Scaling up immediate postpartum family planning in Rwanda

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Background

• The postpartum period is a crucial time to initiate family planning (FP) and reduce unmet need for FP among women of reproductive age.
• Currently, the unmet need for FP in Rwanda is 19% (DHS 2015).
• The government of Rwanda, in collaboration with the U.S. Agency for International Development’s Maternal and Child Survival Program (MCSP) and other partners, committed to scaling up voluntary postpartum family planning (PPFP) to help address these issues.

Intervention

• MCSP supported the Ministry of Health (MOH) to systematically plan, execute, track, and adaptively manage the scale up of voluntary PPFP.
• PPFP scale-up involved:
  • Building the capacity of health care providers
  • Advocating for inclusion of PPFP indicators in the national health management information system (HMIS), including voluntary PPFP uptake before discharge, voluntary PPFP uptake within 6 weeks of delivery, and pregnant who were women counseled and selected a PPFP method during antenatal care
  • Identifying, engaging, and sharing results with key stakeholders

Methods

• In phases I (4 districts) and II (6 districts), MCSP supported the MOH to implement and scale-up PPFP in 10 districts using a modified World Health Organization ExpandNet scale-up approach, including:
  • Training of providers on PPFP counseling and clinical skills
  • Provision of supplies and equipment to facilities
  • Whole-site orientations, mentorship, supportive supervision visits
  • Review of performance data to support high-quality service delivery.
  • With the MOH’s permission to collect supplemental data on PPFP. A set of indicators around percent of women counseled and outcome of counseling were introduced to measure voluntary uptake of PPFP.

Results

Positive results from phase I led to a commitment of the MOH and other partners to scale up PPFP in 6 remaining MCSP-supported districts in the country.

• Figure 1 shows the percent of women delivering in facilities who received PPFP counselling, planned to start a method, were discharged with a method, or declined PPFP:
• As seen in Figure 2, among those women who accepted a method before discharge, a rising proportion were accepting long-acting reversible contraceptives (LARCs), as shown in the graph below.

Advocacy results

• The Rwandan MOH added PPFP indicators to the revised national HMIS in 2017.
• PPFP is now included as a central part of the latest Health Sector Strategic Plan 2018-2024 and built into the new national FP/Adolescent Sexual and Reproductive Health strategy.
• In July 2017, the government of Rwanda committed to scaling up PPFP in all public health facilities as part of its FP2020 renewal.
• So far, more than 20 (out of 30) districts are currently providing a full package of PPFP methods with support provided in various districts from the MOH, MCSP, and other partners.