

FP2020 Commitment Update

2020 Update Questionnaire

RWANDA



Since 2012, the Family Planning 2020 partnership has supported the rights of women and girls to decide freely and for themselves whether, when, or how many children they want to have. Together with our partners across the world, we have built global momentum to strengthen our focus on lessons learned and proven solutions, while broadening and deepening our network of partners to bring local actions and solutions to scale. Through the dedicated efforts of governments, policymakers, program implementers, service providers, donors, and family planning stakeholders, countries are better aligned to meet the needs of an ever-increasing number of women and girls. Our global community has developed a [shared vision for beyond 2020](#) through 2030 that builds on progress achieved to date and positions us to achieve the future women and girls around the world are seeking.

While we are eager to share more information about the new post-2020 partnership and re-commitment process in the coming months, we recognize that governments are presently mobilizing to secure the health of their citizens and respond to the global COVID-19 pandemic. We understand that these efforts will likely have an impact on the submission of the 2020 commitment update questionnaire. FP2020 has a suggested due date of July 31st for the questionnaire. This is a flexible deadline, given the current crisis. FP2020 is committed to working with all 47 commitment countries to ensure family planning programs remain operational and available to all women and girls who need them. We have created a [platform](#) with key information from global experts on family planning in the time of COVID-19.

The questionnaire process is scheduled to follow the annual national family planning data consensus meeting. This allows data that is discussed and validated during that process to inform this questionnaire. We are aware that these meetings are happening virtually this year, and FP2020 will coordinate with Track20 to ensure flexibility and responsiveness for this process.

The questionnaire responses support greater information and knowledge sharing, transparency, and accountability among the growing number of FP2020 commitment makers and the broader family planning community. As in previous years, we will share the responses on your country's dedicated FP2020 [webpage](#) to ensure in-country and global stakeholders can follow Rwanda's progress in reaching the ambitious goals set on behalf of the women, girls, families, and communities in your country.

FP2020 commitments can be achieved with coordinated actions across multiple sectors and partners at various levels. We ask that you collaborate with your country focal point team, including youth focal point, civil society, and family planning stakeholders in-country to jointly review progress made and challenges faced.

Once completed, please submit to Martyn Smith msmith@familyplanning2020.org and Krista Newhouse knewhouse@familyplanning2020.org.

Should you have any questions or concerns, please contact Krista Newhouse. FP2020 is available to help you via teleconference as well, if needed.

Thank you for your time and effort to fill out this questionnaire and provide useful information for the broader partnership.

FP2020 Commitment

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The questionnaire includes 1) Rwanda's commitment and 2) seven standard questions to all 47 FP2020 commitment-making countries.

As you provide your updates below on each element of your commitment, kindly focus on:

- Major achievements, progress made and key challenges or barriers your country faced, during the July 2019 - June 2020 reporting period.
- Please include information on any key upcoming commitment-related milestones.
- Lastly, please reflect on progress per commitment through a self-assessment.

SECTION I: COMMITMENT UPDATE QUESTIONS

COMMITMENT OVERVIEW

The Government of Rwanda aims to disseminate the first ever integrated RMNCAH policy to all partners concerned at all levels to advance the cost-effective implementation of maternal, newborn and child health (MNCH) & family planning/ adolescent sexual and reproductive health (FP/ASRH) strategic plans using an integrated and coordinated approach to facilitate harmonization of activities among partners and systematic monitoring for greater impact.

It also seeks to improve awareness and demand creation on FP among community members and improve access of FP services especially for young people through improved and sustainable supply chain of commodities, capacity development of health service providers, increased social and behavior change communication (SBCC), use of FP champions among targeted audience, strengthened implementation of comprehensive sexuality education programme in schools and out of schools as well as the use of new technologies.

In addition to that, the Government of Rwanda intends to increase FP method choice including access to long term methods and increase mCPR by addressing missed opportunities in post-partum period. Furthermore, the Government of Rwanda commits to link evidence-based programming for high impact interventions with policy development and strategy formulation to reach FP goals through relevant research conducted, shared lessons learnt and best practices.

