



USAID
FROM THE AMERICAN PEOPLE

Maternal and Child
Survival Program

FP FAMILY PLANNING
2020

Accelerating Access to Postpartum Family Planning Report



MCSP is a global USAID initiative to introduce and support high-impact health interventions in 25 priority countries to help prevent child and maternal deaths. MCSP supports programming in maternal, newborn, and child health, immunization, family planning and reproductive health, nutrition, health systems strengthening, water/sanitation/hygiene, malaria, prevention of mother-to-child transmission of HIV, and pediatric HIV care and treatment. MCSP will tackle these issues through approaches that also focus on household and community mobilization, gender integration, and digital health, among others.

This report is made possible by the generous support of the American people through the United States Agency for International Development (USAID) under the terms of the Cooperative Agreement AID-OAA-A-14-00028. The contents are the responsibility of the Maternal and Child Survival Program and do not necessarily reflect the views of USAID or the United States Government.

For more information about the workshop, please contact:

Anne.Pfitzer@mcsprogram.org

Angeline.Mutunga@mcsprogram.org

www.mcsprogram.org

February 2019

All of the photos in the report were taken by either Evariste Bagambiki, Charlene Reynolds, or Holly O'Hara.

Table of Contents

4	Abbreviations
5	Background
6	Data Use
9	SMART Advocacy
12	Advocacy Aims Identified during Discussions
14	Changing the Pace of Change
15	Next Steps
16	Annex 1
20	Annex 2

Abbreviations

AFP	Advance Family Planning
ANC	antenatal care
FP	family planning
FP2020	Family Planning 2020
HMIS	health management information system
ICFP	International Conference on Family Planning
mCPR	modern contraceptive prevalence rate
MCSP	Maternal and Child Survival Program
MOH	Ministry of Health
PPFP	postpartum family planning
SMART	specific, measurable, achievable, relevant, and time-bound
USAID	US Agency for International Development
WRA	women of reproductive age

Background

The 2018 International Conference on Family Planning (ICFP) afforded a key opportunity for government representatives, family planning (FP) partners and experts from the Family Planning 2020 (FP2020) countries to collaborate on their FP priorities and commitments. Postpartum family planning (PPFP) is one of the high-impact interventions that countries can employ to fast-track progress toward the FP2020 goal of providing an additional 120 million women and girls with access to lifesaving contraceptive information, services, and supplies by 2020—without coercion or discrimination—as postpartum women are among those whose FP needs are often unmet. Over 20 countries have indicated that increasing access to PPFP is among their top priorities.

Reflecting the goals of FP2020 and maximizing the momentum around ICFP, the US Agency for International Development (USAID)'s flagship Maternal and Child Survival Program (MCSP) and FP2020's secretariat joined forces in Kigali, Rwanda, in November 2018 to organize a 1-day post-conference meeting for decision-makers and advocates about how to increase access to PPFP coverage.

The meeting, hosted by the Rwandan Ministry of Health (MOH), MCSP, and FP2020, brought together representatives from 18 countries that prioritize PPFP in their plans to reach FP2020 commitments. The participants learned from Rwanda's recent efforts to accelerate PPFP and modified them based on country context. Workshop objectives included sharing Track20 data analyses of opportunities for PPFP; using Rwanda's experience of scaling up PPFP as a case study for other countries; sharpening the skills of civil society representatives in specific, measurable, achievable, relevant, and time-bound (SMART) advocacy for PPFP; reviewing FP2020 country action plans as they relate to PPFP; and identifying next steps to rapidly scale up what works.

Collaboration among partners including the Rwanda Ministry of Health, MCSP, FP2020, Jhpiego, and the Bill and Melinda Gates Foundation led to a successful and productive workshop on accelerating access to PPFP.



Country delegates and advocates listen to presentations in morning plenary.



The meeting had three parts. The morning plenary started with a presentation of the Rwanda PPFP case study and updated Track20 country data. Following the presentations, decision-makers and donors made site visits, while advocates participated in a skills-building session on SMART advocacy strategies. In the afternoon, decision-makers, advocates, and donors broke into country groups to create a priority action plan.

The learning and discussions focused on key strategies, such as data use, SMART advocacy, changing the pace of change, and agreeing on next steps. Specific activities and country-specific examples of proposed actions to accelerate access to PPFP are included below.

