

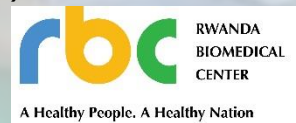


Advancing the PFP Agenda Building Partnerships to Meet Rwanda's FP2020 Commitments

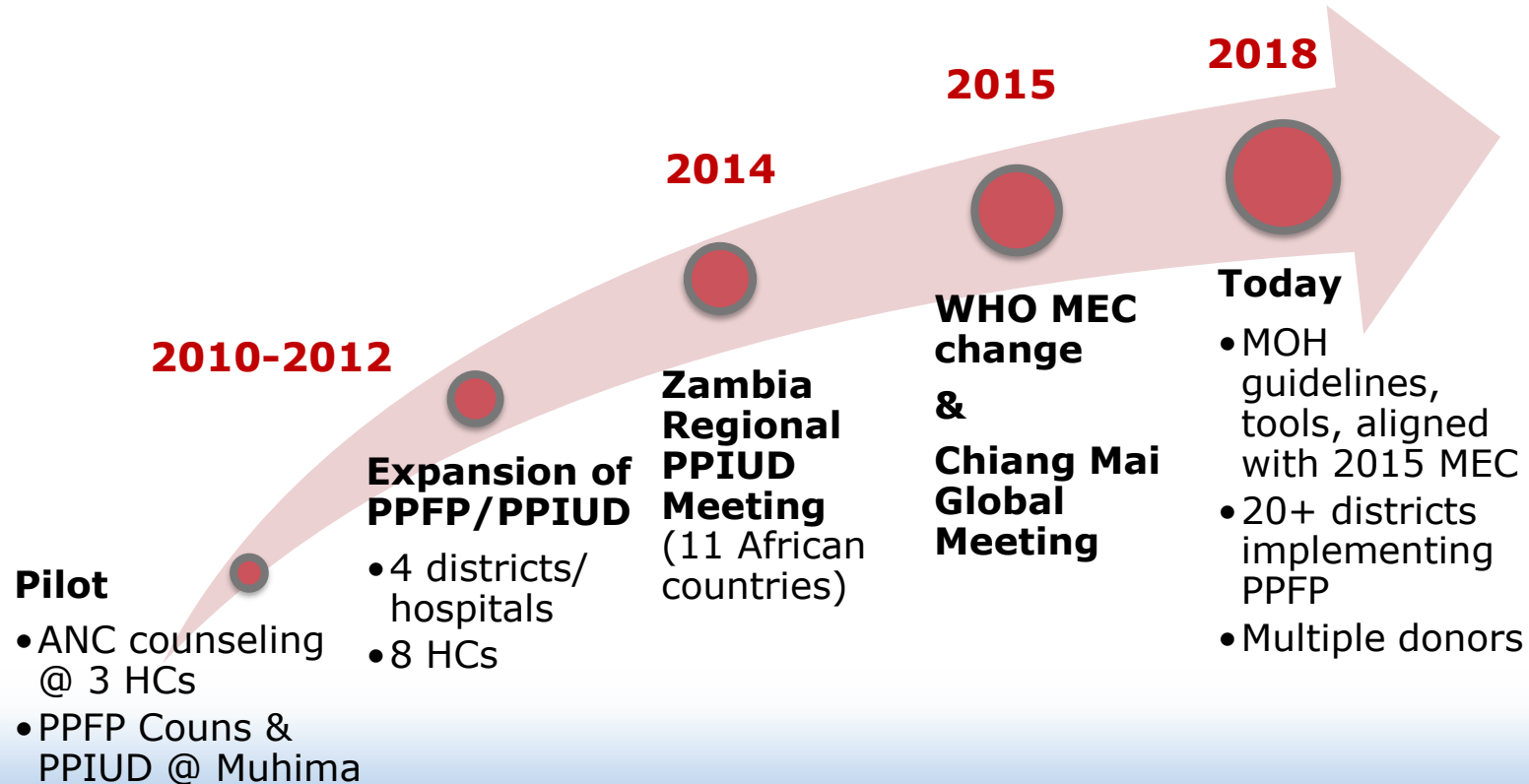
Dr. Jacqueline Umunyana (Senior Learning and Scale up Advisor, MCSP Rwanda)

Catherine Mugeni (Director of Community Health, Rwanda Biomedical Center)