1. **COMMITMENT:** Disseminate the first ever national integrated Reproductive, Maternal, Newborn, Child, Adolescent Health (RMNCAH) policy and FP/ASRH strategic plan and monitor their implementation at all levels.

a) Please provide an update below on achievements made in the July 2019 - June 2020 reporting period in support of these elements of your commitment, including any key upcoming commitment-related milestones:

The Reproductive, Maternal, New-born and Adolescent Health (RMNCAH) policy and Family Planning / Adolescent Sexual and Reproductive Health (FP/ASRH) strategic plan were disseminated at both national and decentralized levels.

At national level, the dissemination took place in August 2019 by the Ministry of Health to all Government stakeholders and Health Development partners.

At decentralized level, with support from Rapid Response Mechanisms Funds (RRM), the Rwanda Biomedical Centre through its Maternal Child and Community Health (MCCH) division in partnership with Imbuto Foundation organized a one-day workshop per province to disseminate the RMNCAH policy and FP/ASRH Strategic plan and get commitments to facilitate their implementation. The main purpose of the workshop was to disseminate the RMNCAH policy and FP/ASRH Strategic plan and discuss the existing evidence on FP for further actions in their respective Districts' catchment area. The dissemination workshops were organized from 05th November to 20th November 2019 respectively in Northern Province at Musanze, in Western Province at Karongi, in Southern at Nyanza and Eastern Province at Nyagatare. More than 800 out of 850 expected participants attended, from the four Provinces and Kigali City.

Throughout the dissemination, the printed user friendly leaflets on RMNCAH Policy and FP/ASRH strategy were distributed. These leaflets were developed and translated in Kinyarwanda (local language) for the community to read and access information easily.

Check Points:

Anticipated Impact :

Policy disseminated, and strategy implemented at all levels using integrated approach for sustainability.

Proposed actions :

1.To organize and develop a dissemination plan by August 2017 and conduct dissemination meetings of RMNCAH policy and FP/ASRH strategy at national and District levels by December 2017. **Done**

2. Develop, print, and distribute user friendly leaflets on FP/ASRH policies and strategies by December 2017. **Done**

3. To introduce new technologies to facilitate increase awareness of policies and strategies by March 2018. **Other channels were used.**

4. To conduct regular monitoring activities using developed tools to follow up the implementation of the policies and strategies at all levels (Central, District, health facility and community levels) by December 2017. **Ongoing**

5. Disseminate and receive feedback on FP/ASRH policies and strategy implementation through video conference with Districts, Joint Action Development Forum (JADF) and health facilities once a year. **Ongoing**

6. Continue to capitalize global and regional meetings to expand partnership and explore the use of Global Financing Facility (GFF) to leverage private sector investments for Maternal, Child and Adolescent Health as opportunities arise **on going**

b) Please mark an X below on progress toward elements of the commitment :

Achieved () In-Progress (X) Off-Track ()

c) If In-Progress or Off-Track is marked above, what are the key challenges or barriers faced in achieving these elements of the commitment ? The monitoring of action is a continuing activity, in addition the medi -term evaluation of FP/ASRH strategie is plan

in this fiscal year 2020-2021. For GFF, the country priority is nutrition program but FP as factors correlating to stunting is among key-interventions of the GFF investments under the Stunting Prevention and Reduction Project supported by World Bank which aim to contribute to the reduction of stunting in Rwanda.

2. COMMITMENT : Scale up the postpartum family planning (PPFP) in all health facilities and increase method choice including access to long term methods.

a) Please provide an update below on achievements made in July 2019 - June 2020 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

Rwanda has committed to improve further family planning services delivery, access and uptake by increasing the number of health facilities, skilled healthcare providers and by expanding the available contraceptive method mix, including emergency contraceptives in order to decrease unmet need for family planning.

In this regards, PPFP scale up was done. The provision of FP services in immediate post partum period is well done and well documented across the country.

The capacity building of health care providers on family planning in post partum and post abortion care period was done through the training and mentorship by RBC/MCCH in collaboration with its partners. At least 3 providers were trained from each health facility including one for maternity service and one for antenatal care.

In total, 1,008 are trained using different approaches like in class training and Low Dose High Frequency (LDHF) from which 875 providers were trained by in class training and 133 were trained using LDHF approach. Among those trainees, 100 were from private institutions. Those training were including midwives, nurses, anaesthetists and Medical Doctors. During the practical training session, 1336 clients received FP counselling and methods (404 clients received implanon, 298 received jadelle, 44 received IUD, 318 received Depo provera, 251 received pills, 31 received condoms, LAM: 2, 125 received permanent methods).

