



EVIDENCE BRIEF

Rwanda National Rapid Assessment for Sexual Reproductive Health and HIV Linkages and Integration (2013)



Why is it important?

This assessment was conducted to evaluate sexual and reproductive health (SRH) and HIV bi-directional linkages at the policy, systems and service delivery levels. It sought to identify factors that facilitate or hinder integration of the two programmes, identify current critical gaps in policies and programmes including systems and human resources (quantity and quality), and recommend measures for strengthening linkages and integration of services of the two programmes at all levels, including monitoring and evaluation. The report is useful for those wishing to understand the current gaps and challenges for effective integration policy for the SRH and HIV linkages programme in Rwanda.

Methodology

Much of the data collected in the rapid assessment was qualitative, gathered through literature and desk reviews, key informant interviews with stakeholders, a sampling of health facilities, facility walk-throughs and observation, client exit interviews, and a policy review.

Key findings

This assessment identified some level of SRH and HIV integration at all levels of policy, systems, facility and community, but to varying degrees. It is noted that the intensity of integration decreased as one moved down through the four levels. While calls for SRH and HIV integration were strong at policy level, actual integration at facility and community levels was weak. With the practice of integration being established to some extent in Rwanda, most of the recommendations provided are around strengthening integration and making

it more formalized and standardized, especially at facility and community levels.

Conclusion

The assessment identified gaps and barriers that hinder integration at the different levels. Policy- and system-level gaps and barriers included weak SRH and HIV integration documentation and follow-up to ensure integrated response, poor policy communication and dissemination, and weak SRH and HIV responses for key populations. Facility-related barriers included a lack of comprehensive SRH and HIV integrated packages of services, infrastructural challenges, a lack of protocols and guidelines, a lack of staff capacity for integration, and poor in-facility referrals. Some facilities reported a lack of adequate supervision and commodities, such as condoms, as additional constraints to integration at facility level. Despite the reported gaps and barriers, there have been several successes, such as community-based initiatives and performance-based financing innovation. Furthermore, an ongoing review of key policies and strategic documents, and available experiences and lessons, will help present successful family planning and HIV integration as key opportunities for strengthening SRH and HIV integration.

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