

Makuru ki. FHI?

(What's New?)

RWANDA

October 2007

FEATURE ARTICLE



Purcherie Mukangwiye, Health Component Manager, discuss reproductive health with ORTPN staff

Destination Nyungwe: Lending a Hand in Community Health

Destination Nyungwe is a USAID funded project managed by International Resource Group (IRG). The project will bring both economic and ecological benefits to Nyungwe Forest National Park and the surrounding areas through Ecotourism Development, Biodiversity Conservation, and Public Health programs. *Destination Nyungwe* encourages sustainable rural growth by developing a tourism sector compatible with existing and future development activities. Community based health activities will help to raise public awareness of the links between population, health and the environment.

FHI, in its role as subcontractor to IRG, is implementing community based healthcare activities designed to improve family planning, increase mother and child health and to reduce the rate of sexually transmitted infections. FHI provides financial and technical assistance to Rangiro, Gisakura and Kitabi Health Centers all located near the park. An integrated approach to assistance ensures high quality services and consistent community outreach.

Over the four year life of the project, FHI will develop clinical and outreach strategies designed to improve services related to family planning (FP), maternal and child health (MCH), sexually transmitted infections (STI) and emergency obstetric care. Training and tools for supervisors will also be included within the scope of the project. The community outreach component will be quite extensive and will include FP, MCH, STI and HIV prevention campaigns at schools, villages and workplaces. An important goal is to strengthen communication and understanding between the people of the community and health centers. By the end of the project, the people of the community will have a better understanding of these health issues and health care providers will have a greater capacity to provide better care to the community.

PERSONAL PROFILE

Voicing the need for Family Planning

This year, Rwandans will benefit from services to improve reproductive health. With renewed commitment from the Government of Rwanda to promote family planning and to support HIV/AIDS programs, a majority of the population will soon be able to access a comprehensive package of family planning and HIV/AIDS services.

Françoise Ndayisaba has been in charge of family planning services at Gitarama Health Center (HC) for four years. "Families should be informed about family planning along with HIV/AIDS because the two are linked," said Mrs. Ndayisaba. "When sensitizing the population we cannot separate the two elements." Gitarama HC, a public health facility supported by FHI and USAID since 2003, offers family planning and a range of HIV/AIDS services: counseling and testing, prevention of mother-to-child HIV transmission and preventive therapy. Presently, HIV positive clients are referred to publicly funded family planning services and have easy access to prevention methods.

This year, under the USAID clinical service project, FHI will work closely with Gitarama HC to better integrate both family planning and HIV services to reach more individuals and couples. The anticipated benefits are significant: greater ability for both HIV-positive and HIV-negative couples to plan their families, to prevent untimely and unplanned pregnancies, reduce mother and infant mortality, and to reduce the transmission of HIV from mother to infant.



Françoise NDAYISABA, family planning manager at Gitarama HC



FHI research has demonstrated that contraception is a cost-effective HIV prevention intervention. For the same cost, increasing contraceptive use among non-users who do not want to get pregnant averts almost 30% more HIV-positive births than HIV counseling and testing coupled with nevirapine prophylaxis.

Integration of Family Planning and HIV Services

Because clients seeking HIV services and those seeking family planning (FP) services share many common needs, integration of these two services is appropriate and beneficial. Women seeking HIV-related services (e.g. counseling and testing, prevention of mother to child transmission (MTCT), or antiretroviral (ARV) treatment) are often both sexually active and fertile. Many of those seeking FP services are either infected or at risk of infection with HIV.

FP programs prevent unintended pregnancies, protect women's and children's health, and protect women's rights. FP services can also drastically reduce HIV transmission - yet it remains underutilized in this respect, and several studies have documented high levels of unmet need for FP among clients of HIV services.

Integrating FP into HIV programs will help achieve HIV prevention goals - for example, the UNGASS goal of reducing infant infections by 50% by 2010 cannot be met without preventing unintended pregnancy. It can avert vertical HIV transmission, according to World Health Organization and USAID, which both identify prevention of unintended pregnancies as a key strategy in preventing MTCT.

Increasing access to FP services through integration also benefits ARV clients by reducing stress related to unintended pregnancy, avoiding complicated pregnancies (ARVs can aggravate common pregnancy complications like anemia and insulin resistance), and allowing greater access to a wider variety of ARV drugs that are not appropriate for pregnant women.

Steps for Integrating FP & HIV Programs



Reproductive Health Needs in Rwanda

The high incidence of reproductive health issues faced by Rwandan families is causing a high level of strain on the already challenged public health care system. Problems range from HIV and other sexually transmitted infections to high risk pregnancies among young mothers. These concerns are present in higher numbers among residents of rural areas.