Through clinical mentorship, in addition to existing mentors, 35 district-based mentors were trained and oriented on how to conduct clinical mentorship in FP/PPFP, after this orientation, the district based mentors reached 589 mentees during the reporting period.

In addition, the Ministry of Health work hand in hand with partners to improve the process of supply chain, management of commodities i.e. forecasting, quantification, procurement, monitoring, supply plan review. The quarterly supply plan reviews are done to adjust the stock status. This has helped to ensure that procurement is according to the plan, commodities delivered on time and distributed to the Service Delivery Points (SDPs) accordingly. The 2018 SDP survey revealed that 100% of SDPs have no-stock out of five contraceptives compared to 93% from the 2016 SDP survey report showing that the supply chain works adequately.

Accurate and reliable data is the backbone of the running of any health care system that relays on the continued availability of life-saving commodities delivered at the right time to the right place. Rwanda MoH in collaboration with partners has been supporting the implementation of two flagship initiatives :

- 1) Quality Management Improve Approach (QMIA), whereby central level supply chain staff and district pharmacy staff across the country monitor and support improvement of supply chain performance with an emphasis on utilization of eLMIS for the management of all commodity categories including FP commodities.

- 2) Electronic Logistics Management Information System (eLMIS), whereby all transactions are recorded at all supply chain levels to facilitate data management and reporting. GHSC-PSM is also in the initial stages of supporting the setup and operationalization of the National Pharmaceutical Catalogue (NPC) whose main objectives are ensuring data and product visibility, product quality assurance in line with track and tracing of products across the supply chain.

Check Points:

Anticipated Impact :

250,000 unintended pregnancies will be prevented per year

Proposed Actions :

1. Continue to build Capacity of health service providers on all methods of family planning including long term methods like PPFp through trainings and mentorship approaches. Emphasis will be placed on quality of services; quality FP service provision, quality counselling, proficient technical skills FP related clinical skills for method delivery and management of side effects. **Ongoing**

2. To ensure consistent supply chain and availability and accessibility of the whole range of contraceptives, equipment and materials related in all service delivery points. **Ongoing**

3. Keep strengthening the monitoring of PPFp activities to close the gaps in timely manner and ensure of integration in all health facilities **Ongoing**

4. Improve FP commodities stock management and quality assurance in data entering and reporting. **Ongoing**

b) Please mark an X below on progress toward elements of the commitment :

Achieved () In-Progress (X) Off-Track ()

c) If In-Progress or Off-Track is marked above, what are the key challenges or barriers faced in achieving these elements of the commitment ?

We have not faced any challenge or barrier but those actions are routine activities to maintain the quality of service.

3. COMMITMENT: Expand strategies for FP awareness-raising to increase demand and address the lack of knowledge on FP among community members and inadequate use of FP services by young people.

a) Please provide an update below on achievements made in July 2019 - June 2020 in support of these elements of your commitment, including any key upcoming commitment-related milestones :

During the reporting period (FY 2019/2020), a **national social behaviour change communication program** was implemented by the Ministry of Health/Rwanda Biomedical Centre in collaboration with partners to raise awareness on FP. That is done mainly through popular radio drama that is broadcast every week and is accessible nationally. The radio program uses an edutainment approach to disseminate key messages on various public health issues including SRH, MCH, FP among others. The drama episodes are also accessible on youtube, facebook and twitter, where it is listened mainly by the young people. Audience feedback is collected regularly to inform program production.

A regular awareness on family planning was conducted nationally on Rwanda Broadcasting Agency (RBA), community and private radio stations, which are accessible nationally, to sensitize the population on the role of family planning in controlling the rapid population growth. This was an opportunity to interact with journalists and respond to questions from journalists and the population (audience) by calling in or through SMS. Those questions, comments and discussions from the audience focused mainly on management of side effects from using family planning methods, the role of men in family planning, prevention of teenage pregnancies, and availability of family planning services for young people.

In order to reach out a big number of youth with Sexual Reproductive health messages, the Ministry of health in partnership with MINEDUC and Society for Family Health is implementing CyberRwanda project which is an Adolescent and Youth program implemented through an interactive digital platform that aims to support the Rwandan government efforts to reduce teen pregnancy and improve the livelihoods of Rwandan adolescents, to help them succeed in their future.

