FOREWORD

This annual report highlights the key activities and health impact that Society for Family Health (SFH) was able to contribute towards over the last twelve months.

We continued to provide increased access and availability of services to the most at risk populations, hard to reach and vulnerable groups four communities through a range of Health promotion interventions and social marketing of health products throughout the country.

Towards the end of the year, SFH leadership in collaboration with Population Services International (PSI) deliberately embarked on a journey to reflect on the country operating plan in the light of the changing landscape of donors, changing dynamics of the country priorities and the changing needs of our target communities. This saw new priorities emerge for health promotion including focusing on evidence base to deliver targeted and audience relevant interventions to the communities; a move to explore innovative technologies and ensure increased access and availability of health products, systems re-engineering and focus on building staff capacity in social behavior change communication.

This year has been a very successful year for Society for Family Health Rwanda. The organization has expanded significantly over the last twelve months and made a number of particularly notable achievements. Major projects that we recently embarked on are progressing very satisfactorily. And many new opportunities are opening up for us. We face a very exciting future. This year also saw SFH explored strategic partnerships with UNICEF to deliver sanitation project in the most affected areas of the country. This collaboration will enable SFH to build improved latrines, conduct behavior change communication around sanitation marketing to increased demand for improved sanitation and hygiene behavior.

This year, SFH also entered into a new funding arrangements with US Department for Defense (DOD) to continue delivering HIV prevention services to the Military and communities surrounding the military bases in collaboration with Rwanda Defense Forces (RDF); got a two year cost extension of the Rwanda Social Marketing Program; received funding from US based SC Johnson to pilot a malaria prevention BCC project in Eastern region. We also received funding from UNICEF for sanitation promotion. SFH continued to implement the final year of the Global Fund HIV prevention project.

It is important to acknowledge that our work is a collaborative effort, and we express here our appreciation to all those who have contributed to SFH work in the financial year 2017. In particular, SFH has been able to achieve this year’s success because of the continued commitment of our partners and policy guidance from MOH and the local authorities. I wish to thank the US State Government through DoD and USAID Rwanda for the continued support to implement the DoD project and the Rwanda Social Marketing Program respectively. We thank the Government through the SPIU who enabled us to implement the Global Fund HIV prevention project throughout the country during the year. I wish to further extend our appreciation to UNICEF for coming alongside SFH to bring sanitation services to the poor and underserved communities of our country. My deepest appreciation goes to SC Johnson with whom we have successfully implemented the malaria prevention pilot project this year.

I wish to, in a special way thank the community based organizations and peer educators with whom we have successfully implemented the various health interventions throughout the year.