Large Families and Poverty

On average, a Rwandan woman will have six children over her lifetime. Four percent of young women ages 15 to 19 have entered their childbearing years and of that number, three percent have already given birth. High numbers of pregnancies, particularly in rapid succession, increases poverty and often leads to high rates of maternal and infant mortality. In addition to health and economic risks, a child born into such circumstances is less likely to be well educated and experience overall success in life.

Family Planning is Critical

One major step Rwandan couples can take to address this issue is to choose and use a family planning method. Despite the impact family planning can have on so many areas of life, using such methods is still often stigmatized in Rwandan society. Using contraceptives reduces not only the incidence of pregnancy but sexually transmitted infection as well. Of those surveyed, only ten percent of Rwandan women between 15 and 49 reported using a modern contraceptive. Regular and proper use of condoms would dramatically reduce the incidence of sexually transmitted infections in Rwanda. Sexually transmitted infections - including HIV - have a devastating impact on the public health care system in terms of its ability to deliver appropriate and sustained treatment. The impact of these illnesses on the family and the community can be equally as overwhelming.

Maternal Health

Of the pregnant women studied, 94% received antenatal care from a trained agent. Yet only 13% of those women completed all four visits as recommended by the World Health Organization. Less than half of the 70% of women who gave birth at home received assistance from a trained delivery attendant. Most of those women did not receive post-natal care in the two days following childbirth. The Maternal mortality rate between 2000 and 2004 was estimated at 750 deaths per 100,000 live births.

Infant Health

25% of infants received all of their vaccinations by age 13 months. However, Rwanda's children remain vulnerable to illnesses such as respiratory infections, diarrhea and malaria. Among infants and children aged one month to five years, 45% are underweight. The degree of underweight in infants is rated extreme in 19% of cases and nearly half suffer from anemia. Between 2001 and 2005, 86 of every 1,000 newborns died before their first birthday. During the same period, 152 of every 1,000 children died before reaching age five. Mortality rates are higher in rural areas than in urban areas.

FHI is working closely with the Ministry of Health and several health facilities to help improve maternal, child, and community health. By working together to change health care conditions, FHI and the Ministry of Health hope to bring improved and sustainable health care to the citizens of Rwanda.

A mother and child at Busanza Health center's maternity services



Data presented in this article come from the 2005-2009 Health Sector Strategic Plan (PSSS) and the 2005 Demographic Health Survey



Kitabi Health Center during a health information session

Kitabi Health Center

Located on the outskirts of Nyungwe Forest National Park, Kitabi Health Center has been operating in this beautiful area of Rwanda since 1979. This small public health center serves the surrounding community of more than 24,000 people who mainly work in or around the park. Kitabi's staff of 16 works closely with community health agents specializing in general or maternal health education. The clinic offers a wide range of services including HIV treatment.

In March of 2007 FHI and Kitabi Health Center formed a partnership to deliver improved services to patients in Nyamabage District. Specific treatment areas covered by the partnership include family planning, sexually transmitted infections, maternal and child care.

FHI's work at Kitabi is funded by USAID. For this project, FHI is working as a subcontractor of International Resource Group. The center is receiving both financial and technical support from FHI. Under the leadership of Health Center Manager Claire Hakizimana, the center now has improved facilities as well as upgraded delivery and maternity rooms

The center expects to enhance and expand the availability of primary and specialty health care through continued partnership with FHI. In addition to improved healthcare, the center will also focus on educating the local community in the areas of reproductive health, hygiene, childhood illnesses and the advantages of childbirth at the center.

Mrs. Hakizimana believes this to be an excellent time for implementing the project and that it will complement HIV services funded by the Global Fund. She adds that the project will address not only specific community health issues but the challenges that come with poverty, low literacy rates and a highly mobile population.

Increasing Utilization of Maternity Services in HIV-infected Women:

Experiences from FHI-supported Health Centers in Rwanda

In 2006 FHI supported 39 health centers (FOSAs) to provide prevention to mother-to-child HIV transmission (PMTCT) services in Rwanda. Statistics convey the obvious benefits of enhancing antenatal care to include PMTCT. Of 34,130 women who visited these FOSAs for antenatal care (ANC) consultation, 33,147 (97%) agreed to be tested for HIV, and 99.8% of those tested received their results. 1,287 (3.9%) of women tested were HIV-infected. A total of 966 HIV-infected women gave birth during the year, 92% of whom took antiretroviral drugs (ARVs) for PMTCT during delivery. Compared to the national rate (30% of pregnant women deliver at health facilities), 80% of HIV-positive women in the PMTCT program gave birth at the FOA. Of 1,038 infants born to HIV-positive mothers or to HIV-negative mothers whose partners are HIV-positive, 968 (93%) received prophylactic ARV treatment.