There is also an ongoing initiative of developing an application called 8-4-5 SRHR Mobile Technology Application that aims at providing SRHR and child's rights accurate knowledge

and information to people through mobile phones. This initiative is being done in partnership with Save Generations organizations. In addition, there is an online platform where you can order FP products and access to other useful sexual reproductive health information including the information of where you can access SRH services.

To increase demand for family planning and uptake of family planning, Ministry of Health/Rwanda Biomedical Centre with partners organized twice a year an integrated campaign. During the period of July 2019 to June 2020, this campaign was organized in October 2019, where 37,825 clients were reached with FP counseling and services. In 2020, the campaign was organized in June 15th to 19th 2020 due to COVID-19 pandemic and only around 12,000 FP clients were reached because the existing preventive measures don't allow health professionals to organize activities in community sites as usual.

The Ministry of Health through Rwanda Biomedical Centre in collaboration with Ministry of Education /Rwanda Education Board and partners developed a Training package for the teachers towards the end of 2019. Sexual and Reproductive Health was integrated as one of the modules together with Nutrition and Health promotions modules.

To further increase access to RH information among the youth, the Ministry of Health/Rwanda Biomedical Centre in collaboration with partners, provides grants in support of youth innovation. Currently one organization of some University students in Rwanda is developing a mobile application to disseminate messages on adolescent reproductive health and contraceptives.

With guidance from the Rwanda National Parliament, The Ministry of Health/Rwanda Biomedical Centre in collaboration with the Ministry of Local Government have explored other forums notably, during national monthly community work "Umuganda" and during civil marriages to disseminate messages on FP.

Check Points:

Anticipated Impact :

Increased FP total demand from 72% to 82% by end of 2024

Proposed Actions:

1. Continue to increase SBCC activities to raise awareness and demand for FP products and services IPC, mass campaign, official community events and meetings, Mobile Video units, roadshows, IEC Materials among others. **Ongoing**
2. Reinforcement the use of FP champions and role models as FP advocates. **Ongoing**
3. To institutionalize the “Each one invite three” national strategy. **on going**
4. Strengthen the collaboration of public and religious/faith-based organization. **Ongoing**
5. To provide FP messages during civil and religious marriages’ communication (natural and modern FP methods) **Ongoing**
6. To strengthen the implementation of comprehensive sexuality education programme in primary and secondary school. **Ongoing**
7. To introduce and implement new approach using technology to reach a big number of youth with Sexual Reproductive health messages through mobile phones by using the mobile 4 reproductive health application (M4RH). **Ongoing**

b) Please mark an X below on progress toward elements of the commitment:

Achieved () In-Progress (X) Off-Track ()

c) If In-Progress or Off-Track is marked above, what are the key challenges or barriers faced in achieving these elements of the commitment?

These are routine activities and will continue. For institutionalize the “Each one invite three” national strategy was piloted in Gisagara District.

4. COMMITMENT: To link evidence-based programming for high impact interventions with policy development and strategy formulation, conduct new studies to inform policies, strategy formulation and evidence-based programming for high impact interventions to achieve FP goals.

a) Please provide an update below on achievements made in July 2019 - June 2020 in support of these elements of your commitment, including any key upcoming commitment-related milestones :

During this reporting period, the FP business case was validated and disseminated . The business case helped to better understand the needs, funding flows and gaps pertaining to family planning in Rwanda. This report has generated evidence on the returns that can be yielded if the country invests in FP and interventions towards sustainable domestic financing for FP. This business case report shows that every \$1 dollar invested in FP can yield \$112 from 2015 to 2050.

The FP barriers study was undertaken and the report was disseminated. It indicates that the FP discontinuation is mainly associated with a wish for an additional child, fear of side effects, religious beliefs and men engagement among others. The FP barriers study recommended key strategies for increasing FP uptake which are (i) the community-based provision of FP services, (ii) approaching the leaders of the protestant churches to discuss their role in the utilization of FP services, (iii) using all opportunities for integrating FP messages in other health services, and (iv) increasing FP resources allocated in Adolescent Sexual and Reproductive Health services.

Furthermore, the Rapid assessment on Continuity of Essential Health services for Sexual Reproductive Maternal Newborn Child health was conducted to determine the extent to which the provision and access to services were impacted by the COVID-19 measures. The analysis is in progress which will identify the gaps and facilitate putting in place mitigation measures to address the gaps and ensure continuity of services within COVID-19 pandemic response.

