



CQUIN Differentiated MCH Workshop

May 25-27, 2021

Postpartum FP Integration – Kenya

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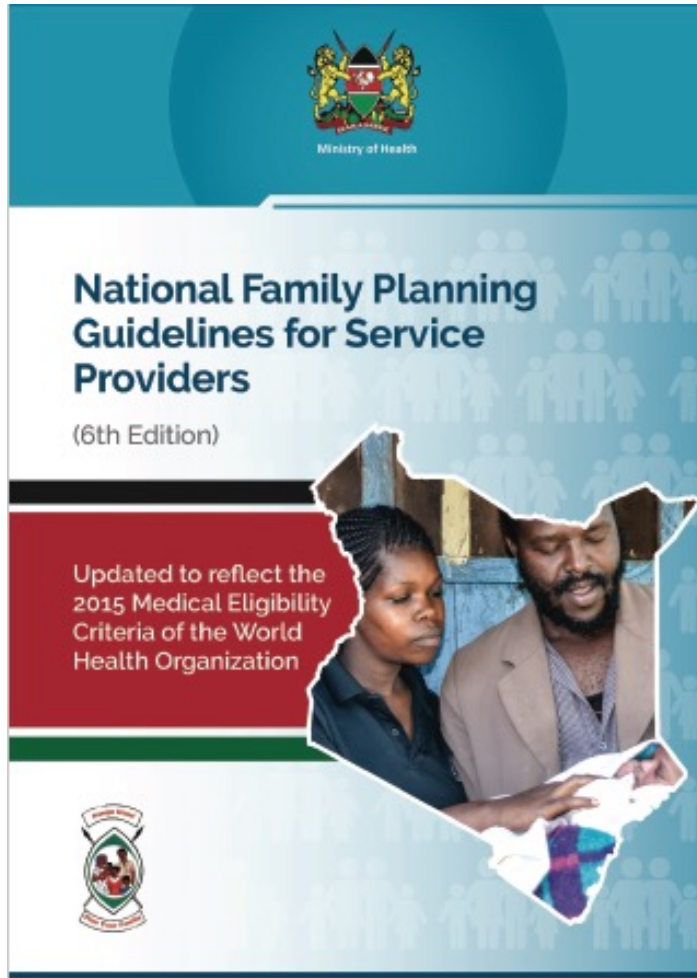


HIV Learning Network

The CQUIN Project for Differentiated Service Delivery

Background

Post Partum Family Planning (PPFP)



The CQUIN MCH Workshop May 25-27, 2021

- The National Family Planning Guidelines for Service Providers (6th Edition) provides the framework for PPFP comprehensively:
 - Definition of package
 - Outlined counselling specific to PPFP: antenatal, intrapartum, within 48 hours of birth, within 2 weeks, 4 weeks
- The Division of Reproductive and Maternal Health (DRMH), in partnership with JHPIEGO developed PPFP training manuals in 2017
- The program further developed a curriculum and materials developed

Integration of FP with HIV Services

- The National AIDS & STI Control Program (NASCOOP) and NASCOOP and DRMH has jointly worked on strengthening integration of FP and HIV Services
- Most facilities offer both FP and HIV services, including PrEP
- Levels of integration and youth-friendliness vary by facility type and level of partner support
- Direct operational guidance from national level MOH, and enhanced coordination at county level has been critical for successful integration
- Separate HIV and FP M&E tools has ben a bottleneck to integration at facility level

Background: Why Immediate Postpartum PFP?

63%

of women have an **unmet need** for FP

23%

of births occur at **less than 24 months** after previous childbirth

19%

of women **begin FP within 6 months** post partum
(Moore, Z. (2013))

- iPPFP prevents unintended pregnancies and improves health outcomes
- World Health Organization (WHO) recommends:
 - **Pregnancy spacing by 24 months** or more following childbirth
- WHO updated the medical eligibility criteria (2015):
 - **Expanding the contraceptive options** for breastfeeding women immediately post-partum
- Country adoption and dissemination of WHO guidelines may not necessarily translate to change in service delivery practices.

