



Voluntary tubal ligation under local anesthesia (TLLA) by mini-laparotomy provided in outreach increases access and service provision of permanent family planning methods in Rwanda

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Background

- Rwanda's overall contraceptive prevalence rate is high as compared to neighboring countries, at 48% in 2014-15 DHS. However, there is still a 19% unmet need for FP (11% for spacing, 8% for limiting)
- Tubal ligation under local anesthesia (TLLA) contributes 1.2% to the contraceptive prevalence rate.
- Provision of TLLA is still challenging because the population in need lives in remote areas and has difficulties travelling to hospitals

Program intervention

MCSP, in collaboration with the Rwanda MoH, established a comprehensive FP counseling, referral, and training program including:

- Training medical doctors/Nurses on the TLLA procedure (Feb 2016)
- Training Community Health Workers (CHW) on FP counseling and referral to health centers (May 2016)
- Establishing a referral systems from CHWs to the health center for counseling for clients/couples who wish to initiate a FP method
- Developing a notification system through which health center staff inform hospitals of clients who voluntarily chose TLLA after comprehensive FP counseling (March 2016)
- Organizing days when hospital providers offer permanent methods at health centers for clients awaiting the procedure (Feb 2016)
- Starting WhatsApp groups between providers to improve confidence, share information, and troubleshoot problems (June 2016)



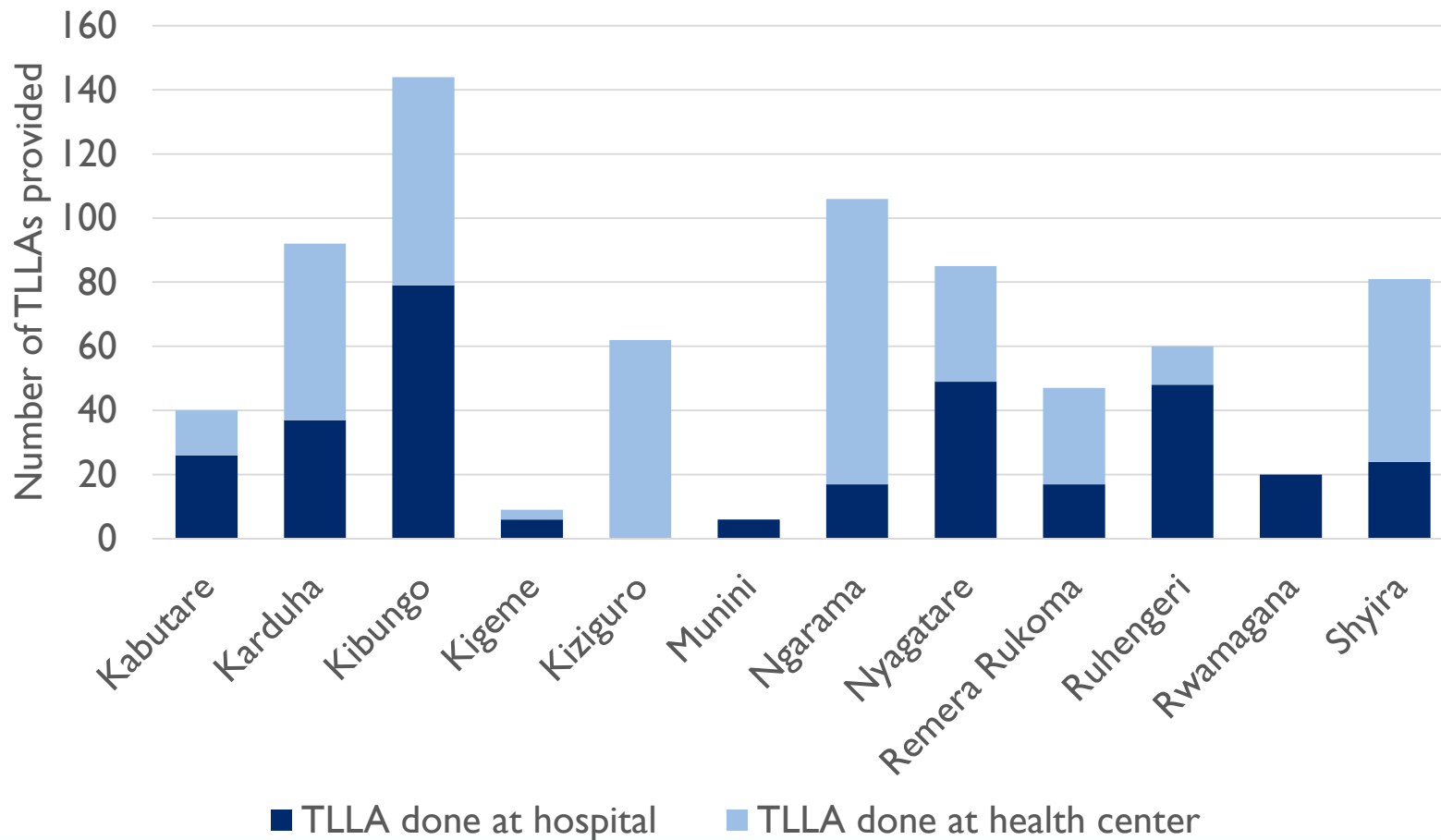
A Medical Doctor provides additional information about female sterilization to couples who chose to adopt TLLA after receiving comprehensive FP counseling at their health center.