Minister of Health Dr. Diane Gashumba listens to PPFP presentations following her remarks in the morning plenary.

Data Use

Rwanda Biomedical Centre, under the MOH, gave a presentation in the morning about its decisions to not only prioritize PPFP but also add new indicators to its health management information system (HMIS). MCSP presented on its work with the Rwanda MOH to estimate costs of scaling up and maintaining interventions to strengthen PPFP services in 10 districts. Track20 shared analyses from global data sets and found that PPFP integration has the most

potential impact when included during visits women already attend: antenatal care (ANC), facility delivery, and immunization. Potential impact is based on the current use of these services in each country.

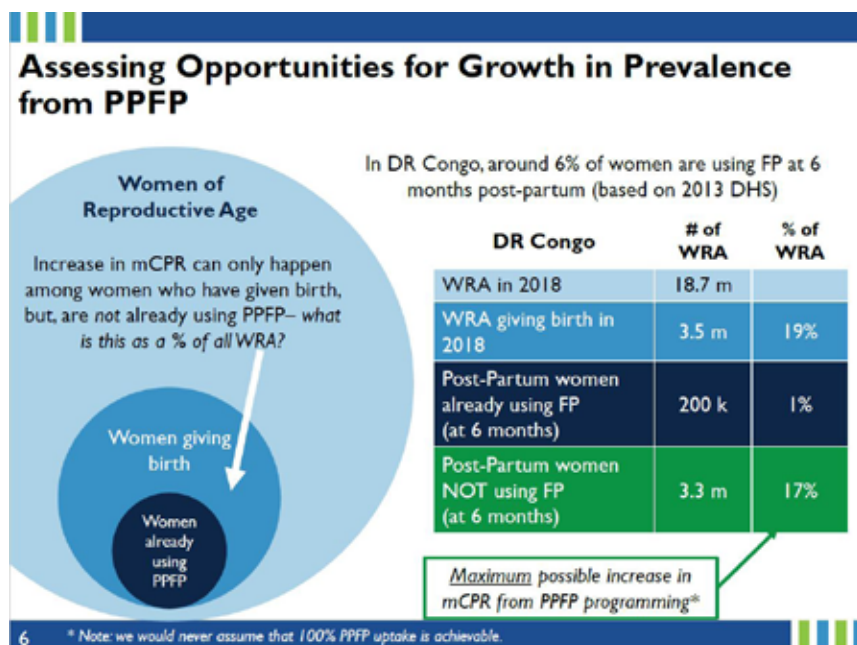
Participants reviewed Track20 country briefs summarizing data relevant to PPFP service delivery and assessed country-specific opportunities for PPFP programming. Decision-makers and advocates can use locally relevant data to determine areas for program and intervention opportunities and attainable targets.

Figure 1 shows Track20's example of Democratic Republic of the Congo (DRC) data, highlighting three data points that assist in determining the maximum possible increase in modern contraceptive prevalence rate (mCPR) for PPFP programming: women of reproductive age (WRA), postpartum women already using FP, and postpartum women not using FP.

Roughly two-thirds of participants traveled to Rwandan facilities and observe firsthand what changes in the Rwandan health system were made to better serve pregnant and postpartum clients.

After breakfast presentations, decision-makers could visit Rwandan health facilities.

Figure 1. Track20 Democratic Republic of the Congo data



Delegates visit Rwamagana District Hospital in Rwanda to learn about PPFP services.



Dr. Aisha Mohamed gives a report out from the morning's site visit.

Rwanda achieved measureable success over many years in its dedication to PPFP. One key was its PPFP scale-up management team under the national FP technical working group, which still meets regularly. In addition, the country has held two national workshops to review progress in implementing PPFP (first in four districts, then 10). Participants reviewed use of PPFP indicator data, and the indicator is now included in the HMIS. Aisha



Delegate observes graphs on the walls of Remera-Rukoma Hospital.

Mohamed of the MOH in Kenya, who visited Rwamagana Health Centre, observed how the health center posted data and graphs to assist facility employees with decision-making. Rwanda is still setting goals to sustain its success and intends to use qualitative data to inform scale-up of interventions in 10 remaining districts by training service providers.

