



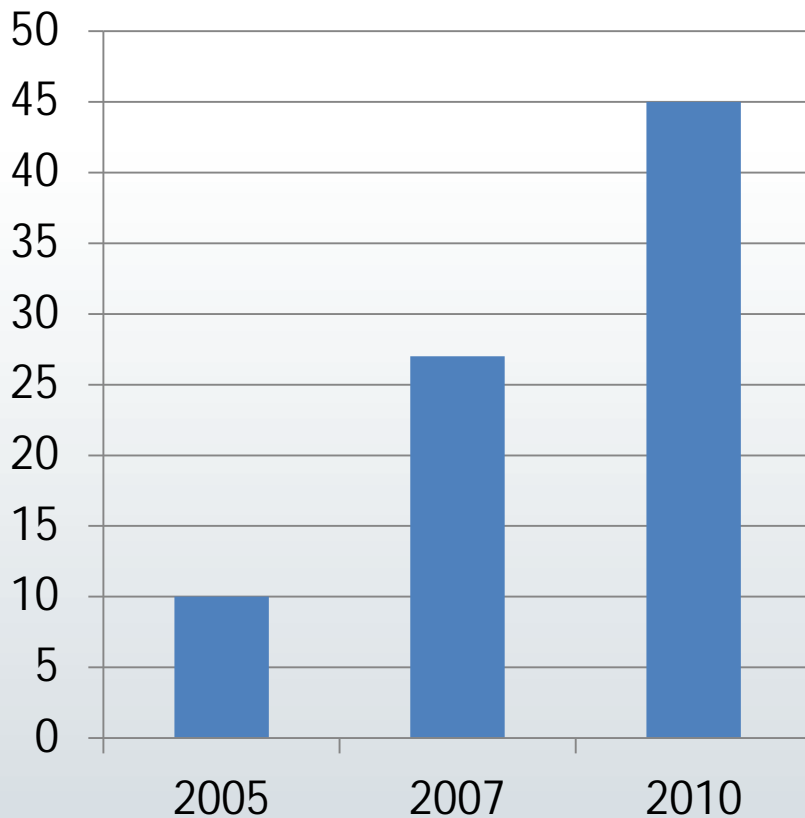
Examining the Feasibility of Postpartum IUD Services in Rwanda

