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

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

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Learning Objectives

At the end of this session the learner with 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 MgS04 loading dose.

3. Define ways to support lower level health care providers to provide pre referral management for women with PE/E.
Rwanda Health System Organization and Service Delivery

- **Referral & Teaching Hospitals (8)**
  - Doctors, Midwives and Nurses
  - (C-EmONC) and Specialized care

- **Provincial Hospitals (4)**
  - Nurses and Midwives
  - (B-EmONC) PPH Management, pre-referral management of PE/E

- **District Hospitals (36)**
  - CHWs
  - PPH prevention using misoprostol and health promotion

- **Health Centers (499)**

- **Villages**
  - Community based Health workers (45,516)
Background

• Maternal mortality decreasing but mothers still die from preventable causes

• PE/E is the 4\textsuperscript{th} 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

Sources: Rwanda Maternal death audits report 2017, RDHS 2015,
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 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

1. Establish a pool of district mentors
2. Train lead providers and use them as local mentors
3. Locally train and mentor the remaining staff members

- Refresher training and TOT
- LDHF
- On the Job Training

- At least 4 per health center
- 2 per health center
- 4 per district
MCSP also supported the revision of BEmONC learning resource package to include HIIs.

LDHF mentorship on BEmONC: 1,291 providers

Source: MCSP Rwanda training record
Results

Proportion of health centers with MgSO4 (N=155)

<table>
<thead>
<tr>
<th>Year</th>
<th>Proportion</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>0%</td>
</tr>
<tr>
<td>2016</td>
<td>33%</td>
</tr>
<tr>
<td>2017</td>
<td>75%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Proportion</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>0%</td>
</tr>
<tr>
<td>2016</td>
<td>54%</td>
</tr>
<tr>
<td>2017</td>
<td>87%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>7</td>
</tr>
<tr>
<td>2016</td>
<td>4</td>
</tr>
<tr>
<td>2017</td>
<td>2</td>
</tr>
</tbody>
</table>

Source: HMIS
Discussion

• Although the policy on use of MgSO4 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 MgSO4 before referral over the time
Others areas of focus

Trend in PPFP (n=172 facilities)

Trend in 1 PNC (n: 172 facilities)

Proportion of babies who received postnatal care within two days of childbirth in USG supported programs

% of women delivering in HFs who adopted PPFP method prior to leave the facility
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.
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. MgSO4 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.mcsprogram.org

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