A Catholic perspective on expanding access to family planning: Experiences from Caritas Rwanda

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Caritas Rwanda
• Created by the Catholic Bishops of Rwanda on April 22, 1960
• Provides >30% of health services nationwide (9 dioceses)
  • Family Planning
  • HIV/AIDS
  • Maternal Child Health
  • Nutrition
  • Malaria
• Network of more than 60,000 Caritas Community Volunteers linked to facilities

INTERVENTION

Expanding Family Planning Access, Availability, and Awareness

4.2 total fertility rate

45% of women 2 years or less between birth and next pregnancy
Critical considerations for integration

- Training & Service Delivery
- Supervision System
- Data Collection
- Commodity Availability
- Awareness Raising
- Creating a Supportive Environment

Expanding access to FP

- 40 facility-based family planning nurses trained in counselling and supervision
  - Methods offered:
    - Standard Days Method
    - Lactational Amenorrhea Method
    - TwoDay Method
    - Billings Ovulation Method

- 200 community volunteers trained in counselling and awareness raising
  - Supervised by the 40 family planning nurses
  - Methods offered:
    - Standard Days Method
    - Lactational Amenorrhea Method

Who are Caritas community volunteers?

- Already involved in community activities
- Willingness to work voluntarily
- Able to read and write
- Demonstrated integrity and respect within his/her community
- FAM user

RESULTS
New FAM users in project sites

Comparing services offered at the community and facility

Competency of providers to counsel users on FAM

Navigating Barriers

- Reporting service provision (community/Health Facility)
- Quality assurance & Supervision
- Bias against FAM options
Facilitating Factors

- Rwandan government and Catholic Church leaders are committed to FP as a national health priority
- Strong community health strategy spearheaded by MOH
- National FP strategy values access to wide range of methods and informed choice
- Caritas prioritizes male involvement in FP services
- Caritas “presence” within communities across the country

Recommendations

- Ensure refresher training on FP methods and quality assurance across health centers and at the community level;
- Scale up community volunteer activities in additional dioceses
  - Selected 15 sites in Kigali Diocese
- Advocate for inclusion of all FAM options into HMIS and performance-based financing
- Foster strong partnership with MoH and other stakeholders working in family planning sector

CONCLUSION

- Involvement of FBOs is critical to meeting global unmet need for family planning
- Including FAM in the method mix can help FBOs participate meaningfully
- Bringing services to the community level leads to dramatic increases in uptake