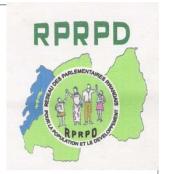


Republic Of Rwanda Parliament

Rwanda Parliamentarians' Network on Population and Development-RPRPD



THE THIRD EASTERN AFRICA REPRODUCTIVE HEALTH NETWORK(EARHN) COORDINATION MFFTING

Repositioning Family Planning and Reproductive Health in Eastern Africa

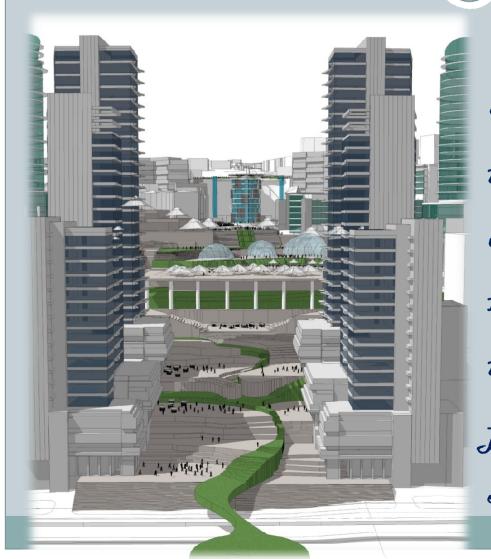
By Jean-Marie MBONYINTWALI RPRPD Program Officer

Kampala, September 3rd, 2010

Introduction

Rwanda is recognized as a world leader in promoting gender equality and offers an encouraging example of how post conflict countries can seize the reform momentum after conflict ends, to support women empowerment (56.4% of MPs are women).

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



- **✓** Accountability
- **✓ Gender Equality**
- **√Women empowerment**
- **✓** Population pressure
- **✓ Human Rights**

The Universal Declaration of Human Rights states that "every person has a right to take part in the leadership of his country. A transparent and responsible leadership are only possible if women have more power of action and self reliance in all domains and if they enjoy a better social, economic and political situation"

Population affects social and economic development in Rwanda-RAPID Model



Education





Agriculture



Economy



Urbanisation



Environment

Advocacy and coalition building?



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

Coalition building: Favorable Political Environment



Create
Opportunities
where High level
leaders
Government
Senior Officials
and International
Development
Partners can meet
and discuss on
sensitive issues

Program Development and Expansion?

The Rwanda Family Planning strategic objectives 2006-2010

- Strengthen and focus advocacy;
- Reinforce integration and increase access to full range of methods;
- Strengthen partnerships for increased coverage;
- Increase community mobilization;
- Ensure quality & supportive supervision in public and private sectors;
- Develop sustainable financing;
- Increase use of evidence-based decision making.

The Results—Improved Health in Rwanda!!

| | 1992 | 2000 | EDPRS Baseline 2005 | EDPRS Target 2008 | 2007/ 2008 |
|--|------|------|---------------------|-------------------------|---------------|
| 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 | | |
| Contraceptive Prevalence rate | | | 10% | 25% | 27% |
| Total Fertirty Rate | 6.2 | 5.8 | 6.2 | | 5.5 |
| Utilization rate of Primary Health care service | | | 70% | 75% | 86% |

Rwanda makes difference!!!

- EDPRS CPR target(70 % by 2012)
- Monthly coordination FP meetings
- District performance contracts
- Performance Based Financing
- Community Based Financing
- Services Integration: FP and HIV/AIDS, Immunization
- Evidence based interventions
- District Joint Action Forum
- Law and policies: RH bill, FP and RH Policies, Adolescent Reproductive Health Policy
- School Health document
- Community based Health Insurance
- Public-Private Partnership....

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)

THANK YOU

