

# Advocacy for inclusion of indicators in the national HMIS to measure PFP uptake in Rwanda

Authors: Nicholas Karugahe, Jovite Sinzahera, Devon Mackenzie

Affiliation: USAID's Maternal and Child Survival Program Rwanda

## Background

- As part of its FP2020 goals, the Government of Rwanda committed in July 2017 to scale up postpartum family planning (PPFP) in all 30 districts, making it especially important to strengthen monitoring of PFP outcomes.
- While Rwanda has made remarkable progress in facilitating data use for decision making, assessment of the national Health Management Information System (HMIS) revealed a gap in measuring voluntary PFP uptake to women who present for maternal health care.
- It is in this context that the U.S. Agency for International Development's flagship Maternal and Child Survival Program (MCSP) advocated for revision of the existing national HMIS to include PFP metrics.

## Methodology

MCSP requested authorization from Ministry of Health (MOH) senior management to establish a complementary data system to test collection of PFP data in the 10 districts where MCSP introduced PFP (2016 onward).

During this test phase and after, MCSP advocated for inclusion of PFP indicators in the HMIS through a variety of forums:

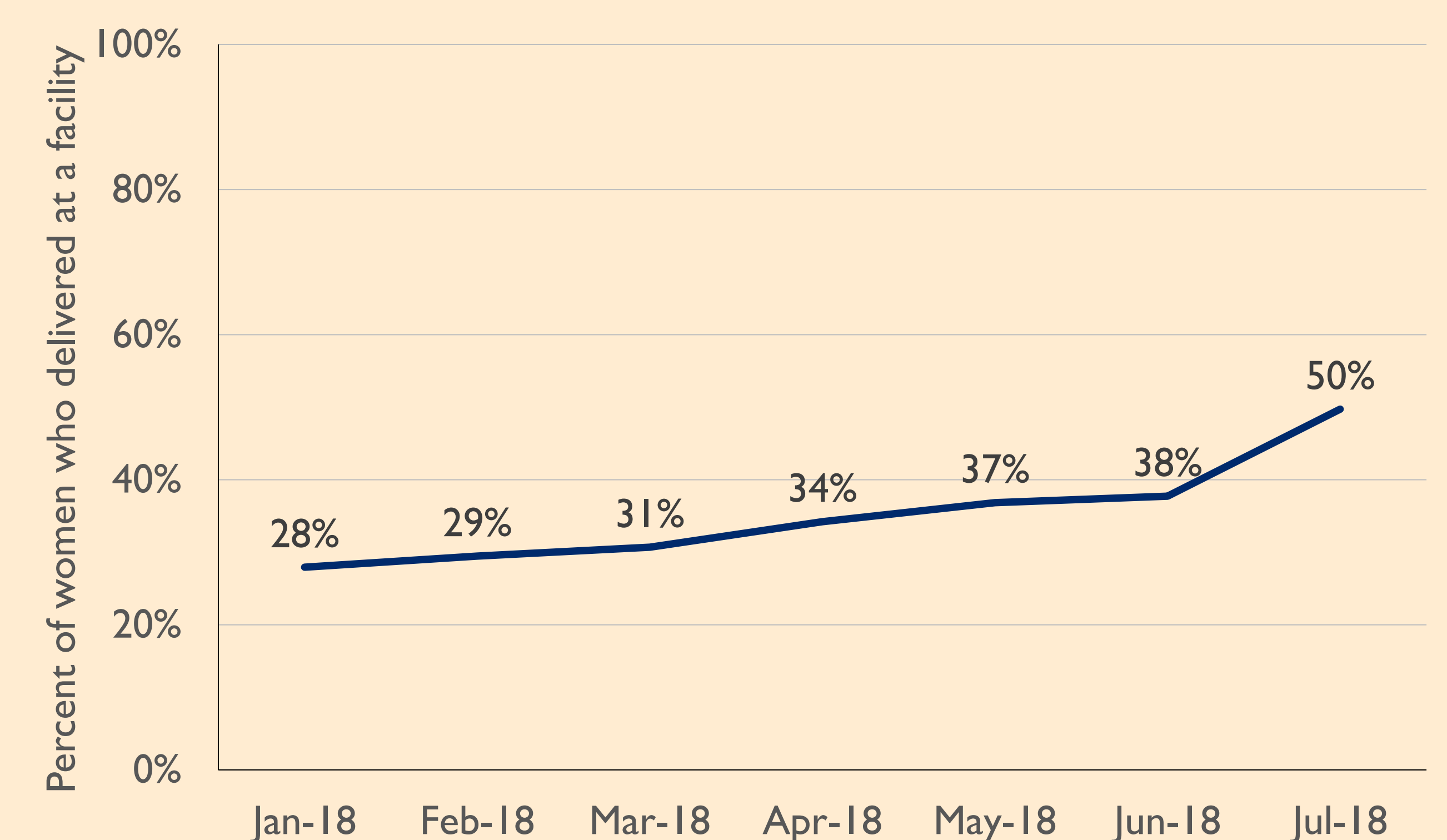
- Site visits with senior MOH staff to demonstrate how PFP data was collected in MCSP supported districts
- National PFP scale up and experience-sharing workshops (December 2016 and September 2017) convening MOH officials, donors, partner organizations and district heads to share experiences implementing PFP with a vision to scale up nationwide
- Presentation of PFP data at national FP technical working group meetings
- Development of the new FP and Adolescent Sexual Reproductive Health Strategy (2018–2024), in which PFP is a key strategy
- Meetings on data use for evidence-based action with district and facility staff

## Key Findings

The MOH approved inclusion of PFP in the national HMIS, effective January 2018. All public health facilities in Rwanda are now collecting and reporting data for the following data elements (captured in the maternity, ANC, and PNC registers):

- Number of women counseled on PFP prior to discharge from maternity
- Number of women who voluntarily accepted PFP prior to discharge, disaggregated by method
- Number of ANC clients counselled who selected a PFP method
- Number of women who accepted PFP within 6 weeks of delivery

Figure 1: Percentage of women voluntarily accepting a postpartum family planning method prior to discharge in Rwanda, January to July 2018  
Source: Rwanda HMIS 2018



## Policy and program implications

In Rwanda's new Family Planning and Adolescent Sexual Reproductive Health Strategy of 2018 to 2024, PFP is a key strategy to improve access and use of modern FP methods in Rwanda.

To date, only a small handful of USAID priority FP countries have started to systematically measure voluntary PFP uptake by method or are in process of revising HMIS at the national level to do so.

This HMIS revision allows facility managers, district teams, the MOH, and other stakeholder organizations to monitor progress towards key PFP objectives:

- Increasing PFP counselling of ANC clients, and
- Voluntary PFP uptake (both immediate PFP uptake prior to discharge and uptake within six weeks after delivery).

In Rwanda, all public health facilities have managed to collect and report these data without difficulty since January 2018.

The data will allow program managers and decision-makers involved in FP at all levels to:

- Conduct trend analysis of voluntary PFP uptake;
- Compare results between facilities, against national targets, against national averages or against baseline results in order to identify gaps in voluntary PFP uptake; and
- Develop evidence-based quality improvement action plans.

Better data for decision-making can improve implementation of this high-impact FP intervention, which is expected to have positive demographic, socio-economic and health implications for Rwanda.