



TEAM RWANDA

Agencies Represented: The Ministry of Health and The Rwanda Biomedical Center

Problem: 48% modern contraceptive prevalence rate and 19% unmet need for family planning

Policy: Reproductive Maternal Newborn Child and Adolescent Health Policy. Policy is awaiting approval and implementation is expected to begin in July

Objective: Use data and evidence to better understand the slow increase in family planning uptake and how to respond, including evaluating which interventions are most effective to reach the targeted 60% modern contraceptive prevalence rate by 2024

Funding: Government funding, with support from UNFPA, USAID and other development partners

THE PROBLEM:

While the modern contraceptive prevalence rate more than quadrupled in Rwanda between 2005 and 2010 from 10% to 45%, rise in uptake has since slowed, and the unmet need for family planning remains high at 19%. Similarly, fertility rates decreased between 2005 and 2010, but have since hovered around 4.2 children per woman. Decreasing the unmet need for family planning by increasing the contraceptive prevalence rate is necessary to reverse current population growth trends. Rwanda is currently the second most densely populated country in Africa, and projections reveal that unless action is taken, population density will continue to increase by approximately 60% over the next 14 years.

THE POLICY:

Between 2018 and 2024, the Government of Rwanda aims to implement an integrated Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH) Policy, the first of its kind in Rwanda, which aims to heighten the focus on family planning and reproductive health, and harmonize those activities across partners and focus areas. This integrated approach was developed partly in response to the slowed progress over the last 5 years; reversing that slowdown and achieving an ambitious target of 60% modern contraceptive prevalence rate by 2024 will require meaningful collaboration from a range of stakeholders. In addition to improved coordination and effectiveness, an integrated approach will allow the Ministry of Health to leverage funds from other programs to support family planning needs, and offer family planning services when and where other public services are provided.

The RMNCAH Policy will be primarily implemented by the Rwanda Biomedical Center (RBC), the implementing agency of the Ministry of Health, and various levels of the Rwandan Health System, including health facilities and community health workers. Additional stakeholders include the technical working groups under the RBC, other relevant government agencies, local, national, and international development partners, and community members. Designated a national priority, the Policy goes beyond its predecessors to integrate family planning into the national and local-level strategies of various ministries, such as the Ministries of Agriculture, Gender, Education, Finance, Local Administration, and Justice.

The Government of Rwanda has committed to developing a family planning strategy that strengthens the links between research, best practices, and lessons learned, utilizing evidenced-based programs and high impact interventions wherever possible.¹ Interventions will be grouped under 7 main components: human resources; education and training; measurement and evaluation; quality of care;

¹ Government of Rwanda FP2020 Commitment, 2018 Update. <http://ec2-54-210-230-186.compute-1.amazonaws.com/wp-content/uploads/2018/02/Govt.-of-Rwanda-FP2020-Commitment-2018-Update.pdf>

organization of services; demand creation at the community level; and commodities, equipment, and infrastructure. There will also be two integrated strategic plans under the policy, one for family planning and adolescent sexual and reproductive health, and the other for maternal, newborn, and child health.

Funding will come primarily from the Government of Rwanda, which is increasing its domestic funding for health, with support from USAID, UNFPA, and other development partners.

IMPLEMENTATION PLAN AND STATUS:

The Rwanda Biomedical Center and Ministry of Health began elaborating the RMNCAH Policy two years ago but have been awaiting the recently finalized National Strategy for Transformation, Rwanda's 7-year plan (2017-2024), to ensure that the policy is properly aligned with national priorities. The Rwanda Biomedical Center expects to begin implementing the policy in July, shortly after the Ministry of Health signs it into effect in June.

