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.

- 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 PPFP.

- MCSP supported the Ministry of Health to systematically plan, execute, track, and adaptively manage the scale up of PPFP in **10 districts and 145 health facilities**, including:
  - Capacity building for healthcare providers, including training on PPFP 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 PPFP indicators in the national health information system (HMIS)
Program Design

Provider Capacity building:
- Onsite competency based training, post training follow-up, mentorship, & supportive supervision

Integration of PPFP into existing services:
- Health care provider
  - Women in need of PPFP
  - Health system
- ANC, day of birth, immediate post partum care, postnatal care, and immunization services

Distribution of key material and equipment & Integration of PPFP in reporting tools

Community awareness/demand creation:
- Engagement with local authorities, community mobilization, involvement of CHWs
Capacity Building of Providers

- Trained 628 health care providers from 10 districts
- Mentored 372 providers with 132 completing all 13 FP/PPFP competencies
- Distribution of key material and equipment

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 PPFP method during ANC increased over time.

% of women choosing FP method in ANC

<table>
<thead>
<tr>
<th>Period</th>
<th>% of Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jul - Sep 2016</td>
<td>26%</td>
</tr>
<tr>
<td>Oct - Dec 2016</td>
<td>51%</td>
</tr>
<tr>
<td>Jan - Mar 2017</td>
<td>50%</td>
</tr>
<tr>
<td>Apr - Jun 2017</td>
<td>54%</td>
</tr>
<tr>
<td>Jul - Sep 2017</td>
<td>50%</td>
</tr>
<tr>
<td>Oct - Dec 2017</td>
<td>58%</td>
</tr>
<tr>
<td>Jan - Mar 2018</td>
<td>76%</td>
</tr>
</tbody>
</table>
Increase in voluntary pre-discharge PPFP uptake after delivery

<table>
<thead>
<tr>
<th>Period</th>
<th>% of women discharged from delivery with a FP method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jul - Sep 2016</td>
<td>17%</td>
</tr>
<tr>
<td>Oct - Dec 2016</td>
<td>25%</td>
</tr>
<tr>
<td>Jan - Mar 2017</td>
<td>21%</td>
</tr>
<tr>
<td>Apr - Jun 2017</td>
<td>23%</td>
</tr>
<tr>
<td>Jul - Sep 2017</td>
<td>25%</td>
</tr>
<tr>
<td>Oct - Dec 2017</td>
<td>39%</td>
</tr>
<tr>
<td>Jan - Mar 2018</td>
<td>43%</td>
</tr>
<tr>
<td>Apr - Jun 2018</td>
<td>49%</td>
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</table>
Of the PPFP methods, most women chose to use a LARC

Results from 10 districts from July 2016 to July 2018
Voluntary uptake of PPFP 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 PPFP, including method selection.

- Focusing on the immediate **PPFP period** helps address the unmet contraceptive needs of women during this critical period.

- **Provider capacity building** in immediate PPFP, 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 PPFP provision.
For more information, please visit
www.mcsprogram.org

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