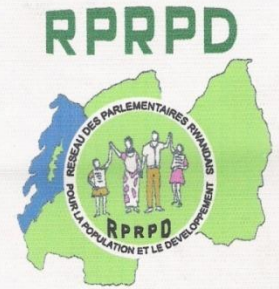




Republic Of Rwanda Parliament

Rwanda Parliamentarians' Network on
Population and Development-RPRPD



THE FOURTH EASTERN AFRICA REPRODUCTIVE HEALTH NETWORK(EARHN) COORDINATION MEETING

Repositioning Family Planning and Reproductive Health in Eastern Africa

By Jean-Marie MBONYINTWALI, RPRPD
Emile SEMPABWA, IntraHealth Int'l

Speke Resort Munyonyo, Kampala, April 25th -30th , 2011

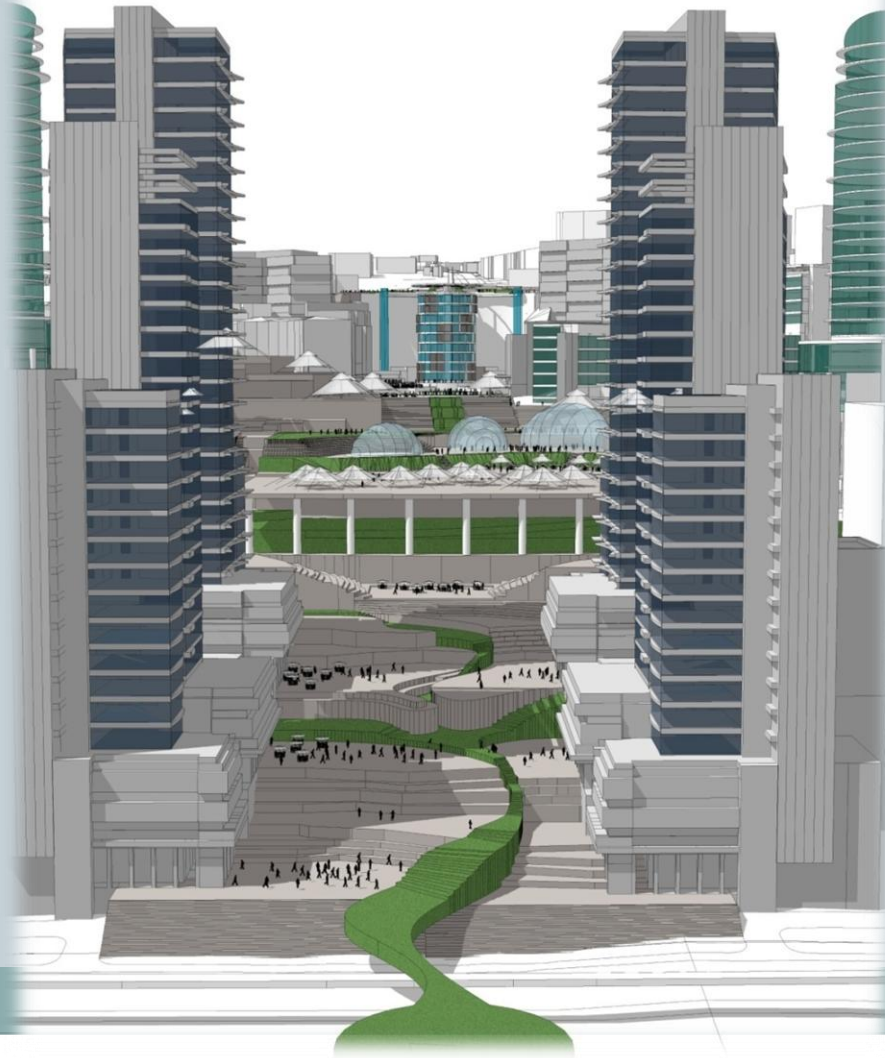
Country Background



- ✓ Size: 26338 Km²
- ✓ Population: 11 million
- ✓ GDP: US\$ 206 in 2002
US\$ 541 in 2010
- ✓ Population Growth rate: 2.7%
- ✓ Life Expectancy: 52.7
- ✓ Population under poverty line: 51.7%
- ✓ 42% of population under 15
- ✓ 84% of population under 40
- ✓ IMR: 62/1000
- ✓ U5MR: 103/1000
- ✓ MMR: 750/1000

- ✓ TFR: 5.5
- ✓ CPR: 36%, 27%

Rwanda'Vision



*To build a diversified,
integrated, competitive
and dynamic middle
middle-income economy
in the country that is
peaceful, politically stable
and socially open*

