



## Strengthening faith-based partnerships in family planning: Integrating the Standard Days Method® into Catholic health services in Rwanda

**Caritas Internationalis**, meaning “the love between nations,” is a global confederation of 165 Catholic organizations working in humanitarian emergencies and international development. The first Caritas in Rwanda was founded in response to the humanitarian crisis caused by the 1959 revolution and quickly expanded throughout the country. Today, Caritas Rwanda continues to run healthcare, education, food security and livelihoods programs all throughout the country. In particular, Caritas Rwanda provides nearly 40% of all healthcare services in the country.

**Action Familiale Rwanda** was set up in 1985 by the Rwandan Conference of Catholic Bishops. Its purpose is threefold:

- Information- and awareness-raising for the population on natural family planning methods,
- Training couples on natural method techniques, and
- Educating on family values.

The services provided by Action Familiale are available in dioceses throughout the country and are accessible not only to Catholics, but also to all couples who wish to use natural methods.

### Influence of Faith-based Organizations (FBO) in the health sector

Faith-based organizations (FBO) have a long history of promoting health and well-being, often with special emphasis on reaching the most marginalized. The World Health Organization estimates that around 40% of health services in Sub-Saharan Africa are delivered by FBOs;<sup>i</sup> this is consistent with the health landscape in Rwanda where the Catholic Church plays a major role in health service delivery. Deeply rooted in the communities they serve, FBOs reach large numbers of people with health information that resonate with local beliefs and culture and provide services through sustained networks of support.

In Rwanda, Catholicism is influential in the lives of many people. According to a 2009 Pew Forum survey that highlights the significance of faith and religion in Africa, 58% of Rwandans identified themselves as Catholic, one of the highest percentages among African countries.<sup>ii</sup> Religious beliefs often affect behaviors which, in turn, impact health, including age at marriage, family structure, gender roles and preventive health practices like strategies couples use to achieve their preferred family size. For example, nearly 14% of married women in Rwanda use a natural, non-hormonal method of family planning<sup>1</sup> according to the 2010 Demographic and Health Survey, second only to the injection which is used by 23%.<sup>iii</sup>

### A new family planning method improves collaboration

The Ministry of Health recognized that introducing the Standard Days Method® (SDM) in Rwanda could meet an existing demand for modern yet natural methods and also facilitate collaboration with Catholic health facilities for the first time to achieve Rwanda’s family planning goals. Before introduction of SDM in Rwanda, Catholic health services did not actively participate in the government’s family planning program. Hospitals, clinics and health posts run by Caritas provided similar services to Ministry of Health facilities in all capacities except family planning. Instead, Caritas facilities provided counseling only

<sup>1</sup> Non-hormonal family planning method refers to women who stated that they use one of the following methods: a traditional method, periodic abstinence or withdrawal.

on natural family planning methods traditionally approved by the Catholic Church like the Billings Ovulation method. Furthermore, the Ministry of Health did not collect family planning service statistics from Caritas facilities so their contribution to Rwanda’s family planning program had never before been documented.

It is within this context that the Ministry of Health, Catholic networks like Caritas and Action Familiale, and the Institute for Reproductive Health (IRH) at Georgetown University collaborated to introduce SDM nationwide in Rwanda—in faith-based and public facilities alike.

IRH was able to work with FBOs in ways that other family planning organizations could not. One reason for this was that SDM offered a unique opportunity for collaboration between the Ministry of Health and Catholic facilities because it is a natural family planning method consistent with Catholic religious beliefs, and is officially approved by the Ministry of Health. It is a scalable innovation that is simple to teach and use. It doesn’t involve hormones or devices other than the visual tool, CycleBeads®. It can be easily integrated into health services at any level and requires no more time to counsel than other modern family planning methods.

### My name is Agnès Icyizanye

and I’ve been working for Caritas Rwanda for seventeen years. I’m in charge of monitoring and evaluation activities within the health department. Ever since the Standard Days Method (SDM) was introduced three years ago in the package of natural family planning methods offered in our health-care facilities, we have been able to observe significant changes.



on the CycleBeads. With the other methods, only the wife is involved without any help from her husband.

