



## Fostering an enabling environment to improve management of severe pre-eclampsia/eclampsia at Health Center level: A case of 10 districts in Rwanda

### Declaration of Good Standing and Conflict of Interest Disclosure

My presentation complies with FIGO's policy for declaration of good standing and conflict of interest disclosure. I do not have a financial interest in any product or service related to my presentation.

My participation at this Congress has been supported by:[Jhpiego].



**Fostering an enabling environment to improve management  
of severe pre-eclampsia/eclampsia at Health Center level: A  
case of 10 districts in Rwanda**

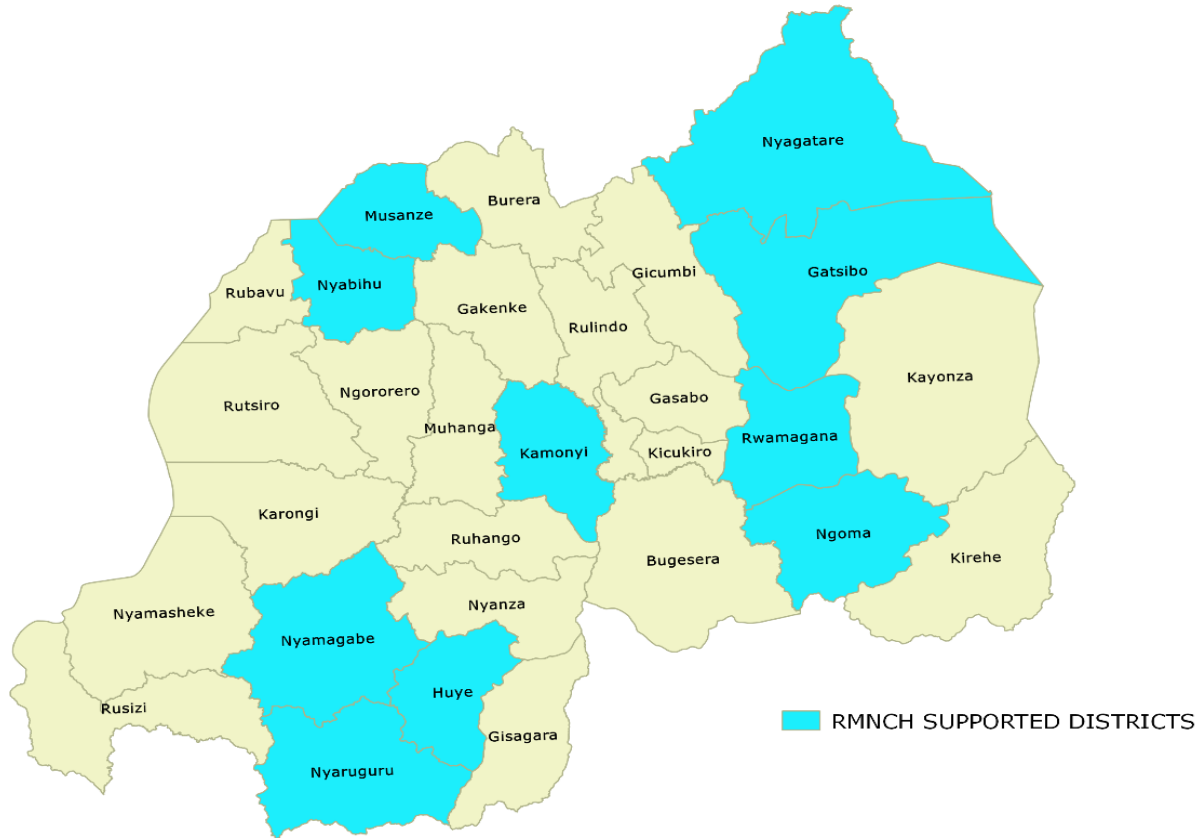
Victor M. NDICUNGUYE, MD, Mmed, Msc  
Senior RMNCH advisor

