



Strengthening postpartum family planning (PPFP) counselling and provision in the immediate postpartum period increases uptake of PPFP in Rwanda

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Outline

- Background
- Program design
- Provider capacity building
- Results
- Program implications

Background

The antenatal and postpartum periods are critical times to initiate family planning (FP) counseling and voluntary method provision in order to reduce unmet need among women of reproductive age.



A happy couple after receiving a PFP method from Kibungo Hospital/ Rwanda
(Photo/Evariste Bagambiki/MCSP Rwanda)

- 2015 WHO Revision of the Medical Eligibility Criteria expands contraceptive options within 48 hours and beyond
- Currently, the unmet need for family planning (FP) in Rwanda is 19% (DHS 2014-15)
- Voluntary modern postpartum family planning (PPFP) use among women who delivered in facilities at 1 month postpartum (Immediate PPFP) is 7% (Track20)
- 99% of pregnant women receive at least one antenatal care (ANC) visit from skilled personnel (DHS 2014-15)
- 91% of women deliver in a health facility with a skilled provider (DHS 2014-2015)

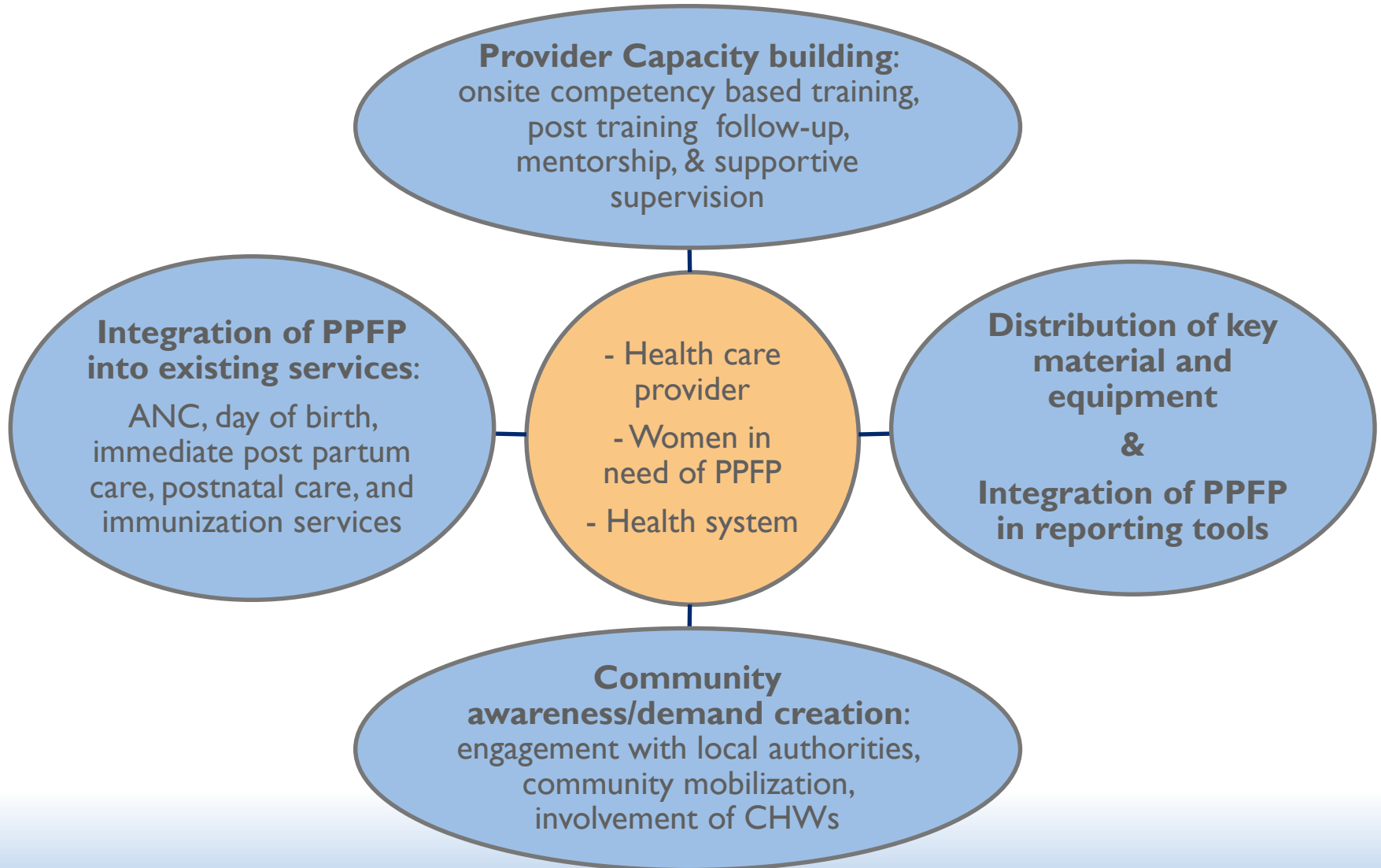
Intervention

- 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 PFP.
- MCSP supported the Ministry of Health to systematically plan, execute, track, and adaptively manage the scale up of PFP in **10 districts and 145 health facilities**, including:
 - Capacity building for healthcare providers, including training on PFP counseling & clinical skills
 - Provision of supplies and equipment to facilities, followed by whole-site orientations, mentorship, supportive supervision visits, and review of performance data to support high-quality care
 - Identifying, engaging, and sharing results with key stakeholders
 - Advocating for inclusion of PFP indicators in the national health information system (HMIS)

