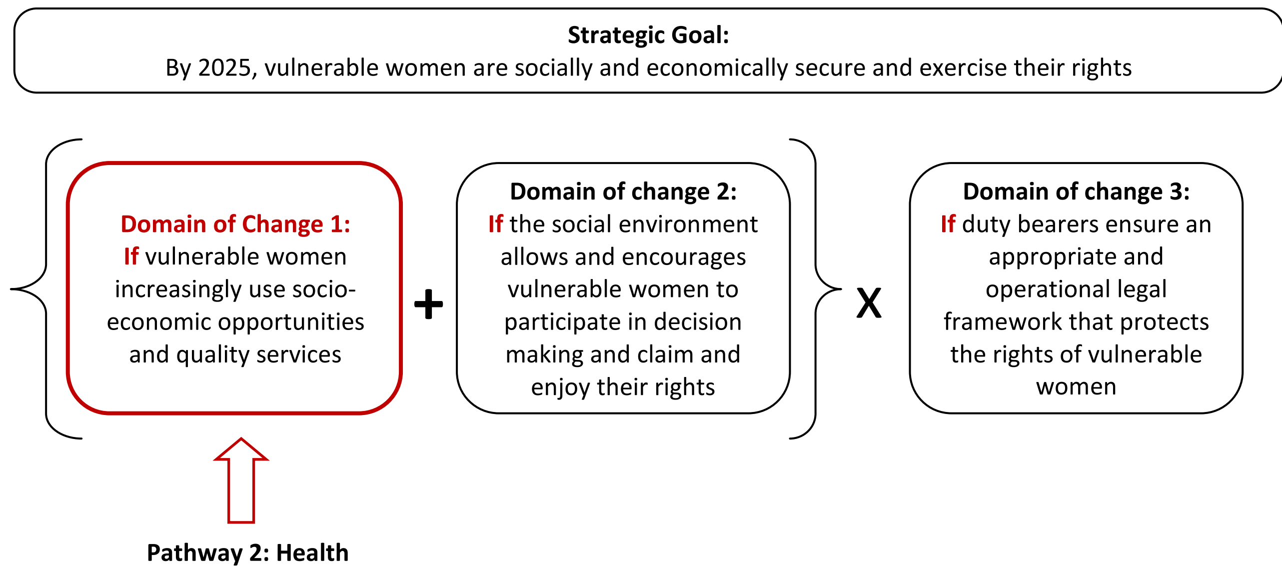
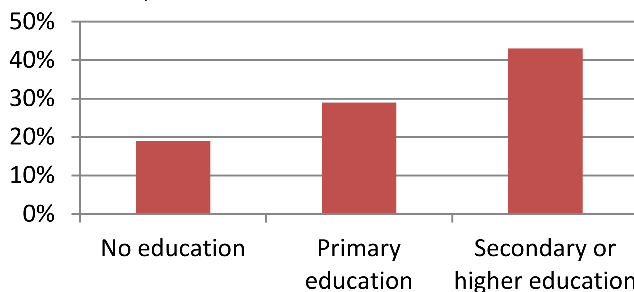
Pathway 2: Promote availability, accessibility and utilization of the health services that vulnerable women need. In this, we will focus specifically on services for sexual, reproductive and maternal health, family planning services and services for women who experienced GBV.

Pathway 2 contributes to domain of change 1 of CARE Rwanda´s VW program strategy:



VW & health in Rwanda

- Maternal mortality in Rwanda is 476 per 100,000 live births. This represents a 50% reduction since 2000, but is still high by global standards. About two thirds of Rwandan mothers deliver in a health facility and get assistance from skilled attendants (Source: DHS 2010).
- 52% of Rwandan women use some form of contraceptive method (Source: DHS 2010). Social and cultural norms inhibit use of family planning methods, and many women do not feel that they can talk about family planning with their husbands. Use of modern contraceptives increases with women's level of education (Source: Interim DHS 2007-8, MINISANTE):



- Although there is a lack of data in this area, anecdotal evidence suggests that maternal health outcomes are significantly poorer amongst women from the Historically Marginalized People (HMP) than in the general population.

Read the full situational analysis on VW in section A2 in 'Why the Vulnerable Women Program?'