May 16, 2018



History of expansion of PFP services in Rwanda



FAMILY PLANNING SUMMIT

11 JULY 2017 - LONDON

For Safer,
Healthier and
Empowered
Futures
#HerFuture



Total family
planning use
and prospective
unmet need
among women
0–23 months
postpartum

Summary of Commitments

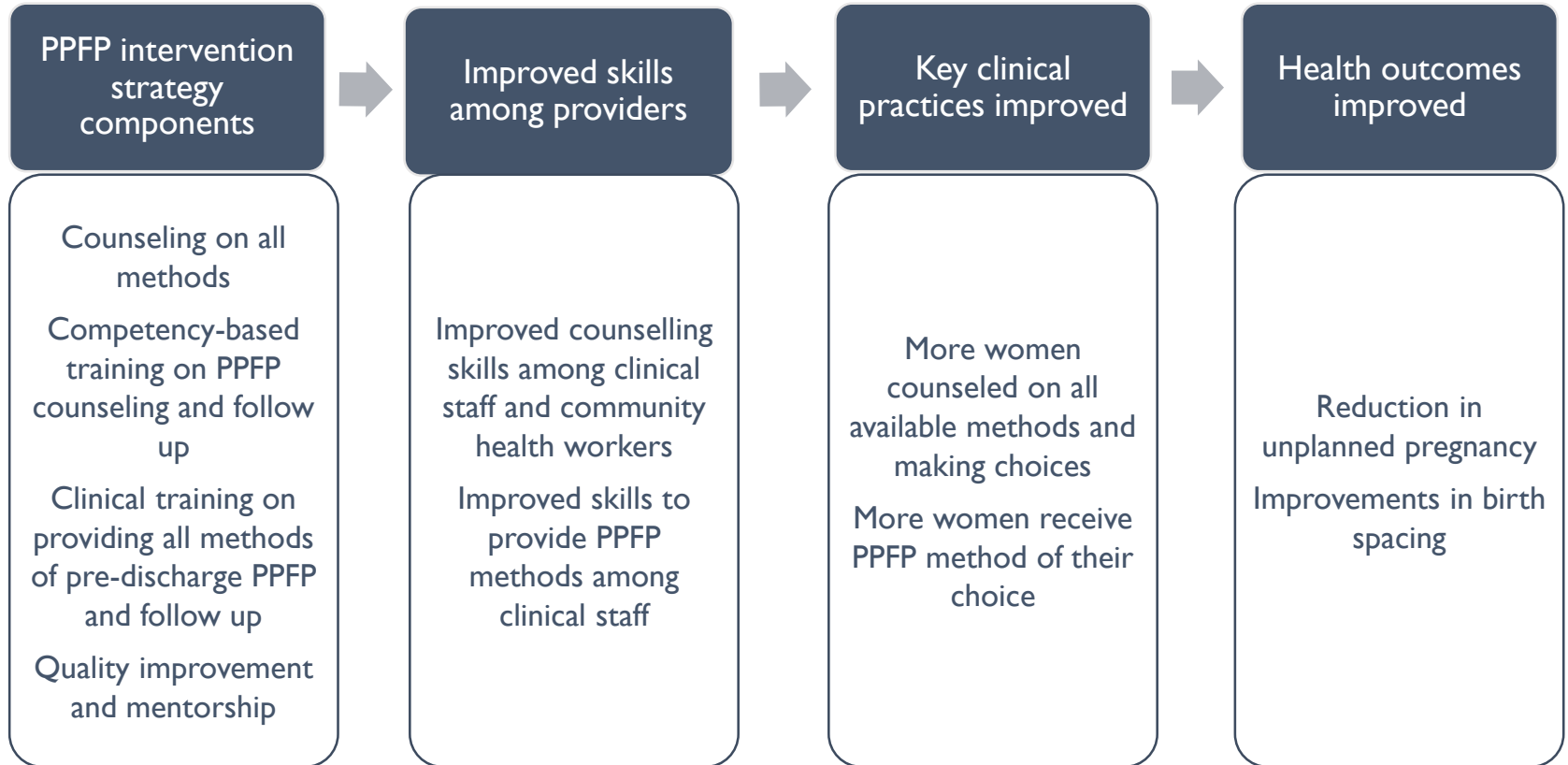
“The Government of Rwanda in collaboration with its partners and private sector commits to:

- Programming at scale postpartum family planning in health facilities by 2020
- By 2024, total demand for FP will have increased from 72% to 82%
- Improve its rights-based FP programming by adding to its available method mix long-acting and reversible methods
- Using the evidence base of high-impact practices to focus its FP programming resources for greatest impact by 2020.”

