

# Scaling up immediate postpartum family planning in Rwanda

Authors: Jacqueline Umunyana,<sup>1</sup> Felix Sayinzoga,<sup>2</sup> Joel Serucaca,<sup>2</sup> Beata Mukarugwiro,<sup>1</sup> Suzanne Mukakabanda,<sup>1</sup> Alfred Twagiramungu,<sup>1</sup> Rosine Bigirimana<sup>1</sup>

Affiliation: <sup>1</sup>USAID's Maternal and Child Survival Program, <sup>2</sup>Ministry of Health/Rwanda Biomedical Center



A happy couple after receiving a PPF method from Kibungo Hospital in Rwanda  
Photo by Evariste Bagambiki, MCSP

## 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 PPF.
- PPF scale-up involved:
  - Building the capacity of health care providers
  - Advocating for inclusion of PPF indicators in the national health management information system (HMIS), including voluntary PPF uptake before discharge, voluntary PPF uptake within 6 weeks of delivery, and pregnant women who were counseled and selected a PPF method during antenatal care
  - Identifying, engaging, and sharing results with key stakeholders

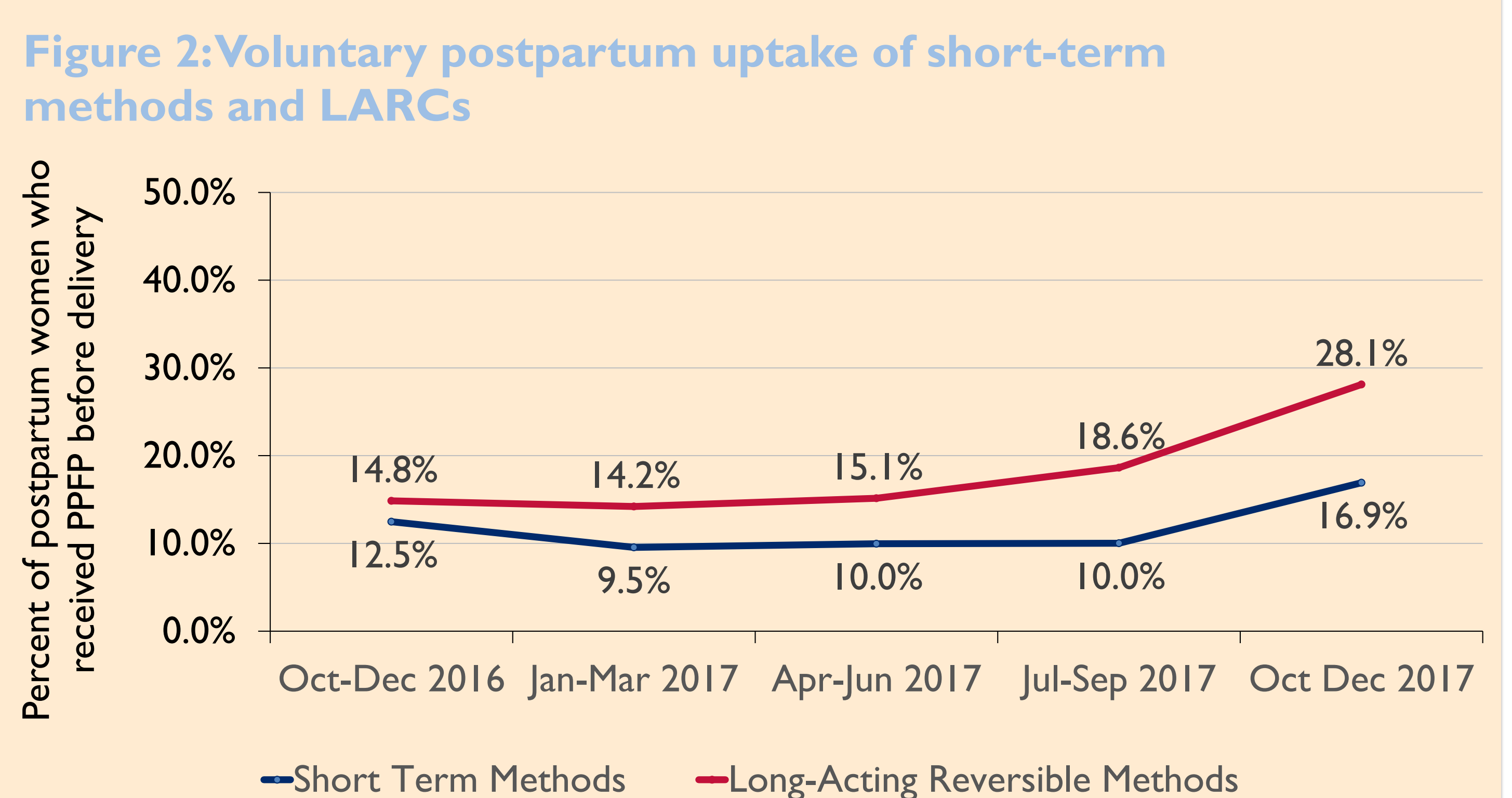