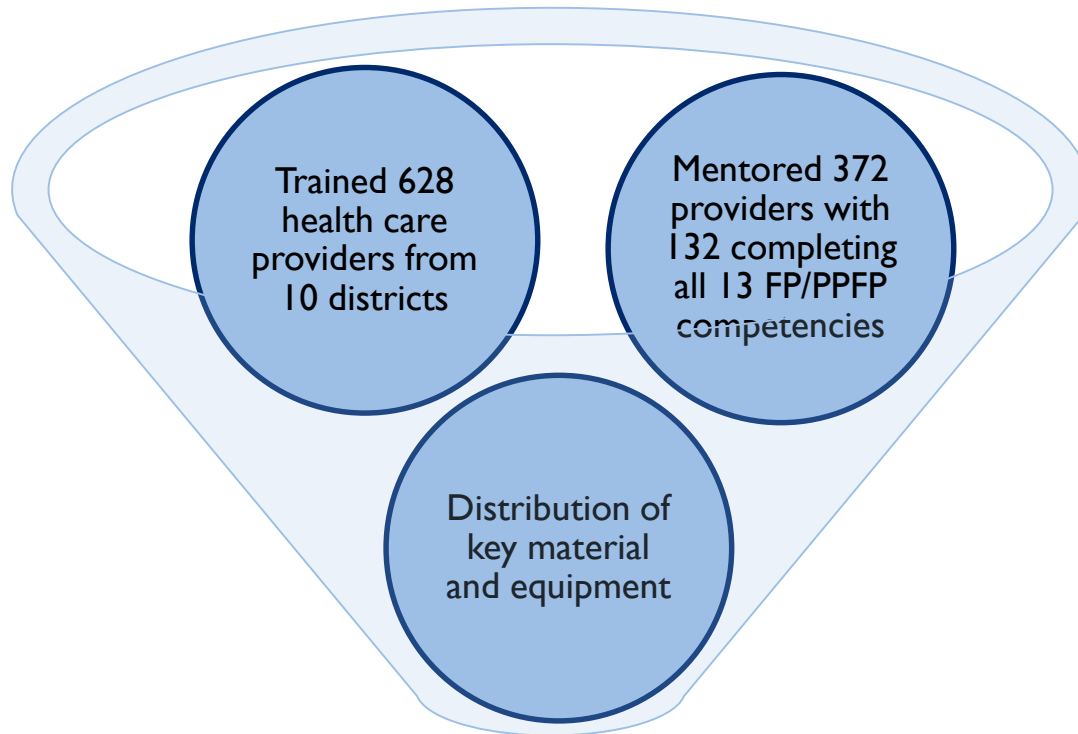
MCSP Intervention Sites



Program Design



Capacity Building of Providers



Skilled health care providers

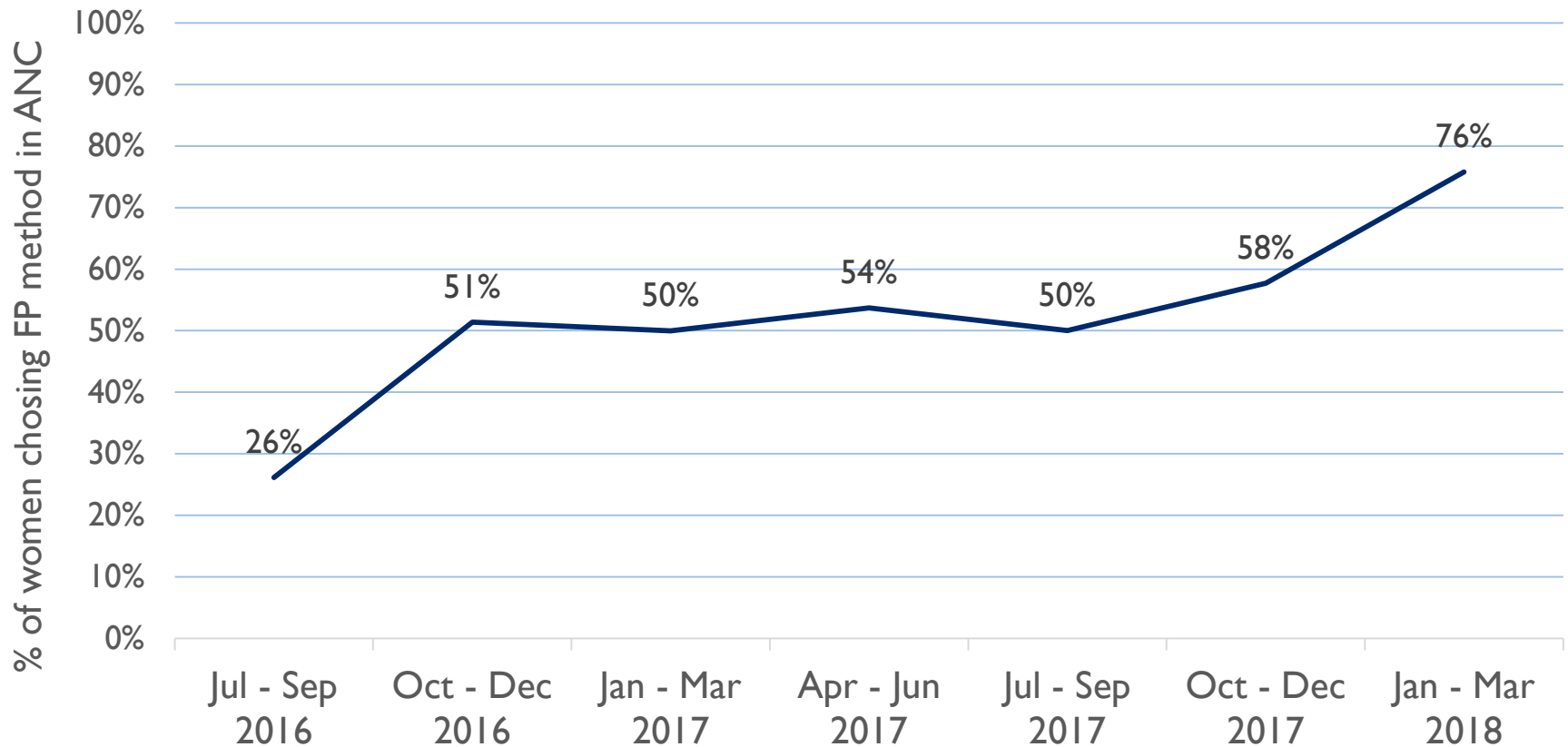


Nurse inserting Implanon at Bugarura Health Center

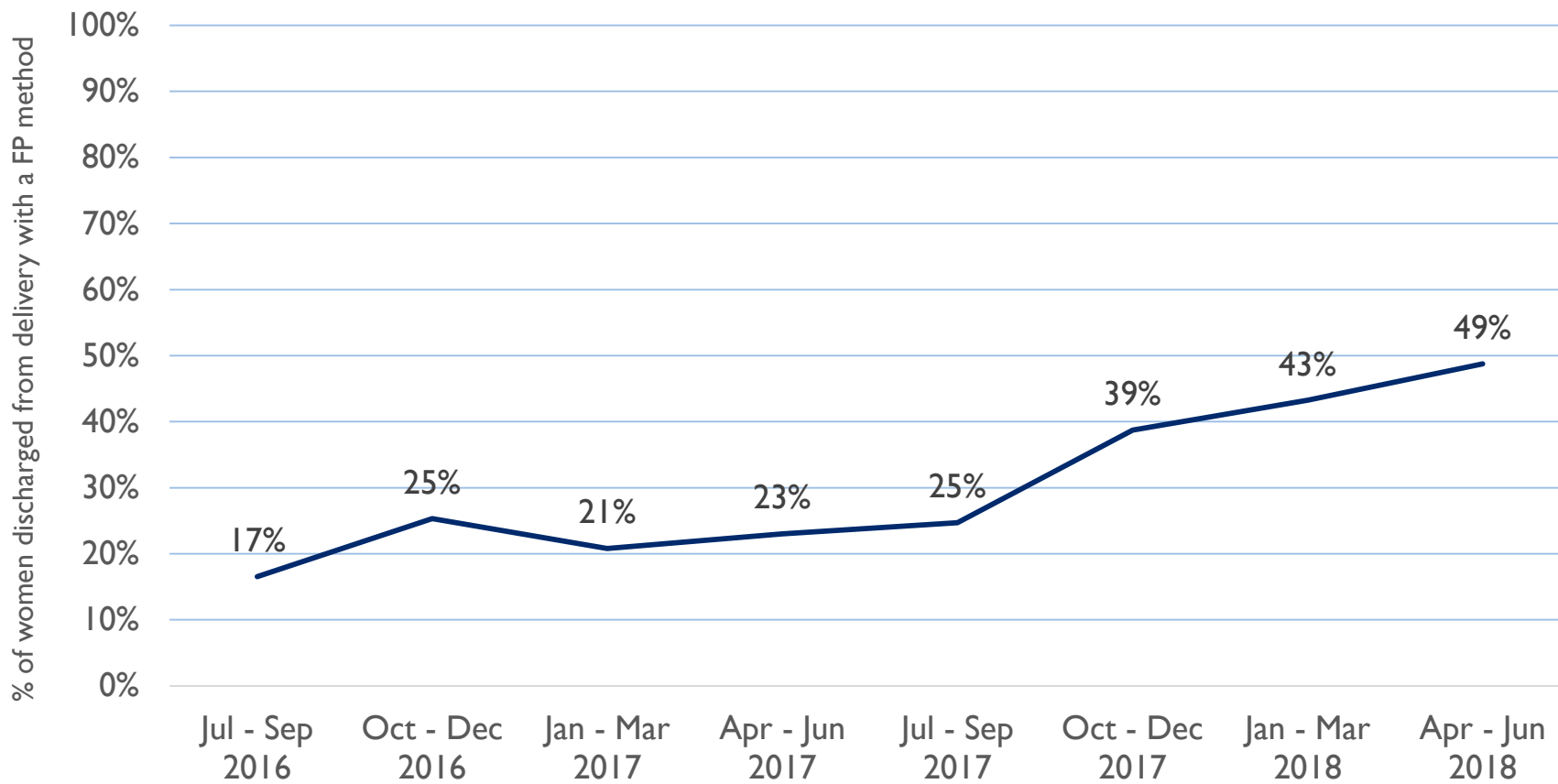


Post training follow-up of providers trained in PPFP counselling