The Health Department of Caritas Rwanda has put a lot of effort into ensuring that every facility has a provider on staff who is well trained on SDM. Promoting SDM has also had a positive impact in terms of recognition for Caritas in the area of family planning by both the state and other stakeholders. CycleBeads has greatly contributed to the involvement of men in family planning and to increasing the usage rate of natural family planning methods. The most significant change is that today, our facilities are no longer rated zero by the supervisors of healthcare districts, as was the case before.”

Before SDM was introduced, the government did not take into account the contribution of the Catholic Church in family planning, despite efforts provided through Catholic healthcare facilities. The data on natural family planning methods of our facilities were not included in the summary health information reports, as the report only included artificial methods. However, thanks to advocacy efforts initiated by the promoters of SDM, natural methods were added to the government reporting forms, which allowed us to show what we were doing. Furthermore, as SDM has a tool to make it easier for users, namely CycleBeads, we have seen a significant increase in the number of couples visiting our facilities for natural family planning services, and particularly an increase in male involvement.

With SDM, men also feel engaged in family planning. For example, husbands may help their wives to move the ring

## PERSPECTIVE FROM THE FIELD

### Building the capacity of FBOs in family planning

Over the course of SDM scale-up in Rwanda, IRH learned that the technical assistance provided to Caritas and Action Familiale had improved their capacity to provide family planning. According to feedback from FBO stakeholders in Rwanda, the following have been important achievements resulting from SDM scale-up efforts.

#### Improving Provider Training

One of the first steps to integrating SDM into Caritas and Action Familiale’s health services was training providers to offer this new method. IRH’s training methodology was different than any they had used before as it was designed around the principles of adult learning. IRH encouraged periodic refresher trainings for providers to ensure maximum retention of skills and information. IRH offered technical assistance in developing provider tools for SDM such as flipcharts, job aids, and reference manuals which Caritas and Action Familiale have replicated for other family planning methods. They have even adopted the principles from the training curricula for use in other in-service training.

#### Perspectives from the Field

“I would like to share the experience of our services ever since SDM was integrated in our program. For instance, training for educators was carried out in little time compared to the time we spent to train providers on self-observation methods. Also, educational tools used in teaching SDM inspired our program to design other improved educational tools. Finally, having a new method in addition to the range of existing natural methods provides our clients with greater choice.” (Action Familiale manager)

“We always did trainings together, both basic and in-service. We did the analysis of results and even field work together. We really had a climate of friendship that has prevailed.” (Action Familiale provider)

#### Harmonizing Family Planning Data Collection

A major accomplishment resulting from collaboration between IRH, Caritas, and Action Familiale has been the inclusion of their family planning service data in the national reporting system. Before the introduction of SDM, Catholic health facilities did not participate in the national family planning program. Any contribution they had been making by providing other natural family planning methods was not counted. IRH worked with Caritas and the Ministry of Health to revise service reporting forms to include SDM and other natural family planning methods. Subsequently, Caritas succeeded in achieving recognition by the Ministry of Health for their contribution to the national family planning program.

#### Perspectives from the Field

“People thought that the Church wasn’t doing anything—that we just talked about natural methods and didn’t have any results. We are proud of how we work, but we needed to sell our work, to get credible data to the Ministry of Health. At the time, the health information system had no category for natural methods. Through advocacy, with help from the FAM Project, we made that happen. We were able to show data for natural family planning.” (Caritas representative)

“This effort to integrate SDM into the logistics system has marked an outstanding point of collaboration between FBOs and the government, and IRH-Rwanda has contributed a lot. It was the same for Action Familiale, which from parishes has begun to send statistical data to surrounding health centers.” (Caritas provider)

#### Creating Awareness & Demand for Family Planning

Before SDM introduction, Caritas and Action Familiale had made limited efforts to generate demand for their family planning services. They simply relied on parishioners’ and clients’ preexisting knowledge of their services. Because SDM was a new family planning method in Rwanda, IRH helped Caritas and Action Familiale to develop action plans for sensitization activities in the community, thus increasing awareness of the services they offered. Caritas and Action Familiale now use new dissemination channels such as radio spots, posters and drama skits.