Theresa Hoke
March 13, 2012



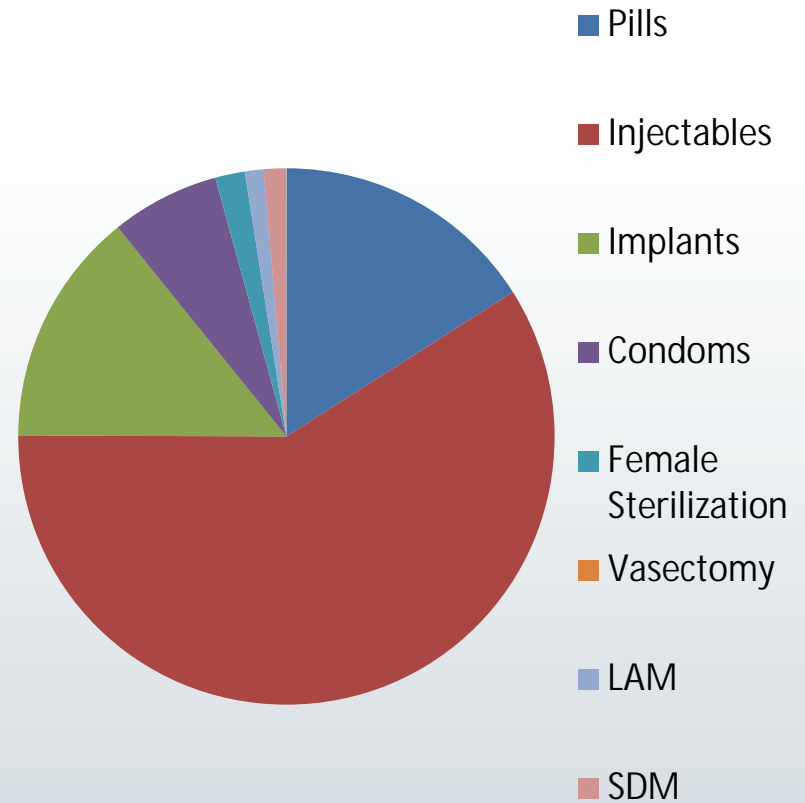
Rwanda context

Contraceptive Prevalence*



*% currently married women using any modern method

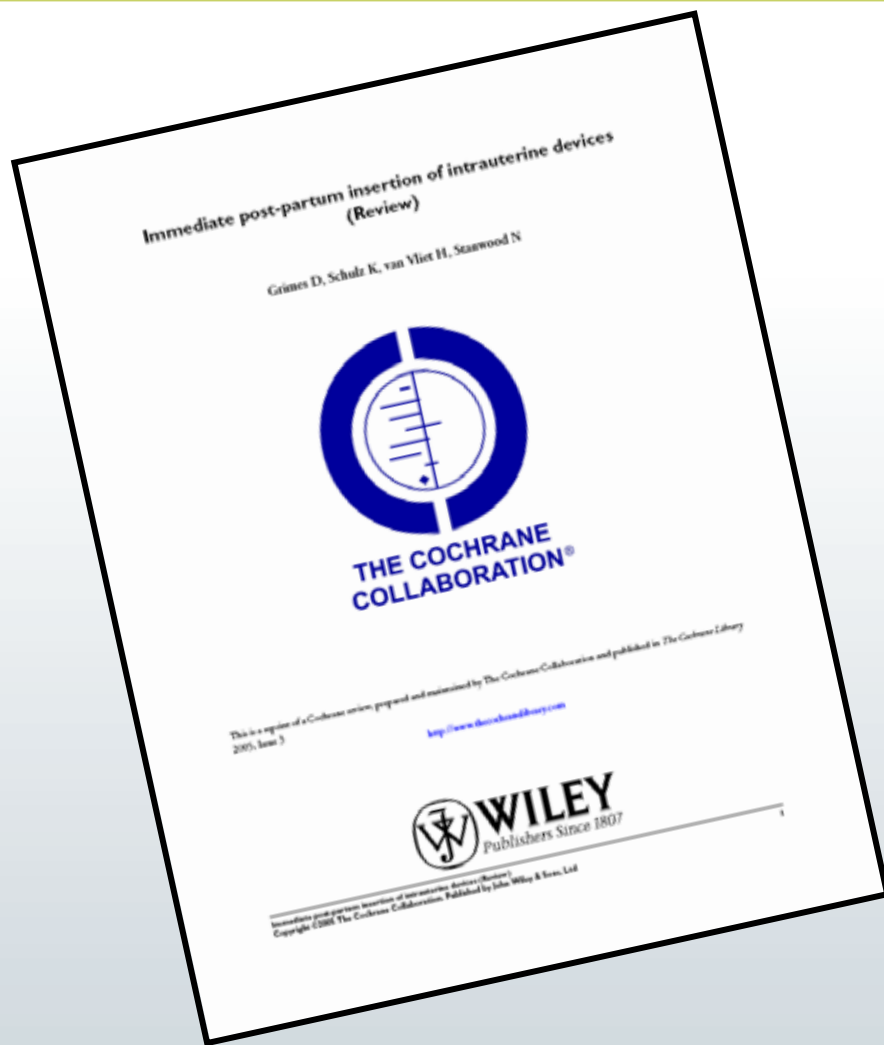
2010 Method Mix



Challenge: Expand method mix, meet needs of postpartum women

- Rapidly increasing contraceptive prevalence, but innovation needed to reach Ministry of Health goals:
 - 70% by 2012
 - 90% by 2017
- Method mix skewed to short-acting methods
- Compelling needs of postpartum women
 - High unmet need for family planning
 - Health risks to mother and child of closely spaced births

Response: Research on postpartum IUD



Study goal: Produce experience-based guidance regarding the feasibility of incorporating postpartum IUD services into public sector health services.