Manasseh Wandera Gihana
Executive Director
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<tbody>
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<td>ACTs</td>
<td>Artemisinin-based Combination Therapy</td>
</tr>
<tr>
<td>ANC</td>
<td>Antenatal Care</td>
</tr>
<tr>
<td>AOR</td>
<td>Agreement Officer Representative</td>
</tr>
<tr>
<td>ART</td>
<td>Antiretroviral Treatment</td>
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<td>BCC</td>
<td>Behavior Change Communication</td>
</tr>
<tr>
<td>CBOs</td>
<td>Community Based Organizations</td>
</tr>
<tr>
<td>CHAIN</td>
<td>Community Health and Improved Nutrition</td>
</tr>
<tr>
<td>CYP</td>
<td>Couple Years of Protection</td>
</tr>
<tr>
<td>EMMP</td>
<td>Environmental Management Mitigation Plan</td>
</tr>
<tr>
<td>FAR FORMS</td>
<td>Field Activity Report Forms</td>
</tr>
<tr>
<td>FP</td>
<td>Family Planning</td>
</tr>
<tr>
<td>FSW</td>
<td>Female Sex Worker</td>
</tr>
<tr>
<td>FY17</td>
<td>Financial Year 2017</td>
</tr>
<tr>
<td>GOR</td>
<td>Government of Rwanda</td>
</tr>
<tr>
<td>GP</td>
<td>General Population</td>
</tr>
<tr>
<td>HC</td>
<td>Health Center</td>
</tr>
<tr>
<td>HICD</td>
<td>Human Institutional Capacity Development</td>
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<tr>
<td>HIV/AIDS</td>
<td>Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome</td>
</tr>
<tr>
<td>HTC</td>
<td>HIV Counseling and Testing</td>
</tr>
<tr>
<td>IEC</td>
<td>Information Education Communication</td>
</tr>
<tr>
<td>IEE</td>
<td>Initial Environmental Examination</td>
</tr>
<tr>
<td>IPC</td>
<td>Interpersonal Communication</td>
</tr>
<tr>
<td>ITN</td>
<td>Insecticide Treated Nets</td>
</tr>
<tr>
<td>JADF</td>
<td>Joint Action Development Forum</td>
</tr>
<tr>
<td>KP</td>
<td>Key Population</td>
</tr>
<tr>
<td>LA/ PMS</td>
<td>Long Acting and Permanent Methods</td>
</tr>
<tr>
<td>LLINS</td>
<td>Long Lasting Insecticide-Nets</td>
</tr>
<tr>
<td>MCCH</td>
<td>Maternal Child &amp; Community Health</td>
</tr>
<tr>
<td>MCH</td>
<td>Maternal and Child Health</td>
</tr>
<tr>
<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
</tr>
<tr>
<td>MoH</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>MOU</td>
<td>Memorandum of Understanding</td>
</tr>
<tr>
<td>MSM</td>
<td>Men who have sex with men</td>
</tr>
<tr>
<td>MVU</td>
<td>Mobile Video Units</td>
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<tr>
<td>PLHIV</td>
<td>People Living with HIV</td>
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<tr>
<td>P&amp;G</td>
<td>Procter and Gamble/ water disinfectant</td>
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<td>People Living with HIV/AIDS</td>
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<td>Postnatal Care</td>
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<tr>
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<td>Priority Population</td>
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<tr>
<td>QI</td>
<td>Quality Improvement</td>
</tr>
<tr>
<td>RH</td>
<td>Reproductive Health</td>
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<tr>
<td>RSMP</td>
<td>Rwanda Social Marketing Program</td>
</tr>
<tr>
<td>SFH RWANDA</td>
<td>Society for Family Health Rwanda</td>
</tr>
<tr>
<td>STIs</td>
<td>Sexually Transmitted Infections</td>
</tr>
<tr>
<td>TV</td>
<td>Television</td>
</tr>
<tr>
<td>TWG</td>
<td>Technical Working Group</td>
</tr>
<tr>
<td>UNFPA</td>
<td>United Nations Fund for Population Activities</td>
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<td>USAID</td>
<td>United States Agency for International Development</td>
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<td>USG</td>
<td>United States Government</td>
</tr>
<tr>
<td>WASH</td>
<td>Water, Sanitation and Hygiene</td>
</tr>
<tr>
<td>WRA</td>
<td>Women of Reproductive Age</td>
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</table>
Introduction and Background

Society for Family Health Rwanda is a registered Rwandan NGO with demonstrated experience and impeccable reputation in social marketing. For the purpose of ensuring long-term sustainability of social marketing programming in Rwanda, PSI/Rwanda with the support of the Government of Rwanda and funding from USAID launched Society for Family Health (SFH)/Rwanda in April 2012. Since that time, PSI/Rwanda transitioned most of its activities, brand names, systems and programs to Society for Family Health (SFH)/Rwanda. As a local organization, SFH Rwanda with such history and background, SFH benefits from PSI’s 20 years in Rwanda, and 41 years of behavior change communications experience in more than 65 countries.

For over 20 years of operation in Rwanda, PSI/Rwanda did a tremendous job to measurably improve the health of the most vulnerable Rwandans by providing them with readily accessible life-saving products, accurate health information, and services that empower people to make informed and healthy choices. During its life in Rwanda, PSI focused on various health areas such as HIV prevention, malaria, child survival, Family planning and nutrition. SFH’s major interventions are centered on promotion of behavior change practices through improved communication techniques and social marketing of health products and services related to HIV/AIDS, Malaria, Family Planning, Water, Sanitation and Hygiene (WASH) and Nutrition.

Society for Family Health (SFH) Rwanda is one of the leading local Social Marketing and behavior change communication (BCC) Organization that specializes in innovative business approaches to empower vulnerable people to adopt healthier solutions. SFH has extensive experience in health promotion and communications related to Water, Sanitation and Hygiene (WASH), Nutrition, HIV/AIDS, Malaria, Family Planning & Reproductive Health. SFH uses private sector techniques to encourage healthy behaviors and make markets work for the poor.

Vision, Mission and Core Values

The vision of SFH is to achieve sustainable health impact. Society for Family Health is driven by a mission to provide health promotion interventions using evidence based social marketing to empower Rwandans to choose healthier lives.

Society for Family Health achieves her purpose through integrity, accountability, long-term commitment, results focused, efficiency and innovation.