## Learning Objectives

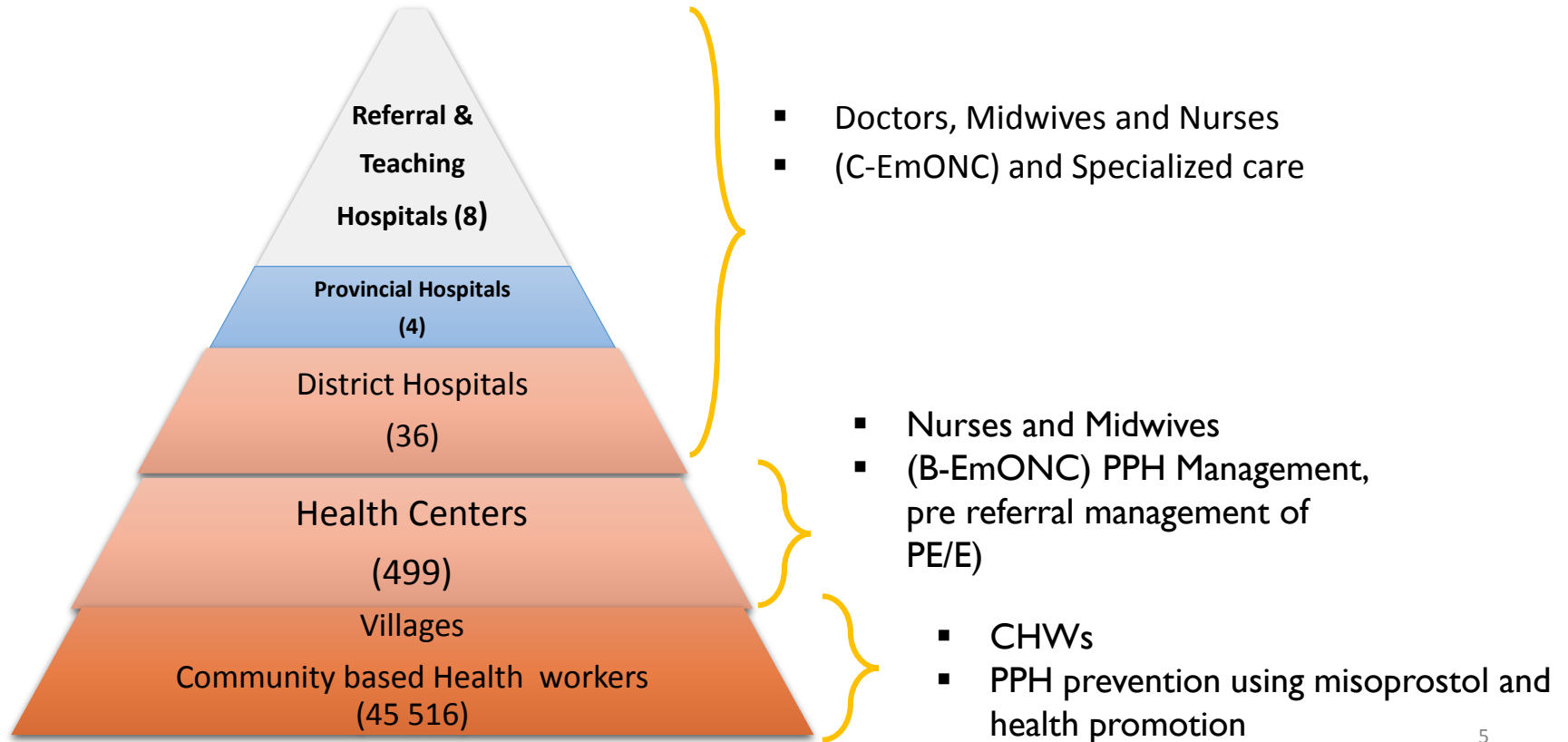
At the end of this session the learner will be able to:

1. Describe how to engage health facilities managers to implement new health service delivery guideline.
2. Describe how the capacity building using LDHF approach coupled with continuous mentorship contributed to the increase number of health care providers who are competent and confident in provision of MgSO<sub>4</sub> loading dose.
3. Define ways to support lower level health care providers to provide pre referral management for women with PE/E.

