Family Planning Task-Shifting in Rwanda: Increasing Availability of Services by Training Nurses to Insert Intrauterine Devices (IUDs)

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HIV/AIDS Clinical Services Program (HCSP)

- Launched in June 2007 in Rwanda
- Five-year, $27.8 million program funded by USAID
- Reinforces Rwanda’s health care system and expands HIV/AIDS clinical services in the districts of Gasabo, Gicumbi, Nyagatare, and Rulindo
HCSP-Supported Services

We support services in:

• Prevention of mother-to-child transmission
• **Family planning integration**
• Antiretroviral therapy services
• Palliative care
• TB/HIV integration
• Counseling and testing
• Gender-sensitive care
• Other prevention, care, and support services
Task-Shifting in Rwanda

• An **important decentralization strategy** within Rwanda’s health care system

• Ministry of Health using task-shifting to **bring family planning (FP) services closer to communities**

• In 1985, district hospital physicians and health center nurses trained to insert intrauterine devices (IUDs)

• The 1994 genocide created a **shortage of trained nurses** leaving hospital-based physicians to provide this service

• **Training** for health providers in long-term FP methods **resumed in 2006** when FP re-emerged as a national priority
History of IUDs in Rwanda

- Modern contraceptive use among married women in 1992: 13% (DHS 2005)
- Use among married women in 2000: 4% (DHS 2005)
- Unmet FP needs among women: 45% urban, 62% rural (independent analysis of DHS data)
- Use of long-acting FP methods such as IUDs in 2008: <4% (Ministry of Health)
- Health centers that offer IUD insertion nationwide: 43% (Service Provision Assessment Survey 2007)
Training in IUD Insertion

- Early 2010, no health providers were certified to insert IUDs at 44 HCSP-supported sites
- The HCSP coordinated competency-based training for nurses in 26 centers
- Collaborated with national trainers over three months to mentor trained nurses
- Today, a total of 169 nurses are trained to insert IUDs in each of the four districts
Reported IUD Use in March 2010

• No clients reported using IUDs in three of the four HCSP-supported districts: Gicumbi, Nyagatare, and Rulindo

• Only Gasabo District reported clients using IUDs: 169

• Difference due to **training in long-acting FP methods** that began in **2006 in Gasabo** under IntraHealth International’s USAID-funded Twubakane program
Increase in Use by September 2011

Client IUD Uptake by District

<table>
<thead>
<tr>
<th>District</th>
<th>Mar-10</th>
<th>Sep-11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gasabo</td>
<td>169</td>
<td>399</td>
</tr>
<tr>
<td>Gicumbi</td>
<td>0</td>
<td>664</td>
</tr>
<tr>
<td>Nyagatare</td>
<td>0</td>
<td>79</td>
</tr>
<tr>
<td>Rulindo</td>
<td>0</td>
<td>100</td>
</tr>
<tr>
<td>Total</td>
<td>169</td>
<td>1242</td>
</tr>
</tbody>
</table>

Number of Clients Using IUD
IUD Use by Couple Years of Protection

IUD Couples Years of Protection by District, September 2011

<table>
<thead>
<tr>
<th>District</th>
<th>IUD Couple Years of Protection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gasabo</td>
<td>1396</td>
</tr>
<tr>
<td>Gicumbi</td>
<td>2324</td>
</tr>
<tr>
<td>Nyagatare</td>
<td>276</td>
</tr>
<tr>
<td>Rulindo</td>
<td>350</td>
</tr>
<tr>
<td>Total</td>
<td>4347</td>
</tr>
</tbody>
</table>
• HCSP-supported training improved the proximity of IUD services to health center clients
• Clients likely to use this service when it is available
• Improved technical skills among nurses in administering long-acting FP methods
• Health providers more inclined to propose this service if they have the technical skills to administer IUDs
IUD task-shifting with health center nurses:

- Improves women’s access to FP and meets unmet FP demand
- Increases the choices available to women and couples
- Brings long-acting FP methods closer to the community
- Decreases cost and time associated with traveling to district hospitals
- Frees physicians to dedicate more time to urgent medical cases
Thank you