PROGRESS approach: strengthen the evidence-base

Study objectives:

- Examine the degree to which postpartum IUD service components are offered in accordance with performance standards;
- Examine providers' perspectives regarding the responsibility of offering postpartum IUD services;
- Assess clients' perspectives toward postpartum IUD services, as indicated through
 - acceptability
 - intended use
 - actual uptake
 - reported satisfaction with the method.

Intervention components

- Training: postpartum FP counseling
- Training: postpartum IUD insertion and removal
- Adjustments to ANC and maternity procedures
- Equipment and commodities
- Postpartum FP brochure
- Supportive supervision



Fostering Ministry of Health ownership

- Study tour to increase understanding and buy-in
- Collaboration with the Ministry of Health Co-Investigator and the FP Technical Working Group
- Phased introduction permitting local adaptation of intervention



Local adaptation of postpartum IUD intervention

1. Establish learning site at Muhima Maternity
2. Facility assessments to evaluate site readiness
3. Mid-study intervention refinement workshop
 - Review lessons learned from Muhima introduction
 - Recommend adaptations for expanded implementation
4. Implementation in 4 district hospitals and 8 health centers

Service implementation sites



Huye:

Hopital Kabutare
CS Rubona
CS Kiniyamakara

Gakenke:

Hopital Ruli
CS Coko
CS Rushashi

Karongi:

Hopital Kibuye
CS Rubengera
CS Kirambo

Kirehe:

Hopital Kirehe
CS Kirehe
CS Mulindi

Evaluation methods: Post-intervention data collection

- Interviews with all antenatal care (ANC) and maternity providers responsible for client counseling and actual insertion in participating sites (n = 64)
- Observation of 335 client-provider counseling interactions in ANC
- Observation of 180 rotations in the participating maternities to assess provision of postpartum IUD service
- Interviews with 277 women who are 3-5 months postpartum

Selected study indicators

- ANC and maternity providers' knowledge about postpartum FP
- Providers' knowledge of postpartum IUD service procedures
- Consistency of group education and individual counseling about postpartum FP and postpartum IUD
- Providers' interest in continuing to offer postpartum IUD counseling and insertion services
- Knowledge among postpartum women about FP and postpartum IUD
- Current and intended use of contraception by postpartum women
- Number of postpartum IUD insertions, expulsions, and removals

Identifying needed health system supports

Intervention components and planned activities	Activities as actually implemented	Names of individuals/orgs involved and their role	Considerations for future replication or expansion
Advocacy & education event			
Study tour			
Muhima site preparation			
etc....			

Identifying resources needed for scale-up

Activity: Site Preparation

Item	Unit	Type	Unit	Type	Unit Cost (RWF)	Total Cost (RWF)	Data source
Transportation fuel)	163	L of fuel			925	150,775	receipt
Per diem	2	persons			56,000	112,000	receipt
Lodging	2	persons	2	nights	20,000	80,000	receipt
Phone card	1	person			10,000	10,000	receipt
Time spent by FHI Technician	5	days	1	person			estimation/time sheet
Time spent by FHI Driver	4	days	1	person			estimation/time sheet
Time spent with providers/Leaders of 12 HF	1	hour	12	person			estimation/time sheet

Preliminary lessons learned

- Support must continue beyond formal training to instill competence and confidence to deliver services
- Challenge to reorganize ANC service delivery processes
- Service provision depends on enthusiasm of individual managers and providers
- Some providers are quite enthusiastic!
- Commodity security requires sustained attention
- Client demand for IUD can be stimulated through counseling
- Need for greater attention toward postpartum FP more generally

Expected study outcomes