Representatives from India highlighted what they already accomplished with data and how they hope to improve. They used MCSP tools, including a set of dashboards, and want to move toward institutionalizing data visualization and analysis to make decisions on improving PPFP service delivery.

The Afghanistan team stated that its goal is to advocate for including PPFP indicators in the HMIS, which is currently under revision. It is also working to have PPFP added to a reproductive, maternal, newborn, child, and adolescent health scorecard. The team hopes that improved data sources will help inform scale-up and strengthen the PPFP program. It identified the people responsible and the necessary timeline to ensure success, which are components of Advance Family Planning (AFP)'s SMART Advocacy Approach.



Delegates and advocates discuss their accomplishments around PPFP and how they can advance their country's efforts.



Afghanistan country roundtable discusses goals for PPFP.

SMART Advocacy

The AFP Advocacy Portfolio, created by the Bill & Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health, provides best practices to assist advocates in achieving change. The full portfolio of resources can be found here: <http://advancefamilyplanning.org/portfolio>. Figure 2 shows the SMART Advocacy Approach's theory of change.

Advocates spent the morning determining milestones and bottlenecks in their countries. This helped country representatives see which countries had similar challenges and which achieved the success they want. Milestones included political will and prioritization, integration with other services, multisectoral FP platforms, partnerships, and laws. Bottlenecks included funding, capacity retention, counseling quality and training, policy dissemination, ensuring the right people are communicating, and the need for planning and education around sensitization.

Next, advocates worked through a nine-step process (see Figure 3) to identify their SMART goals and had an opportunity to test out the steps and practice before the decision-makers returned from their site visits. After decision-makers reported on their observations, full country teams worked together to formulate actions to take home.



Participants in the advocacy workshop examine country gains and successes from PFPF advocacy.

Country delegates and advocates participate in roundtable sessions to discuss effective policy changes and approaches to overcome barriers to scale-up of successful PFPF interventions. Country delegates and advocates work together to identify priority actions to accelerate access to PFPF in line with their country action plans and discuss policy lessons, new program ideas, and tools to inform country-level PFPF investments.



Delegates work to develop country action plans to take back following the workshop.



Dr. Lis Lombeya gives a report out from the morning's site visit.

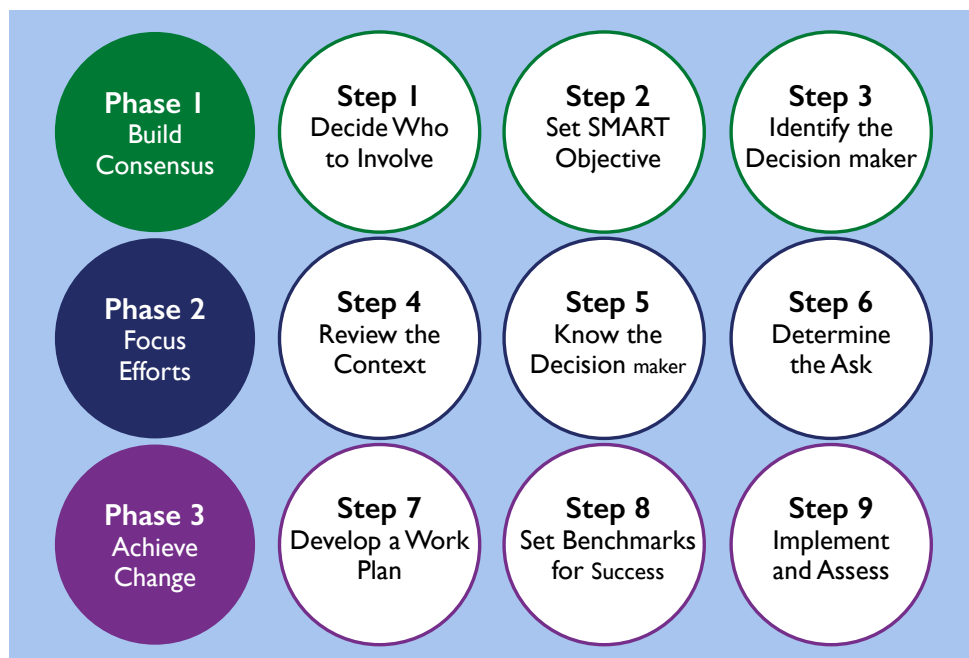


Figure 2. Advance Family Planning SMART Advocacy Approach

AFP SMART Advocacy Approach



Figure 3. Nine-Step Process to Identify SMART Goals





Delegates tour clean, private labor rooms at Rwamagana District Hospital.