What We Do

With vast experience inherited from PSI’s 20 years operations in Rwanda, SFH is doing a tremendous job to measurably improve the health of the most vulnerable Rwandans by providing them with readily accessible life-saving products, accurate health information, and services that empower people to make informed and healthy choices. SFH’s major interventions are centered on promotion of behavior change practices through improved communication techniques and social marketing of health products and services related to HIV/AIDS, Malaria, Family Planning, Water, nutrition and promotion of improved household sanitation and safe hygiene practices.

Target Groups

SFH’s roadmap is driven by the steadfast commitment to meet the needs of the people we serve.
As Rwanda’s first local social marketing organization, we work with the public and private sectors to empower low-income and vulnerable people with behaviors that lead them to healthier lives. We target the most at-risk populations and other vulnerable groups such as key populations (Female Sex Workers and Men who have sex with other men) and priority populations (out of school youth, truckers and motor drivers), pregnant women and care givers of children under five years.

Our Methodology and Approach
Our core competencies and comparative advantage lies in community mobilization, development and dissemination of audience focused health messaging. We are very strong in behaviour change communication techniques, which we constantly innovate to suit the audience and the times and; are very culturally sensitive, gender aligned and focused on the most vulnerable members of the society for lasting health options. We apply a two-pronged methodology that combines behaviour change communication and social marketing to reinforce behaviour change towards good practices.

Our close links with the communities means we understand and value the partnerships we have built with them. Our high impact services at the community level that deliver sustainable growth and has created engines of change, means that SFH is an experienced and trusted organization that can deliver real change to the communities we partner. We also have a track record of building CBOs capacities, strengthening the resilience of communities and working with local governments and strengthening the systems through being part of the system. SFH has innovative ways of ensuring change can happen through being part of the communities and understanding their challenges. We currently have an active Memorandum of Understanding (MoU) with association of Local Governments in Rwanda (RALGA) composed of all the 30 districts in Rwanda where they pledged to support SFH in her efforts to fight Malnutrition, poor sanitation, HIV and Family planning efforts among others.
Programs Implemented in 2016/2017

The Rwanda Social Marketing Program (RSMP) is funded by USAID and is implemented by Society of Family Health (SFH Rwanda) since October 2012 with the aim of improving the lives of the poor and vulnerable populations. RSMP focused on availability and access of socially marketed products to the community, demand creation for those products, strengthening the community based organization and capacity building for the organizational staff.

The goal of the program is to promote behavior change practices through improved communication techniques and social marketing of health products and services with the following objectives:

Objective 1: Increased availability and access to socially marketed products and services in Rwanda;
Objective 2: Increased health promotion interventions through audience focused BCC and demand creation for socially marketed products and services in Rwanda;
Objective 3: Capacity building and Strengthened partnerships with Community-Based Organizations reaching key populations; and
Objective 4: Increased capacity of SFH to provide sustainable, high impact health communication and social marketing interventions in Rwanda.

The focus of FY17 was to facilitate availability and access to health products and services; promotion of correct and consistent use of products; and increased knowledge and awareness of the target audiences for improved wellbeing across 6 health areas namely: HIV prevention, malaria, family planning, maternal and child health, nutrition as well as water and sanitation.

Specific audience targeted Behavior Change Communication (BCC) interventions were organized and conducted, influencing positive health behaviors and practices within the target populations and contributing to health impact around MCH, FP, Malaria prevention, HIV prevention, Nutrition and WASH.

Rwanda Military Program - US Department of Defense
From March 2014 to September 2017, SFH Rwanda supported Ministry of Defense represented by Medical Regiment, through DoD-PEPFAR funding to provide mobile HIV testing services to Rwanda Defense Force (RDF) members, their family members and communities surrounding military barracks to reduce new HIV infection. During that period of three years and a half, in close collaboration with RDF medical staff, SFH Rwanda had tested 86,581 people. Among them, 2,388 were tested HIV positive (2.7%) and 1,969 (82%) were linked to ARVs treatment.

Global Fund HIV Program - Global Fund
The Global Fund HIV Program is a framework and grant agreement with the Global Fund through the RBC/SPIU. The program implemented HIV prevention activities focused on Behavior Change Communication (BCC), Condom Social Marketing and condom distribution to ensure condom (Plaisir brand) availability and accessibility in all districts of the country.
Access Bank - Sanitation Project
This is a project that was implemented in partnership with Access bank Rwanda as part of their corporate social responsibility. The activities are around school and environmental sanitation and hygiene.

