



UNIVERSITY *of*
RWANDA

**IMPACT OF TRAINING ON UPTAKE OF FAMILY PLANNING METHODS IN
FOUR HOSPITALS IN RWANDA**

Principal Investigator: Dr Samson Habimana

Registration number: 10103098

Supervisors: Prof. Stephen Rulisa

Co-supervisors: Dr Diomedes Ntsumbumuyange,

Dr Kenneth Ruzindana

**DISSERTATION SUBMITTED FOR PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE AWARD OF DEGREE OF MASTER OF MEDICINE IN
OBSTETRICS AND GYNECOLOGY OF THE COLLEGE OF MEDICINE AND
HEALTH SCIENCES (CMHS), UNIVERSITY OF RWANDA.**

August, 2021

DECLARATION


I Samson HABIMANA declare that this dissertation is the result of my own work and has not been submitted for any other degree at the University of Rwanda or any other institution.

Printed Name.....Samson HABIMANA.....

Signature.......... Date.....30/11/2021.....

This dissertation has been submitted with our approval as supervisors

Name: Prof. Stephen Rulisa

Signature.......... Date.....30/11/2021.....

DEDICATION

I dedicated this study firstly to the Immense God, my family for they have indefinitely supported and encouraged me.

ACKNOWLEDGEMENT

This work couldn't have been completed without imperative guidance of my supervisors. I greatly thank them for their tireless efforts during the whole process of realization of this dissertation.

I thank also the University of Rwanda and the College of Medicine and Health Sciences for having contributed enormously to the knowledge I got during my residency program. I thank also University Lecturers who have been always close to us and helping us during our residency program. I thank Rwamagana, Muhima, CHUB and CHUK hospitals' administrations for having allowed me to conduct this research within their settings..

I thank also my data collector who has sacrificed her time for this study.

ABSTRACT

Background

Availability of health care providers trained in family planning delivery increase uptake of family planning methods and this increased uptake is needed to address the problem of unmet needs for family planning. Unmet needs for family planning in Rwanda are currently estimated at 14%. Center for Reproductive Health Training at the University of Michigan (UM-CIRHT) together with University of Rwanda has conducted a training (in multiple sessions) of health care providers in four hospitals in Rwanda hosting obstetrics and gynecology residents ,medical , nurse and midwives students. This study was aimed to assess the impact of training on family planning uptake in family planning services in four hospitals which have benefited from the very training.

Methods

We have conducted a cross-sectional study in four hospitals namely, data were collected from family planning clinics. Data about uptake of family planning methods before and after training have been collected, paired t-test has been used to determine the difference in uptake of family planning before and after training and p value <0.05 has been considered as statistically significant.

Results

There has been an increase in uptake of family planning methods after training and this increase is statistically significant at one study site (Rwamagana Hospital) with p value of 0.01. In addition, there has been a statistically significant decrease in uptake of IUD after training at Muhima hospital, $p=0.016$. The decrease in IUD uptake after the training was not statistically significant at Rwamagana and CHUB (p values were respectively 0.264 and 0.15). One hospital (CHUK) has no recorded data before training. After training, there has been an increase in uptake of implants (implanon and jadelle) in all three hospitals with p values of 0.158;0.013 and 0.85 for Muhima, Rwamagana and CHUB respectively. This change from IUD to implants might have resulted from provider competences and from change of client's preferences after counseling and discussion of different methods with the health care provider.

Conclusion

After training of providers on family planning, there is an increase in family planning uptake and a selective shift to some specific methods according to their competences. Intervention to improve family planning uptake should include capacity building of health care providers.

Key words: impact, training, uptake, family planning methods

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LIST OF ACRONYMS AND ABBREVIATIONS

CHUB	Centre Hospitalier Universitaire de Butare (University Teaching Hospital of Butare in English)
CHUK	Centre Hospitalier Universitaire de Kigali (University Teaching Hospital of Kigali in English)
CIRHT-UM	Center for international Reproductive Health Training at the University of Michigan
DHS	Demographic and Health Survey
IRB	Institutional Review Board
IUD	Intrauterine Devices
WHO	World Health Organization
COCP	Combined Oral Contraceptive Pill

OPERATIONAL DEFINITION OF KEY TERMS

Contraceptive methods: any device or act used to prevent a woman from becoming pregnant
These include devices, sexual practices, chemicals, surgical procedures or drugs.