FP Counselling and Services Through the Postpartum Period

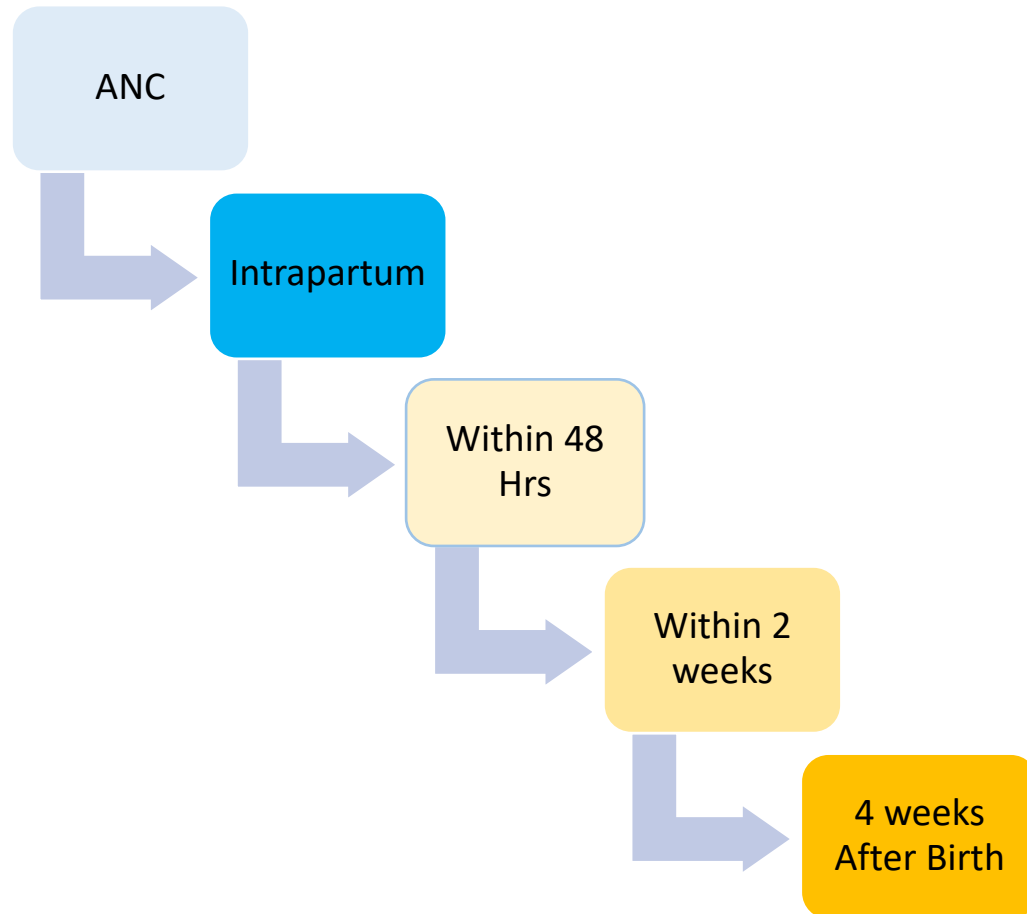


Table 3.3 FP counselling and services during the continuum of care from antenatal through postpartum periods

Timing of visit or assessment	FP services for men and women
Antenatal	<ul style="list-style-type: none"> • Provide counselling on all FP methods available for men and women • Provide ANC profile to determine FP method eligibility • Document FP method of choice for intrapartum or postpartum provision
Intrapartum	<ul style="list-style-type: none"> • Assess client's pregnancy and labour for indication or contraindication of chosen postpartum contraceptive • Provide intrapartum BTL, if applicable • Perform IUCD insertion during caesarean section or following placental delivery.
Within 48 hours after birth	<ul style="list-style-type: none"> • Perform focused physical examination • Provide counselling on LAM where applicable • Provide postpartum BTL or IUCD or POP, Implants • Provide counselling on vasectomy where applicable
Within two weeks (preferably within one week) after birth	<ul style="list-style-type: none"> • Perform focused physical exam • Provide counselling on: LAM and HTSP, return to sexual activity, return to fertility and condoms, when to initiate FP methods based on breastfeeding status • Provide all methods except BTL, COCs and IUCD
Four weeks after birth	<ul style="list-style-type: none"> • Perform a focused physical exam • For LAM users: provide supportive counselling on transition to other FP methods, HTSP messages, return to fertility, and sexual activity • Provide counselling and provision of, or referral for, all other FP methods including ECs as appropriate (based on breastfeeding status, other eligibility criteria, and woman's choice) • Provide counselling on dual method use • BTL at 6 wks where applicable

