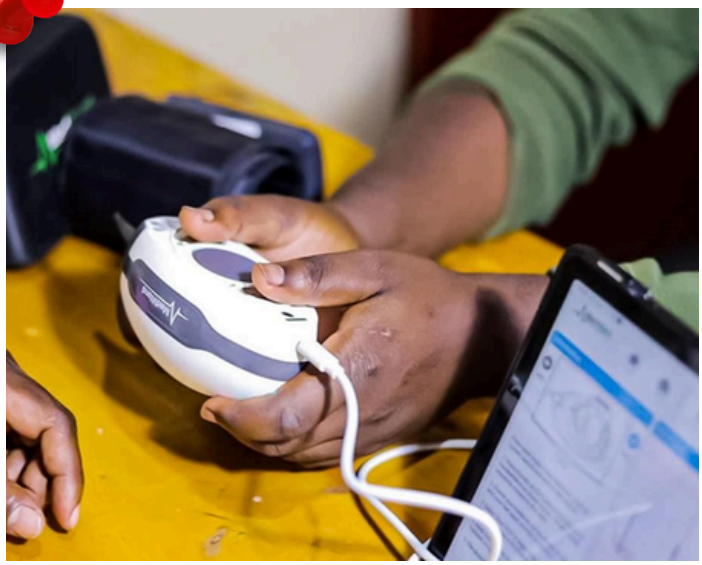
Health indicator/Month	2024												Total
	Jan.	Feb.	March.	April	May	June	July	Aug	Sept	Oct	Nov	Dec	
# of patient U5 treated (Integrated Management of Childhood Illness (IMCI) service	11,357	8,616	8,264	8,052	8,815	8,301	6,847	8,538	9,377	9,559	11,441	8,822	107,989
# of patient 5 years and above treated in OPD (cases)	38,832	36,144	35,957	39,919	44,076	42,226	32,945	37,209	42,444	48,208	42,147	45,488	485,595
# of women who were attended for ANC	428	398	456	967	1094	1122	713	907	1000	1201	876	1024	10,186
# of live births delivered in the Health Posts	136	127	180	139	221	170	196	188	194	260	233	263	2,307
# of active new users for FP modern methods	1049	1,001	985	882	917	1010	1046	817	978	922	789	986	11,382
Total	51,802	46,286	45,842	49,959	55,123	52,829	41,747	47,659	53,993	60,150	55,486	56,583	617,459

Data Source; HP reports through HMIS & the blue room

In addition to the above-mentioned services, supported by UNICEF, Forty(40) SFH managed HPs were equipped with solar-powered vaccination fridges, nurses trained on immunization practices, cold chain management & after approval from MoH, more than 1960 children have now received vaccination services easing access to vaccination services and hence improved child health outcomes

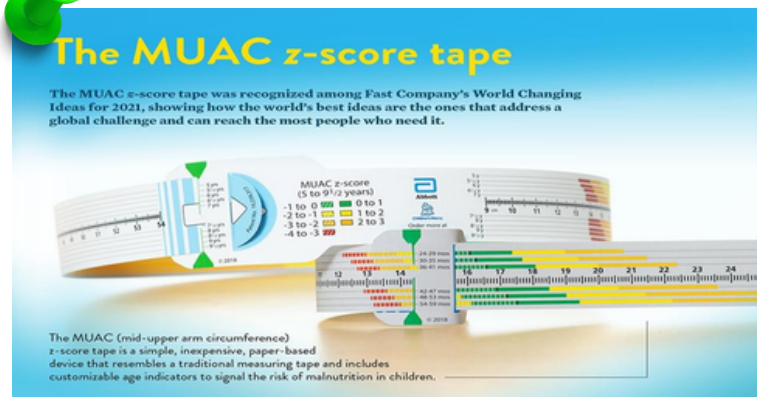
Further, for expanded services at these HPs, SFH Rwanda is piloting two key solutions at selected HPs, the results of which will inform use and scale in future. These are :

(i) MedWand Solutions



In collaboration with MedWand Solutions and CGFNS International, SFH is piloting a Nurse-Led Model of Care using the MEDWAND device at 2 Health Posts of Mbyo and Musovu of Bugesera District. Currently, nurses have been trained, and the data collection is ongoing, using a Case Scenario of a Doctor helping an Onsite nurse at the HP, remotely, without having to refer the patient to the Hospital. With built-in capabilities like ECG, thermometer, stethoscope, and more, healthcare workers can conduct comprehensive patient assessments right here at the health post.

(ii) Mid Upper Arm Circumference (MUAC) Z Scoretapes for Children and Adolescents in Rwanda.



In collaboration with Abbot, this cross-sectional study conducted in selected HPs catchment areas within six districts of Rwanda including Bugesera in Eastern province, Nyarugenge in the City of Kigali, Musanze in Northern province, Ngororero in Western province and Ruhango and Nyaruguru in Southern Province. This study targeted children and adolescents aged 2 months to 18 years.

A total of 24 community health workers from the six districts were trained to use MUAC Z-score Tape 1,080 children and adolescents participated in the study. Of them 535 were aged 2 to 59 months and 545 were aged 5 to 18 years. The study findings are under review and approval by the nutrition technical working group. And if approved, the MUAC tapes will be used as both nutrition status screening tool and diagnostic tool for children under-five.