A nurse talks to delegates at Rwamagana District Hospital.



MCSP leads a group of country delegates on a site visit to Remera-Rukoma Hospital in Rwanda to learn about available PPFP services.



Country delegates and advocates from Pakistan work together to identify priority actions to accelerate access to PPFP.



Delegates are greeted by community health workers at Kamonyi Health Center.



Rodio Diallo (Bill & Melinda Gates Foundation), Dr. Alain Damiba (Jhpiego), Minister of Health Dr. Diane Gashumba (Rwanda), Dr. Koki Agarwal (MCSP), and Dr. Stephen Mutwiwa (MCSP) following the morning plenary.



The Kenya team discusses best practices for advocating with decision-makers.

Advocacy Aims Identified during Discussions

A team from Kenya is advocating to get the World Health Organization's eight ANC visits included in the national ANC guideline by the Reproductive Health and Maternal Services Unit. To meet this goal, the team needed to identify the right decision-makers and determine the best approach to convince them. Speaking to the decision-makers in the office, not the entire office, can help form the most influential argument and case.

Rwanda demonstrated that sustainable success depends on engaging stakeholders at multiple levels of the health system. Maryjane Lacoste of the Bill & Melinda Gates Foundation visited a district hospital and said how inspirational it was to observe how committed and organized the district leadership was around PPF. Neyu Iliyasu from Nigeria visited Rwamagana Hospital and remarked on the superb referral system and how male involvement is noted in the register at ANC visits.



Maryjane Lacoste, Bill & Melinda Gates Foundation, visits Remera-Rukoma Hospital.



Neyu I. Iliyasu from Nigeria visits Rwamagana Hospital.



Ethiopia participants discuss country action plans.



DRC discusses messaging and advocacy when working with decision-makers and stakeholders.

The DRC team highlighted in its action plan the need for combining rational and emotional advocacy when disseminating key messages and directives to decision-makers and stakeholders.

Ethiopia aims to increase PPFp uptake through a comprehensive approach at the community and facility level. It set a specific goal to address identified gaps with decision-makers within 3 months and develop an action plan.

The Rwanda country team designed a comprehensive and specific set of actions, including setting targets for number of health workers trained in each level of facilities, expanding the mentorship model to additional districts, better integrating FP into immunization activities, and better engaging males.



The Rwanda country team discusses next steps in advancing PPFp.

“A note of thanks and congratulations on a very successful meeting on PPFp on Friday after the ICFP Kigali events. I thoroughly enjoyed the field visit with our bus of people who were engaged, curious, and energized by the trip to the district hospital. We all noted things to think about back home, including how we can mirror the immaculate and well-run maternity. I also noticed the client-centered nature of the place, which included ‘cubbies’ along the wall for women’s personal items!”

- Jane Wickstrom, Bill & Melinda Gates Foundation



Women in labor place their belongings in cubbies while receiving care at Rwamagana District Hospital.



Workshop participants from Tanzania develop country action plans to advance PPFP following the morning's site visits and SMART advocacy session.



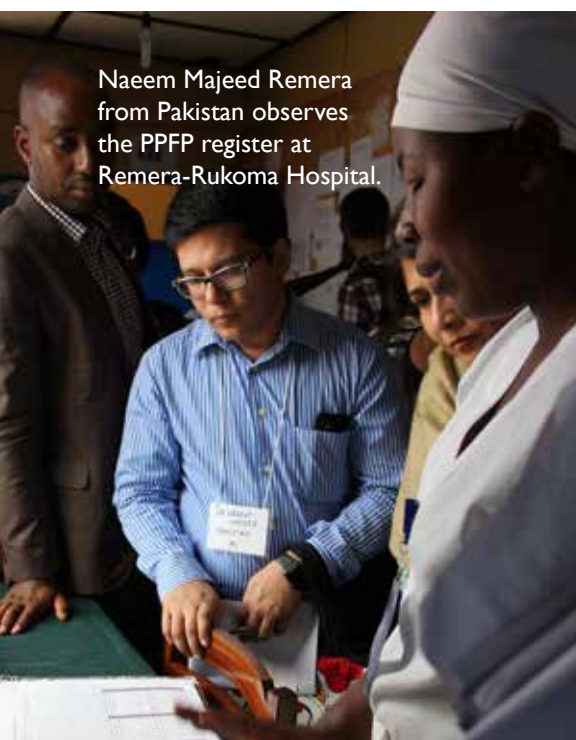
Supplies are laid out in the mentorship corner at Remera-Rukoma Hospital.