SC Johnson - Program Income from Distribution of Health Products
The health products that were socially marketed included prudence condoms under RSMP, Plaisir condoms under Global Fund, FP commodities (pills and commodities) branded Confinance, WASH products branded Sur’eau and P&G, Nutrition product branded Kuza Neza.
HIGHLIGHT OF FY2017 ACHIEVEMENTS

Increased availability and access to socially marketed products and services in Rwanda

SFH during the financial 2017 continued to support availability and accessibility of affordable health products for better health outcomes, using the established distribution channel consisting of wholesalers, semi-wholesalers and retailers. The health products distributed were; Prudence, Protect and Plaisir condoms, Confiance Pills, Confiance injectables, micronutrient powder for children under five years and water purifiers (Sure’ea and P&G). These contributed significantly to the reduction of new HIV infections and other sexually transmitted infections (STIs), unwanted pregnancies, unmet need on FP and prevention of diarrhea related diseases and improved nutrition for children under five respectively. In addition, the products distributed were accompanied BCC interventions with key messages that promoted correct and consistent use for self-efficacy and maximum health impact. The table below summarizes the achievements for the quarter versus the targets.

IMPACT CHART - DALYs FOR 2017
### CYPs IMPACT DASHBOARD

<table>
<thead>
<tr>
<th></th>
<th>Prudence Condoms</th>
<th></th>
<th></th>
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<tr>
<td><strong>ANNUAL TARGET</strong></td>
<td>14,917,926</td>
<td><strong>ANNUAL ACHIEVEMENTS</strong></td>
<td>13,536,367</td>
<td><strong>CYP TARGETS</strong></td>
<td>124,316</td>
<td><strong>CYP ACHIEVEMENT</strong></td>
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<tr>
<td><strong>TARGETS</strong></td>
<td>14,917,926</td>
<td><strong>ACHIEVEMENT</strong></td>
<td>13,536,367</td>
<td><strong>TOTAL</strong></td>
<td>134,216</td>
<td><strong>ACCOMPLISHMENT</strong></td>
</tr>
<tr>
<td><strong>PRODUCTS DISTRIBUTED</strong></td>
<td>66,000</td>
<td><strong>DALYs/CYP/PLTRs</strong></td>
<td>4,400</td>
<td><strong>IMPACTION</strong></td>
<td>7,684</td>
<td><strong>IMPACT</strong></td>
</tr>
<tr>
<td></td>
<td>22,000</td>
<td></td>
<td>5,500</td>
<td></td>
<td>4,923</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>134,216</td>
<td><strong>ACCOMPLISHMENT</strong></td>
<td>125,410</td>
<td><strong>% ACHIEVEMENT</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### HEALTH IMPACT

#### HIV PREVENTION

- **PRODUCTS DISTRIBUTED**: 11,116,627 Prudence pieces
- **DALYs/CYP/PLTRs**: 179,889
- **IMPACT**: 160,132 DALTs and seced

- **% ACHIEVEMENTS**: Underachievement in Prudence sales to free Love condoms distributed by AHF and low staff morale due to contract termination.

#### FAMILY PLANNING

- **PRODUCTS DISTRIBUTED**: 11,116,627 Prudence pieces
- **DALYs/CYP/PLTRs**: 114,067
- **IMPACT**: 104,901 CYP Provided

- **% ACHIEVEMENTS**: On track achievement due to increased outreachs and awareness campaigns that created demand for the products as well as new suppliers/pharmaceuticals.

#### WASH

- **PRODUCTS DISTRIBUTED**: 121,090
- **DALYs/CYP/PLTRs**: 225,000,000
- **IMPACT**: 122,990,040 Liters of water disinfected

- **% ACHIEVEMENTS**: There was stock out of Sur’eeau due to delays in obtaining importation documents in time and the very low demand of P&G that affected distribution numbers.
Increased Health Promotion Interventions through audience focused BCC and demand creation for socially marketed products and services in Rwanda

HIV Prevention
A range of behavior change communication activities designed to promote HIV risk-reducing among key and priority populations were conducted. SFH implemented interpersonal communication (IPC) one-to-one or group level educational activities, HTC, mass media events and community mobilization special events. Below are the HIV prevention BCC interventions implemented during the financial year by project:

RWANDA SOCIAL MARKETING PROGRAM

INTERPERSONAL COMMUNICATIONS (IPCS)
In order to disseminate HIV prevention messages and reduce new HIV infections among key and priority populations, RSMP provided individual and/or small group level HIV preventive interventions using IPC model. This intervention was conducted by SFH Peer Educators in small groups of up to 25 people in twelve (12) districts of Gasabo, Kicukiro, Nyarugenge, Huye, Nyamasheke, Karongi, Rutsiro, Kayonza, Rwamagana, Burera, Gicumbi and Kamonyi in hard-to-reach areas and marginalized groups. Messages were tailored to address barriers to health seeking behavior.

