



Improving Provider Skills and Increasing Voluntary Family Planning Uptake through Clinical Mentorship: Experience from 10 districts in Rwanda

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Presentation outline

- Background
- Program Intervention
- Methodology
- Results
- Policy Implications

Background

- In Rwanda, family planning (FP) is provided at all levels of the health system
- Modern contraceptive prevalence rate among all women of reproductive age is 29% and unmet need for a modern method of contraception is 24% (FP2020 2016-17)
- Global evidence shows that conventional group-based training has limited effectiveness in improving and maintaining provider performance after training (Bluestone, 2012)
- A recent report on FP Barriers in Rwanda showed that low voluntary uptake of FP was correlated with providers low capacity (UNFPA 2018)
- Rwanda's Fourth Health Sector Plan 2018-2024 identified mentorship as a priority alternative capacity building approach

Program intervention

- USAID's Maternal and Child Survival Program (MCSP) utilized an onsite clinical mentoring approach to improve FP counseling and provision in 172 facilities in 10 districts
 - 12 hospitals & 160 health centers
- Mentorship was defined as a competency based capacity-building approach that provides hands-on skills building of health providers in their work environment
- MCSP developed a pool of 39 district-based mentors (doctors, nurses, and midwives who were FP trainers proficient in the provision of FP methods including LARCs)
 - 1 mentor covered 2-3 sites

Methodology

- FP Mentorship content was comprised of 13 competencies, including FP/PPFP counseling and provision of short- and long-acting methods
- Initial didactic group-based trainings were conducted
- These were followed by on-site hands-on support and follow-up post-training by mentors
 - Mentors conducted visits to their assigned health facilities once a month
 - Anatomic models were provided to each health facility to support continuous on site peer mentor/practice
- Clinical competency of mentees was assessed through client observations or via anatomic models when clients were not available
 - Check list used to score competencies - validation was 85%

Mentorship Implementation Process

FP Mentor
Candidates
Assessed

FP Mentors
Selected

Implementation
of mentorship

Improved clinical
skills, knowledge,
and attitude

Improved
health
outcomes

✓ 111 assessed
in FP/PPFP

✓ 85 Identified
✓ 39 validated

- ✓ 1 Monthly Visit
- ✓ Total # of mentees: 366
- ✓ Tools & checklist
- ✓ Continuous process

