Advancing the PPFP Agenda
Building Partnerships to Meet Rwanda’s FP2020 Commitments

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Rwanda’s Health System

**Administrative structure**

- **Provinces** (5)
- **District** (30)
- **Sector** (416)
- **Cell** (2148)
- **Village** (14,837)

**Health care delivery system**

- **Tertiary hospitals**
- **District hospitals**
- **Health centers**
- **Health posts**
- **Community Health Workers**

**No. of public facilities / CHWs**

- **National (~12 m)**
  - 4 (7)
  - **Av. Catchment area pop ~ 255,000**
- **District (~23 000)**
  - 4 (35)
- **Sector (~23 000)**
  - 4 (494)
- **Cell (~250)**
  - 4 (380)
- **Village (~250)**
  - 4 (45,011)

**Type of service offered**

- **National (~12 m)**
  - Specialized hospitals serving the entire country
  - Medical training

- **District (~23 000)**
  - Provide government defined “Complementary package of activities (CPA) (C-section, treatment of complicated cases...)
  - Provide care to patients referred by the primary health centers
  - Carry out planning activities for the health district and supervise district health personnel

- **Sector (~23 000)**
  - Provide government defined “minimum package of activities at the peripheral level (MPA)
  - This includes complete and integrated services such as curative, preventive, promotional, and rehabilitation services
  - Supervise health posts and CHWs operating in their catchment area

- **Cell (~250)**
  - Services provided are similar, albeit reduced from, that by Health Centers.
  - Established in areas which are far from health centers,
  - Services include curative out-patient care, certain diagnostic tests, child immunization, growth monitoring for children under five years, antenatal consultation, family planning, and health education

- **Community-based**
  - Prevention, screening and treatment of malnutrition
  - Integrated Management of Child Illness (CB-IMCI)
  - Provision of family planning
  - Maternal Newborn Health (C-MNH)
  - DOT HIV, TB and other chronic illnesses
  - Behavior change and communication

80% of burden of disease addressed at this level
History of expansion of PPFP services in Rwanda

2010-2012
- Pilot
  - ANC counseling @ 3 HCs
  - PPFP Couns & PPIUD @ Muhima

Expansion of PPFP/PPIUD
- 4 districts/hospitals
- 8 HCs

2014
- Zambia Regional PPIUD Meeting
  (11 African countries)

2015
- WHO MEC change
- & Chiang Mai Global Meeting

Today
- MOH guidelines, tools, aligned with 2015 MEC
- all districts implementing PPFP
- Multiple donors

2018
Of Rwandan women 0–23 months postpartum, fifty one percent have unmet need for family planning.

Total family planning use and prospective unmet need among women 0–23 months postpartum.

Summary of Commitments

“The Government of Rwanda in collaboration with its partners and private sector commits to:

• Programming at scale postpartum family planning in health facilities by 2020
• By 2024, total demand for FP will have increased from 72% to 82%
• Improve its rights-based FP programming by adding to its available method mix long-acting and reversible methods
• Using the evidence base of high-impact practices to focus its FP programming resources for greatest impact by 2020.”

<table>
<thead>
<tr>
<th>Priority</th>
<th>Status</th>
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<tbody>
<tr>
<td>Scale up of PPFP in all health facilities in Rwanda</td>
<td>PPFP is scaled up to facilities all districts</td>
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<tr>
<td>Review ongoing PPFP approach including the use of qualitative data to inform scale up/scale up PPFP interventions in all districts by training service providers</td>
<td>In progress (4 districts remained)</td>
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<tr>
<td>Ensure quality services through mentorship sessions</td>
<td>Ongoing</td>
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<tr>
<td>Determine a package of PPFP services to be integrated in Immunization and ANC, PNC services</td>
<td>Ongoing</td>
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<tr>
<td>Ensure that the two PPFP indicators are captured in the HMIS</td>
<td>Completed</td>
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<tr>
<td>Expand/scale up PPFP services in private health facilities of Kigali City</td>
<td>In progress</td>
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Immediate PPFP intervention goal and strategy

**PPFP intervention strategy components**
- Counseling on all methods
- Competency-based training on PPFP counseling and follow up
- Clinical training on providing all methods of pre-discharge PPFP and follow up
- Quality improvement and mentorship

**Improved skills among providers**
- Improved counselling skills among clinical staff and community health workers
- Improved skills to provide PPFP methods among clinical staff

**Key clinical practices improved**
- More women counseled on all available methods and making choices
- More women receive PPFP method of their choice

**Health outcomes improved**
- Reduction in unplanned pregnancy
- Improvements in birth spacing
% ANC pregnant women counseled and selected PPFP method

January 2018  February 2018  March 2018  April 2018  May 2018  June 2018  July 2018  August 2018  September 2018
Trend of PPFP uptake_Jan-Sep 2018

National average stands at 34%

Details per districts and hospitals
Rwanda Government Strategic Planning

- **Vision 2050**
- **National Strategy for Transformation**
- **Health Sector Strategic Plan 4 (2018-2024)**
- **RMNCAH Policy**
- **Maternal, Newborn, Child Health Strategic Plan**
- **FP/ASRH Strategic Plan**

**Development priorities**

**Economic, social and governance priorities**

**Health priorities**

**Policies and policy directions**

Population-based outcomes for:
- Contraceptive use
- Teen pregnancies
- Maternal, child, neonatal mortality
- Demographic dividend
Introduction…

What we need to know when preparing a strategy:

1. What growth is realistic in the next 5 years? What should our mCPR goal be?
2. What strategies and interventions can get us to our goal?

Steps taken for FP/ASRH strategic plan:

- Desk review
- Further analysis of 2014-15 DHS
- FP Goals Consultation
- FP Roundtables
- ASRH Stakeholders online survey
- FGD w/ Adolescents in 4 districts
- Costing and final validation by MCH TWG
- TWGs validation
- Stakeholders consultations (3)
Results..: 2\textsuperscript{nd} Scenario (CBD and New Method Excluded)

- Overall 14.4% total increase
- 2.9% per year
- PPFP, Community engagement and IPC account for almost two-thirds of the gain
Capacity building approach went beyond training. Mentorship by local champions instrumental in results.
Rwanda: Institutionalization of PPFP

![Graph showing institutionalization progress over time with categories like Policy, Planning, Coordination, Leadership, Finance, Personnel, Training, QI, Supplies and Logistics, Health Information Systems, and Community Engagement. The graph compares the status in 2015 and 2018.]
Strengthening Linkages Between Facility and Community
Challenges and opportunities

Challenges:
• PPFP in selected faith-based facilities
• Ensuring quality of FP counseling
• Unstable use of implanons

Opportunities:
• Strong political will
• National FP2020 Commitments
• Strong partnership
• District technical support
• High facility delivery rate, high coverage of use of immunization services in Rwanda
• Established Scale up management team
Thank you!