PPFP Scale Up Priorities

Priority	Status
Scale up of PPFP in all health facilities in Rwanda	PPFP is scaled up to facilities 20+ districts
Review ongoing PPFP approach including the use of qualitative data to inform scale up/scale up PPFP interventions in 10 remaining districts by training service providers	In progress
Ensure quality services through mentorship sessions	Ongoing
Determine a package of PPFP services to be integrated in Immunization and ANC services	Ongoing
Ensure that the two PPFP indicators are captured in the HMIS	Completed
Expand/scale up PPFP services in private health facilities of Kigali City	In progress

Immediate PFFP intervention goal and strategy



Scale up of immediate PFP (2016-2018)

Phase I

- MCSP assisted the MoH to introduce PFP in four districts (Musanze, Rwamagana, Kamonyi, and Ngoma)
- Stakeholders workshop conducted December 2016 to share lessons learned from Phase I districts and plan for expansion to six new districts

Phase II

- MCSP assisted the MoH to expand PFP interventions to six additional districts (Nyabihu, Nyaruguru, Gatsibo, Huye, Nyamagabe, and Nyagatare)
- The MOH either alone or with other partners (UNFPA, Partners in Health) introduced immediate PFP in other districts as well

Monitoring scale-up through existing systems and dashboard



- Added a column to the maternity register margin to capture pre-discharge PFP
- Using codes, the provider documents if PFP counselling is done (Y) and outcome
 - Y/Accepted a method
 - Y/Refuse
 - Y/Plan
- Mentorship checklist