In addition, we are pilot the MUAC Z Score evaluation implementation at the health posts and in the communities served by these health posts across the six (6) districts of Rwanda. 1,050 respondents were recruited to participate in the MUAC tape validation study.

5.0. COLLABORATIONS & PARTNERSHIPS

5.1. Great Lakes MalariaInitiative (GLMI) in partnership with EAC and Republic of South Sudan

SFH in partnership with the government of South Sudan through the support of SCJ continued its efforts of providing quality health care through Gudele HPs. The following are major achievements of this reporting period.

- 11,587 sought health care services including ANC, FP, consultation, diagnostics, treatments, medical follow up, pharmacy, HIV testing.
- 8,134 Malaria cases tested and treated.
- 72 mothers adopted family planning methods.
- 164 mothers came for ANC visit.
- 2 Deliveries at the facility
- 1752 clients were tested for HIV, 7 were found positive and were enrolled for care and treatment.

The pharmacist is giving education on how to properly take the medicines as prescribed by the Doctor.

Online Education for Leaders in Nutrition and Sustainability

SFH in collaboration with The Royal Institute of Technology (KTH) and Mälardalens University (MDU) designed a course in Public Health, Nutrition, Sustainable development, Digital health literacy and Effective online learning implemented an online training program for policy influencers working with education,agriculture, health, or social welfare. 25 participants (11 Rwandans and 14 Kenyans) were fully sponsored by the project. A final graduation physical workshop ceremony was held in Kigali with participants leaving with insights in the state-of-the-art digital learning methods that can increase professional health literacy and lead to increased awareness of how to combat current health challenges in Rwanda, Ethiopia, and Kenya.

6.0.CHALLENGES

- Limited funds to conduct massive health promotion including social marketing of health products. Continuous resource mobilization and strategic partnerships are under way to ensure sustainability of interventions and impact.

- Shortage of healthcare workers especially mid wives, Dental and Ophthalmology therapists to work in SGHPs. Strategic partnerships with various learning institutions are underway to facilitate volunteers, interns and visiting doctors who will support bridge the gap the Government's 4 *4 strategy start bearing fruits (increasing number of health care providers)

7.0. LESSONS LEARNT

- Participation and strong collaboration with local authorities and communities has played a key role in successful operationalization of health posts.
- Social marketing has contributed to last mile distribution and use of contraceptives, especially condoms that can be accessed in boutiques and shops in the communities. It has also broken down the misconceptions afflicted to contraceptive and improved self-efficacy.
- Coordination and collaboration of private operators and public health systems has improved access and availability to health care services at the community level (HP), contributing to UHC efforts (Supportive supervision, mentorship, regular review of service statistics data and supply chain support)
- Easy access to health posts has contributed greatly to the utilization of health services and including family planning and ANC attendance.

8.0. FY2025 BUDGETS

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 10 Second-Generation Health Posts (SGHPs) to expand access to quality healthcare services in the hard-to-reach communities in Rwanda.
Digital Jobs for youth in Health Program	March to October 2025	Mastercard Foundation & The Commons Project	Creating 14,000+ digital and entrepreneurship jobs for young Rwandans, with a strong focus on women's economic empowerment using a digital marketplace
Optimizing Rwanda Digital CHW program for Scale & evidence Generation	November 2024 to December 2025	Bill & Melinda Gates Foundation	Optimizing CHW program (Echis/CEMR in cpllaboration with MoH, Bill & Melinda Gates foundation & Resolve to Save Lives
Umuko Project	March 2024 to April 2027	SAND technologies/Susan Thompson Buffet Foundation (STBF)	Technology-enabled Sexual Reproductive Health Operating Systems in Rwanda and South Sudan
Cancer awareness campaign in Nyabihu & Rubavu	Oct 2023 to Feb 2024	Elekta Foundation	End-to end cervical cancer prevention and treatment
One learns	Dec 2023 to June 2024	KTH	Online Education for Leaders in Nutrition and Sustainability
Malaria Research- Syngenta	Dec 2023 to Dec 2024	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.
Improving access to SRHR services for adolescents with compounded vulnerabilities	2024-2025	WEMOS	ASRH & R advocacy
Capacity Building of Healthcare Providers (UHC) at Health posts	November 2023 to December 2024	Abbott	Capacity Building of Healthcare Providers and screening for child malnutrition with Mid Upper Arm Circumference (MUAC z-score) Tape at several Second-Generation Health Posts
Strategic Investment Facility funded project (2022-2025) on "Innovative Health Sector Investment Model for Health Posts to Achieve Universal Health Coverage in Rwanda"	2022 - 2024	UNFPA/SIF	Innovative health sector investment Model for health posts to achieve universal health Coverage in Rwanda."

Strategic Investment Facility funded project (2022-2025) on "Innovative Health Sector Investment Model for Health Posts to Achieve Universal Health Coverage in Rwanda"	2022 - 2024	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 2024	KFW	Construction of 80 HPs as a catalyst for job creation
Implementing a Nurse-Led Model of care using a MedWand Device	2024-2025	CGFNS and MedWand	Research & innovation to support telemedicine
PI/ Social Marketing		SFH	Social marketing of health products