Long acting contraceptive methods: means of birth control for extended period without user action.

Family planning: The aptitude of individual or couples to get ahead and achieve desired number of children and the spacing and timing births.

CHAPTER ONE: INTRODUCTION

1.1. Background

Availability of providers trained on family planning has been found to increase uptake of family planning methods. The training of providers increases the uptake in family planning methods¹ and this increase is needed to address the problem of unmet need for family planning. Unmet need is defined as fecund women not using contraceptives but wishing birth spacing or birth limiting. This definition includes pregnant women with unwanted pregnancy, those at risk of getting pregnancy (not using contraceptives) as well as postpartum women who are amenorrhoeic for up to two years after unwanted birth and not using contraception². The Reports from the World Health Organization (WHO) showed that 225 million women in developing countries wish to limit childbearing but they are unable to do it because of unmet needs in family planning among other reasons². In Rwanda by the time of the Demographic and Health Survey (DHS) 2014-2015, 19% of married women had unmet need of family planning, 8% (unmet need for limiting) and 11% (unmet need for birth spacing) then 17% by 2019³. It is currently estimated at 14%².

Low family planning uptake has been observed in sub-Saharan Africa and unmet need for family planning in sub-Saharan Africa is higher than other regions of the world⁴.

In many developing countries, trainings (preservice) in family planning have been didactic and with less or limited practical (hands-on) trainings and medical as well as other health care providers used to graduate without adequate competencies to provide these reproductive services⁵. There is evidence that improved teaching curriculum improves skills and knowledge of interns on family planning⁴. In clinics where providers have received trainings designed and aimed to increase their ability to offer family planning methods, women are more likely to initiate Long acting contraceptive methods (LARC)⁶. By teaching health care providers about family planning, their poor knowledge which was considered as a barrier to uptake of family planning , after the intervention ,improved knowledge brings about higher uptake of family planning methods⁷. Practically, this increased uptake of family planning methods occurs either by providing methods by trained staff directly or indirectly through counselling, orienting, referring or even connecting clients to family planning services where they can get access to family planning methods^{8,9}. Availability of trainings by professional organizations and support for family planning training have contributed to access to family planning methods¹⁰.

Within this regard, the Center for International Reproductive Health Training at the University of Michigan (CIRHT-UM) implemented similar program in Rwanda. CIRHT-UM is a center housed within Obstetrics and Gynecology department at University of Michigan which became an independent unit by July 2017 with three functions: education, clinical service and research. CIRHT-UM has started its program implementation in Ethiopia, then later in Rwanda (by partnership with University of Rwanda) to be extended in African, Asian as well as Latin American countries⁵. CIRHT-UM has developed a training in contraception to be incorporated within the curricula of medical, midwifery as well as nursing students as well as obstetrics and gynecology residents in order to have adequate skills after graduation.

Primary focus of CIRHT-UM was training, but also supporting institution to get standard reproductive health clinics (both by providing high quality care and creating a platform for practical training of midwifery, nursing, medical students and obstetrics and Gynecology residents). Trainings by CIRHT-UM worked with institutions hiring local and international trainers with aim of faculty development. Trainings used to be organized as workshops and mentorships⁵.

1.2. Problem statement

Training of health care providers on family planning improves quality of service delivery including uptake of family planning methods⁴. Meanwhile, there is paucity of data worldwide and no available data in Rwanda on impact of training on uptake of family planning methods in family planning units with trained providers and trainees.

This study was conducted to ascertain the impact of CIRHT-UM training program in Rwanda on uptake of family planning at intervention sites (four hospitals).

1.3. Research hypothesis

There is a difference between uptake of family planning methods before and after training of health care providers.

1.4. Objectives of the study

1.4.1. General objective

The general objective of this study was to assess the impact of training on family planning uptake in family planning services in selected four hospitals.

1.4.2. Specific objectives

The specific objectives of the study were:

- (i) To determine the uptake of family planning methods in different hospitals with trained staff three months before training at Rwamagana, Muhima, CHUB and CHUK hospitals;
- (ii) To determine the uptake of family planning methods in different hospitals with trained staff for three months one year after training at Rwamagana, Muhima, CHUB and CHUK hospitals;
- (iii) To compare the uptake of each family planning method before and after training in all hospitals with trained staff at Rwamagana, Muhima, CHUB and CHUK hospitals.