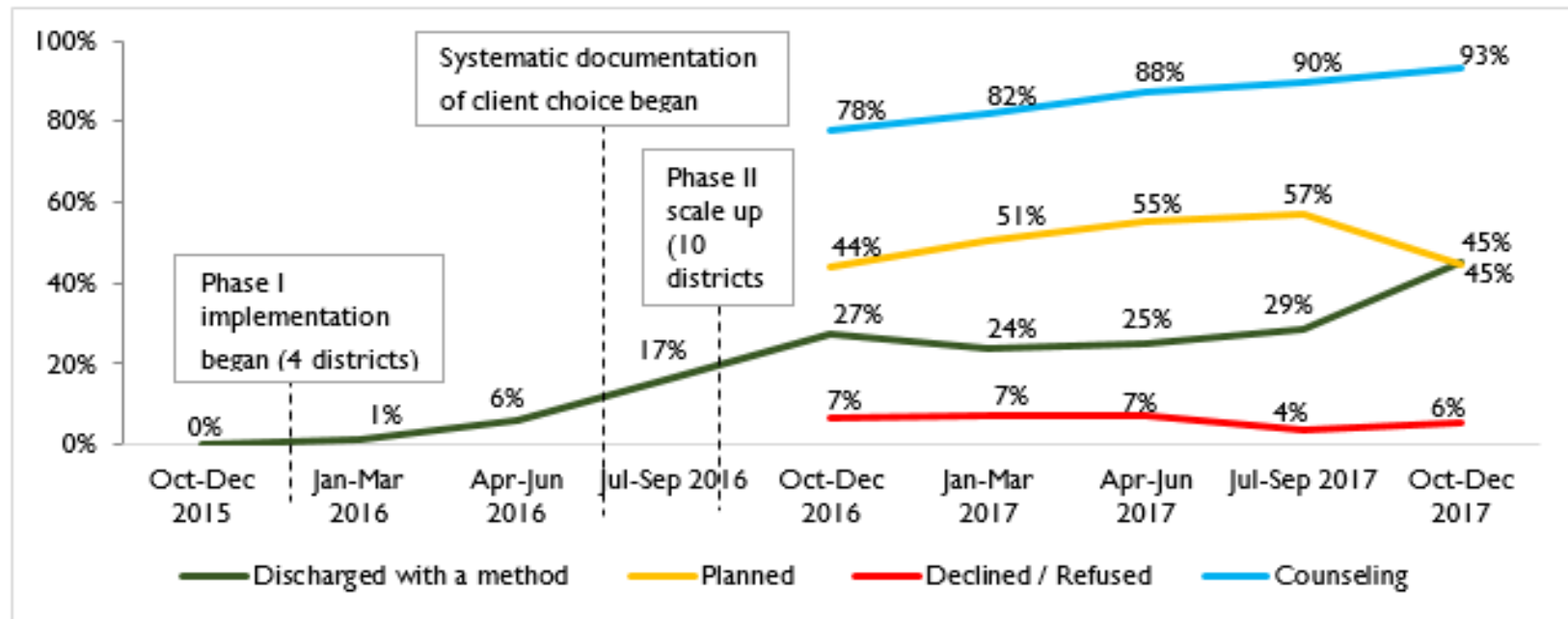


Key items on PFP dashboard

- No. of providers trained on PFP (counselling and clinical)
- Stock-out of FP commodities
- Counselling outcome
- Action plan

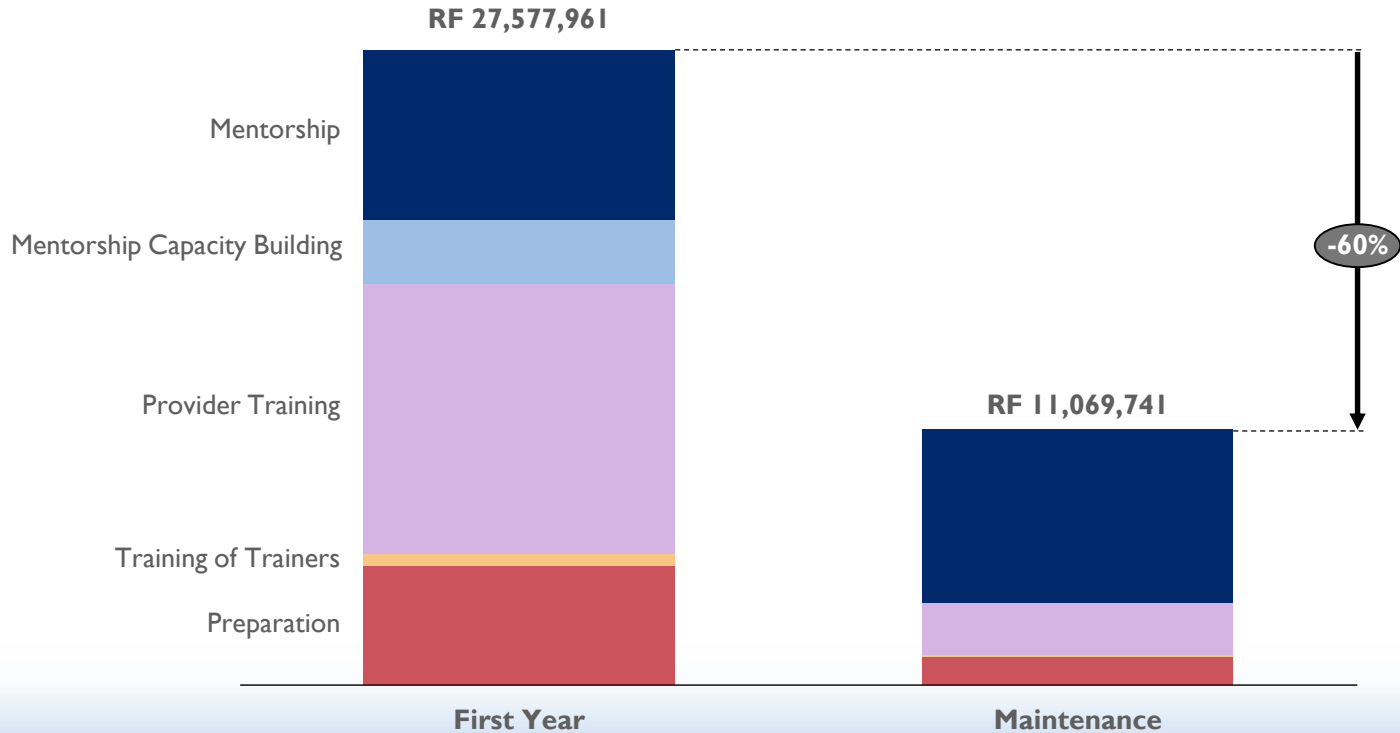
Key progress

Outcomes of PFPF counseling and proportion of postpartum women who initiated a PFPF method before discharge