The activity focused on increasing knowledge on correct and consistent use of condoms, distribution of condoms and lubricants, referrals to HTC and FP services as well as distribution of IEC materials as comprehensive HIV prevention package. During this reporting period the following numbers were reached. 4857 individuals were reached.

HIV TESTING AND COUNSELING (HTC)
RSMP organized audience focused outreach HIV Testing and Counseling (HTC) services among Key and Priority population branded Moonlight to increase access to HTC services.

To ensure good turn up and reach of the target groups, hotspots were identified and mapped in time and peer educators supported community sensitization and mobilization efforts while nurses from partnering health centers provided the testing counseling and provided test results to clients. Individuals who tested HIV negative were counseled on how to remain negative while those who tested HIV positive were referred to HCs for care and treatment. 7300 individuals were tested and given test results, with 607 testing positive and 427 successfully linked to ART treatment services.

Quarterly Community events at hotspots targeting KPs and PP populations
To create awareness on HIV prevention as well as correct use of condoms, demonstrations were conducted at market gatherings and in hot spots. HIV prevention messages targeting KPs and clients of FSWs were disseminated, through mobile Video Units, Road shows and concerts, and blitzing. These events were fun, engaging, and educational providing awareness and knowledge to the target population. 14,565 individual were reached.
Mass Media
Behavior change communication using mass media interventions were used to reinforce interpersonal and community level activities to continuously expose the target populations to the intended HIV/AIDS prevention messages. The mass media channels used were Radio and TV. Two (2) Radio talk shows were organized and conducted on Radio One and KT Radio. In addition, three (3) TV talk shows were organized on Royal TV.

DOD HIV Program

HIV Testing
20,161 RDF members and civilians against 25,092 targeted in the community surrounding military barracks were tested.

Referrals and Linkage
Among people tested and received their results:
- 713 tested HIV positive (3.5%). All clients were referred to HF for treatment, among them 593 (83.1%) were enrolled in ARV services versus 90% planned
- 112 were couples among them, 10 tested HIV + concordant HIV+ and 10 received discordant result (8.9%); versus 100 couples to be reached annually.
- Among all tested, 1,612 were FSWs and 367 were tested HIV+ (22.7%)

Index Testing Strategy
- 265 invitations were given to individuals who tested HIV+ to invite their sexual partners
- Among them 160 were tested and received their results (60.3%); 24 tested HIV+ (15%)

BEHAVIOR CHANGE COMMUNICATION (BCC) ACTIVITIES
RDF staff/Medical Regiment continued to support trained HIV educators form anti-AIDS clubs to implement BCC activities through Inter-Personal Communication (IPC) strategy; key messages were delivered to RDF members and civilians surrounding military barracks including Female Sex Workers (FSWs).

IPC Achievements
Supported by SFH Rwanda and supervised by RDF staff/Medical Regiment, HIV educators conducted IPC sessions that were focused on correct and consistent condom use, STIs prevention and treatment messages, VCT and VMMC demand. Below are the achievements: 6553 military and civilians were reached with the above listed messages; among the people reached,
GLOBAL Fund HIV Project Achievements

SFH Rwanda used different techniques of Behavior Change Communication (BCC) to reach number of people with HIV prevention messages and social marketing of condoms. The techniques for social marketing of condoms included outlets creation and support, while those for BCC included road shows, concerts, condom promotion special events and community dialogues which were carried in collaboration with CBOs.

CONDOM OUTLETS CREATED AND VISITED

In order to increase condom availability and accessibility, SFH Rwanda visited existing Plaisir condom outlets in retail outlets, Hotspots, Hotels, Lodges and Guest Houses to provide support and resupply with the product where needed. Also, to ensure increased coverage and community penetration, new outlets were created in the communities informing traders about the benefits of condom use and sensitize them to buy and open outlets to sell them. Furthermore, SFH mobilized the communities through BCC activities to create market demand. The table below illustrates achievements from this activity.
Behavior Change Communication (BCC) Activities for HIV Prevention

SFH used different BCC strategies to ensure that the targeted audience was reached at many points throughout the events with complementary and mutually re-enforcing messages. This was done through a large scale mass-media called Plaisir Condom road shows and plaisir condom concert as a form of behavior change communication. These activities were conducted in the community centers or market places with the main focus being to increase knowledge of Rwandan population about HIV prevention methods and the benefit of correct and consistence condom use. Moreover, SFH conducted another activity called plaisir night special event or campaign which is designed to reach other targeted population i.e. Female sex workers (FSWs) and their clients, and Men who have sex with Men (MSMs) and others who may not be reached during day time. This event was conducted in bars and night clubs during the weekend where target groups go for weekend amusement.

