Women Saved, Births Planned

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Background

• Rwanda’s EmONC guidelines prioritize **comprehensive PAC:**
  − Emergency treatment + FP counseling and services + community mobilization

• PAC implementation lagged behind guidelines
  − Most districts using outdated approaches
  − Services primarily in hospitals and by doctors
  − Focus on emergency treatment
Pilot comprehensive PAC in two districts

- Shift from sharp curettage to MVA or medication
- Integrate FP counseling and provision
- Add community component
- Expand access to health centers and task shift to mid-level providers

<table>
<thead>
<tr>
<th>Nyarugenge</th>
<th>Gicumbi</th>
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<tbody>
<tr>
<td>1 hospital</td>
<td>1 hospital</td>
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<tr>
<td>6 health centers</td>
<td>21 health centers</td>
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Training adapted to sites (1 to 3 weeks)

- Hospitals: June/July 2010 for 16 doctors, 40 nurses
- Health centers: February/April 2011 for 78 nurses
Intervention Summary (3)

- Commodities
  - MVA kits
  - Medication
  - Contraceptives
- PAC recordkeeping
- Supervision and monitoring
- Community activities
PAC Cases by Treatment Method (2 Hospitals)
PAC Cases by Treatment Method
(25/27 Health Centers)
Percent of PAC Clients Receiving FP Method

- July-Sept
- Oct-Dec
- Jan-Mar
- April-Jun
- July-Sept

Muhima Hosp
Byumba Hosp
Gicumbi HCs
Nyarugenge HCs
Number of FP Acceptors among PAC Clients, by Age (All Sites)
Number of FP Acceptors among PAC Clients, by Age (Excludes Muhima)
PAC FP Distribution, by Method

- Pill: 44%
- Injectable: 29%
- Implant: 13%
- IUD: 9%
- Condom: 9%
- Injectable: 29%
Program Lessons

- PAC clients are receptive to FP services.
- Integrating FP is challenging if general FP services are lacking.
- PAC can be provided at health centers and by mid-level providers.
- Behavior change is needed for some providers to shift from sharp curettage and add FP
Factors Favoring Postabortion FP

- Engagement of facility leadership
- Pre-existing FP service
- PAC providers proficient in FP and UE
- UE & FP in same room
- Commodities supply
- Consistent staffing
PAC Scale-Up in Rwanda

• Ministry of Health leading scale-up
• PAC subcommittee formed
• Pilot phase already expanded to nine districts
• National protocol, guidelines, training curricula, and IEC materials under development
• Order placed by Ministry for 3,000 MVA kits
Women Saved, Births Planned!