Costing Analysis: Annual cost per district

Annual maintenance costs per district are approximately 60% less than costs during first-year of introduction (excluding mentor salaries)



Note Preparation category includes training equipment replacement in maintenance years

Estimated costs of package suggest it is a relatively low-cost intervention

- **Average annual district cost**
 - RF 27 million (approx. \$31,800) in first year of introduction
 - RF 11 million (approx. \$12,900) in subsequent years to maintain intervention
- **Annual cost per capita**
 - First year of introduction: RF 75 (\$.09)
 - Annual per year maintenance: RF 28 (\$.03)
- **Annual cost per woman of reproductive age***
 - First year of introduction: RF 285 (\$.34)
 - Annual per year maintenance: RF 105 (\$.12)
- Estimated RF 300-450 million (\$353-530 thousand) total cost per year for full scale-up in Y3-Y5 represents **less than 1% of total government expenditures on health**** (excluding PFP commodities)

*Based on approx. 3 million women aged 15-49 (2017 UN Population Prospect); 11.92 million pop

**Source: Rwanda National Health Accounts 2014

Rwanda Government Strategic Planning

Vision 2050

Development priorities

National Strategy for Transformation

Economic, social and governance priorities

Health Sector Strategic Plan 4 (2018-2024)

Health priorities

RMNCAH Policy

Policies and policy directions

Maternal, Newborn, Child
Health Strategic Plan

FP/ASRH
Strategic Plan

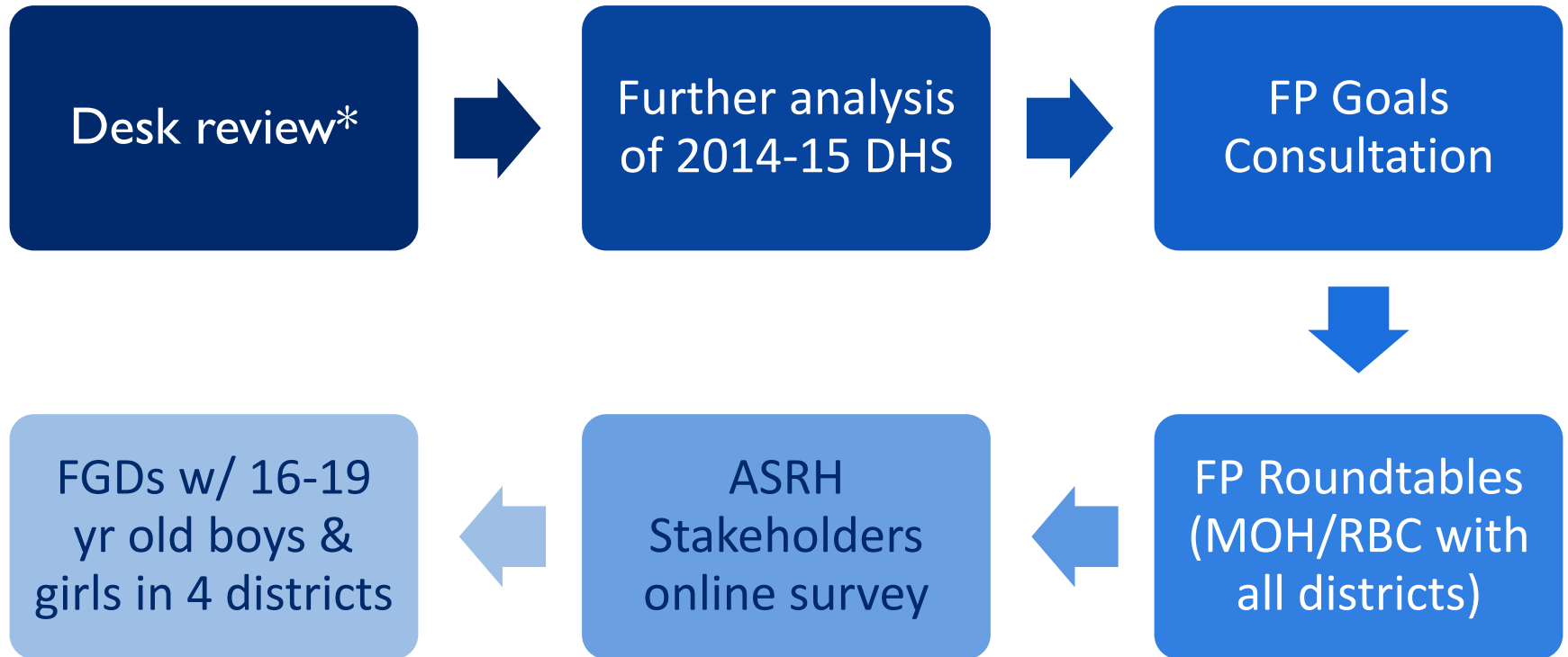
Population-based outcomes for

- ← Contraceptive use
- ← Teen pregnancies
- ← Maternal, child, neonatal mortality
- ← Demographic dividend

Development of RMNCH policy and FP/ASRH strategy

- MoH formed a core team of partners to support strategy development and costing
- Led assessment of previous strategies and used secondary DHS 2015 analysis to guide and target gaps
- Led multi-stakeholder, collaborative process seeking strategic inputs from all levels
- TWG convened multiple forums for stakeholders to validate strategic plan
- Health Sector Strategic Plan 4 (2018-2024)- FP/ASRH inputs included

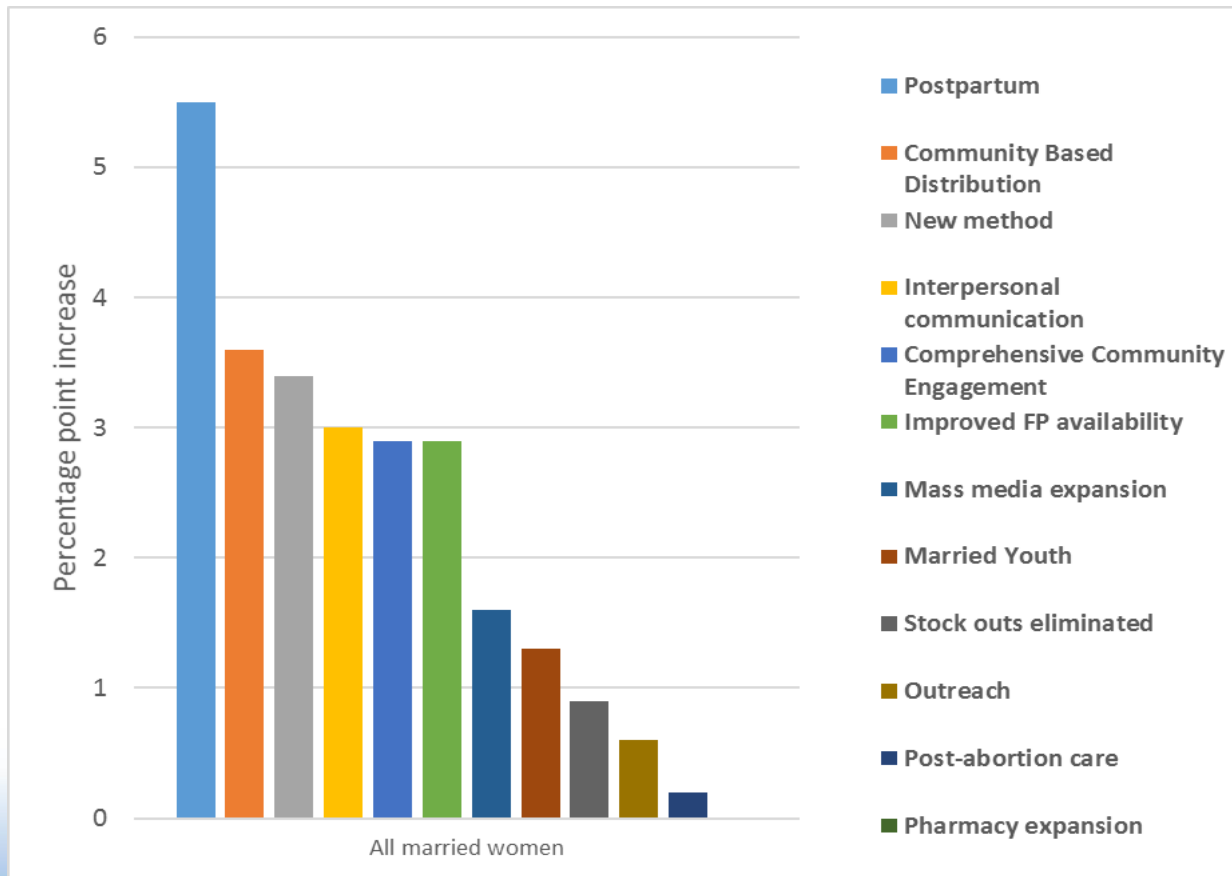
Situation Analysis prior to development of FP/ASRH Strategy



