"It is not them, it is us":

how family planning supply strategies in rural areas can improve demand and utilization of long acting methods.

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1. Significance/background (200 words max)

The Ministry of Health (MOH) Rwanda and The Rwandan Biomedical Center (RBC), in collaboration with with Bixby Center of the University of California, Berkeley worked together _? to design and implement a model for integrating FP into all SRH services. Although successful in reaching with SRH services women who arrived at most health facilities, those leaving far away from health facilities and those leaving in catchment areas of health centers that were managed by religious institutions had great challenges to accessing SRH integrated services, specifically long acting contraceptive methods (LARC). To reach those women, a model of service provision for rural areas with such constraints was designed. The resulting intervention known as "the family planning campaign" with the following main objectives: i) address the low prevalence FP LARC in rural areas; ii) Improve knowledges of providers in IUDs and implants insertion and removal; iii) expand the overall coverage of FP.

2. Program intervention/activity tested (100 words max)

The preparation and steps to implementation included: Training of health providers on integrated SRH program , including provision LARC methods; Map the geographic area, sites for provision of FP LARCs and community awareness sites; Meetings to seek commitments of; community leaders, religious leaders, health centers managers, women's groups leaders ; Assess the status of Sites infrastructure , equipment, consumables, cleanness , safety, and privacy ; Purchase and Avail Materials, Commodities and Instruments at sites level and print & Avail Community awareness materials ; posters and brochures; Avail necessary Equipment's & materials to 4 secondary FP health posts (this in the religious catchment area); Orientation meetings for health providers, data managers and CHW supervisors; orientation of community leaders and community health workers; Develop & print M&E tools.

3. Methodology (location, setting, data source, time frame, intended beneficiaries, participant size, evaluation approach) (200 words max)

The "FP campaign" was implemented in the Musanze district in Rwanda, covering 12 health center zones. Each zone had 1-6 outreach sites and the number of days of the campaign varied from 2-48 depending on population size that needed to be coved and also demand for services during late 2017 through February 2018. CHWs were an important asset to this campaign, more than 700 CHW (men and women) were trained to mobilize the community and provide education about contraceptive methods and the integrated SRH nature of the campaign. Services were provided by nurses and midwives from health centers in the catchment area trained for services provision including LARCs. The beneficiaries were all women and men of reproductive age in need of SRH services, specifically LARCs. Women that had to be referred to the health facility were accompanied by the CHW attached to their communities. All clinical data comes from indicial record keeping used by the health facilities in Rwanda and the integration patient flow data collection tool. Data on the education campaign came from CHW record keeping log books.

4. Results/key findings* (250 words max)

Around 60,000 people were reached by CHWs with education sessions in the community, of those 43% were male, 49% were women and the remaining 8% were young women. Education sessions were provided mainly in community meetings (#886) or through household visits (# visits 12,822). Overall a total of 5,306 implants were inserted; 64 IUDs; 113 pill users; 326 DMPA users; 5 vasectomies and 37 tubal ligations were performed, resulting in 93% of the users adopting LARC. Although the campaign reached mainly new users of family planning, of the 5,851 FP campaign clients, 1,623 were former users of resupply methods that adopted LARC. All clients 74% were tested for HIV, 64% were screened for STIs and 72% of the women clients were screened and counselled for breast and cervical cancer

5. Program implications/lessons (250 words max)

Demographic and Health Surveys (DHS) for Rwanda shows that between 2010 and 2014-2015 surveys an increase in modern contraceptive use among married women of reproductive age in urban areas (47% vs 51% respectively), while in rural areas the rates stayed mostly the same (45% vs 46%). Results from this intervention demonstrate how family planning programs can adopt supply side strategies to generate demand and increase FP utilization of LARC in underserved populations in rural areas. There is most time a common believe in countries where contraceptive prevalence is relatively high such as Rwanda, that non adopters of FP in rural areas or non-adopters of LARC methods do not want to adopt them as access to FP has overall increase in the country. This intervention shows clearly that "it is not them it is us". FP programs can make significant progress if they continue to improve supply side strategies that combine CHW participation with advance services (including LARCs) closer to women in their rural communities. In addition, such interventions can also : Increase population's awareness in FP LARC; Increase coverage in zone/ sectors where health centers are religious and do not provide FP; Reach new and underserved populations by bringing free of charge family planning methods; dispel myths and misconception about LARCs. Overall these interventions can strengthen the existing health systems since the model will develop health workers' knowledge and skills in the provision of LARCs by strengthening Family planning's health posts, in provision of all FP methods, most specially in provision of LARCs methods.