13 Competencies
Validation :
Score \geq 85%

Development of policy and protocols

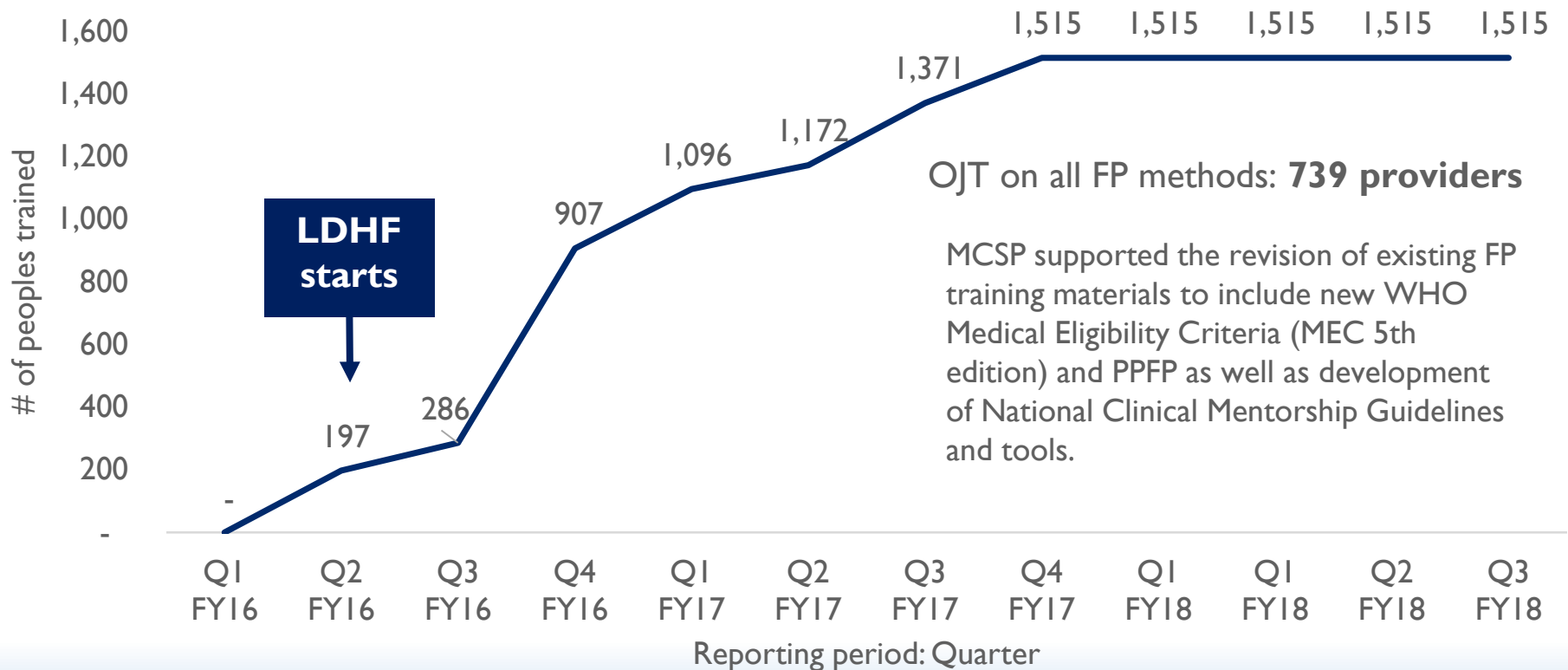
Oct 15

May 16

Oct 16 to June 18

Results: Providers trained

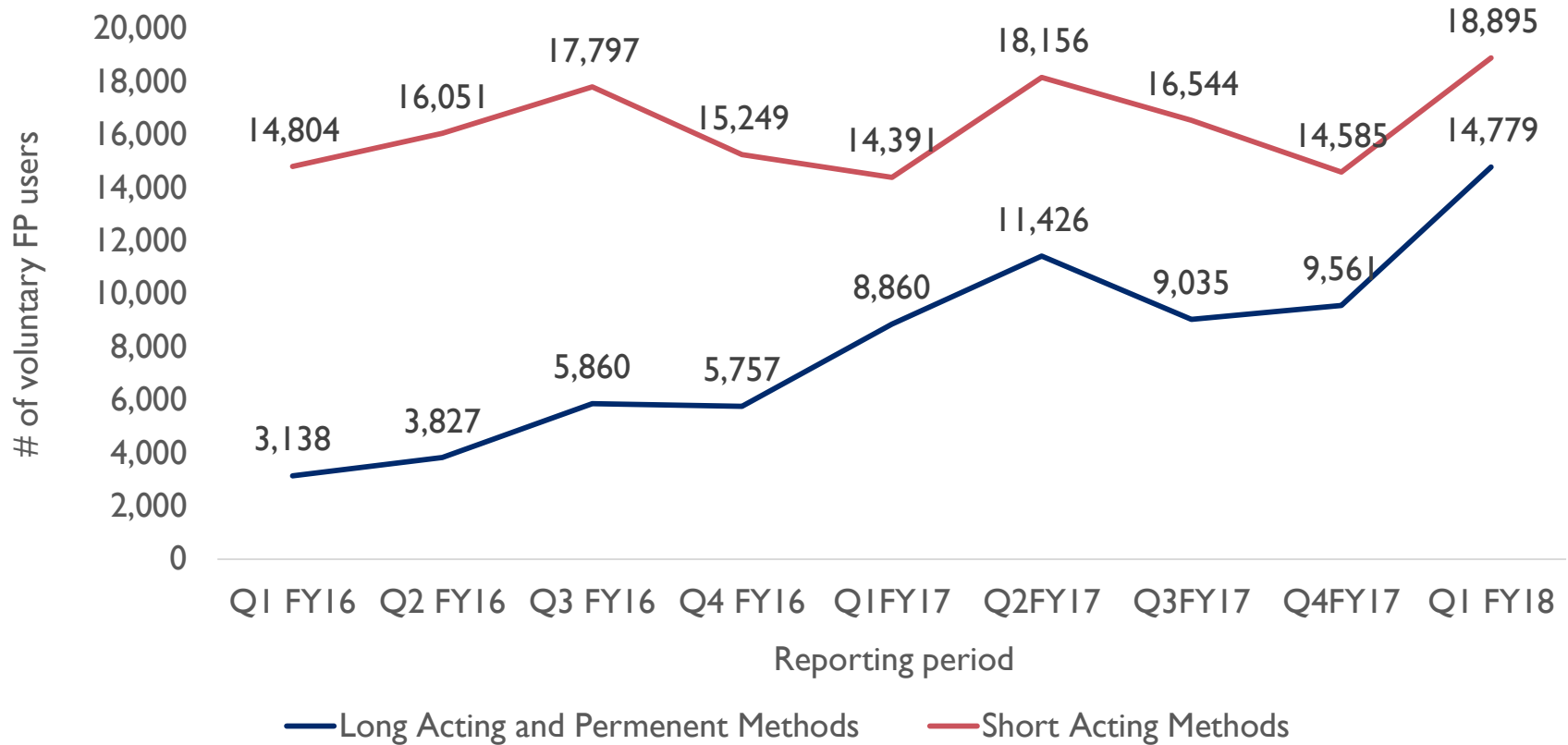
Capacity building for FP in 172 health facilities