PPFP INTERVENTION PACKAGE

1. PROVIDER CAPACITY

- Include PPFP in national curriculum
- Whole site orientation
- Clinical training
- Equip the facility
- Train a critical mass
- Ensure skill retention
- For PPIUCD, focus on few interested

2. IPPFP COUNSELING

- General FP counseling is not IPPFP counseling
- IPPFP counseling Flipchart
- Audio messages supplement counseling
- Counseling during ANC and immediate postpartum

3. SERVICE REORGANIZATION

- Identify IPPFP Champions
- Create space for provision
- Equip the service delivery points
- Provide and manage commodities
- Integrate IPPFP with other services

4. COMMODITY AVAILABILITY

- Refresher on commodity management
- Monitor availability at end user
- Accurate and timely reporting

5. DEMAND GENERATION

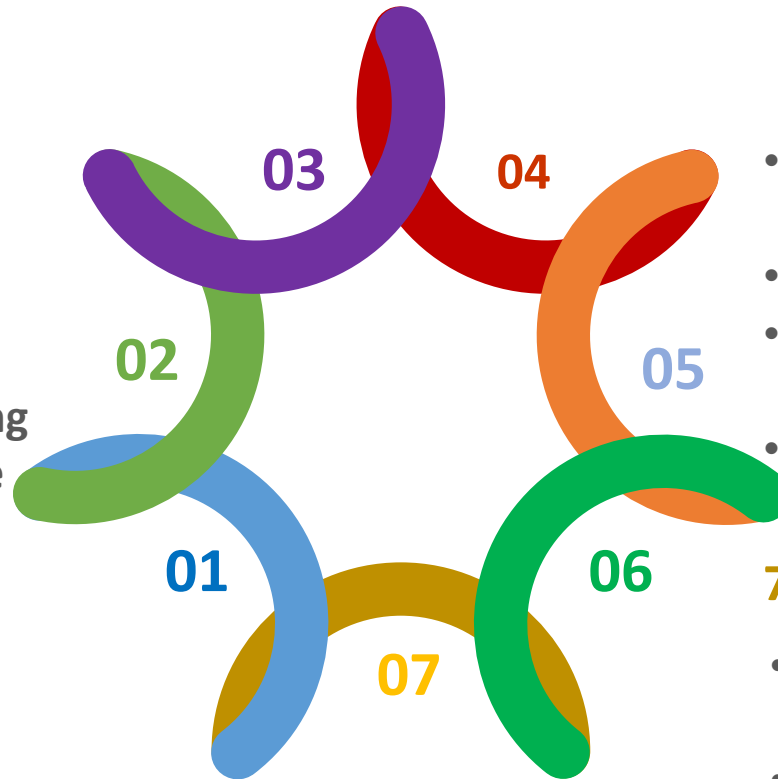
- Local media
- Update and engage CHVs
- Posters
- Audio/Video messages

6. DATA MANAGEMENT

- Advocate for IPPFP in the HMIS
- Stamping of the registers
- Supplementary monthly summary tool
- Data for decision making