Impact sub-groups

This pathway aims to have an impact on **all vulnerable women** of reproductive age.

Generally, all vulnerable women of reproductive age are at risk of not being able to make their own, well-informed decisions related to their sexual and reproductive health and family planning, and face the risk of GBV.

Read more about the impact group of CARE Rwanda's VW program in section B1 in 'Who the Program is for'.

Strategic partners

CARE Rwanda is committed to work in partnership. In this pathway, our strategic partners are:

- The **Ministry of Health**, being the main responsible ministry for policies related to this pathway.
- The **National Women's Council** (CNF), whose involvement is key to reach adolescents regarding SRH.
- **UNFPA**, who is an important partner when it comes to advocacy in relation to the health sector. They can also play a possible role in the scale-up of tested models by adding funds to ongoing initiatives.
- **Local authorities in charge of health** (such as directors of hospitals and health centers), who are responsible for health services at the decentralized level.
- **Rwandan Parliamentarians' Network on Population and Development** (RPRPD), who are very active in the domains of SRH and FP and are potentially strong advocates for these issues among high-level decision makers.

Apart from the strategic partners, many implementing partners contribute to this pathway. Please refer to our website for the descriptions of the projects under this pathway and get to know our implementing partners.

Policy context

CARE Rwanda's work on this pathway is informed by the Government of Rwanda's policy context. Of specific importance to this pathway are:

- The **National Community Health Policy** (MINISANTE, 2008) envisions the provision of holistic community health care services for all. The policy embraces the values of equity in services distribution and solidarity with the disadvantaged as they seek health care.
- The **Health Sector Strategic Plan III** (MINISANTE, 2009) operationalizes the EDPRS in the health sector. Of special interest is its sub-strategy on child and maternal health.
- The **National Strategic Plan on HIV/Aids** (MINISANTE, 2009) aims to make HIV prevention, treatment, care and support accessible for all Rwandans.
- The **Adolescent Sexual Reproductive Health and Rights Policy** (MINISANTE, 2012) includes four priorities, i.e. improving knowledge, skills and attitudes on ASRH&R, improve access to relevant products and services, increase community and political support for ASRH&R, and increase coordination and collaboration amongst key stakeholders who are active in the domain.
- The **National Policy Against Gender-Based Violence** (MIGEPROF, 2011) shows how the GoR is engaged in prevention, response and evidence building of GBV.
- The **Health Insurance Policy** (MINISANTE, 2010) allows all Rwandans in to be included in a community based health insurance scheme.
- The **National Family Planning Policy** (MINSANTE, 2006) aims at households not having more children than they can support, and at increased mother and child health.

Besides the above mentioned policies, a number of laws, policies and strategies are relevant to the OVC program as a whole. These are described in section A3 in 'Why the Vulnerable Women Program?'.

Our approach

In order to achieve change in the educational situation of VW, CARE Rwanda and its partners use a combination of well-tested models and innovative approaches, including the following:

Awareness raising on health topics

CARE Rwanda and its partners use different channels to raise awareness amongst vulnerable women on their rights in regard to sexual and reproductive health (SRH) and family planning (FP), as well as how to access the services they need. These channels include among others:

- Training of peer educators (often VSL members who share their knowledge with the other members of their VSL group);
- Training of community health workers, family planning service providers and religious leaders;
- Training of theatre groups that play sketches containing health messages;
- Media campaigns, for example around International Women's Day;

- Health messages during sport events or other occasions where many people come together.

This area of intervention is one to be scaled up with local partners.

Challenge social and gender norms

Certain health challenges, mainly those related to SRH and FP, are related to social and gender norms in society. CARE Rwanda's interventions address these through CARE's Social Analysis and Action toolkit, engagement of men, engagement of religious leaders, couple dialogue, etc. Apart from addressing norms, these activities include capacity building on relevant topics, such as the link between GBV and HIV/Aids. For more information on these approaches and models, please refer to pathways 5, 6 and 8 that specifically deal with women´s rights, engagement of men and GBV respectively.