1.5. Study questions

- (i) What is the level of family planning methods uptake before training in each of the four hospitals?
What is the uptake of family planning methods before training in each of the four hospitals?
- (ii) What is the uptake of family planning methods before training in each of the four hospitals?
- (iii) Are uptakes of family planning before training each hospital different from uptakes in family planning after training?

CHAPTER TWO: MATERIALS AND METHODS

2.1. Research design

The present study was a cross-sectional study with quantitative methods to assess impact of training of doctors, midwives, residents and students on uptake of family planning in hospitals.

2.2. Study settings

This study was conducted in four public hospitals in Rwanda namely CHUK, CHUB, Muhima and Rwamagana. These are hospitals whose some staff (doctors, nurses and midwives) and rotating residents benefited from preservice training on family planning from February 2018 till February 2020.

2.3. Study population

Study population consisted of trained health care providers (doctors, nurses and midwives) delivering family planning services in the four selected hospitals (CHUK, CHUB, Muhima and Rwamagana hospitals).

2.4. Sample size and sampling technique

All departments providing family planning methods in the selected hospital were included in the study and four services in total were visited.

Inclusion and exclusion criteria

All four hospital family planning services were included in the study. None single family planning unit was excluded from the study.

2.5. Data collection

A checklist has been used for data collection. This included percentage of uptake of family planning methods (uptake of one family method divided by total uptakes of all family planning methods during one-month period) during three months period (November, December 2017 and January 2018) before training as well as percentage of uptake of family planning methods during three months period (March, April and May 2021 three months assessed one year after the end of training sessions). Data were collected from family planning services of respective hospitals. Data were entered and cleaned with Microsoft Excel and later imported into SPSS version 25 for analysis.

2.6. Data analysis

Data analysis was completed with IBM SPSS version 25. Descriptive analysis reported variable in mean of uptake of family planning (during three months period). Paired t-test was used to compare difference in uptake of family planning methods before and after training at each family planning unit and a p-value less than 0.05 was considered as statistically significant.

2.7. Ethical considerations

The study received ethical approval from Institutional Review Board (IRB) of University of Rwanda. The study got also the approval form ethical committees of CHUK, CHUB, Muhima as well as Rwamagana hospitals. Aggregated data were collected without personal identifier either of health care provider or for clients in respective family planning services.

CHAPTER THREE: RESEARCH FINDINGS

2.1. Average Uptake in family panning methods (during three months period) before and after training

Table 1. Average Uptake in family panning methods (during three months period) before and after training

Contrastive method	Muhima Hospital				Rwamagana Hospital				CHUB				CHUK			
	Mean Uptake (during 3 months) before training	Mean Uptake (during 3 months) after training	t	p value	Mean Uptake (during 3 months) before training	Mean Uptake (during 3 months) after training	t	p value	Mean Uptake (during 3 months) before training	Mean Uptake (during 3 months) after training	t	p value	Mean Uptake (during 3 months) before training	Mean Uptake (during 3 months) after training	t- test	p value
All methods	54	39	1.15	0.3	103	124	-0.948	0.01	36	95	-1.467	0.28	-	49	-	-

There has been an increase in uptake of family planning methods after training and Rwamagana and CHUB. This increase was statistically significant at one study site (Rwamagana Hospital) with $p=0.01$.

2.2. The uptake of family planning methods in different hospitals with trained staff three months before training and uptake for three months one year after training.

Table 2. The uptake of family planning methods in different hospitals with trained staff three months before training and uptake for three months one year after training.

Contraceptive method	Muhima Hospital		Rwamagana Hospital		CHUB		CHUK	
	Uptake before training	Uptake after training	Uptake before training	Uptake after training	Uptake before training	Uptake after training	Uptake before training	Uptake after training
OCPs	2	3	127	3	7	43	-	5
IUD	110	14	7	14	56	88	-	88
Injectables	0	0	37	0	7	14	-	0
Barriers	0	0	3	0	7	19	-	1
Auto-observation & cyclobeads	0	0	0	0	0	2	-	0
Implanon & jadelle	39	72	126	72	23	78	-	23
Tubal ligation	10	26	9	26	9	41	-	30
Vasectomy	0	0	0	0	0	0	-	0

Implants have been more frequently preferred and vasectomy was the least preferred family planning method.

2.3. Comparison of uptake of each family planning method before and after training in all hospitals with trained staff.

Table 3. Comparison of uptake of each family planning method before and after training in all hospitals with trained staff.