Source: MCSP Rwanda training records

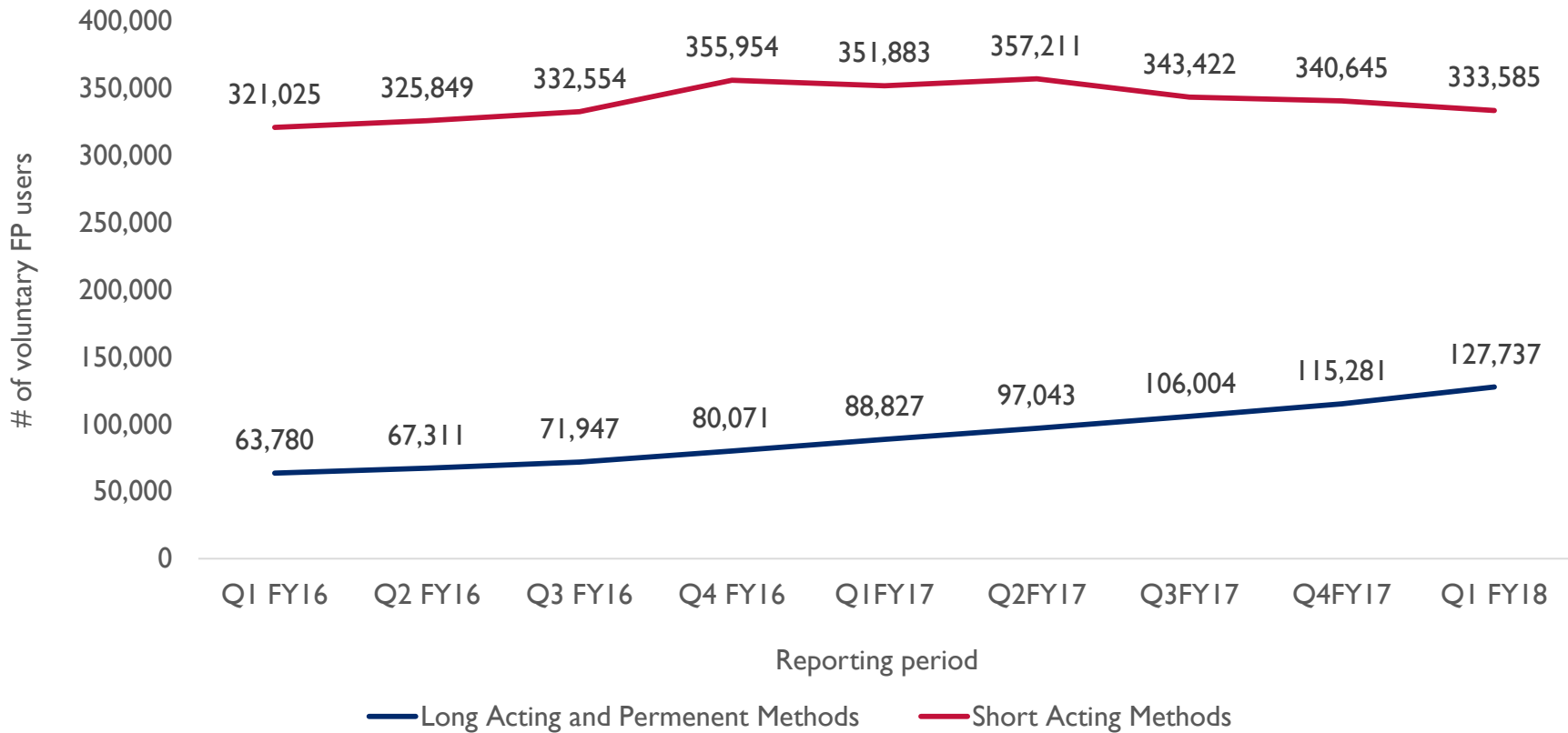
Results: Voluntary FP uptake

Number of new voluntary FP users by method type: 172 HFs

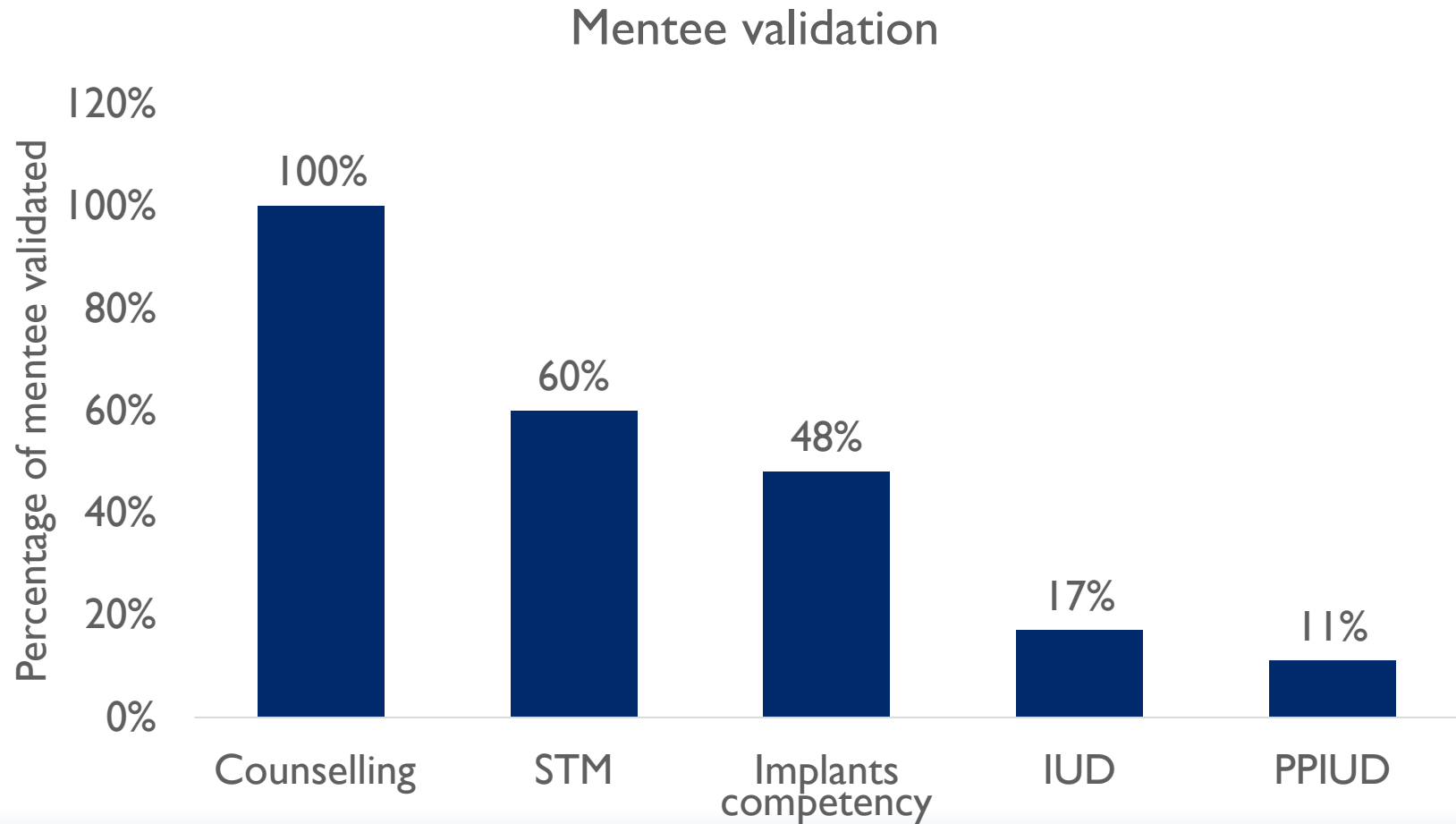


Results: Total FP users

Number of voluntary FP users by method type



Results: Providers skills progress



Policy implications

- Clinical mentorship contributed to an increased voluntary uptake of modern FP methods.
- On-site capacity building allows providers to stay at their posts during training and creates opportunities to serve clients in real time, all while fostering learning in the providers' existing work environment.
- Use of social media, like WhatsApp, was an enabling factor in exchange of learning experiences.
- In order to ensure scalability and sustainability of the mentorship approach:
 - Ministries of Health need to revise roles of identified providers/mentors to build in mentorship as one of their tasks.
 - Implementation of an effective clinical mentoring approach calls for commitment from all levels

For more information, please visit
www.mcspprogram.org

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