Changing the Pace of Change

Political prioritization is instrumental in increasing the pace of change. Participants reported that having political force behind their ambitious goals greatly impacted their ability to reach milestones. By linking the event to prior work by country FP2020 focal points, the event organizers intended to galvanize support and wider engagement for those priorities, and engage more advocates in holding political leaders accountable for engagements or commitments made. Country teams identified new opportunities to leverage ongoing efforts with an aim to advance PPFP: integrating it with immunization services and multisectoral FP platforms, building partnerships, and updating policies.

Ambitious targets are imperative to changing the pace of change. Tanzania set a goal of increasing the percentage of health facilities providing PPFP services from 29% in 2017 to 80% in 2020.

Delegates were impressed by how the Rwanda program used mentorship strategies to bring about change in PPFP in a short period of time. Lis Lombeya Lisomba from DRC visited Kamonyi Health Center in Rwanda and was struck by the success of mentoring. Mentors work with a manageable number of mentees, which seemed to allow them to follow up on what the mentees learned in real time versus working at too many facilities. Naeem Majeed Remera from Pakistan visited Remera-Rukoma Hospital in Kamonyi District, noting the impact and importance of the nurse-led mentorship program and the effectiveness of its mobile mentorship.



Naeem Majeed Remera from Pakistan observes the PPFP register at Remera-Rukoma Hospital.

Next Steps

All teams attending the workshop identified concrete next steps to take following the workshop, some within a very short timeline of a couple of weeks. Guided by facilitators, teams made sure these actions were specific, identified the responsible person/people, and set a timeline.

For actions that need funding, countries should consider applying for the Rapid Response Mechanism, which has funds that are earmarked for PPFP to help advance PPFP goals in the short term, even as domestic or international donor resources are secured for longer-term actions. All participants should raise specific constraints about funding either with their FP2020 focal points or by directly liaising with global contacts at the FP2020 secretariat, whether with the advocacy manager, PPFP manager, or regional program managers. These people can relay specific requests to the Steering Committee, which brings bilateral, multilateral, and private donor representatives.



A nurse at Remera-Rukoma Hospital guides delegates through site visit.

Annex I.

List of Countries Represented

- Afghanistan (2 representatives)
- Bangladesh (3 representatives)
- Democratic Republic of the Congo (6 representatives)
- Ethiopia (5 representatives)
- Guatemala (1 representative)
- Guinea (1 representative)
- India (4 representatives)
- Indonesia (1 representatives)
- Kenya (8 representatives)
- Madagascar (2 representatives)
- Malawi (1 representative)
- Nigeria (16 representatives)
- Pakistan (3 representatives)
- Philippines (4 representatives)
- Rwanda (14 representatives)
- Tanzania (5 representatives)
- Uganda (7 representatives)
- Zambia (1 representative)

Name	Organization	Country
Mohammad Samim Soroush	Ministry of Public Health	Afghanistan
Zelaikha Anwari	Ministry of Public Health	Afghanistan
Alia El Mohandes	USAID	Bangladesh
Caroline Crosbie	Pathfinder	Bangladesh
Monjun Nahar	MSI	Bangladesh
Arsene Binanga	CTMP	DRC
Claudine Monganza	EngenderHealth	DRC
Florence William Mpata	EngenderHealth	DRC
Lis Lombeya Lisomba	Ministry of Health	DRC
Sikulisimwa Philemon	UNFPA	DRC
Titiane Selego	Jhpiego/MCSP	DRC
China Wondimu	Jhpiego	Ethiopia
Genet Deres Yimam	Ministry of Health	Ethiopia
Shoa Girma	Jhpiego	Ethiopia
Yewondwossen Tilahun	Pathfinder	Ethiopia
Zewditu Kebede Tessema	USAID	Ethiopia
Yma Alfaro	USAID	Guatemala
Jennifer Mbabazi	USAID	Guinea
Geeta Chhiber	Jhpiego	India
Kamlesh Lalcahandani	Jhpiego	India
Vijay Paulraj	USAID	India
Vivek Yadav	MCSP/Jhpiego	India