Contraceptive method	Muhima Hospital				Rwamagana Hospital				CHUB				CHUK			
	Uptake percentage before training	Uptake percentage after training	t	p value	Uptake percentage before training	Uptake percentage after training	t	p value	Uptake percentage before training	Uptake percentage after training	t	p value	Uptake percentage before training	Uptake percentage after training	t	p value
OCPs	1.3	3.3	-1.962	0.189	39.6	26.2	3.115	0.089	6	14.9	-5.008	0.038	-	4.9	-	-
IUD	60.9	8.8	7.895	0.016	2.4	0.8	1.537	0.264	49.2	31.2	2.281	0.15	-	56.1	-	-
Injectables	0	0	-	-	9.9	0.8	1.634	0.244	6	4.8	1.129	0.376	-	0	-	-
Barriers	0	0	-	-	0.733	11.2	-7.763	0.016	6.2	6.7	-0.117	0.918	-	0.8	-	-

Auto- observation & cyclobeads	0	0	-	-	0.4	0	1	0.4 23	0	0.6	-	0.1 1.9 88 71	-	0	-	-
Implanon&j adelle	23.6	59.4	- 2.2 05	0.1 58	41.3	59	0	0.0 13	25.5	27.3	-	0.8 214 5	-	17.9	-	-
Tubal ligation	6.2	24.5	- 2.3 51	0.1 43	2.9	1.1	2.0 66	0.1 75	3	14.1	-	0.8 672 5 6	-	20	-	-
Vasectomy	0	0	-	-	0	0.66	-1	0.4 23	0	0	-	-	-	0	-	-

The table 3 shows that there has been a decrease in uptake percentage of IUD after training in all three hospitals with a stastically significant decrease at Muhima hospital (p values were respectively 0.016; 0.264 and 0.15 for Muhima, Rwamagana and CHUB). One hospital (CHUK) has no recorded data before training.

After training, there has been an increase in uptake percentage of implants (implanon and jadelle) in all three hospitals with a statistically significant increase at Rwamagana hospital (p values of 0.158; 0.013 and 0.85 for Muhima, Rwamagana and CHUB respectively). No data were recorded before training at CHUK.

CHAPTER FOUR: DISCUSSION

The study hypothesis was that the training on family planning has an impact of increasing uptake of family planning methods. After training, we have found an increase in uptake of family planning in general (except at one hospital) and an increase in uptake of implants (implanon and jadelle) in three hospitals (even though the difference in pre and post training uptakes is not statistically significant) and a decrease in uptake of IUDs (the difference is statistically significant).

Service delivery was among objectives of the training. One of achievements of the training has been successful hand-on sessions for providers (residents, doctors, midwives and nurses) in four target hospitals with direct supervision by trainers. As a result, the trainees after returning to their respective hospitals, they have shared their skills both with their colleagues and with students in internship (this is a good sign of impact of the training and sustainability of this model), they have induced demand creation by counseling more women consulting their respective hospitals to uptake family planning methods and this has led to an increase in uptake of some contraceptive methods.

Previous studies in different countries have assessed the impact of training of health care providers on uptake of different family planning methods (a component assessed also in our study). Findings from this study show that there has been an increase in uptake of long acting reversible contraceptive methods and this is in line with a similar study in similar settings namely Nigeria, Ghana, Burkina Faso, Ethiopia and Cote d'Ivoire where training intervention has been associated with increase in uptake of family planning in general¹¹ and in Senegal as well as some health facilities in Rwanda where training on clinical skills about contraceptive methods in general (including LARCs) has led to more women adopting LARCs among other family planning methods^{1,11-13}

Limitations of the study

Between the pre and post training periods of data collection there may be some confounding factors including coronavirus (covid-19) pandemic which has led to lack of transport means poor access to health facilities (during lockdown months) for some clients consulting family planning clinics and this may lead to underestimation of the impact of the training on uptake

(by lowering percentages in uptake of family planning methods after training).

Impact assessment of training on uptake of family planning methods at University Teaching Hospital of Kigali was not done . There were no records on family planning methods before the training. The purpose was to establish a family planning service at this hospital and it has been achieved . We have assessed impact on three remaining hospitals (CHUB, Muhima and Rwamagana Hospitals).