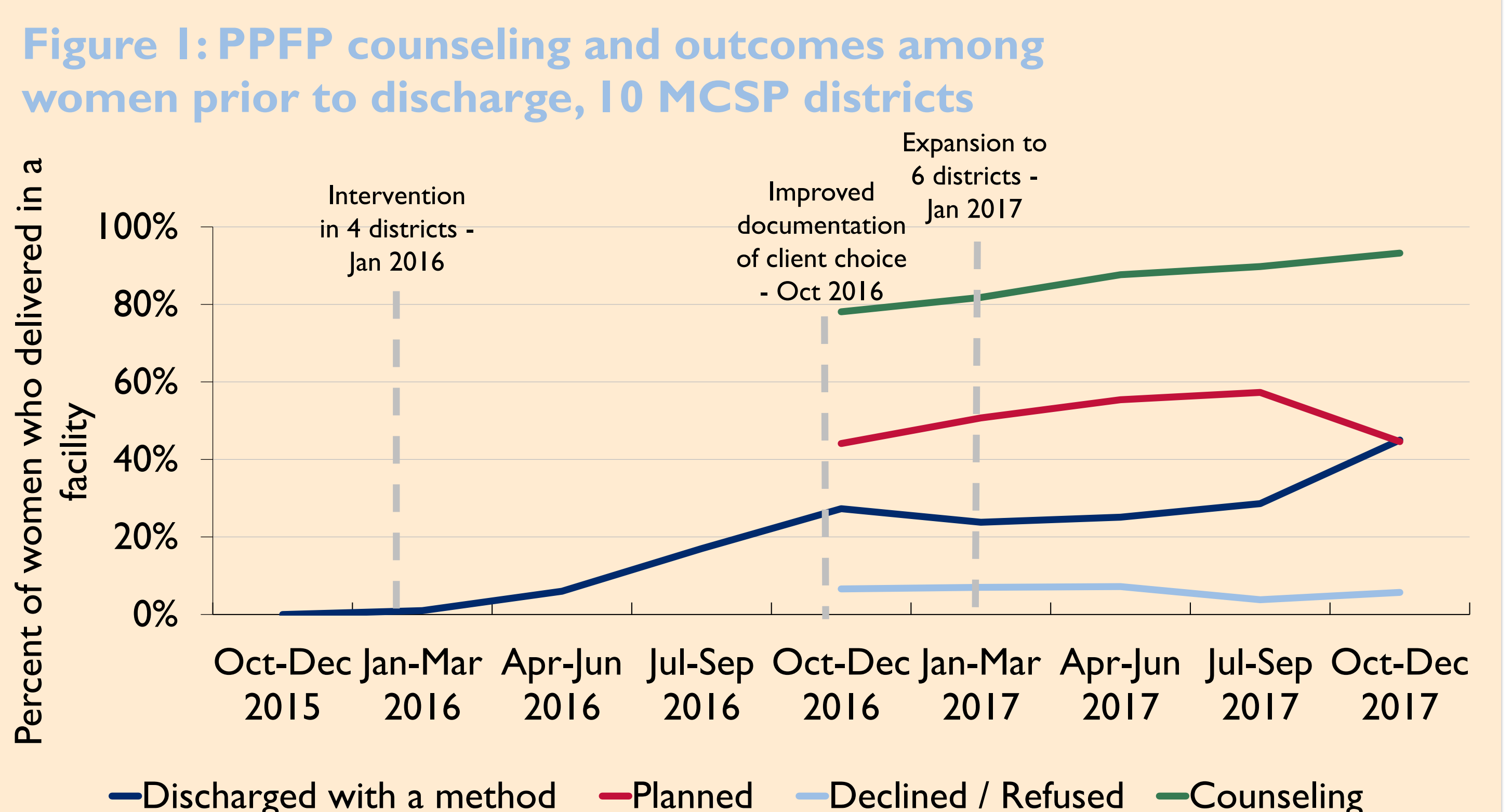
## Methods

- In phases I (4 districts) and II (6 districts), MCSP supported the MOH to implement and scale-up PPF in 10 districts using a modified World Health Organization ExpandNet scale-up approach, including:
  - Training of providers on PPF 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 PPF, a set of indicators around percent of women counseled and outcome of counseling were introduced to measure voluntary uptake of PPF.

## Results

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

- Figure 1 shows the percent of women delivering in facilities who received PPF counseling, planned to start a method, were discharged with a method, or declined PPF.
- 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 PPF indicators to the revised national HMIS in 2017.
- PPF 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 PPF 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 PPF methods with support provided in various districts from the MOH, MCSP, and other partners.