The Key messages during all these BCC activities include but not limited to: correct and consistent condom use, HIV counseling and testing, Condom negotiation skills, and Voluntary medical male circumcision. 32,531 individuals were reached.

MALARIA PREVENTION

During this reporting period, RSMP organised and implemented several BCC interventions that resulted into increased knowledge and positive malaria prevention practices. Community level interventions (Drama and MVUs) were conducted in targeted locations and hotspots like markets and trading centers in high burden malaria districts of Nyanza, Huye, Kirehe, Ngoma, and Gatsibo identified and communicated by MoH, malaria division. The messages focused on correct and consistent use of LLINs, seeking early treatment at first sign of malaria, removal of mosquito breeding places, closing of windows and doors early; and malaria prevention in pregnant women and children under 5 years of age(U5). 10,003 individuals were reached.
In addition to the above community interventions, mass media activities involving airing of Radio spots and mentions were done as well as radio talk shows. Four (4) Radio spots were produced and aired 339 times on Radio Rwanda. Further, one thousand, five hundred ninety-six (1596) mentions were made on six (6) radio stations (Flash FM 396 times, Radio Rwanda 153 Times, KISS FM, 336 times, Isango Star Radio, 369 times and city radio, 270times and Radio one,99 times). The messages provided information on correct and consistent use of LLINs, seeking early treatment at the first sign of malaria, health insurance and environmental hygiene (Clearing mosquito breeding places).

RSMP repackaged anti-malaria drugs (Artemisinin-based Combination Therapy (ACTs) under the brand “Primo” to support the MOH in ensuring availability of malaria treatment medicines. One hundred ten thousand, six hundred forty (110,640) blisters of primo yellow were packaged.

SC JOHNSON MALARIA PREVENTION PROGRAM
SC Johnson is currently using the EKOCENTERs to reach the BOP community. EKOCENTER is a modular community market created by Coca-Cola, and run by female entrepreneurs in communities that lack access to basic goods and services. It provides a place of commerce, safe drinking water, solar power and wireless communication. EKOCENTER seeks to empower community wellbeing through their definition of social enterprise: leveraging the “Golden Triangle” of business, government, and civil society to achieve long-term economic sustainability and success.

The objective of this initiative is to provide access to mosquito-borne disease preventative offerings in communities lacking access to basic goods and services, enabling health impact. This will be accomplished by leveraging the EKOCENTER model, together with SFH’s behavior change communication capacity to drive increased demand and behavior change. Over an 18-month pilot period, 30 EKOCENTERs in the Eastern Region, SFH is conducting behavior change communication (BCC) program.
FAMILY PLANNING

RSMP utilized a broad spectrum of interventions to increase the uptake of family planning methods. These interventions ranged from communication for demand creation among potential family planning clients (acceptors) and providers to the application of audience focused market approach to ensure the accessibility of FP products to the people in need. RSMP FP activities were executed in the districts of Nyanza, Rutsiro, Nyamagabe, Rusizi, Nyamasheke, Rubavu, Nyabihu, Kirehe, Rulindo, Nyagatare, kayonza, Gisagara, Nyaruguru, Gatsibo and Bugesera and are as follows:

Mobile Family Planning and Organizing Family Planning Counseling Sessions

With technical support from health centers, FP outreach sessions were organized and conducted in rural and remote areas to bring services and products closer to people. Participants to these sessions had free access to family planning information and methods especially condoms, pills, and injectable. For long – Acting and Permanent Methods (LA/PMs) and HIV counseling and testing, referrals to nearest health centers were made. Misconceptions; cultural, fear of side effects, and health concerns around FP acceptability and adoption were also dispelled during these sessions. 5,330 individuals were reached and provided with more FP knowledge and wide range of choices on contraceptive methods.

Quarterly MVU on FP Messages on Modern Contraceptive Methods

Family planning movies were shown in high traffic areas to disseminate promotional and educational messages on FP services including modern contraceptive methods. These MVU sessions provided a platform for community engagement through question and answer sessions providing more clarity on critical issues around FP acceptability and adoption. 19,984 individuals were reached of whom 9,164 were female.

Youth and Adolescent Sexual Reproductive Health Events

During this reporting period, RSMP reached out to adolescents and youth with sexual and reproductive health information Debates, and special events within schools in Ngoma, Gasabo and Rwamagana districts were organized and covered topics on sexually transmitted Diseases (HIV and other Sexually Transmitted Diseases (STIs), Risky behavior of Adolescents, Family Planning for adolescents, Prevention of gender based violence among others. 6,822 individuals were reached of whom 3,205 were female.