Conclusion

After training of providers on family planning, there is an increase in family planning methods uptake in general. This was coupled with change in client's method preference probably as result of competence of health care provider to offer various methods to the client (where among LARC for instance they are more comfortable with implants and clients conversant with implants rather than IUD, "a device in uterus", invisible place with potentially many side effects . Further research should be conducted on impact of training on knowledge of providers as well as on their confidence on providing different family planning methods.

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Appendices

Data collection checklist

1. Name of Hospital A.CHUK B. CHUB C. Muhima D. Rwamagana

2. Uptake of family planning method in percentage (before training)

A.Oral contraceptives(progestative)

B.Oral contraceptive(combined)

C. Injectables(Depo provera)

D.Injectables (Norristerat)

E.Implant(implanon)

F.Implant(jadelle)

G.IUD(intrauterine device)

H.Male condom

I.Female condom

J.Cycle beads

K.Lactational amenorrhea

L.Auto-observation

M.Tubal

ligation

N.Vasectomy

3. Uptake of family planning method in percentage (after training) A.Oral contraceptives(progestative)

B.Oral contraceptive(combined)

C. Injectables(Depo provera) D.Injectables

(Norristerat) E.Implant(

implanon)

F.Implant(jadelle)

G .IUD (intrauterine device)

H. Male condom

I. Female condom

J.Cycle beads

K.Lactational amenorrhea

L. Auto-observation

M. Tubal

ligation

N.Vasectomy

Ethical approval

Research approval of Rwamagana provincial hospital

<p>REPUBLIC OF RWANDA</p>  <p>MINISTRY OF HEALTH</p>	<p>RWAMAGANA PROVINCIAL HOSPITAL NR3, KIGALI-KAYONZA RD RWAMAGANA DISTRICT EASTERN PROVINCE PO BOX 06 RWAMAGANA Tel: 0252567783 E-mail: rwamagana.hospital@moh.gov.rw</p>	<p>Integrity Patient Centered Care Quality and safety Excellence</p> <p><u>Quality and Rapid services</u></p>
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Rwamagana, 30.06.2021
N° 1461.2457 Hop/Rgna/2021

To : Dr Samson Habimana
C/O :UR College of medicine and Pharmacy
Ob&Gyn department

RE: Your request for approval of research Project.

Dear Sir

Reference is made on your letter of 12 April 2021, requesting access to Rwamagana Provincial hospital data for research entitled "*Impact of Training on Uptake of Family Planning Methods in four Hospital in Rwanda*", based on Ethics requirements and Research committee recommendations, you are glad to inform you that the permission to assess to hospital data for research, is given to you. Therefore, you are requested to provide to Rwamagana Provincial Hospital a copy of your research findings at the end of your work.

Best regards.


Dr Utumatwishima Jean Nepo Abdallah
Director General of Rwamagana Provincial Hospital



CHUK's Ethical approval



CENTRE HOSPITALIER UNIVERSITAIRE
UNIVERSITY TEACHING HOSPITAL

Ethics Committee / Comité d'éthique

10th Jun,2021

Ref.:EC/CHUK/069/2021

Review Approval Notice

Dear Samson HABIMANA,

Your research project: ***"IMPACT OF TRAINING ON UPTAKE OF FAMILY PLANNING METHODS IN FOUR HOSPITALS IN RWANDA "***

During the meeting of the Ethics Committee of University Teaching Hospital of Kigali (CHUK) that was held on 10th Jun,2021 to evaluate your request for ethical approval of the above mentioned research project, we are pleased to inform you that the Ethics Committee/CHUK has approved your research project.

You are required to present the results of your study to CHUK Ethics Committee before publication by using this link:www.chuk.rw/research/fullreport/?appid=343&&chuk

PS: Please note that the present approval is valid for 12 months.

Yours sincerely,

Dr Emmanuel Rusingiza Kamanzi
The Chairperson, Ethics Committee,
University Teaching Hospital of Kigali



Scan code to verify.

" University teaching hospital of Kigali Ethics committee operates according to standard operating procedures (Sops) which are updated on an annual basis and in compliance with GCP and Ethics guidelines and regulations "

Web Site : www.chuk.rw ; B.P. 055 Kigali- RWANDA Tél.: 00 (250) 252575462. E-Mail: chuk.hospital@chuk.rw

University of Rwanda's ethical approval



UNIVERSITY of
RWANDA

COLLEGE OF MEDICINE AND HEALTH SCIENCES
DIRECTORATE OF RESEARCH & INNOVATION

CMHS INSTITUTIONAL REVIEW BOARD (IRB)

Kigali, 1st /March /2021

Dr HABIMANA Samson
School of Medicine and Pharmacy, CMHS, UR

Approval Notice: No 060/CMHS IRB/2021

Your Project Title "*Impact of Training on Uptake of Family Planning Methods in Four Hospitals in Rwanda*" has been evaluated by CMHS Institutional Review Board.