Community Scorecard

The Community Scorecard (CSC) is an approach that facilitates dialogue between citizens and service providers. It allows citizens to monitor and give feedback on the quality of a certain service provided. Through the process, they are enabled to advocate with the service providers and local authorities to solve certain problems or prioritize specific areas of service delivery. At the same time, service providers have the opportunity to explain their decisions and challenges, and engage citizens in service provision. The CSC aims to improve citizen participation in decision making, transparency and accountability, while at the same time improving the quality of the service delivered to the citizens.

Within the context of this pathway, the CSC is used specifically to involve citizens, with a focus on vulnerable women, in dialogue around the quality of health services. The CSC has successfully been tested within the PPIMA project, but some further innovation is needed in order to make the process less time-consuming and as such more user-friendly before it is ready for scale-up. Where local authorities are positive towards the approach, advocacy activities aim at the inclusion of the CSC in their performance contracts. Read more about the CSC in section C2 in 'What the Program does'.

Advocacy

CARE's and partners' experiences in the field provide evidence around vulnerable women's health situation and their access to health services. This evidence is used as a basis for advocacy for appropriate, gender-sensitive laws and policies and their effective implementation. For more information on CARE Rwanda's advocacy approach, please refer to pathways 9 and 10 as well as section C5.

Community-based GBV prevention and response

In order to strengthen communities to prevent and respond to GBV, CARE Rwanda and its partners work with different structures including case managers, GBV activists and peer educators. Among their tasks are to advocate for appropriate services for women who experienced GBV as well as to provide assistance to women accessing these services. For more information, please refer to pathway 8, which complements this pathway by looking at GBV in a holistic way, including also non-health related issues.

Direct support to health centers and family planning posts

Although direct support to health centers and FP posts is not CARE Rwanda's first choice of intervention when it comes to health, it is sometimes seen as necessary. When demand for health services is increasing as a result of awareness raising, there is a need to ensure that local health services are in a position to actually deliver these services. Direct support is always given in close cooperation with the relevant government institutions, who at all times keep the ownership and responsibility of the quality of the health service. Direct support can for example include the reconstruction of physical structures or the training of GBV focal persons at health centers.

Health in emergency settings

CARE Rwanda commits to be prepared to respond to emergency situations if they appear. Women suffer disproportionally in emergencies. Our action in emergencies have a strong focus on SRH, FP and GBV prevention and response. Our response to an emergency situations are guided by our Emergency Preparedness Plan.

Indicators

The following indicators are used to measure impact at the level of this pathway:

- % of women reporting satisfaction with the availability and quality of SRH related services
- % women attending 4 ANC visits at a health facility
- % of births attended by skilled health personnel
- % of women making informed decisions/choices with regard to their SRHR

Some key achievements so far

- Through the Results Initiative, CARE Rwanda and its partners have managed to contribute to an increase in the use of modern family planning methods in Gatsibo District. In the entire district, use of modern FP methods have gone up from 18% in 2008 to 47% in 2012. The Results Initiative was implemented in 10 out of the 14 sectors in Gatsibo District.

- Certain health centers are, due to their religious nature, unable to provide family planning services to the entire community. In order to find a pragmatic way around this, CARE Rwanda supports in certain instances the setting up of a health post focusing on family planning to complement the services of the health center. The Results Initiative and ISARO projects have so far rehabilitated and equipped 9 health posts, each one covering a sector.

- The Great Lakes Advocacy Initiative aims at preventing GBV and supporting women affected by GBV. Between July 2011 and July 2012, 1,732 women affected by GBV have accessed health, justice and psychosocial services through the support of 154 case managers.

Current and recent projects

The following ongoing or recently closed projects contribute to this pathway:

- Policy Advocacy and Learning Initiative (PALI)
- Policy Engagement for Marginalized Inclusion (PEMI) Project
- Great Lakes Advocacy Initiative (GLAI)
- Results Initiative (RI)
- Umugore Arumvwa (Kinyarwanda for 'A woman should be listened to')
- Higa Ubeho (Kinyarwanda for 'Be determent and live')
- Public Policy Information Monitoring (PPIMA)
- Isaro (Kinyarwanda for 'pearl')
- Kuraneza (Kinyarwanda for 'good growth')

Learning agenda

CARE Rwanda is committed to learning, to continuously improve the relevance and quality of its work. In relation to this pathway, it poses itself the following question:

- How can we move from awareness raising and challenging norms around gender and family planning to actually changing behavior?