To monitor and evaluate the Policy's successes and challenges, all data are collected and integrated into a unique digital platform, the Rwanda Health Management Information System (RH MIS). Each health facility has a unique ID and enters data on a monthly basis. Therefore, the quality of data provided to the system is still a challenge in terms of accuracy, validity, and reliability. A technical working group at the Ministry of Health, composed of government, civil society, private sector actors, and national and local level service providers, provides implementation guidance based on analysis of data from the RH MIS, campaign reports, community health workers and key informants, and quarterly Integrated Supportive Supervisions. Major partners such as UNFPA and USAID-funded implementers also share their data on clients and the distribution of family planning products and services.

KEY CHALLENGES:

- Understanding the cause of the problem: collecting sufficient evidence to explain the recent slowdown in expansion of family planning services uptake presents continued challenges. This in part relates to a limited understanding of financial constraints, the capacity of community health workers, misconceptions and myths about family planning among health workers² and communities. Collecting and using disaggregated data could help to better understand and more meaningfully address these barriers.
- Monitoring and evaluation gaps: There is no system to track each family planning user, meaning data is unavailable to understand and follow up on cases of dropout or discontinuation of family planning services. In addition, limited family planning research and monitoring and evaluation skills impede the development of new strategies and interventions. When evaluations are completed, there is no system to track management's response to the evaluation findings.³
- Policy communication: Integrating positive messaging about family planning into all national institutions and civil society organizations remains challenging, particularly among religious organizations and in schools. According to UNFPA, 40% of faith-based health facilities are not providing all available methods of family planning.⁴ In schools, family planning education must be improved in terms of quality, consistency, relevance, and cultural respectfulness.
- Female empowerment: Rwanda continues to grapple with women's lack of decision-making power regarding their own use of family planning methods, as well as insufficient support and participation, and sometimes violence, from their male partners.

² Government of Rwanda FP2020 Commitment, Country Action Plan. http://ec2-54-210-230-186.compute-1.amazonaws.com/wp-content/uploads/2016/11/Country_Action_Opportunities-Challenges-and-Priorities_RWANDA_FINAL.pdf

³ UNFPA Rwanda, Accelerating Family Planning as a Key for the Nation's Development. <http://rwanda.unfpa.org/en/news/accelerating-family-planning-key-nation%E2%80%99s-development>

ACCOMPLISHMENTS:

- Successful stakeholder engagement: Rwanda has integrated family planning messages and community sensitization into a number platforms and mediums, including radio, community events, national advocacy campaigns, and women and youth groups.
- Government-wide support: a national family planning roundtable was held in May 2016, and political leaders at the highest level have committed to family planning as a national priority.
- Collaboration with international partners: Rwanda has made meaningful commitments at various international summits, including FP2020, and has strong collaboration with key development partners.

WHAT'S NEXT:

- Once the Policy is approved, the technical working group will develop the Family Planning and Adolescent Sexual and Reproductive Health Strategic Plan for 2018-2024. The strategy will lay out a vision to achieve three key targets by 2024: a 60% contraceptive prevalence rate (an increase from 48% in 2015), a fertility rate of 3.5 (a decrease from 4.2 in 2015) and an unmet need for family planning at 10% (compared to 18.9% in 2015).
- To meet its targets, the Government of Rwanda has increased domestic funding for the health sector, with the ultimate goal of managing health programs without support from outside donors.
- The Government of Rwanda has prioritized using data and evidence to better understand the slow increase in family planning uptake and how to respond, including identifying which interventions are most effective.⁵ To this end, the Rwanda Biomedical Center seeks strategies to mobilize citizens and communities to most appropriately participate in and contribute to funding for family planning programs.

⁴ UNFPA Rwanda, Accelerating Family Planning as a Key for the Nation's Development.

<http://rwanda.unfpa.org/en/news/accelerating-family-planning-key-nation%E2%80%99s-development>

⁵ Government of Rwanda FP2020 Commitment, Country Action Plan. http://ec2-54-210-230-186.compute-1.amazonaws.com/wp-content/uploads/2016/11/Country_Action_Opportunities-Challenges-and-Priorities_RWANDA_FINAL.pdf

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