## MCSP RMNCH SUPPORTED DISTRICTS



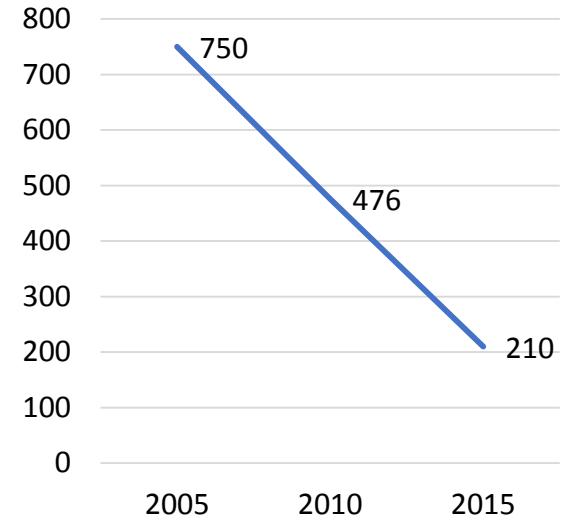
# Rwanda Health System Organization and Service Delivery



# Background

- Maternal mortality decreasing but mothers still die from preventable causes
- PE/E is the 4<sup>th</sup> leading cause of maternal death in Rwanda, with 19 deaths out of 186 deaths by direct cause
- Policy for management of PE/E before referral was in place but not operational in Health Centers

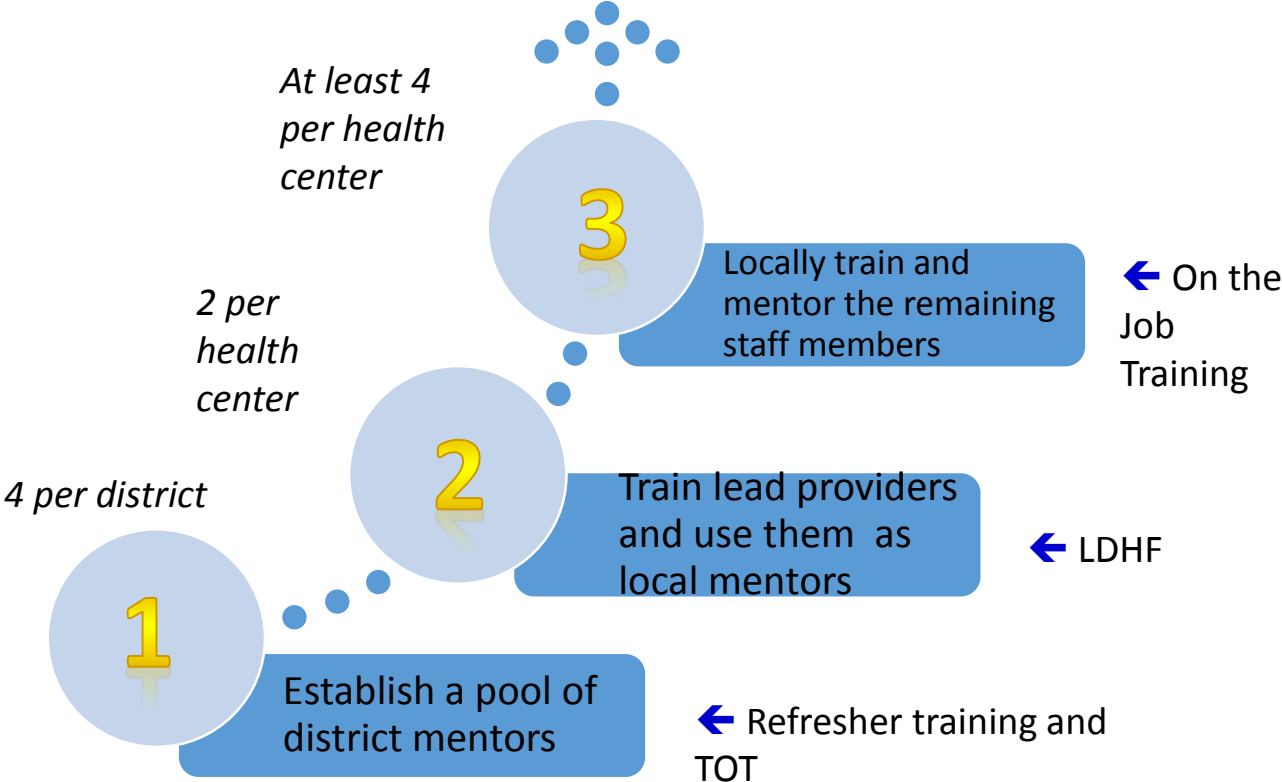
Maternal Mortality Ratio (per 100,000)



