FP2030 GOVERNMENT COMMITMENT FORM

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1. RWANDA'S 2030 VISION STATEMENT

Rwanda envisions *to achieve the highest attainable standard of health across the life course for all women, men and young people* with equitable access to rights-based quality family planning services towards sustainable socio-economic development by 2030.

2. COMMITMENT OBJECTIVES

Commitment Objective: 1	***Expand strategies for FP awareness raising to address gaps in knowledge, attitude and behaviors on FP and to increase the total demand for FP among community members including men, women and young people in Rwanda.***
Objective Statement	Increase total demand for Family Planning from 78% in 2020 to 82% by the end of 2030 among men, women and young people.
Timeline	**July 2021- June 2030**
Rationale	According to the Rwanda Demographic Health survey VI (2019/20) Knowledge of modern contraceptive methods among both women and men is high (99% - 100%) with an increased total demand for family planning from 72% (2010) to 78% (2020); among currently married women but utilization is un proportionally low 58% (modern methods) in 2020 with unmet need that is still high (14%). Sexually active unmarried women have a higher demand for family planning than currently married women (87% versus 78%). They also have a higher unmet need (37% versus 14%). This is heavily attributed to sociocultural norms and practices entrenched in the patriarchal system that render women powerless in many aspects including deciding on whether to have children, when, and how many. There are still gaps

	in knowledge, attitudes, behaviors mainly characterized by rumors, myths and misconceptions towards Family Planning among the targeted population that result in negative health outcomes and practices like teenage pregnancies, contraception discontinuation among others. Despite the decline of teenage pregnancies since 2014-15, from 7% to 5% in 2020, many young people still receiving confusing, conflicting information about relationships and sexuality, as they make the transition from childhood to adulthood. Teenage pregnancy is a major health concern because of its association with higher morbidity and mortality for both the mother and the child. Childbearing during adolescence is known to have adverse social consequences, particularly regarding educational attainment, as women who become mothers in their teens are more likely to drop out of school. Awareness interventions will seek to increase knowledge, influence positive behaviors and attitude among community members and increase sustained demand for contraception and family Planning among the targeted population. Comprehensive sexuality education (CSE) is already integrated in the national curriculum for primary and secondary education where the Ministry of Education spear heads efforts to implement it in schools through continuous capacity building of teachers, strengthening school health clubs, development and distribution of CSE materials, among others. The Ministry of Health also has the youth at the center of health service delivery by strengthening youth friendly health services. The Ministry of Youth and Culture as well as the Ministry of Local Government ensure that youth out of school access youth friendly centers for ASRH services among others. Currently, there is no CSE guideline for out-of-school youth. The existing ASRH manual lacks key components influencing SRH such as mental health, nutrition, NCDs and responsive health system for adolescents.
Strategies	• Strengthen SBC interventions to raise awareness for increased demand for FP services among all segments of the population in Rwanda. • Ensure the availability of the new contraceptive methods at all levels by integrating them in the national supply chain management including forecasting, supply planning, procurement, distribution and logistics management information system • Increase effective use of couple counselling and engage men and boys both as supportive partners and users of FP methods

	• To develop FP message booklets for local authorities and religious leaders who conduct civil and religious marriages respectively • To build capacity of local authorities and religious leaders responsible for officiating civil and religious marriages respectively, through orientation sessions and provide the necessary tools • To strengthen the implementation of comprehensive sexuality education programme in primary, secondary school and high leaning institutions whilst increasing access to contraception services working in collaboration with all the key stakeholders including the Ministry of Education • Strengthen Parent – adolescent communication forums for increased empowerment of both parents and adolescents towards improved communication SRH issues. • Empower CSOs with the skills, capacity and knowledge to carry out community innovative interventions towards increased demand for FP and contraception services • Empower YLOs towards designing and implementing innovative ASRH interventions that target both youth in and out of school for increased access and uptake of SRH services • Promote the use of digital/mobile health platforms and materials to create awareness of reproductive health information and service availability for adolescents and young people • The Ministry of Health will develop CSE guidelines for out of school youth and Adolescent Health Manual for service providers.

Commitment Objective: 2	***Improve access to quality FP services by increasing the number of FP service delivery points and number of skilled healthcare providers towards increasing FP uptake by 2030***
Objective Statement	Increase the number of service delivery points providing quality FP and contraception services by increasing number of health posts from 670 to 1120 by 2030.
Timeline	July 2021- June 2030
Rationale	In Rwanda, health services are provided through Eight national