Family Planning Special Events in Community with Men Involvement as Spouses

Targeting men of reproductive age, special sensitization events with men involvement were organized to sensitize men as partners on the benefits of FP as well as mobilize their support for their spouses regarding adoption. These interventions included football matches and “special men’s hour” during mobile FP counseling outreach sessions. 12,465 individuals were reached.

Conduct drama through CBOs to increase the knowledge of community members about FP services and commodities

Implemented by trained peer educators, theatrical performances on FP promotion were
organized and conducted in targeted locations like markets and trading centers and provided educational FP messages as well as dispelled myths and misconceptions that usually affects uptake of FP services and adoption. 12,900 individuals were reached, out of whom, 7,320 were female and 5,580 were male.

In total, 57,501 people were reached with FP messages outside the facilities versus 56,775 targeted representing 101% of achievement. Among these individuals reached, 25,124 are female while 32,377 are male.

MATERNAL CHILD HEALTH (MCH)
RSMP continued to implement MCH interventions in the districts of Huye, Musanze, Ngoma, Muhanga and Buegosera. Interventions were supported by Peer educators who educated women, their partners and general population on the benefits of both antenatal and postnatal care visits for improved health outcomes during pregnancy, child birth and postpartum period. The
interventions were carried out through door to door visits, IPC sessions and dissemination of MCH messages through media. The messages focused on the importance of the recommended 4+ Antenatal Care (ANC) visits, post-natal care, proper feeding, exclusive breastfeeding, vaccination, hygiene and child spacing. Two hundred and ninety-one (291) pregnant women were reached through IPCs and door to door activities.

IPC session in Muhoza sector by Hope& Dreams CBO in Musanze in Door to Door in Kibungo Sector, Ngoma District-UCLAR

NUTRITION
RSMP supported 1000 days window initiative by conducting targeted BCC interventions in the districts of Rusizi, Ngoma, Kayonza, Nyamasheke, Ngororero, Rutsiro, Karongi, Gakenke, Gicumbi, Ruhango, Huye and Bugesera that trigger voluntary changes in dietary behaviors and practices. These interventions included community dialogues and Dramas which targeted pregnant and lactating mothers respectively and MVUs and mass media communications targeted general population. The health messages delivered during nutrition education and counseling sessions in collaboration with Community Based Organisations (CBOs) focused on: exclusive breastfeeding up to six months, start of complementary feeding at 6 Months, promotion of intake of balanced diet including foods rich in iron and vitamin among others, better methods of food utilization and cooking demonstrations for healthier diets and establishment of kitchen gardens to avail different kinds of vegetables. In addition, hygiene and sanitation messages were delivered to prevent poor hygiene related diseases among children. 9564 individuals were reached with nutrition messages.
WATER, SANITATION AND HYGIENE (WASH)

RSMP empowered people to purify water in their homes and practice positive hygiene behaviors and practices. RSMP promoted two household water treatment products (sur’eau and P&G) to promote safe water. 27,504 bottles of Sur’eau\(^1\) were distributed, purifying 27,504,000 liters and 25,200 Sackets of P&G\(^2\) were distributed purifying 252,000 liters. Overall, 27,756,000 liters of water were disinfected against a target of 45,000,000 (62%) leading to underachievement was due to low demand for both P&G and Sur’eau as a lot of Sur’eau was sold in March and hence was still in the distribution channel. However, we have started implementing QI activities including blitzing, rapid promos and outlet visiting and we are optimistic that the annual targets for the year will be realized. 7550 individuals were reached.

Promotional Event for WASH in Rwamagana in Partnership with AEE

RSMP collaborated with African Evangelistic Enterprise (AEE)—Eastern region to promote better improved hygiene and sanitation practices among general population. This activity was organized on 31\(^{st}\) March 2017 in Rwamagana District, Rubona sector Kabatasi Cell. AEE collaborated with the local authorities and mobilized the communities while RSMP provided WASH messages by showing hygiene and sanitation film (Mobile Video Unit). In addition, product demonstration to promote correct and consistent use of Sur’eau and P&G was done to promote safe water usage and reduce disease burden especially diarrhea. This collaboration was useful in that, AEE learnt more about the MVU communication model while RSMP leveraged on the mobilization efforts of AEE to reach about 120 people with WASH Messages.