Name of Members	Institute	Involved in the decision		
		Yes	No (Reason)	
			Absent	Withdrawn from the proceeding
Prof. Kato J. Njunwa	UR-CMHS	X		
Dr Stefan Jansen	UR-CMHS	X		
Dr Brenda Asimwe-Kateera	UR-CMHS	X		
Prof Ntaganira Joseph	UR-CMHS	X		
Dr Tumusiime K. David	UR-CMHS	X		
Dr Kayonga N. Egide	UR-CMHS	X		
Mr Kanyoni Maurice	UR-CMHS		X	
Prof Munyanshongore Cyprien	UR-CMHS	X		
Mrs Ruzindana Landrine	Kicukiro district		X	
Dr Gishoma Darius	UR-CMHS	X		
Dr Donatilla Mukamana	UR-CMHS	X		
Prof Kyamanywa Patrick	UR-CMHS		X	
Prof Condo Umutesi Jeannine	UR-CMHS		X	
Dr Nyirazinyoye Laetitia	UR-CMHS	X		
Dr Nkeramihigo Emmanuel	UR-CMHS		X	
Sr Maliboli Marie Josee	CHUK	X		
Dr Mudenge Charles	Centre Psycho-Social	X		

After reviewing your protocol during the IRB meeting of where quorum was met and revisions made on the advice of the CMHS IRB submitted on 31st January 2021, **Approval has been granted to your study.**

Please note that approval of the protocol and consent form is valid for **12 months**.



Email: researchcenter@ur.ac.rw

P.O Box 3286 Kigali, Rwanda

www.ur.ac.rw

CHUB's ethical approval



**CENTRE HOSPITALIER UNIVERSITAIRE
UNIVERSITY TEACHING HOSPITAL**

**CENTRE HOSPITALIER UNIVERSITAIRE
DE BUTARE (CHUB)
OFFICE OF DIRECTOR GENERAL**

Huye, ... 21/05/2021

N° Ref: CHUB/DG/SA/05/.../2021
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HABIMANA Samson
University of Rwanda
College of Medicine and Health Sciences
School of Medicine and Surgery
Phone: +250 788960069
Email: habimanasamu115@gmail.com

Dear Habimana,

Re: Your request for data collection

Reference made to your letter requesting for permission to collect the data within University Teaching Hospital of Butare for your research project entitled *"Impact of Training on uptake of Family Planning methods in four Hospitals in Rwanda"*, based to the approvals No 060/CMHS IRB/2021 from Institution Review Board of University of Rwanda and No: REC/UTHB/027/2021 from our Research-Ethics Committee, we are pleased to inform you that you are accepted to collect data within University Teaching Hospital of Butare. Please note that your final document will be submitted in our research office.

Sincerely,



Dr. SENDEGEYA Augustin
Director General of CHUB

Cc:

- Head of Clinical Education and Research Division
- Director of Research
- Chairperson of Research-Ethics Committee
- Head of Department of Gynecology and Obstetrics
- Research officer

CHUB

E-mail : info@chub.rw
Website: www.chub.rw

**B.P : 254 BUTARE
Hotline: 2030**

Muhima hospital's research approval

REPUBLIC OF RWANDA

Kigali May 26th 2021



KIGALI CITY
NYARUGENGE DISTRICT
MUHIMA HOSPITAL
P.O. BOX 2456 KIGALI
Tél. /Fax : +252 50 37 7
E-mail : muhima.hospital@moh.gov.rw

HABIMANA Samson

Re: Your request for permission to conduct a study

Dear Samson

Reference made to your letter received on 6th May 2021 requests a permission to conduct a study entitled: *Impact of training on uptake of family planning methods at Muhima Hospital.*

I would like to inform you that your request to conduct a research at Muhima district hospital is approved and at the end the administration of hospital shall need to be given the final report of your study.

Yours sincerely,

MANIRAGUHA YEZE Aimée Victoire

Chief Ethic Committee

Cc:

- Clinical Director
- Head of Obstetric and gynecology