# Methods

- Rwanda MOH in collaboration with USAID's MCSP implemented a QI intervention in 10 districts with 3 strategies:
  - Advocated with facility managers to avail  $\text{MgSO}_4$  in supported health centers
  - Used low-dose high-frequency training to build provider capacity to manage PE/E
  - Conducted continuous clinical mentorship in health centers
- Capacity assessments conducted at baseline and routine program data over 2 years.

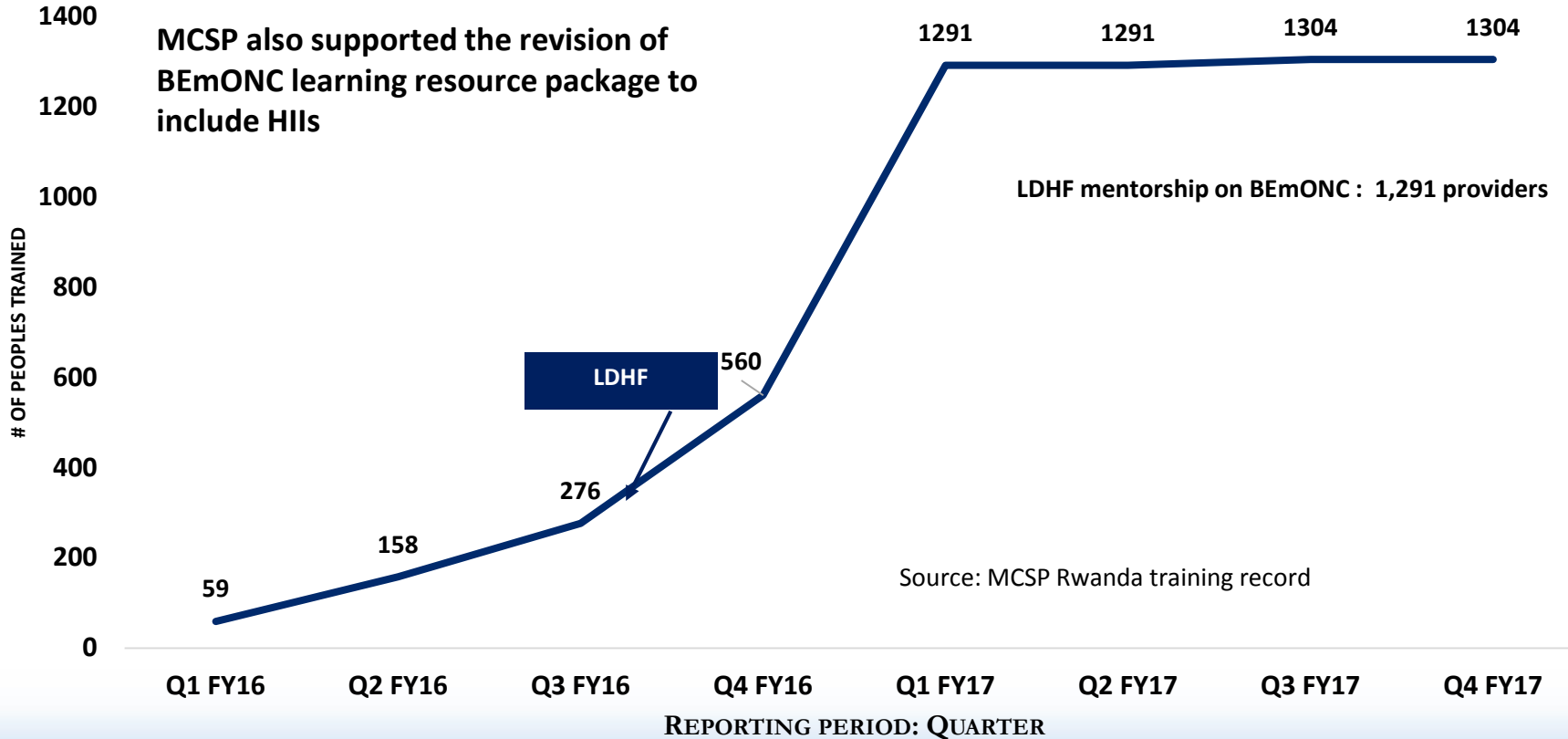
# Method: Cascade Strategy for Capacity Building





