Contribution of mass campaign and service delivery through outreach to increase family planning uptake, Rwanda

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Background

- Globally, 214 million women who wanted to avoid pregnancy were not using safe and effective family planning (FP) methods in 2017.
- Rwanda has made improvements in reproductive health through its three-tiered system, with administration of public sector health activities coordinated among the central level, intermediate level, and peripheral level.
- At the peripheral level, Community Health Workers currently provide short-acting methods of FP.
- Rwanda has a total fertility rate of 3.8 children per woman and a 48 percent modern contraceptive prevalence rate among married women in 2015.
- Among married women age 15-49, 19% have an unmet need for FP.
- The goal of this analysis is to measure voluntary FP uptake through mass campaigns and onsite provision at community outreach.

Program Intervention

- Mass campaigns and community outreach with onsite FP delivery were conducted in Nyabihu and Huye districts for two weeks.
- Community members who were counselled and accepted FP methods during community outreach were recorded.
- Those who wanted long-acting or permanent methods were referred to the nearest health facility.
- Prior to the campaign, workshops on key FP messages were held in order to improve the involvement, commitment, and ownership of administrative local leaders and health care providers.
- Live call-in talk shows on local community radio stations were also conducted to dispel rumors around FP methods.

Methodology

- In Nyabihu and Huye, data were collected six months before and after the mass campaigns and community outreach with onsite FP delivery.
- The two districts were selected due to their historically low numbers of new FP users and high contraceptive discontinuation.
- Compilation of data from the Health Management Information System on new FP users (those voluntarily accepting a FP method for the first time or shifting to a new FP method)
- Descriptive analysis was performed using Excel to compare six months before and six months after the mass campaign.

Key findings

- In Nyabihu district, the total number of new voluntary FP users in six months before the campaign (May 2016-Oct 2017) was 3,092. In the six months following the campaign (Nov 2016-Apr 2017), the number doubled, climbing to 6,057 new FP users.
- 2,311 women became new FP users during the month of the campaign and community outreach intervention (Nov 2016).
- The average number of new FP users seen in Nyabihu increased from 501 in the five months prior to the campaign (June-Oct 2016) to 749 in the five months following the event (Dec 2016-Apr 2017).
- In Huye district, the number of new voluntary FP users during the six months before the campaign from (Sep 2016-Feb 2017) was 4,142. This increased to 5,821 in the following six months that included the month of campaign, from (Mar-Aug 2017).
- 2,467 women became new FP users during the month of the campaign and community outreach intervention (Mar 2017).
- The average number of new FP users seen in Huye increased from 603 in the five months prior to the campaign (Sep 2016-Feb 2017) to 671 in the five months following the event (Apr 2017-Aug 2017).

Figure 1: Number of voluntary FP users before and after mass campaign and community outreach

Lesson learned

- Mass campaigns coupled with community outreach featuring voluntary onsite FP provision contributed to an increase in the number of new voluntary FP users in two districts of Rwanda with historically low numbers of new FP users.
- Due to the pre-orientation workshops, the partnership of local administrative leaders at district, sector, cell, and village levels played a big role in raising community awareness on services and voluntary FP uptake.
- Involvement of the Ministry of Health - including local administrative leaders - at each level of activity planning should always take into consideration an integration of all logistical aspects of the district’s annual action plan and the season of the mass campaign.