	referral hospitals including teaching hospitals, Four provincial referral hospitals, 39 district hospitals, 510 health centers, 670 health posts, and 58,567 CHWs operating in 14,873 villages. Despite the continued increase in FP service delivery points, some of them are limited to provision of counselling services and traditional methods (no modern methods) and some administrative cells don't have any health facility. The average time to walk to the nearest health facility is 59 min while the time spent at the health facility is 47 minutes on average (Rwanda SDP survey 2020). As per the recent RDHS 2019/20, 78% of currently married women have a demand for family planning among which only 64% of currently married women are using contraception. The contribution of 14% unmet need for family planning may be due to service delivery points and/or lack of health service providers skilled to administer contraceptives at the SDP (for example, implants and male sterilization among hospitals) as shown by the 2020 SDP survey that 10.3% of secondary and tertiary level of SDPs are not offering male sterilization because of lack of the required skills.
Strategies	• Capacity building of health care providers in public and private health facilities in provision of quality FP services to women, men and young people through trainings, mentorship and supportive supervision with a focus to high impact interventions including PPFP and post abortion family planning. • Increase service uptake by fully integrating FP/ASRH in RMNCAH services including ANC, Maternity, PNC1 (PPFP before discharge), immunization, HIV, Nutrition among others and close follow up of clients at all levels of health care • Capacity building of CHWs in quality FP/ASRH service provision at village level through trainings, mentorships and supportive supervision. • Promote the use of outreach activities to increase the access to LARCs and PMs where they are not readily accessible • •

	• Improve the referral system for FP clients from the lowest level to the highest and vice versa • Increase the supplies data visibility by improved use of global and national tools including FPVAN, Quantification Analytic Tool and e-LMIS use at all levels. • Strengthen the engagement of Private sector through capacity building on the newly introduced FP methods for increased access and availability to all segments of the population in Rwanda. • Improve access to quality SRH/FP services by strengthening the capacity of health service providers to provide youth friendly services in youth corners and other service delivery points. • Review the minimum package of health services at health posts to include provision of long acting reversible FP methods

Commitment Objective: 3	***Expand the available contraceptive method mix at all levels of FP service delivery points by introducing new FP methods.***
Objective Statement	Increase contraceptive method mix for improved method choice by adding at least three (3) more contraceptive methods to the current package, by 2030
Timeline	July 2021- June 2030
Rationale	The recent RDHS 2020 has shown that the use of modern family planning increased among married women from 47.5% to 58.4% between 2014/15 and 2019/20. It is worth noting that from 1992 to 2020 approximately 80% of modern method use has been due to implants, injectables and pills. Over time, implants have gained share at the expense of injectables and pills. In the last five years this trend has accelerated with implants now accounting for 46 percent of the modern method use. As the GoR intends to increase the modern contraceptive prevalence rate (mCPR) among married women from 58.4% to 65% by 2030 (Track20), one of the identified key high impact interventions is to increase the choice of contraceptive methods available in the country by adding new contraceptive methods to expand method mix for increased method choice to the clients.

Strategies	• Development of a costed implementation plan for introduction of new FP methods towards availability of the whole range of contraceptives to all women regardless of age and parity. • Update FP tools to integrate family planning new methods (e.g Hormonal IUD, DMPA-SC, etc.) at all levels of service delivery points including public and private health facilities • Organize FP trainings and orientation meetings of managers and health care providers at all levels of health care service delivery points including public and private health facilities, on comprehensive, accurate counselling and client-oriented service provision for new FP methods. • Develop key messages on new FP methods and integrate them in the existing SBCC tools for increased method choice and demand generation of contraception and FP services • Review of HMIS and eLMIS to incorporate new FP methods. • Inclusion of new FP methods into the national commodity forecasting, quantification, and procurement process.

Commitment Objective: 4	***To link evidence-based programming for high impact interventions with policy development and strategy formulation by conducting studies to inform policies, strategy formulation and evidence-based programming for high impact interventions to achieve FP goals.***
Objective Statement	Improve evidence based programming for increased uptake of quality FP and contraception services by 2030.
Timeline	July 2021- June 2030
Rationale	According to the National Population and Housing Census report of 2012, 32% of the population in Rwanda are young people (10-24yrs). The RDHS 2019/2020 report reveals that 41% of married women are not currently using modern family planning. Unmet need for family planning increases by age from 8% among currently married women aged 15-19 to 9% among women aged 20-24 and 17% among women aged 40-44 years before decreasing slightly to 15% among women aged 45-49. Sexually active unmarried women have a higher demand for family planning than currently married women (87% versus 78%) and also have a high unmet need (37% versus 14%). There is therefore need to further understand the various segments of the population and identify best practices to adequately provide contraception and FP services to the target populations. Post-Partum Family Planning (PPFP) is among high impact interventions where it has increased from 20% to 54% in the last five years (RHDS, 2019/2020). This has significantly contributed to the increased modern contraceptive prevalence rate (mCPR) in Rwanda. However, postpartum women continue to constitute the largest proportion of non-users where in less than 6 months it stands at 8%; while for 6-23 months it stands at 16%. Conducting various research and documentation of best practices will inform FP programing.
Strategies	• Conduct studies and operational research, namely; SRH Investment Case for Rwanda to understand the financial need and return on investment, Service delivery point survey to assess availability of commodities, determinants of FP discontinuation, among others, to better inform PF/SRH programming.