* Rwanda-specific: HSSP III MTE, FP Effort Index Brief, Expiring policies and strategies, CHP eval
International: CIP Toolkit, HIP Briefs, WHO AA-HA, other misc. WHO documents

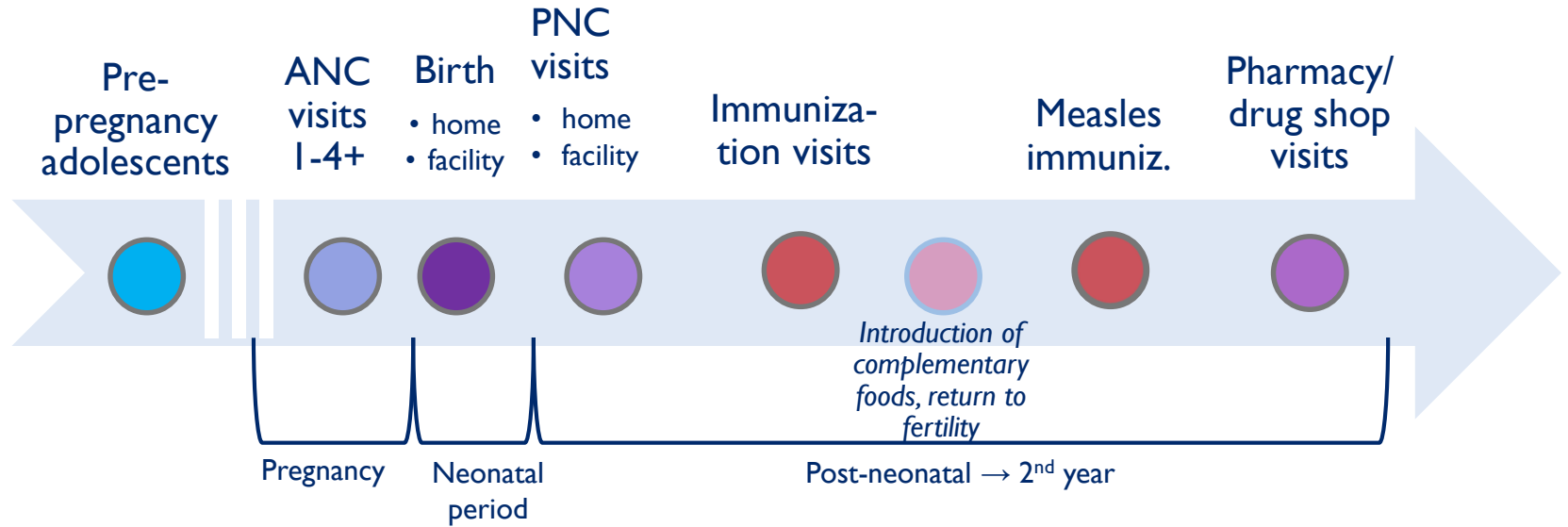
Development of RMNCH policy and FP/ASRH strategy

Results of FP goals
Analysis showed
that scaling up PPFPP
would generate
greatest impact in
increasing CPR
(among married
women) in Rwanda



Postpartum Family Planning is mentioned in draft new FP/ASRH strategy as well as HSSP4

Integration; Operationalizing contact points



Family Planning... Every Girl/Woman, Every Time!

Engaging Communities

- PFFP scale-up strategy focused on pre discharge PFFP
 - Extending the intervention to community level with outreach
- Training of binomes and ASM split by technical intervention previously
 - Now they are coming back together to work on PFFP

Challenges and opportunities

Challenges:

- PFP was not in the HMIS
- Ensuring quality of FP counseling
- National TWG has many competing priorities
- No direct control of commodity supply

Opportunities:

- National FP2020 Commitments
- Strong political will
- Strong implementing partners (WHO, UNFPA)
- District to district technical support
- High facility delivery rate in Rwanda
- Established Scale up management team

Thank you!