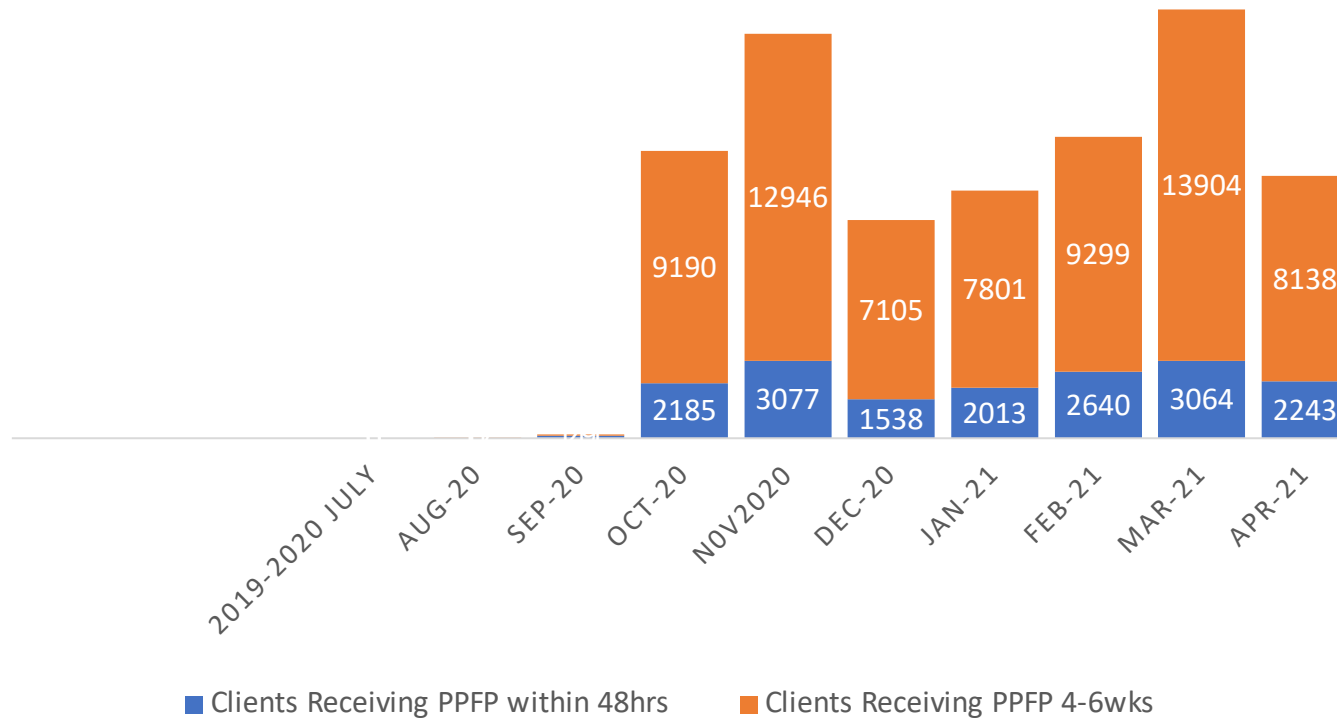
7. ENSURING IPPFP TAKES ROOT

- It takes effort to introduce a new service
- Leadership Development program
- Facility quality improvement teams