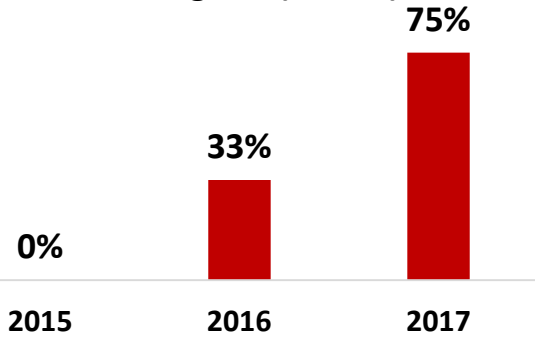
# Results

## Capacity Building in BEmONC

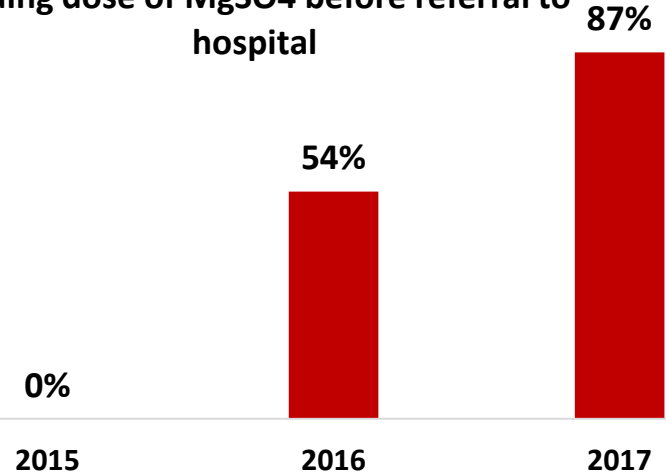


# Results

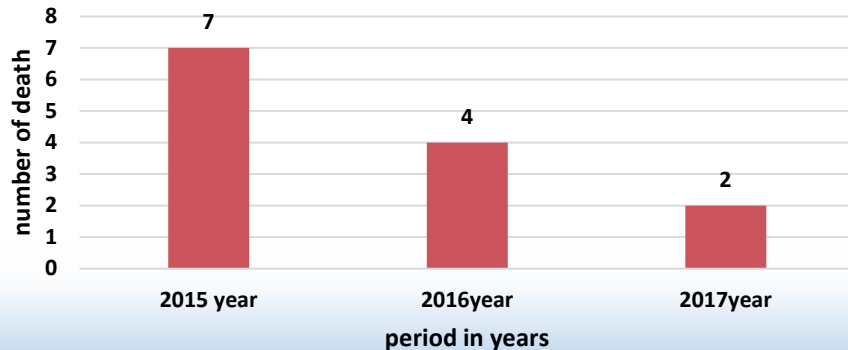
Proportion of health centers with MgSO4 (N=155)



Proportion of women with PE/E who received loading dose of MgSO4 before referral to hospital



