



Réunion sur les soins après avortement et la planification familiale (SAA/PF) en Afrique occidentale francophone

Rwanda Road Map

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PAC's stakeholders: USAID (RFHP, JHPIEGO/MCHIP) UNFPA, UNICEF, WHO, VSI, ARBEF, RPRPD, RALGA, PMC, ORINFOR

Performance goal # I. Raise awareness to MoH regarding PAC recommendations

- <u>Gap:</u> MoH not able to participate in PAC workshop in Senegal
- <u>Suggestions to fill the gap</u>: Conduct a debrief meeting to MoH
- **<u>Responsible</u>**: Country Team in PAC meeting
- **<u>Timeline</u>**: Before the end of October 2013

Performance goal # II. Policy/Norms/Protocols

- <u>Gap:</u> Road Map, Standards, protocols and training manuals still in draft form
- <u>Suggestions to fill the gaps</u>: The MCH Technical Working Group to advocate for signature/endorsement by the Minister of health
- <u>**Responsible:</u>** The Director of MCH in MoH & the Country Team in PAC meeting</u>
- <u>Timeline:</u> From October-December 2013

Performance goal # III. Pre-service Training

- <u>Gap:</u> PAC is not included in the midwives curricula; medical doctors curriculum
- <u>Suggestions to fill the gaps</u>: Advocacy to integrate PAC in midwives and medical doctors curricula and to train students using anatomic model
- <u>Responsible</u>: Country Team in PAC meeting & the Director of MCH in MoH & Ministry of Education
- <u>Timeline:</u> From October-December 2013

Performance goal # IV. Supply of Quality PAC Comprehensive Services

• <u>Gaps:</u>

- ✓ PAC is only in 8/30 districts
- ✓ Counseling is weak: only 54% of PAC women leave with FP methods
- ✓ High turnover of trained staff

<u>Suggestions to fill the gaps</u>:

- \checkmark Develop a plan to scale up PAC gradually in all districts
- ✓ Train at least 2 health providers by HF
- ✓ Procurement of MVA kits and Misoprostol
- ✓ Supportive supervision
- \checkmark Reinforce the counseling and integration of PAC and FP
- ✓ On the job training approach
- ✓ Advocate for motivation of Health Providers (Include PAC in PBF indicators)
- **<u>Responsible:</u>** MoH, UNFPA, USAID, RFHP, VSI
- <u>Timeline:</u> 2013-2015

Performance goal # V. Demand/Community mobilization

• <u>Gaps:</u>

✓ Not all people are aware of PAC services

• <u>Suggestions to fill the gaps</u>:

- ✓ Organize meetings with various groups including young people
- ✓ Disseminate BCC materials using various channels (radio &TV/talk show, spots, news paper, community work/umuganda, brochures, leaflet)
- \checkmark Orient CHWs on PAC and involve them in sensitization and referral
- ✓ Male involvement, key population
- <u>Responsible</u>: MoH, UNFPA, USAID, VSI, RFHP, RALGA, RPRPD, ORINFOR, PMC
- <u>Timeline</u>: Continuous

Performance goal # VI. Reproductive Health Commodity Security

- <u>Gaps</u>: NA
- <u>Suggestions</u>:
- ✓ Maintain the momentum to prevent stock-out
- ✓ Refresher training for pharmacy managers
- ✓ Increase the Government pledge
- <u>Responsible</u>: MoH, UNFPA, USAID, VSI, JSI/DELIVER, Global Fund, DFID
- <u>Timeline</u>: Continuous

Performance goal # VII. Researches and good practices sharing, southsouth cooperation

• <u>Gaps</u>:

- Limited operational and qualitative researches on unmet needs
- ✓ Limited documentation and sharing of good practices
- <u>Suggestions to fill the gaps</u>:
- ✓ Perfom researches
- ✓ Document and share best practices
- ✓ Organize study tours
- <u>Responsible</u>: MoH, UNFPA, USAID, VSI, JSI/DELIVER, Global Fund, DFID