Name	Organization	Country
Rob Ainslie	Johns Hopkins Center for Communication Programs	Indonesia
Aisha Mohammed	Ministry of Health	Kenya
Brenda Onguti	Jhpiego	Kenya
Emmah Kariuki	Jhpiego	Kenya
Jeanne Patrick	Ministry of Health	Kenya
Joyce Kyalo	E4A	Kenya
Peter (Ng'ethe) Ngure	Amref	Kenya
Salome Njiri	Jhpiego	Kenya
Sheikh Mohamed	Ministry of Health	Kenya
Bakolisoa Harimalala Razafindravony	Jhpiego/MCSP	Madagascar
Onisoa Rindra Ralidera	Palladium/HP+	Madagascar
Barwani Msika	Social Innovation and Health	Malawi
Adeleye Adewale (Wale)	Balanced Stewardship Development Association	Nigeria
Aminu Garba	Africa Health Budget Network	Nigeria
Bilkisu Bashir Gidado	Federal Ministry of Health	Nigeria
Dorcas Talatu Abu	Federal Ministry of Health	Nigeria
Doris Igbanibo	Federal Ministry of Health	Nigeria
Ejike Oji	Association for the Advancement of Family Planning	Nigeria
Esther Waryit Yonah	Federal Ministry of Health	Nigeria
Fausiat Bakara-Balogun	DevComs	Nigeria
Hannatu Abdullahi	Jhpiego/MCSP	Nigeria
Ihesinachi Amadi	CHAI	Nigeria
Josiah Mutihir	Jos University Teaching Hospital	Nigeria
Mohammed Nasir Mahmoud	Federal Ministry of Health	Nigeria
Neyu I. Iliyasu	Federal Ministry of Health	Nigeria
Okaga Saidat	Federal Ministry of Health	Nigeria
Sakina Bello	Pathfinder	Nigeria
Taiwo Johnson	Johns Hopkins Center for Communication Programs	Nigeria
Fauzia Assad	Jhpiego/MCSP	Pakistan
Marium Waqas	National Committee for Maternal and Neonatal Health	Pakistan
Naeem Majeed	Ministry of Health, Punjab	Pakistan
Camille Cosare	Philippines Nurses Association	Philippines
Edgardo Catalan	MindanaoHealth	Philippines
Gina Bacol	ADNPH Philippines	Philippines
May Joy Chiu	Department of Health - Cotabato City	Philippines
Alain Damiba	Jhpiego	Regional/Global
Angeline Mutunga	Jhpiego	Regional/Global

Name	Organization	Country
Anita Gibson	Jhpiego	Regional/Global
Anne Pfitzer	Jhpiego/MCSP	Regional/Global
Ben Picillo	Results for Development/MCSP	Regional/Global
Beth Schlachter	Family Planning 2020	Regional/Global
Beverly Johnston	USAID	Regional/Global
Blami Dao	Jhpiego	Regional/Global
Brianne Kallam	Jhpiego/MCSP	Regional/Global
Chelsea Cooper	Jhpiego/MCSP	Regional/Global
Elizabeth Murphy	Jhpiego	Regional/Global
Erin McGinn	Palladium	Regional/Global
Hilary Johnson	Family Planning 2020 Secretariat	Regional/Global
Holly O'Hara	Jhpiego/MCSP	Regional/Global
Jacqueline Wille	Jhpiego/MCSP	Regional/Global
Jamila Yakubu	Clinton Health	Regional/Global
Jane P Wickstrom	Bill & Melinda Gates Foundation	Regional/Global
Jessica Williamson		Regional/Global
Koki Agarwal	Jhpiego/MCSP	Regional/Global
Mande Limbu	Family Planning 2020 Secretariat	Regional/Global
Maryjane Lacoste	Bill & Melinda Gates Foundation	Regional/Global
Megan Christofiled	Jhpiego	Regional/Global
Melanie Yahner	Save the Children/MCSP	Regional/Global
Michelle Weinberger	Avenir	Regional/Global
Monica Kerrigan	Jhpiego	Regional/Global
Nancy Harris	John Snow Inc.	Regional/Global
Ramatu Dardoa	UNFPA	Regional/Global
Ricky Lu	Jhpiego Regional/Global	Regional/Global
Rodio Diallo	Bill & Melinda Gates Foundation	Regional/Global
Sandra Jordan	Family Planning 2020	Regional/Global
Tsigue Pleah	Jhpiego	Regional/Global
Wendy Turnbull	PAI	Regional/Global
Yordi Molla	Pathfinder	Regional/Global
Alain Patrick	Jhpiego	Rwanda
Alice Kanyirangwa	Rwanda Biomedical Centre	Rwanda
Claude Rutanga	Rwanda Biomedical Centre	Rwanda
Felix Sayinzoga	Rwanda Biomedical Centre	Rwanda
Gaspard Habarurema	Ministry of Health	Rwanda
Joel Serucaca	Rwanda Biomedical Centre	Rwanda
Jovite Sinzahera	MCSP	Rwanda
Khatidja Naithani	Jhpiego/MCSP	Rwanda
Marie Grace Mahoro	MCSP	Rwanda
Ndungutse Bikorimana	MCSP	Rwanda