Scale Up of Post Partum FP in Kenya 2019-2021

CLIENTS RECEIVING PFP
2019-2021

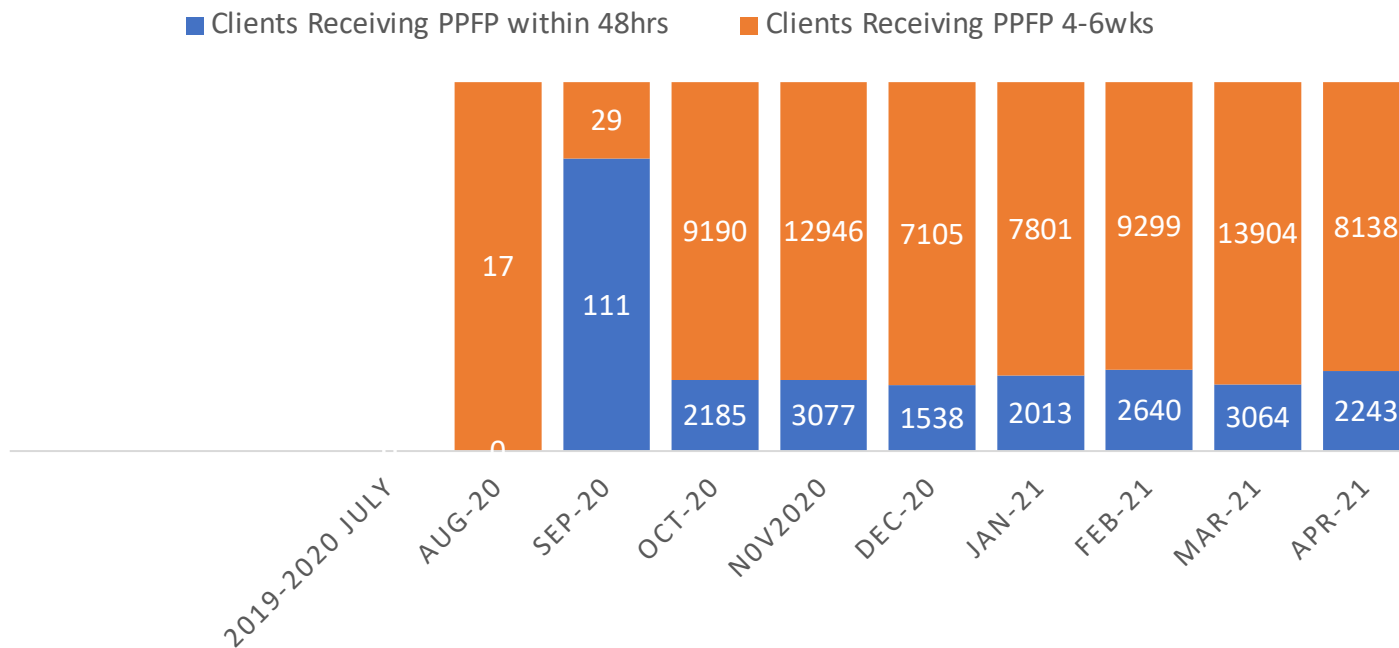


- Data reporting on PFP started in Aug 2020
- Only a small proportion of PFP within 48 hours compared to at 4 weeks
- That is expected to change with the implementation of interventions in all the 47 counties that is planned

Data source: DHIS2

Kenya PFP situation: Proportion of Clients Receiving PFP 48 hours vs 4-6 wks

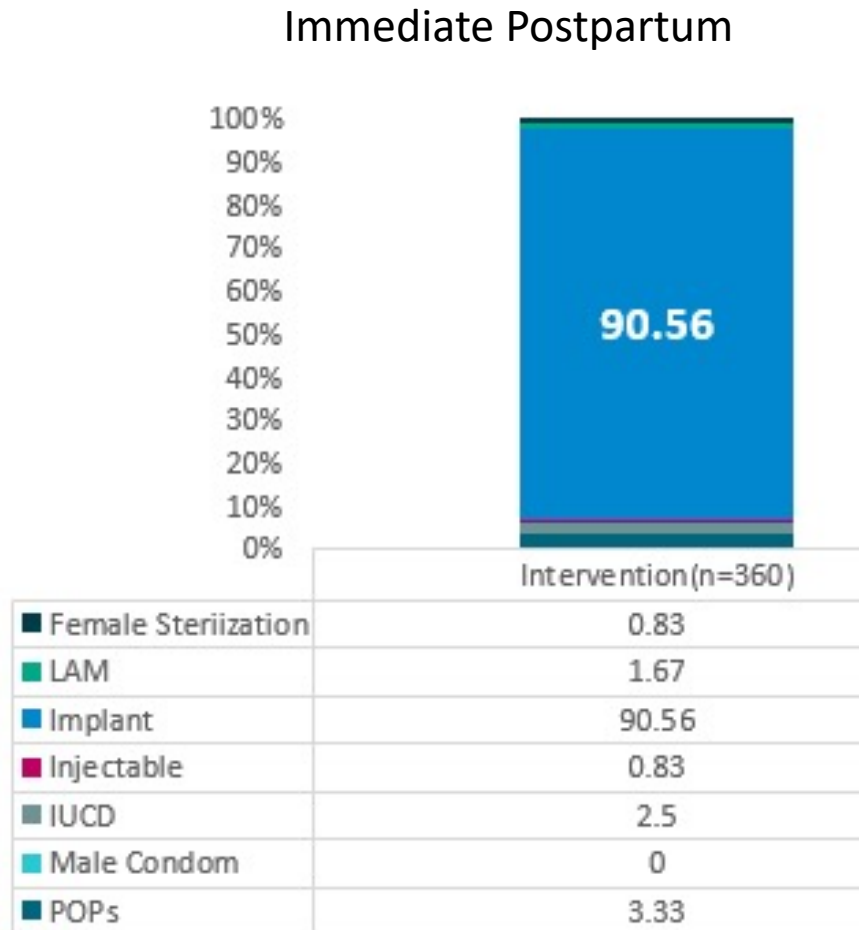
KENYA PFP SITUATION: PROPORTION OF CLIENTS RECEIVING PFP 48 HOURS TO 4-6 WKS



