

Integration of Postpartum Family Planning Counselling in Community Health Workers' Home Visits to Pregnant Mothers' Families to Strengthen Voluntary PFP Uptake

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Background

- In 2009, Rwanda adopted a National Community-Based Maternal and Newborn Health Care Program (CBMNH) to increase access to Antenatal Care (ANC) and Postnatal Care (PNC) services, focusing on essential interventions for pregnant women, mothers, and newborns.
- In 2016, the Ministry of Health of Rwanda (MOH) updated the CBMNH guidelines and protocols for consistency with the 2013 WHO recommendations on PNC.
- The following new components were added:
 - Postpartum Haemorrhage Prevention
 - Kangaroo Mother Care
 - Postpartum Family Planning (PPFP) counselling
- In order to improve family planning uptake, PPFP was identified as a priority area by the Government of Rwanda. PPFP counseling was integrated directly into community health workers' (Animatrice de Santé Maternelle/ASM) home visits to pregnant women for both ANC and PNC. With MCSP support, existing FP provision and referral by ASMs was also strengthened.

Objectives of PPFP Integration into CBMNH:

- To ensure that all pregnant women are aware of benefits of healthy timing and spacing of pregnancies
- To ensure safety of contraception during breastfeeding and the postpartum period
- To encourage decision-making with partners
- To increase the uptake of PPFP

Program Description

From April 2015 to June 2017, MCSP supported the implementation of high impact interventions across the country in collaboration with MOH, including:

- Training 4,136 ASMs on CBMNH
- Training 8,655 ASMs on community-based provision of family planning (CBP)
 - 1/3 of the ASMs received both trainings.
- The revision of guidelines, protocols, training materials, and implementation tools, including:
 - Addition of PPFP counselling to the national PNC protocol
 - Modification of the CBMNH training manual to include counselling methodology for PPFP
 - Incorporation of messages on PPFP provided during pregnancy into the updated ASM flipcharts

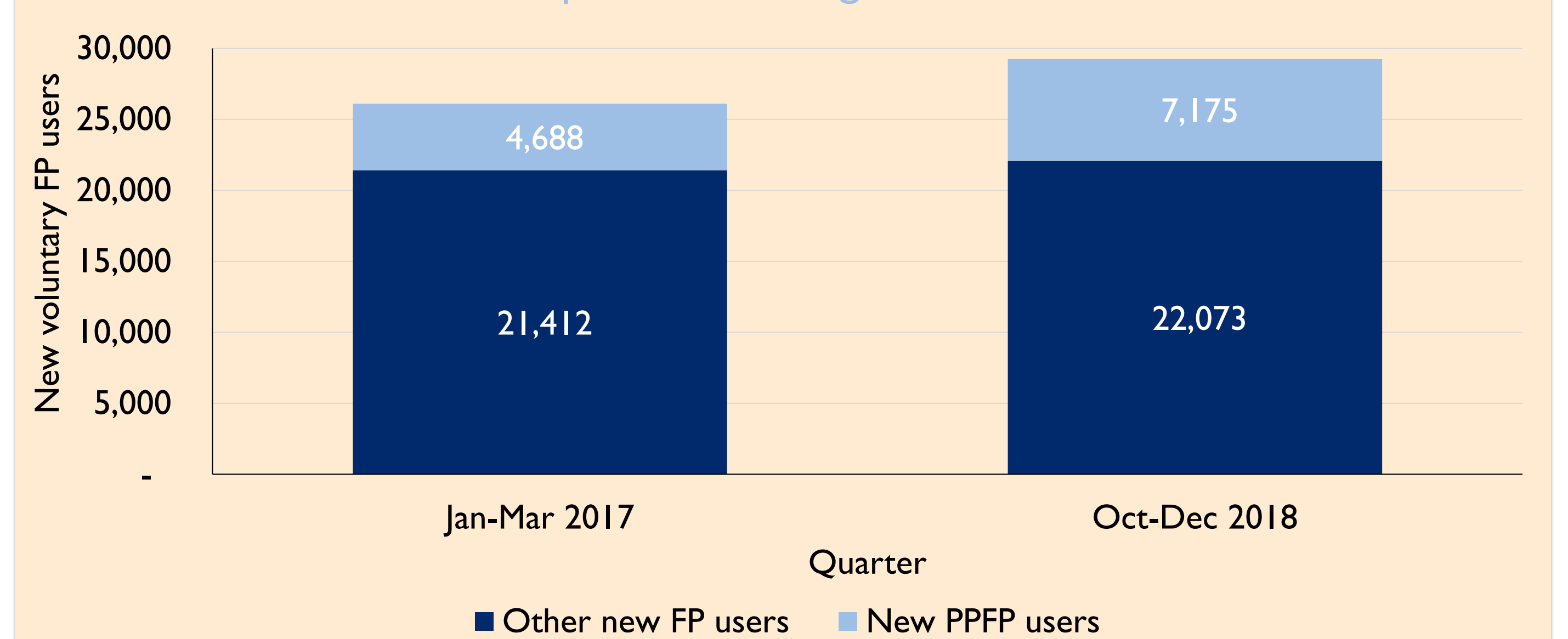
Methodology

- Analysis of results from the intervention in nine districts was done using data from both the the community health information system (Système d'information sanitaire/SIScom) and the national Health Management Information System (HMIS).
- MCSP also received MOH concurrence to train providers at health facilities to track pre-discharge PPFP uptake. This data was collected by MCSP in parallel and combined in one dataset with the data from SIScom and HMIS.
- Monthly averages, minimums, and maximums were calculated to identify trends in the use of FP methods.

Results

- From January to December 2017, the trained ASMs from nine districts conducted PPFP counselling through home visits during ANC. They reached an average of 17,307 pregnant women per month and an average of 6,190 mothers per month in the postnatal period.
- In total, ASMs identified and visited 66,566 individual pregnant women in that period.
- Figure 1 shows the increase in uptake of pre-discharge PPFP during the intervention period.

Figure 1: Contribution of pre-discharge PPFP to the number of new voluntary FP users
Data Source: HMIS & MCSP parallel tracking



Program implications

Findings suggest that training ASMs using the new CBMNH guidelines that include integrated PPFP counselling may lead to increased voluntary adoption of immediate PPFP among postpartum women.

Discussing family planning in the early stage of pregnancy gives the family additional time and information to make an informed choice in the postpartum period.

While trends suggest an additive effect of ASM provision of PPFP counselling in the home, our analysis could not attribute increasing trends solely to this intervention, because other efforts, such as clinical mentorship, were taking place in facilities.