Check Points:

Anticipated Impact:

Evidence based programming ensured to improve on quality of FP services

Proposed Actions:

1. To conduct evidence-based programming for high impact interventions by linking policy development to strategy formulation to achieve FP goals. **Done**
2. To organize dissemination meetings of outcomes from high impact program findings and develop an action plan to address the recommendations. **Done**

b) Please mark an X below on progress toward elements of the commitment:

Achieved (X) In-Progress () Off-Track ()

c) If In-Progress or Off-Track is marked above, what are the key challenges or barriers faced in achieving these elements of the commitment?

Planned studies were done and we will plan further studies for the coming period.

SECTION II: ADDITIONAL QUESTIONS

Please respond to all parts of the following 7 questions for the reporting period of July 2019 - June 2020.

- 1. Please tell us the challenges (if any) and successes your country is experiencing in keeping family planning (FP) as an essential service in your country's COVID-19 response. What are the main barriers and obstacles? Please share your successes as well.**

Among the challenges noted were:

- The Covid-19 disease has affected the FP services utilization in some service delivery points due to the lock-down and restriction of people movements.

- The emergency response of COVID-19 has affected negatively the planned activities and budget which needs to be adjusted through new budget or reallocation.

Among the success in the reporting period, the following are highlighted:

It is important to mention that during this challenging time of Covid19, the Ministry of Health/Rwanda Biomedical Center in close collaboration with its partners has ensured the continuity of SRH/FP services without major disruption :

- The Continuity of Essential Sexual, Reproductive, Maternal Newborn Child and Adolescent Health services is integrated into the National COVID-19 Treatment Guidelines.
- In addition, the Government of Rwanda directives have emphasized ensuring the provision of essential services while observing all preventive measures. This minimized the disruption on availability of service.
- Rapid assessment on Continuity of Essential Health services for Reproductive Maternal Newborn Child health was conducted to determine the extent to which the provision and access to services were impacted by the COVID-19 measures

2. Has your country integrated representatives from any of the below marginalized groups into the country's family planning technical working group, country engagement working group, or other decision making bodies? Below please check all groups that have been engaged

Adolescent and youth: YES

People with disabilities: YES

Out of School Youth: YES

Minority groups: NA

Remote or displaced populations: NA

a. How has engagement of the groups listed above influenced progress towards the achievement of your country's FP2020 commitments? Also, please share successes and/or lessons learned from these engagements.

In Rwanda SRH/FP services are accessible to all Rwandans, without any discrimination of Minority groups, age, gender, etc.

Regarding success and lessons learned in engaging young people, in Rwanda, young people are at the forefront regarding devising their own solutions adapted to their own problems where they are venturing in projects designed to provide sexual reproductive health information (ex. M4 Reproductive Health, Urukundo Initiative project by University of Rwanda (UR) students where they are providing SRH information using game cards). Young people are more open to their peers when dealing with sexual reproductive health issues.

The integration of adolescent and youth resulted to the election of FP2020 youth focal point and the effective engagement of young people organizations throughout the awareness raising campaigns (e.g. youth travelling caravan, the youth webinar that was used to launch the 2019 state of world report), designing innovation solution, among others. The youth feel that sense of being included and many have been encouraged, seen and heard. Some have started more innovations to accelerate the promise of curbing teenage pregnancies.

The engagement of People with disability representatives resulted in the increased awareness of existing policies and confidence. So that they are playing the role and contributing throughout the development in the country. People with disability have been involved and contributed to a number of interventions such as the review of FP training manual, the FP guideline, awareness raising campaigns, even during this period of Covid-19 to promote SRH & Disability Right in Rwanda. In the reporting period, People with disability organized an 18 days campaign in 18 Sectors on SRH/FP from which some lessons learned, challenges and success stories were collected and more than 12,000 people were reached including 5457 people with disability.

b. If any of these groups have not been engaged in your country, what are the challenges working with these groups? (Please state specific examples) **NA**

c. Have any of these groups engaged or participated in completing this questionnaire? **YES**. They were involved (representatives of youth and people with disability).