#### Perspectives from the Field

“Popularizing SDM through advertised dramas, shows, and broadcasts on the radio, etc. has helped the population to become better aware of the existence of natural methods.” (Action Familiale manager)

“Social mobilization around SDM in our area of influence helped to strengthen our cooperation with religious bodies. At first, they were unforthcoming about family planning services, but now they often help us to mobilize the community, whenever needed.” (Ministry of Health provider)



#### Reinforcing Supervision & Quality Assurance

Before SDM introduction, Caritas and Action Familiale did not have a supervision strategy for monitoring the quality of family planning service provision. With IRH’s help, they began scheduling regular supervision meetings among providers and using a checklist called the Knowledge Improvement Tool (KIT) to evaluate provider competence in offering SDM.

#### Perspectives from the Field

“Thanks to the inclusion of SDM, [one of] the most significant advantages to our program has been the educational benefits inspired by the SDM KIT.” (Action Familiale Manager)



## Impact on Rwanda's Family Planning Program

Before integrating SDM into Catholic health services, the national family planning program in Rwanda lacked the involvement of nearly 40% of service delivery points which are managed by the Catholic Church. Now, these facilities fully participate in the program by offering SDM and referring clients for other modern methods of family planning, thus generating demand and improving access considerably to women and couples across the country. Successful collaboration in Rwanda was also influenced by the political will of the Ministry of Health, which found the introduction of SDM to be an opportunity to work successfully with FBOs to achieve these goals. Through collaboration between IRH, FBOs and the Ministry of Health, more couples are being reached with improved reproductive health services in Rwanda. Likewise, Caritas and Action Familiale have expanded their mission to serve their communities, meeting not only spiritual needs but physical needs as well.

"Ever since SDM was included in the range of contraceptive methods in Rwanda, it has contributed not only to contraceptive prevalence, but has also served as a meeting point between the Ministry of Health and Catholic healthcare facilities, as well as an entry point for some couples to other health services provided by healthcare facilities." (Ministry of Health official)

"Before SDM was introduced, the number of couples coming to visit the natural family planning department in our healthcare center was limited, but with SDM we noticed an increase in the number of clients. Having CycleBeads to serve as a tool helps us to explain to our clients how to use this method, and couples who use it very quickly learn to do so on their own. If we look at the number of users for each method, SDM ranks first. After SDM was introduced in our natural family planning department, we noticed a change in the increase of clients using our services." (Caritas provider)

"IRH sought and found solutions, pursued collaboration and negotiation until [the Church] understood the basis of the method, and the program could continue as planned. The [FAM] Project management really knew how to manage the various elements, opportunities and challenges, to bring the program to scale." (NGO representative)

## PERSPECTIVES FROM THE FIELD

<sup>i</sup> "Building From Common Foundations: the World Health Organization and faith-based organizations in primary healthcare." World Health Organization. 2008. [http://www.ccih.org/bulletin/0608files/BuildingFromCommonFoundations\\_WHO\\_and\\_FBOs.pdf](http://www.ccih.org/bulletin/0608files/BuildingFromCommonFoundations_WHO_and_FBOs.pdf)

<sup>ii</sup> Pew Research Center Forum on Religious Life and Public Life. "Tolerance and Tension: Islam and Christianity in Sub-Saharan Africa." 2009. <http://pewforum.org/executive-summary-islam-and-christianity-in-sub-saharan-africa.aspx>

<sup>iii</sup> National Institute of Statistics of Rwanda (NISR) [Rwanda], Ministry of Health (MOH) [Rwanda], and ICF International. 2012. Rwanda Demographic and Health Survey 2010. Calverton, Maryland, USA: NISR, MOH, and ICF International.

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