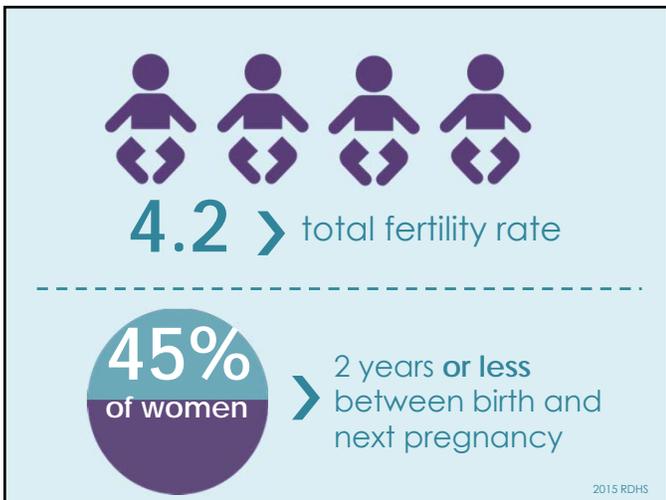


Caritas Rwanda

- 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

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

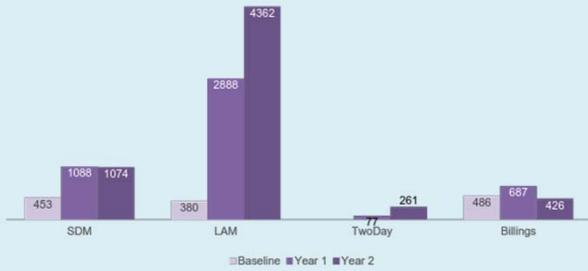
Who are Caritas community volunteers?

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

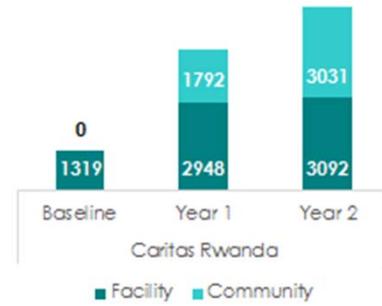


RESULTS

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