Women choosing a preferred PFP method during ANC increased over time

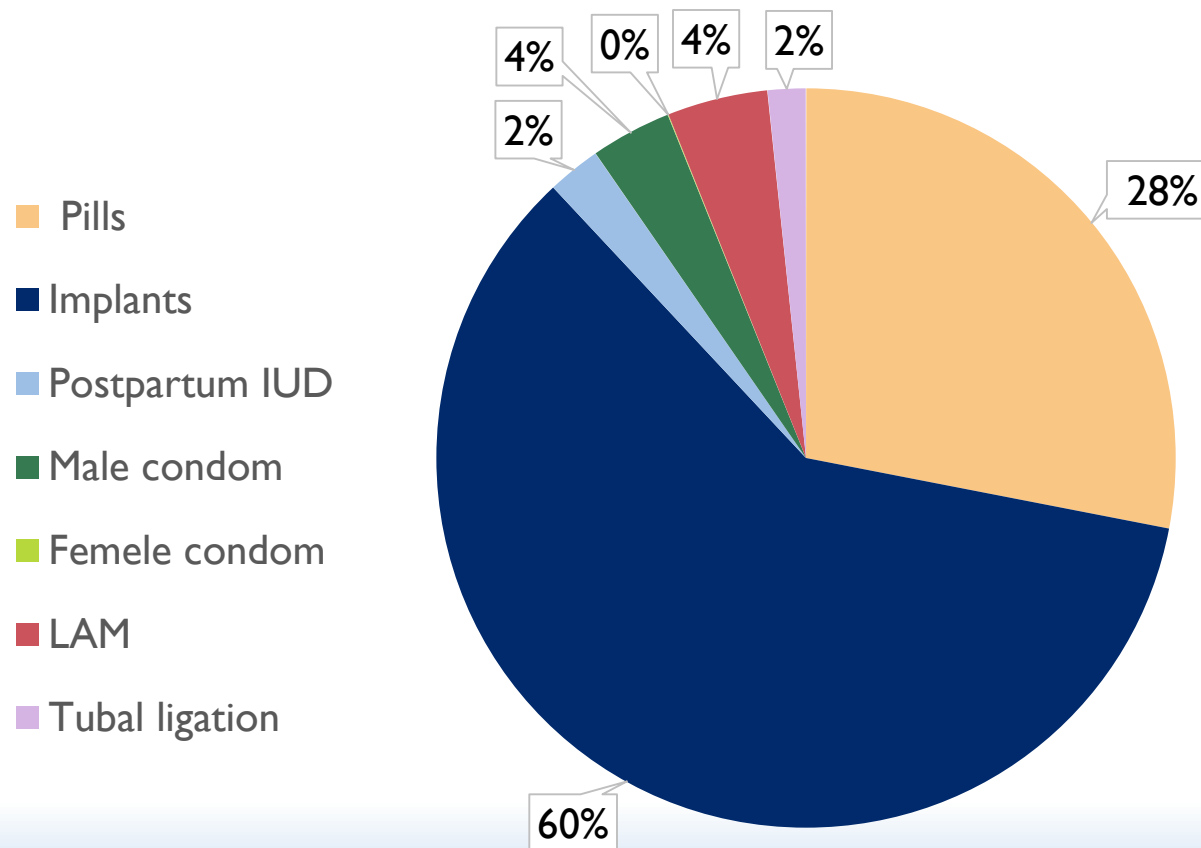


Increase in voluntary pre-discharge PFP uptake after delivery

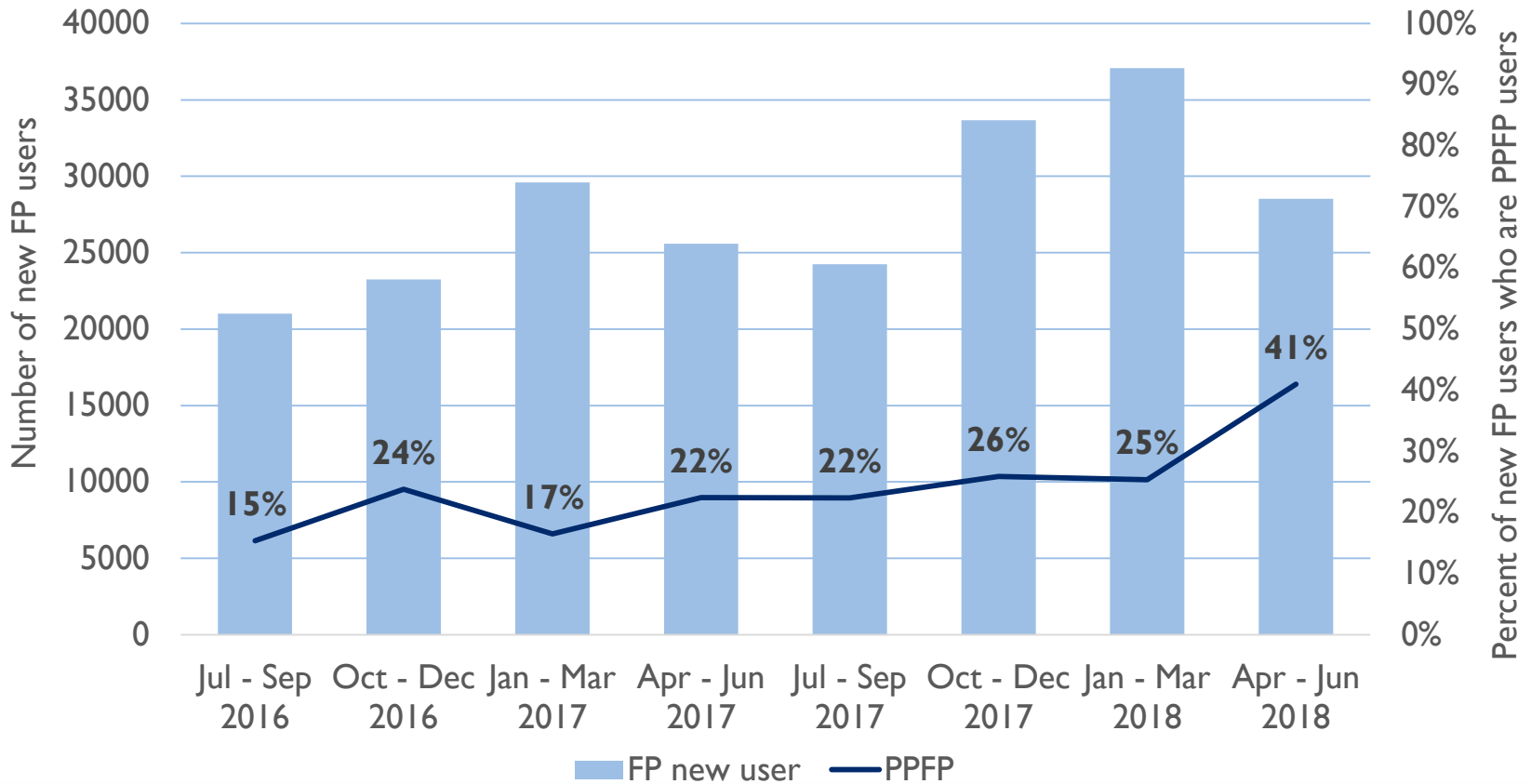


Of the PFP methods, most women chose to use a LARC

Results from 10 districts from July 2016 to July 2018



Voluntary uptake of PFP methods among new users increased across the 145 health facilities



Program Implications

- **Counselling during ANC** helps prepare women and/or couples to make decisions around initiation of voluntary PFP, including method selection.
- Focusing on the **immediate PFP period** helps address the unmet contraceptive needs of women during this critical period.
- **Provider capacity building** in immediate PFP, including counselling skills, is a promising means to reducing unmet need and strengthening voluntary uptake of FP methods in general, including LARCs.
- **Addressing health system issues** in parallel to capacity building is a key component of program design and helps build an enabling environment, ensure continuous supply of commodities and equipment, and monitoring of program activities in order to achieve continuous and sustainable quality PFP provision

For more information, please visit
www.mcspprogram.org

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