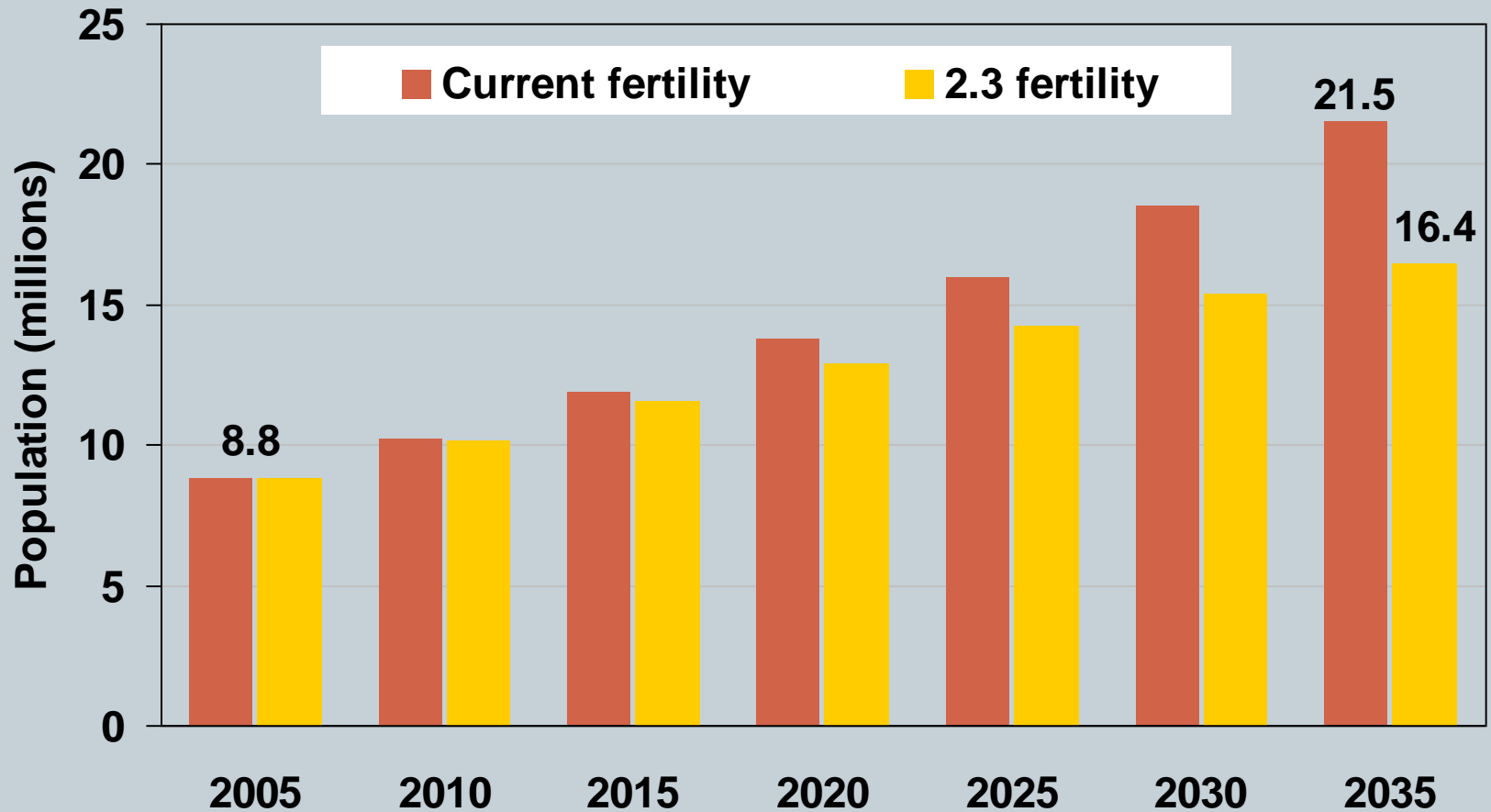
Why Family Planning



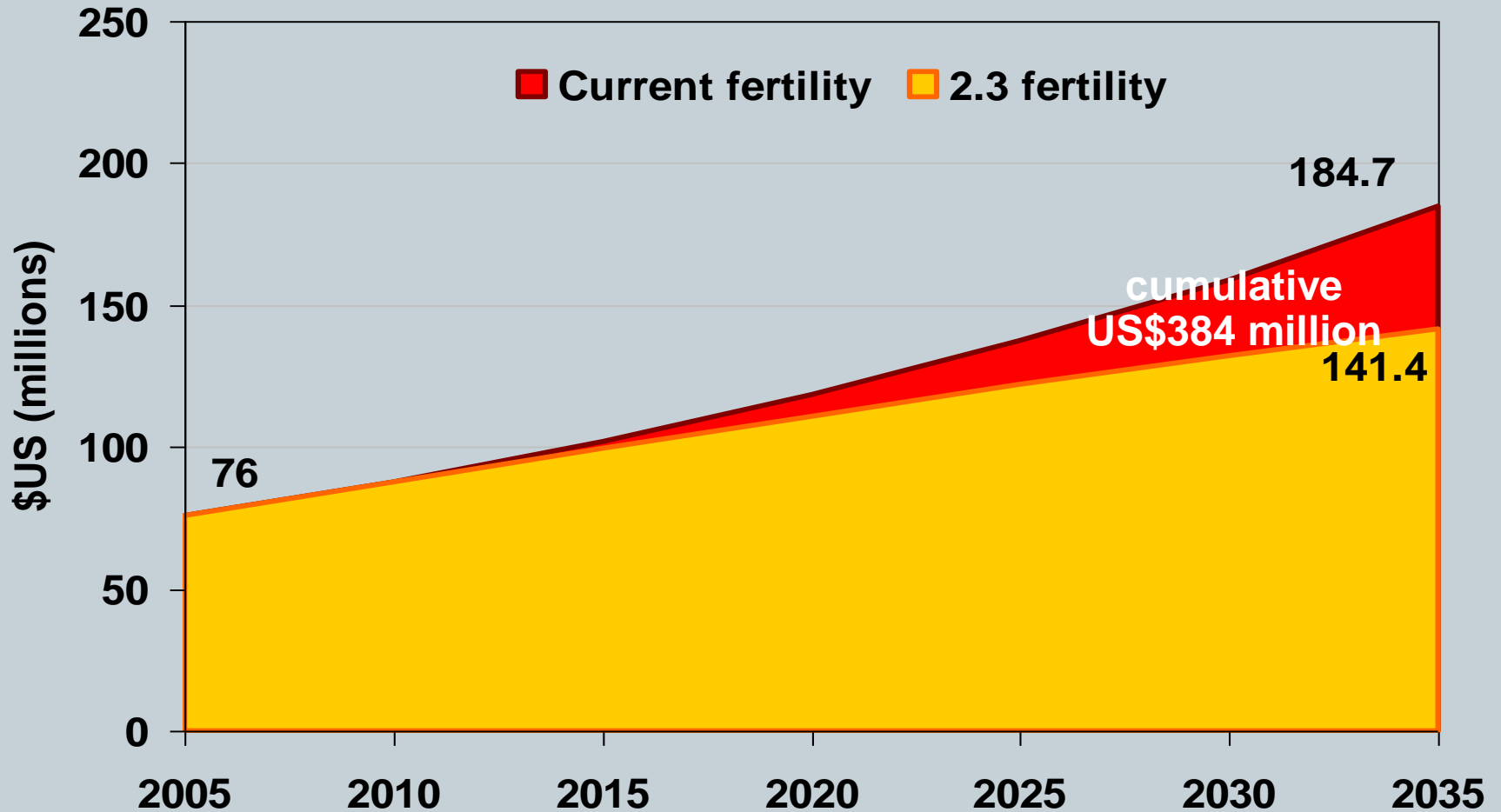
“Every willing mother a wanted child!”

- ✓ **Accountability**
- ✓ **Gender Equality**
- ✓ **Women empowerment**
- ✓ **Population pressure**
- ✓ **Woman and Child rights are Human Rights**

Rwanda's Population Growth



Annual health expenditures, 2005-2035



Favorable Political Environment



Government Program 2010-2017

Program 2 :

Health And Population Increase Control

Government will continue to ensure that Rwandans have good health.

It will continue to sensitize them about risks **related to high population growth while calling** on them to heed to the family planning programs, reproductive health, fight against infectious diseases including malaria and HIV/AIDS.

Some indicators:

MMR: 200/100000, **IMR:** 30/1000, **U5MR:** 50/1000 **Skilled birth attendant:** 95%; **CPR:** 90%



Investing in Youth



Rwanda population is very young 50% of its population is 17.5 year old

To invest in youth by providing them the right information and youth friendly services is sustainable development issue

Adolescent Sexual Reproductive Health and Rights Policy



POLICY GOAL

The goal of this policy is to improve the reproductive health status of adolescents and young adults in Rwanda.

GENERAL OBJECTIVE

To ensure ALL Adolescents and Young Adults in Rwanda have access to quality, comprehensive health information education, services and care in a youth-friendly environment.

Youth Advocacy and coalition building ?



6th Edition of Inter-University Arts Festival of Butare (FIAB), Rwanda April 1st-3rd, 2011:
The Promotion of Social Welfare of the Population through Family Planning

04/02/2011

Family Planning Policy 2006-2010 Assessment: Lessons and Best Practices!!!!