Methodology of the study

- Data presented here includes:
 - Number of clients served, gathered from hospital registers
 - Review of mentorship reports for provider testimonies regarding the skills and confidence gained
- HMIS data triangulated with program data
- The hospital's FP focal person maintained records and planned the outreach sessions

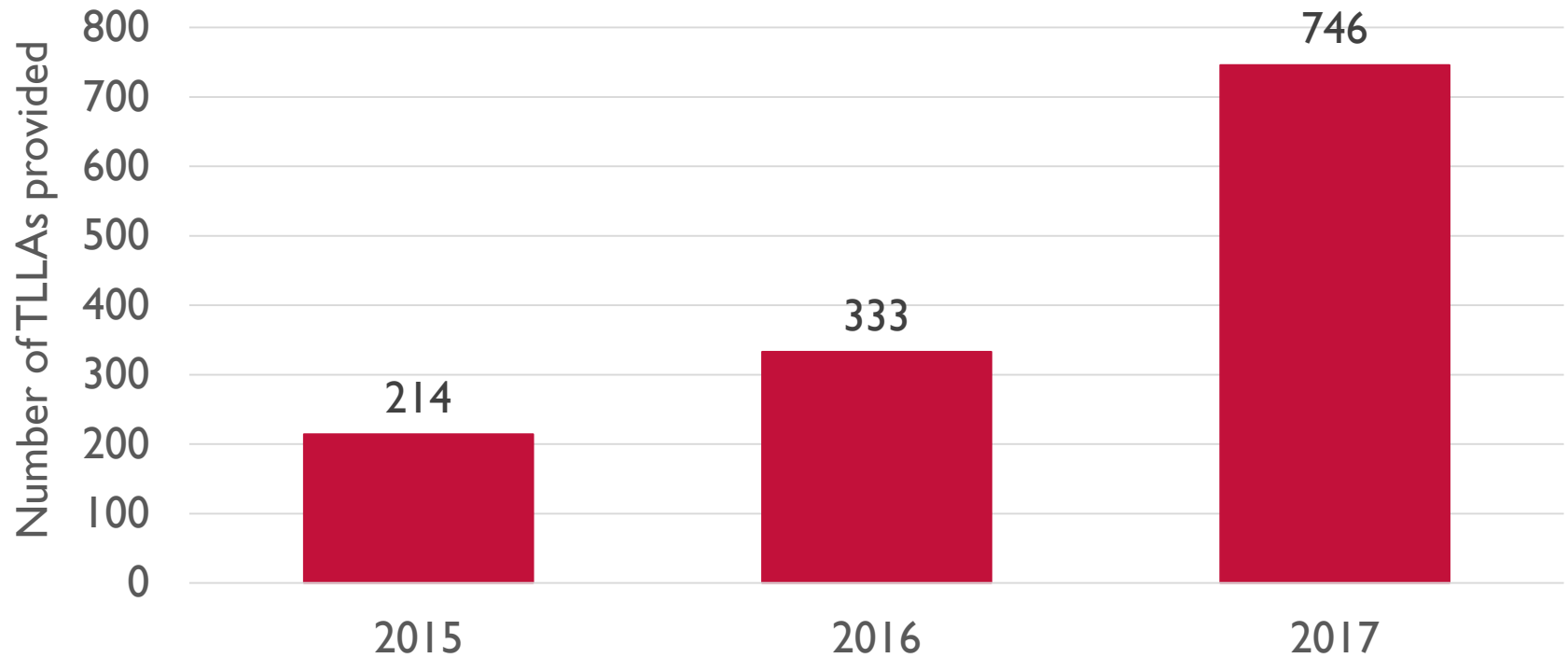
Results

Number of voluntary TLLA provided in hospitals and health centers in 10 districts of Rwanda



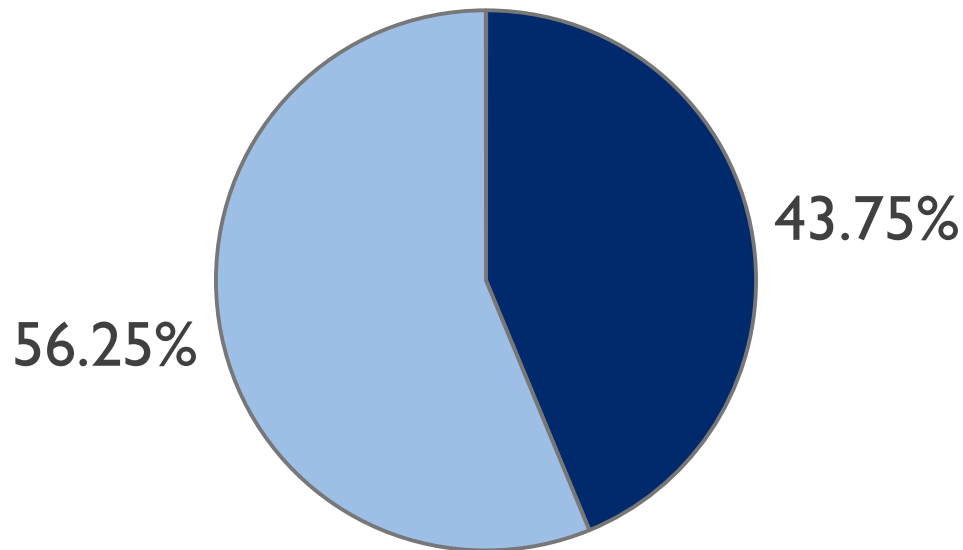
Results

Total number of voluntary TLLAs provided in 10 districts of Rwanda



Results

Percent of total voluntary TLLA conducted in hospital vs. outreach 2016-2017



■ TLLA done at hospital

■ TLLA done in outreach

Program Implications and Lessons Learned

- The access to TLLA is still poor in remote communities
- Increasing the number of skilled health providers is one strategy to overcome these barriers
- A combination of hospital capacity-building and outreach strategies have contributed to an increase in TLLA provision
- Creation of group a WhatsApp between health providers improved rapid information sharing and enhanced learning
- Integration of this activity into district annual operating plans and budgets is needed to ensure sustainability



A mentee performing TLLA under the guidance of a senior medical doctor

For more information, please visit
www.mcspprogram.org

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