



Program Brief

Mobile for Reproductive Health Project: Rwanda

The Rwanda Ministry of Health (MOH), with technical assistance from FHI 360's Program Research for Strengthening Services (PROGRESS) project, is adapting the Mobile for Reproductive Health (m4RH) program for young people in Rwanda in an effort to improve young people's access to sexual and reproductive health information. In 2010, m4RH was launched as a pilot project in Kenya and Tanzania. In the pilot, adolescents and young adults up to age 29 were the most frequent users of m4RH among those reporting their age. Among participants in this younger age group, the method most frequently queried was condoms. Also, condom use was the most frequently cited contraceptive behavior change among this group in response to a text message-based survey. Younger users were also interested in a variety of short- and long-term methods.

In 2012, policymakers in Rwanda began discussing the use of this innovative approach to communicate family planning information. The process of adapting m4RH for young people in Rwanda will generate lessons and contribute to the global mHealth knowledge base. Once finalized, these messages can be shared with other youth-focused mobile phone programs, and the program will serve as a model for other interested countries. The U.S. Agency for International Development (USAID) funded the pilot project and the expanded efforts in Rwanda.

Policy Priorities for Young People in Rwanda

Improving young people's access to sexual and reproductive health

knowledge and services is an important goal for policymakers in Rwanda, where 68% of the population is under 25 years old. Recently, a rapid assessment on adolescents ages 15 to 24 revealed inadequate sexual and reproductive health knowledge and lack of access to contraceptive services. To address this, the Rwanda MOH released a national strategy on Adolescent Sexual and Reproductive Health and Rights. The strategy prioritizes access to information related to the male and female reproductive systems, sexuality and the stages of sexual development, family planning, sexually transmitted infections, sex, gender, prevention of gender-based violence, risky behavior of adolescents, alcohol and substance abuse, and post-abortion care.

In mid-2012, the Rwanda MOH established the m4RH Technical Working Group (TWG) to lead a year-long process to adapt m4RH and plan for implementation. This working group, led by the MOH, consists of members from the MOH-led Adolescent Sexual and Reproductive Health and Rights, Family Planning, and the e-Health TWGs. Together with FHI 360, the m4RH TWG expanded the m4RH information from the Kenya and Tanzania pilot programs to include more sexual and reproductive health content. They used local and global youth sexual and reproductive health curricula and tools to design information that would be suitable for young people ages 10 to 24. This adapted version included information on five topics: puberty, sex and pregnancy, pregnancy prevention (information about contraceptives), HIV, and sexually

What Is m4RH?

The Mobile for Reproductive Health (m4RH) program is an automated, interactive, and on-demand system using short message service (SMS) or "text messaging." The m4RH system provides basic information about the full range of short-acting and long-acting contraceptive methods and addresses common misconceptions. The text messages present information in a concise format consisting of three to four screens per method. Messages were developed using best practices for health communication programs, global guidance from the World Health Organization, country-specific national family planning guidelines, and assistance from local agencies.



Two young people in a mobile phone shop in Rwanda. Mobile phones are a popular mode of communication among Rwandan young people.

transmitted infections. Next, the m4RH TWG led the process of translating the messages into the local language, Kinyarwanda, and took responsibility for revising messages after each phase of testing.

The Rwanda team also engaged a local technology partner, Pivot Access Ltd., to build the m4RH technical system for the Rwanda adaptation. The team decided to use an interface known as unstructured supplementary services data (USSD), a global system for mobile devices that allows high-speed interactive communication between the subscribers and applications. There is minimal delay between sending the query and receiving the response. Unlike SMS, USSD is a session-oriented service. The users of m4RH in Rwanda will enter the system through the USSD interface and then choose the desired health content that is sent via SMS to the young person. The use of USSD will allow exploration of new platforms beyond those developed for the Kenya and Tanzania pilots.

The translated text message content was initially tested through focus

group discussions with young people ages 15 to 24, along with parents and guardians. (Younger youth were not included due to research ethical restrictions.) Feedback from the focus group discussions was incorporated into revised messages. In addition, actual usability testing with telephones is scheduled, using the actual codes on the phone, via in-depth interviews. Results from focus group discussions with young people will help to inform both how m4RH should be promoted in Rwanda and what type of information is most useful. Later, the platform will also incorporate stories that model positive sexual and reproductive health behaviors among young people and a database of facilities offering youth-friendly services.

At the end of this effort, a tailored ready-to-launch version of m4RH for young people and accompanying recommendations and estimated costs for program launch will be available. Once the m4RH program is developed, the Rwanda MOH will lead the implementation process in collaboration with key adolescent sexual and reproductive health partners, which have already been identified. These partnerships, which were established at the onset of the program, are essential to ensure that m4RH will be promoted and available to all young people across Rwanda.

This work is made possible by the generous support of the American people through the U.S. Agency for International Development (USAID). The contents are the responsibility of FHI 360 and do not necessarily reflect the views of USAID or the United States Government. Financial assistance was provided by USAID under the terms of Cooperative Agreement GPO-A-00-08-00001-00, the Program Research for Strengthening Services (PROGRESS) project. FHI 360 thanks the Rwanda Ministry of Health for the opportunity to work together on this project.

© March 2013 by FHI 360

FHI 360 HEADQUARTERS
P.O. BOX 13950
RESEARCH TRIANGLE PARK, NC 27709 USA
TEL 1.919.544.7040 FAX 1.919.544.7261
WEB WWW.FHI360.ORG

FHI 360 RWANDA
B.P. 3149
KIGALI, RWANDA
TEL +250.788.306.1733