Numerous factors explain these impressive results and the substantially higher use of maternity services among HIV-infected women at FHI-supported FOSAs:

- (i) upgrading and equipping ANC and maternity services renders them more inviting and increases clients' confidence in the FOA;
- (ii) improving health provider knowledge of safe birthing practices for HIV-positive women prepares them to better educate patients about the benefits of PMTCT and the importance of delivering at the FOA;
- (iii) providing comprehensive education to HIV-positive women about PMTCT interventions, the support they can expect from the FOA, and the importance of provider-assisted births improves patients' understanding and motivation to come back to the FOA for delivery;
- (iv) helping women overcome structural barriers to care – through payment of family *mutuelle* (primary health insurance) and health facility maternity fees – enables many women to return to the FOA for delivery.

HIV-positive women delivering in FOSAs facilitates prophylactic ARV treatment for PMTCT and, through safe birthing practices, reduces risk of infant infection during birth. Increasing use of maternity services in HIV-positive women is thus an important strategy for averting neonatal infections.

Mukoma Health Center's delivery room



Did you know?

Below are some interesting statistics for reproductive health and maternal child health in Rwanda. The data presented is from the 2005-2009 Health Sector Strategic Plan and the 2005 Demographic Health Survey.

Prenatal care

- 94% of women sought out antenatal consultation provided by a trained agent
- 13% of women followed World Health Organization (WHO) recommendations of four visits
- 6% of women were told about the signs of pregnancy complications during these visits

Childbirth

- 70% of deliveries take place at the home
- 61% of these cases, women did not receive any assistance from trained delivery attendants
- Among women who did not deliver in a health facility, 95% did not receive any post-natal care in the two days following childbirth

Infant health

- 25% of infants aged 12-13 months received all their vaccinations
- 28% of respiratory infections occur in infants age 6-11 months
- 24% of diarrhea cases occur in infants age 6-23 months
- 97% of infants are breastfed
- 45% of infants ages 1 month to five years are undersized, 19% of whom are severely undersized
- 56% of infants ages 6-59 months suffer from anemia
- Between 2001 and 2005, 86 of every 1000 live newborns died before their first birthday and 152 of every 1000 live newborns died before their fifth birthday
- Infant mortality is higher in rural zones (108%) than in urban zones (69%)

Maternal Health

- Between 2000 and 2004, maternal mortality rate is estimated at 750 deaths per 100,000 live births
- 33% of women suffer from anemia
- Rwandan women have an average of 6.1 children
- 4% of young girls ages 15-19 have already entered their period of fertility, 3% are already mothers and 0.8% are pregnant for the first time

Family Planning

- 10% of women ages 15-49 use an unspecified contraception method

About FHI/Rwanda

Family Health International is committed to improving health and access to health care for all people. In Rwanda, our focus has been on HIV and has included a broad range of services in primary prevention as well as care and treatment. Working with national and local government, individual health facilities, and a variety of civil society groups, FHI/Rwanda has supported the launch and expansion of behavior change communication campaigns, community care and support programs, and counseling and testing, prevention of mother-to-child transmission, and HIV patient care services.

Funded by the President's Emergency Plan for AIDS Relief through the U.S. Agency for International Development.

Interested in Family Planning or HIV? These resources are free at FHI or Online

From FHI

- o CD: Contraception for Women and Couples with HIV
- o Network: Integrating Services (Vol. 23, No. 3, 2004)
- o Counseling and Testing for Youth: A Manual for Providers
- o Provider Checklists for Reproductive Health Services (Pregnancy, COC, DMPA, IUD) and Quick Reference Chart (medical eligibility criteria)
- o Medical Eligibility Criteria Wheel of Contraceptive Use

On the Internet

- o Research Briefs - www.fhi.org/en/rh/pubs/briefs/index.htm
- o Integrating Sexual and Reproductive Health and HIV/AIDS Services - www.infoforhealth.org/inforeports/integration/tegration.pdf
- o Resources for Family Planning and HIV/AIDS Integration - www.hivandsrh.org
- o Family Planning: A Global Handbook for Providers - www.infoforhealth.org/pubs/globalhandbook

FHI Quote

"...addressing the contraceptive needs of HIV infected women must be an organizational priority. Through our efforts to provide HIV prevention, care and treatment services worldwide, FHI has unparalleled opportunities to reach women infected with or at risk of HIV with family planning information and services".
 – Ward Cates, Peter Lamptey, Sheila Mitchell
 February 21, 2007

Address for FHI/RWANDA

Family Health International
Country Office Rwanda
 P.O. Box 3149 Kigali
 Tel: 250 576193/500066 / 08306173
 Email: info@fhirw.org
www.fhi.org