3. How is your country integrating family planning into universal health coverage efforts and what is/are the mechanism(s) being used or considered? What specific actions were taken in the reporting period on the following points:

a. Reduction in out of pocket costs for FP services

Family planning services have been integrated into universal health coverage since 2015, and actually the insured have reduced out of pocket cost.

They are included in the essential service package of which the Government and the prepayment mechanisms and partners provide subsidy for the commodities. The mechanisms operation in Rwanda include; The Community Based Health Insurance (CBHI), Rwandaise d'Assurance Maladie (RAMA), Health insurance program for servicemen (MMI) and Private. The Essential Health Service Package has been revised and costing for the services is ongoing for different levels of health care provision. The private clinics which need to provide FP service, are given authorization by the Ministry of Health as per the request and receive commodities through District pharmacies which have a positive impact in the out of pocket costs reduction for FP services.

b. Expansion of covered Family Planning services

To expand FP services covered, the Ministry of Health/Rwanda Biomedical Centre in collaboration with partners organize the integrated Maternal Child campaign twice a year with family planning services provided to the clients in need. The family planning service is also integrated in other health care services at health facilities, and outreach activities are organized in order to increase the access to family planning services at the community level where FP method are offered including short actingthe, long acting and permanent methods.

C. Extension of population covered

There has been significant progress in increasing Health insurance coverage in Rwanda from less than 7% in 2003 to 83.6% of the population for CBHI (as of June 2017) and at 90% of all health insurance schemes (HSSP IV 2018-2024). For the poor people (CBHI category I), the cost is covered a 100% by the government.

The country's target is to have 100% coverage of health insurance by the Rwandan population with Family planning integrated.

4. What efforts were made to improve resilience and/or emergency preparedness of family planning systems in-country? Has this been helpful during your country's COVID-19 response?

Yes: Family Planning is among the essential Reproductive Maternal, Child and Adolescent Health services which have been included in the COVID-19 treatment and prevention Guideline.

5. What efforts were made to meet the FP needs of women who are postpartum or post-abortion or to improve family planning/maternal child health integration services?

Since the four previous years, the provision of family planning service in immediate post partum was introduced as a new strategy and at least three health service providers per health facility are trained on postpartum or post-abortion family planning in order to improve FP/maternal child health integration services. Needed equipments and tools were provided to offer family planning services like kits for PPIUD insertion and kits to perform tubal ligation and vasectomy.

6. Has your country worked to improve quality of care and rights based family planning into programs?

a. Do family planning programs provide a broad range of contraceptive methods (long-term, permanent, or short acting)? Is comprehensive information and counselling on all available methods, including information on any risks or side effects provided?

Yes. In Rwanda, the FP programme provides a broad range of contraceptive methods including long and short acting methods as well as permanent methods. Before the method is provided to the client, comprehensive information and counselling on all available methods, including information on any risks or side effects is provided and the client makes informed decisions on the method to use. In order to increase the range of method mix, MoH/RBC is increasing the range of contraceptives to be used in the country including the ongoing introduction of new methods (Sayana Press, emergency contraception and Hormonal IntraUterine System).

b. To ensure a user-centered approach, do clients get a chance to provide feedback after clinic visits either through questionnaires, surveys, or suggestion boxes?

The suggestion boxes are at all health facilities whereby the clients are free to provide their feedback towards the services received. Beside that, in every two years, the Service Delivery Point survey is conducted of which the clients are interviewed to explore the level of their

satisfaction and their perspectives with regards to the services provided. The clients perspectives are taken into consideration in the study recommendations.

c. After collecting client feedback, how is the data collected being used to improve quality of care?

When the survey report is disseminated, an implementation plan is done collectively with all stakeholders to address the identified issues for improved quality of care and also, through the voice of client platform at the Ministry of health, the in charge orient clients' feedback to the right people to address the reported issues and the program takes that into consideration to ensure of clients satisfaction.

The suggestion boxes are opened regularly and feedback from clients are shared through health managment and quality improvement committies for the analysis and consideration.

7. If applicable, has your country allocated GFF investment case resources to the family planning programs? If yes, which elements of the program have been financed? What were the challenges in prioritizing FP within GFF?

Rwanda allocated GFF investment case resources to the Nutrition program mainly but FP activities are among key-interventions of the GFF investments, which will contribute to decrease stunting throughout Rwanda.

Please provide the following information for the government point of contact for this update

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