\(^1\) 1 unit = 1 bottle of Sur’Eau treats 1000 L of water  
\(^2\) 1 unit = 1 sachet of P&G treats 10 liters of water
Nutrition/WASH Open Day in Huye District

In partnership with Huye district through JADG, CHAIN partners and other district development partners, a Nutrition/ WASH open day was organized and conducted on 27th March 2017 in the sale polyvalent (Inzu mberabyombi Huye district) with the theme “Indyo iboneyen’inshingiro ry’iterambere”. The following participated in the event; SFH –Rwanda (RSMP), Harvest Plus, Global Communities, DUHANIC ADRI, Red Cross Rwanda, APROJUMAP, health Care Foundation and BAHO UMENYE NGO. The exhibition was preceded by a workshop in which every partner presented their respective interventions to the local authorities present as well as beneficiaries. A question and answer session was also conducted. The guest of honor was the Governor of the southern province, Madam Mureshyankwano. M. Rose, and other local authority officials also attended including Nutritionists from all Huye health centers in Huye. The open day was a platform for networking with other IPs, sharing best practices but also more importantly engaging with the district leadership on key nutrition and WASH related issues.
Joint Nutrition Education and Counseling session in Ruhango in partnership with Gimbuka Program implemented by CARITAS Rwanda

On Tuesday, 21st February 2017, SFH Rwanda (RSMP) organized a joint community based nutrition education and counseling intervention with Caritas Rwanda/Gimbuka Program. This session comprised of an education session through theatre/drama performed by members of *Wikwiheba Munanira CBO supported by RSMP* and a Cooking demonstration by CBNS group supported by Gimbuka program and was conducted in Ruhango district, Kabagali sector, Remera Cell, Rwankuba Village. The messages provided were in consistent with 1000 days program to promote good dietary practices among pregnant and lactating mothers and children under 5 years of age.

A balanced meal was prepared and served to the children. Food served included beans, Irish potatoes, peanuts, vegetables, small fish, eggs and SOSOMA porridge. This partnership was of mutual benefit as Gimbuka benefited from RSMP’s BCC expertise whereas RSMP’s nutrition intervention was enriched by cooking demonstration.

Access Bank (WASH)

In this final quarter (October – Dec), SFH has planned to construct 25 toilets in 5 cells of Gikomero Sector/Gasabo and carry out BCC activities around WASH.

Capacity building and strengthened partnerships with Community-Based Organizations reaching targeted population in Rwanda

SFH has MOUs with CBOs to reach key populations and other target populations with health products and BCC interventions in the communities. During this reporting period, capacity building interventions and technical support was provided to CBOs through Trainings, meetings and supervision visits to ensure effective and efficient implementation of the activities.

Refresher Training to the Peer Educators on the IPC Techniques and Peer Education

Peer Educators were given refresher training on peer education and IPC techniques. Eighty-six (86) peer educators were trained out of whom, 77 were female and 9 were male.
Training on HIV Prevention, Treatment, Care and Support
RSMP provided refresher training to eighty-five (85) Peer Educators who supported provision of community support services in the twelve (12) HIV prevention districts. The training that was conducted by facilitators from different health centers included the following topics: basic information on HIV/AIDS, treatment adherence, nutrition and counseling.

Meetings- Monthly Meetings
In order to provide ongoing support feedback to Peer Educators, monthly meetings were organized with Peer Educators from FSWs, MSM, truckers and out of school youth. These meetings provided a good platform for sharing program successes, challenges, lesson learned and plans for upcoming period. Eight (8) monthly meetings were organized in each of the five regions, totaling to 80 meetings for this annual period.

Meeting- Advocacy Meeting
Advocacy meetings were organized to engage Government on key health issues and solicit for support. During this reporting period, an advocacy meeting on MCH and Nutrition was organized in the Huye District in the Southern Province. The meeting brought together, the Governor of the Southern province, mayor of Huye district, vice mayor social affairs, nutritionists from all Huye health centers, social affairs staff at sector level and the beneficiaries. This advocacy meeting ran alongside the open day that was organized under CHAIN framework. Malnutrition and FP were the very key issues discussed and partners were mobilised and requested to put more effort in these two interventions as the province leadership also pledged support.

Global Fund

ACHIEVEMENT OF BCC ACTIVITIES THROUGH CBOS
SFH Rwanda used its established countrywide network of Community Based Organizations (CBOs) to build sustainable and cost-effective HIV prevention strategies that facilitated to bridge the gaps which may be faced among communities. With supervision from SFH, CBOs conducted condom promotion special events and community dialogues on correct and consistent use of condom. The table below demonstrates the achievements from these activities.