- The absolute numbers reported in September were very low
- Generally, PFP within 48 hours is around 20 %
- About 2.48% of all deliveries are to HIV + mothers

Data source: DHIS2

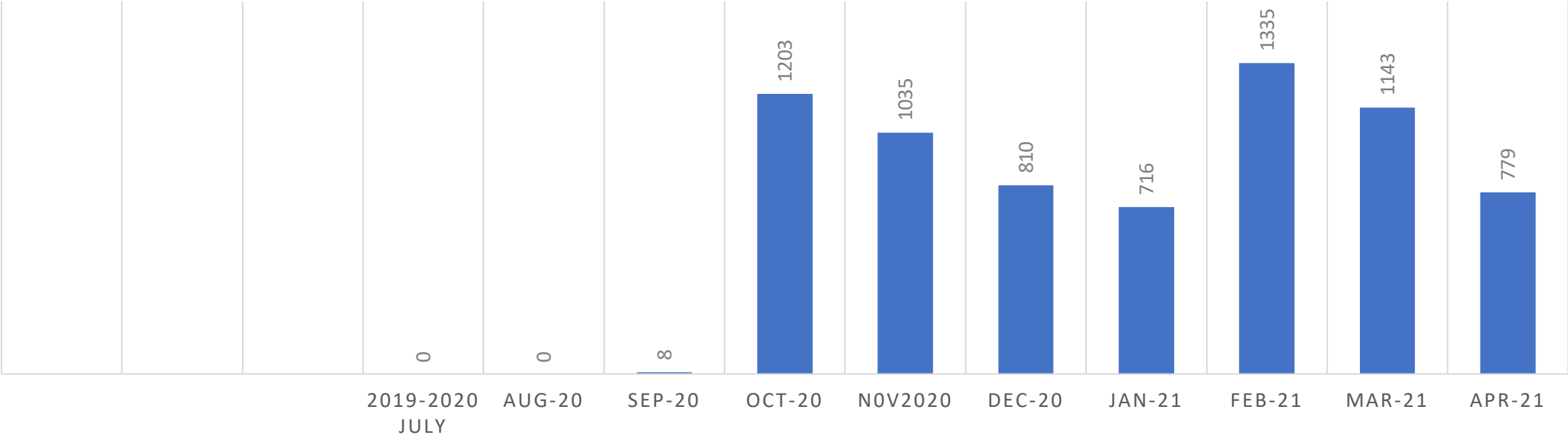
PPFP Choice Mix – Immediate Postpartum Period