Name	Organization	Country
Rosine Bigirimana	MCSP	Rwanda
Stanis Ngarukiye	Save the Children	Rwanda
Stephen Mutwiwa	Jhpiego/MCSP	Rwanda
Suzanne Mukakabanda	Jhpiego/MCSP	Rwanda
Pamela Williams	University of California, San Francisco	Rwanda/USA
James Mlali	Johns Hopkins Center for Communication Programs	Tanzania
Msafiri Peter Swai	IntraHealth	Tanzania
Nazir Yusuph	Tanzania Communication and Development Center	Tanzania
Rita Noronha	Jhpiego	Tanzania
Suse Matamwa	Department for International Development	Tanzania
Dina Nakiganda-Busiku	Ministry of Health	Uganda
Katie Frank	USAID/Uganda Family Health Team	Uganda
Moses Odot	Population Services International	Uganda
Patrick Mwesigye	Uganda Youth and Adolescents Forum	Uganda
Placid Mihayo	Ministry of Health	Uganda
Praise Mwesiga	Uganda Youth and Adolescents Forum	Uganda
Precious Mutoru Kerunga	Uganda Youth and Adolescents Forum	Uganda
A. Oscar Bertrand Dagnitche	IntraHealth (Burkina Faso)	West Africa
Amadou Domboe	IntraHealth (Burkina Faso)	West Africa
Marguerite Ndour	IntraHealth (Burkina Faso)	West Africa
Mbayi Kangudie	USAID (Ghana)	West Africa
Amos Mwale	Center for Reproductive Health	Zambia

Annex 2.



Accelerating Access to Postpartum Family Planning

Rwanda Case Study Site Visit and Post-ICFP Advocacy Activity

Agenda

Friday, November 16, 7:30-16:30

Time	Activity	
7:30-9:30	Breakfast and Panel on Postpartum Family Planning <ul style="list-style-type: none"> Registration and breakfast Welcome remarks: Rwanda Ministry of Health, Beth Schlachter, FP2020 Executive Director Rwanda PPFP program experience: Dr. Felix Sayinzoga, Director MCCH, Rwanda Biomedical Center Potential contributions of PPFP to FP2020 goals: Michelle Weinberger, Track20 Costing PPFP scale up and maintenance in Rwanda: Benjamin Picillo, MCSP 	
9:30-13:00	Site visits (Decision-makers) <ul style="list-style-type: none"> Travel to nearby districts, to include either Kamonyi or Rwamagana Site visits to health centers and engage with community health workers and district hospital with data managers 	Advocacy Session (Civil Society) <ul style="list-style-type: none"> Cross Country Exchanges – Advocacy WINS and experience sharing Orientation to AFP SMART and development of country specific objectives
13:00-14:00	Lunch	
14:00-14:30	Sharing on site visits (panel of members of site visits)	
14:30-16:00	Country Roundtable Discussions <ul style="list-style-type: none"> Decision-makers, donors, and civil society meet by country 	
16:00-16:30	Next Steps and Vote of Thanks <ul style="list-style-type: none"> Next Steps Vote of Thanks Meeting Closure: Rwanda MOH 	