- **Strong political commitment helps create a positive environment for FP.** supported by “performance based contracts” with local leaders at all levels, makes FP an important part of district based programs.
- **Community health workers are critical to expanding and extending FP services.**

They perform a variety of health related duties, and are the entry point to the facility. Expansion of the CHW role to distribute injectable contraceptives can be studied as it expands to more districts.

- **Commodity security exists.** Use of basket funding and commitment of Government resources helped to ensure supplies of contraceptives.
- **Innovative follow up tools for “missing” clients (“echeancier”).** This is a card and calendar system that keeps track of clients and their schedule for resupply. If the client does not come to the clinic, the CHW goes to the home to follow up and find out why the client is missing.
- **Door-to-door sensitization** conducted by CHWs, opinion leaders, *binomes*, and neighbors, in order to educate and inform people about FP. It helps convince people about the need to voluntarily plan their families. **Towards a New FP Policy 2011-2015!!!!**

FP Services Community Based Distribution



The number of CHWs has expanded rapidly over the past three years, and many are relatively well educated. They perform a variety of health related duties, and are the entry point to the facility.

In 2010: Three districts Introduced CBD

In 2011: Scale-up of CBD in eleven districts

Note: Only 16/30 districts remain



RapidSMS System for Maternal and Child Health in Rwanda



Report Maternal Risks / Deaths

During Check Ups, report risks and mother's weight



RISK 624576811417124

FE CI

HO

71.2kg

Start with RISK

Mother's
National ID

Risk
Codes

Location
Code

Mother's
Weight

Rwanda RapidSMS

- ✓ support maternal, neonatal and early child health at the community level
- ✓ introducing tools to help CHWs track pregnant women under their care,
- ✓ monitor antenatal care,
- ✓ identify and refer women at risk,
- ✓ follow-up children until age of 9 months, and improve communication with health facility and district level facilities in the case of emergencies.
- ✓ It is anticipated that monthly aggregated reports will help identify and address reasons why women and young children die at the community level and suggest possible interventions.

The Results—Improved Health in Rwanda !!



	1992	2000	EDPRS S Baseline 2005	EDPRS Target 2008	2007/ 2008	2010
Infant Mortality	85	107	86		62	
Under five mortality	150	196	152	---	103	
Children using LLITN			16%	65%	60%	
Antenatal Care first visit	94%	92%	94%		96%	
Skilled birth attendance	13%	4%	28.2%	35%	62.2%	
Maternal Mortality	---	1072	750	---	---	383
Contraceptive Prevalence rate			10%	25%	27%	51%
Total Fertirty Rate	6.2	5.8	6.2	---	5.5	4.9
Utilization rate of Primary Health care service	--	--	70%	75%	86%	

Other policies supporting RH/FP in Rwanda!!!



EDPRS CPR target(70 % by 2012)

Monthly coordination FP meetings

Performance Based Financing

Community Based Financing

Services Integration: FP and HIV/AIDS, Immunization

Non Scalpel Vasectomy and Tubal Ligation with local Anaesthesia

Evidence based interventions

District Joint Action Forum

School Health curricula

Community based Health Insurance

Public-Private Partnership....

Free and quality FP/RH services

Reproductive Health Commodity Security in Rwanda



- Data collection at all levels
- No stock-out at central and district levels
- Health centers: IUD and Female Condom (-5%)
- Procurement Plan covered until June 2011(US\$ 5,000,000)
- Logistic Management Supply Chain: Staff trained regularly, refresher workshop of Lecturers, integration in pharmacy department curriculum (July 2010)
- 4th place after South Africa, Namibia and Senegal(2009)

Challenges



Rwanda:

During March 2010 International Conference on FP, Rwanda Team identified three majors challenges:

- ❖ Geographic accessibility,
- ❖ Youth use of FP and
- ❖ Misconception

RHCS: - Domestic Funding (only 12%)

- Long time commitment(up to June 2011)

Region and Global communities

Keeping promises: Maputo PoA(2007-2010), 2001 Abuja Declaration(15% of national budget allocation to health), The Accra Action on Aid Effectiveness (2008)

Rwanda FP/RH Priorities 2011



- Strategy 1:** Improve geographical accessibility to family planning services
- Strategy 2 :** Increase accessibility to family planning for adolescents (aged 10-24)
- Strategy 3.** Increase community mobilization (Addressing myths and Misconceptions through improved accessibility to information/ education about family planning)
- Strategy 4.** Strengthen and Focus Advocacy
- Strategy 5.** Reinforce integration of FP into other services and increase access to full range of services
- Strategy 6.** Strengthen private sector partnerships for increased coverage
- Strategy 7.** Assure quality & formative supervision in public and private sectors
- Strategy 8.** Develop sustainable financing
- Strategy 9.** Reinforce increased use of evidence-based decision making
- Strategy 10.** Increase access to FP commodities



MURAKOZE
Thank you very much !