- Majority (90%) of women preferred Implant for FP at immediate PP period

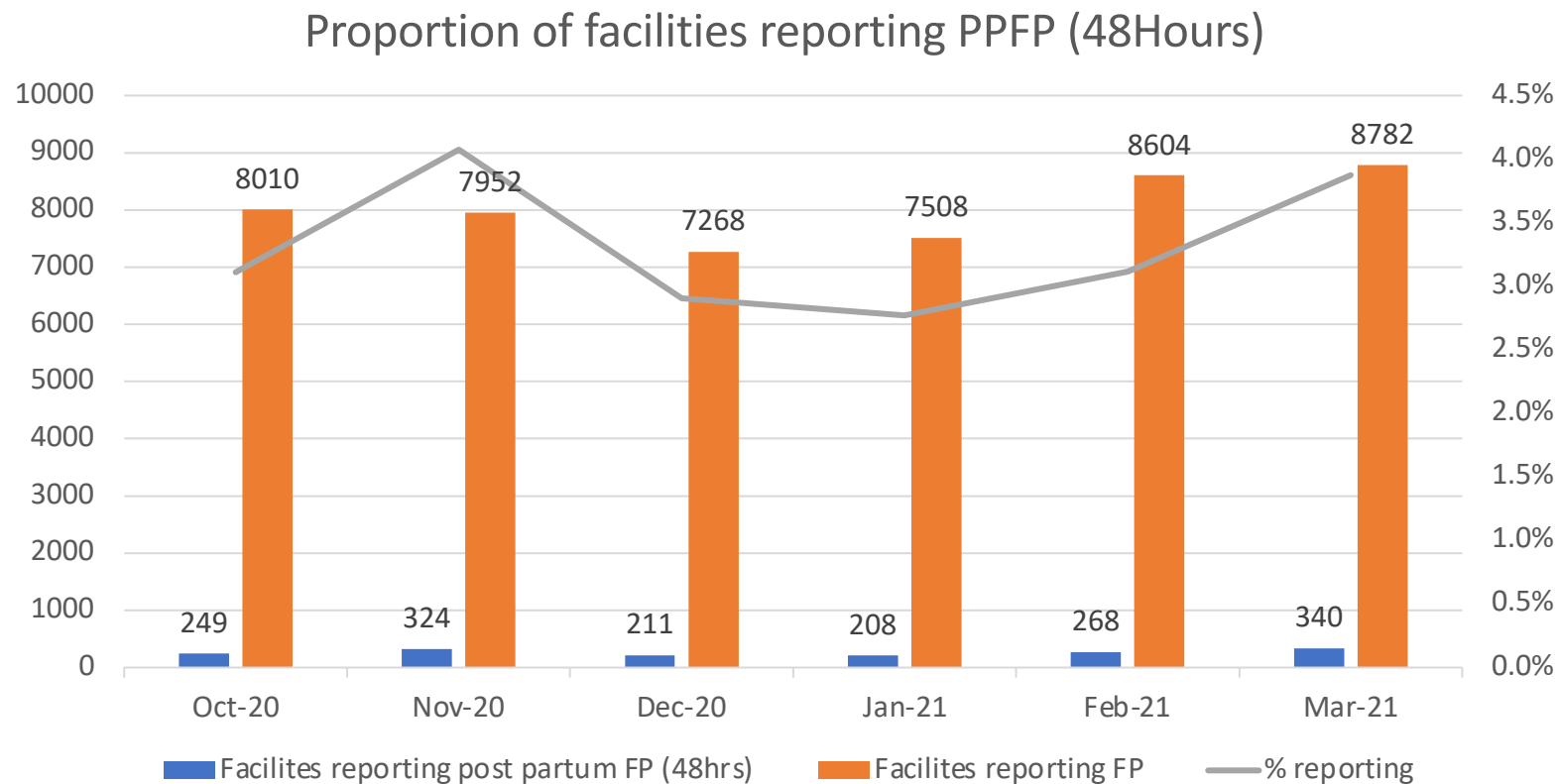
Clients Receiving Post Abortion FP 2019-2021

CLIENTS RECEIVING POST ABORTION FP
2019-2021



Data Source: DHIS2

Proportion of Facilities Reporting PFPF (Within 48 Hours)



- Very low % of facilities that offer FP report PFPF
- Either it is not offered or there are challenges in reporting
- Expected the numbers to improve significantly in the coming months as interventions are put in place

Acknowledgements

- Kenya Ministry of Health
- County Governments of Meru and Kilifi
- JHPEGO