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
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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
- TFR: 5.5
- CPR: 36%, 27%
- MMR: 750/1000
To build a diversified, integrated, competitive and dynamic middle-income economy in the country that is peaceful, politically stable and socially open
Why Family Planning

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

“Every willing mother a wanted child!”
Annual health expenditures, 2005-2035

Current fertility  2.3 fertility

Cumulative US$384 million

184.7
141.4

2005 2010 2015 2020 2025 2030 2035

$US (millions)
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
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!!!!**
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

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 !!

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<tbody>
<tr>
<td>Infant Mortality</td>
<td>85</td>
<td>107</td>
<td>86</td>
<td></td>
<td>62</td>
<td></td>
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<tr>
<td>Under five mortality</td>
<td>150</td>
<td>196</td>
<td>152</td>
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<td>103</td>
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<tr>
<td>Children using LLITN</td>
<td>16%</td>
<td>65%</td>
<td>60%</td>
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<tr>
<td>Antenatal Care first visit</td>
<td>94%</td>
<td>92%</td>
<td>94%</td>
<td>96%</td>
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<tr>
<td>Skilled birth attendance</td>
<td>13%</td>
<td>4%</td>
<td>28.2%</td>
<td>35%</td>
<td>62.2%</td>
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<tr>
<td>Maternal Mortality</td>
<td>---</td>
<td>1072</td>
<td>750</td>
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<td>383</td>
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<tr>
<td>Contraceptive Prevalence rate</td>
<td>10%</td>
<td>25%</td>
<td>27%</td>
<td>27%</td>
<td>51%</td>
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<tr>
<td>Total Fertility Rate</td>
<td>6.2</td>
<td>5.8</td>
<td>6.2</td>
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<td>5.5</td>
<td>4.9</td>
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<td>Utilization rate of Primary Health care service</td>
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<td>70%</td>
<td>75%</td>
<td>86%</td>
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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 major 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
**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
Thank you very much!