Death related to PE/E in MCSP supported districts from 2015-2017



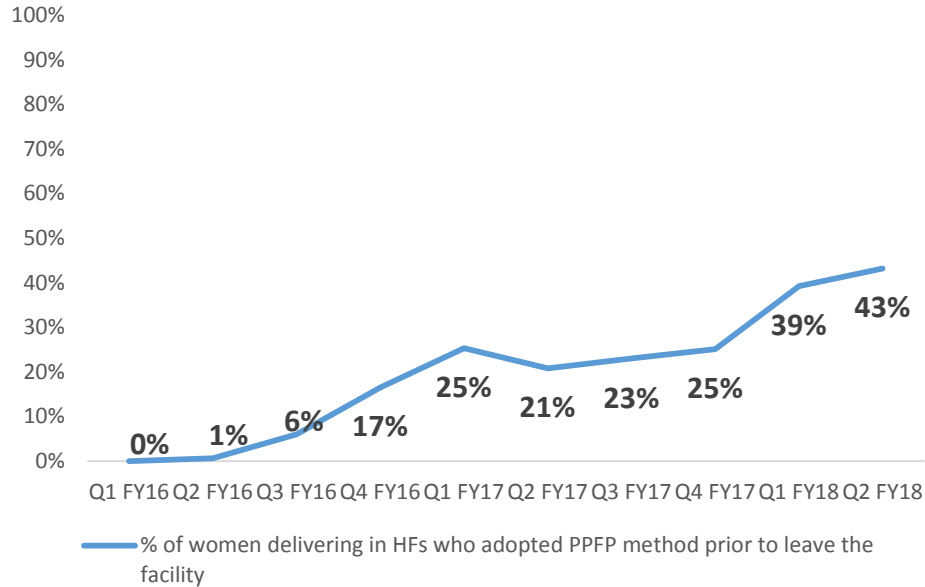
Source: HMIS

# Discussion

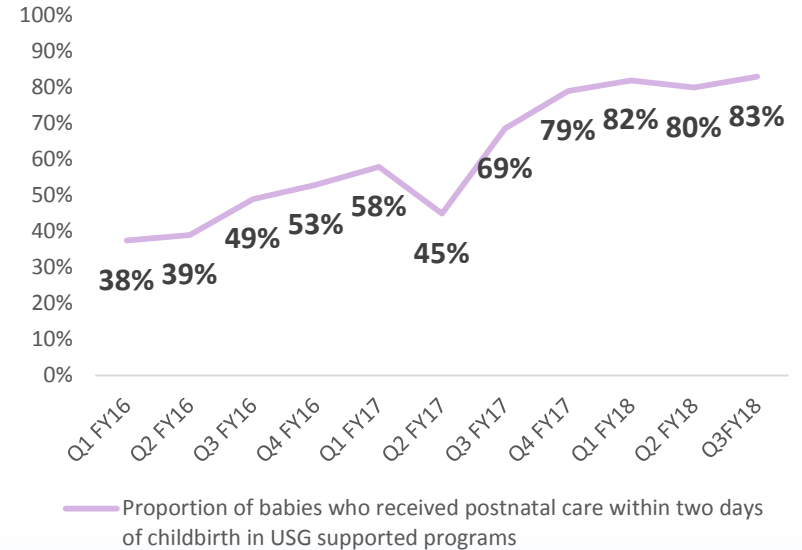
- Although the policy on use of MgSO<sub>4</sub> was in place, health providers were not confident to provide loading dose
- Providers improved their skills and were able to correctly identify and manage PE/E
- There was an increase in provision of loading dose of MgSO<sub>4</sub> before referral over the time

# Others areas of focus

## Trend in PFPF (n=172 facilities)



## Trend in 1 PNC ( n: 172 facilities)



# Conclusions

- Multiple health system factors impact the quality of service delivery and should be considered in QI initiatives.
- Advocacy, provider capacity-building using low-dose high-frequency training approach, and continuous mentorship increases the proportion of eligible women receiving recommended care.
- It is also needed in future to investigate potential impact on others related health outcomes during the intervention period



14-19 OCTUBRE 2018  
RIOCENTRO | RIO DE JANEIRO | BRASIL

[www.figo2018.org](http://www.figo2018.org)

## Key Messages

1. Involvement and buy in of Leaders and managers at all levels is key for implementation of new guidelines.
2. It is important to train a big pool of health providers to ensure continuity of services. The use of low-dose high-frequency training helped to reach more providers over a short time.
3. MgSO<sub>4</sub> can be provided at lower level as pre referral management, but this require continuous support of health care providers.

For more information, please visit  
**[www.mcspprogram.org](http://www.mcspprogram.org)**

This presentation was 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 authors and do not necessarily reflect the views of USAID or the United States Government.

[facebook.com/MCSPglobal](https://facebook.com/MCSPglobal)

[twitter.com/MCSPglobal](https://twitter.com/MCSPglobal)