	• Organise dissemination meetings of outcomes from high impact program findings and develop an action plan to address the recommendations. • Design and produce dashboards at central, district and health facility levels to monitor progress of FP interventions and produce annual bulletin on FP disaggregated data. • Promote the culture of knowledge sharing through knowledge management, peer to peer learning and experience sharing of best practices on FP

Financial Commitment Objective: 5	***By 2030, the Government of Rwanda will increase domestic resources to finance FP interventions from the current budget allocation.***
Objective Statement	Increase budgetary expenditure for FP over 2.7% by 2030
Timeline	July 2021- June 2030
Rationale	While Rwanda has made significant strides in increasing contraceptive use, the overall health sector remains heavily dependent on external funding, estimated at 60% of total spending on health. Until recently, the primary source of funding for family planning programme was external donors. As per the Rwanda FP business case in 2018, about US$11.5 million was spent on family planning in Rwanda in 2015/16. The government of Rwanda spent over US$3.2 million during this period. Of the total amount spent on family planning activities in 2015/16, 33.8% is estimated to come from the GoR, while 66.2% comes from non-GoR sources (7.0% from international NGOs, 38.6% from bilateral agencies and 20.6% from multilateral agencies. In 2016/17, the share of GoR in total expenditure had increased substantially to 43.3% of the total FP expenditures (US$7.9 million spent on family planning. The Family Planning Spending Assessment in Rwanda for the Fiscal year July 2016-June 2017 (FPSA) has confirmed that FP expenditure in Rwanda relies on external funding whereby only 2.7% of the total health budget are spent on FP. Therefore, there is a need for the GoR to consider increasing investment and spending on FP as well as exploring new financing strategies towards FP sustainability.
	• Strengthening advocacy to increase domestic resources to fund family planning programme • Ensuring and strengthening inter-sectoral collaboration, including the strengthening of the private sector involvement in family planning services, supplies and financing • Tracking, effectively coordinating and monitoring family planning activities implemented by multiple stakeholders • Mainstreaming development programmes and projects to contribute towards family planning in Rwanda • Including all family planning services (such as counselling, follow-

	up, etc.) and FP commodities in the essential benefits package of health insurance schemes, including the Communuty Based Health Insurance (CBHI) scheme. • Strenthening evidence based monitoring through FP spending assessment studies and Health Resource Tracking Tool (HRTT) analysis to help monitor expenditure to ensure it aligns with evidence-based and cost-effective priorities outlined in the national strategic documents. • Identifying and sharing data from existing systems (VAN, eLMIS, DHIS2, etc.) to bolster conversations related to cost-savings from improved efficiency and effectiveness that can be put intoprocurement of more FP products.

3. COMMITMENT CONSULTATION PROCESS

The development of FP2030 Commitments for Rwanda has been done through a consultative process with all key stakeholders and partners. Various forums such as meetings, stakeholder and individual consultations were held. The following steps were undertaken led by the Ministry of Health and Rwanda Biomedical Centre:

- On 28th July 2020, the FP Sub-TWG reviewed progress of implementation of the FP2020 commitments to inform FP2030 Commitment development process
- On 26th November 2020, the FP Sub-TWG meeting was conducted, when members went through the FP2030 development process requirements and elected the task force members who will lead the development process of FP2030 commitments under the leadership of the Ministry of Health/ RBC
- On 30th Nov 2020, the high level stakeholders meeting was organized to take stock of what happened in Nairobi summit, to reflect on the national commitments of ICPD@25 and developed an action plan to engage various partners which also was taken into consideration throughout the development of FP2030 commitment development process
- Various task force meetings were conducted since January 202, developed the FP 2030 implementation plan and identified themes and focus areas for the commitments, for further deliberations with other partners and stakeholders. Task force team included the Government technical staff, UNFPA, WHO, USAID, CHAI, CSO representatives and Youth

representatives.

- Since March 2021 (12th March 2021), various consultative meetings were conducted to engage CSOs and Youth led organizations towards FP2030 commitment process.
- The outcomes of this process were shared with FP sub TWG in various meetings to capture inputs to the proposed draft commitments.
- On November 10, 2021 the FP sub TWG was merged with ASRH Sub-TWG and validated the proposed FP2030 commitments to be shared with the highest level stakeholders including the FP2030 secretariat for inputs and the high level officials of the Ministry of Health.
- FP Focal points and selected key FP partners meetings were conducted to incorporate inputs from the consultation meetings, FP experts and FP2030 secretariat.

4. COMMITMENT ACCOUNTABILITY APPROACH

4.1. Country's **accountability approach** for FP2030 commitments

The existing platforms that will be used to track progress of commitments are FP sub-TWG, ASRH sub-TWG, RMNCAH TWG, Health sector meetings, National Strategy for development of Statistics (NSDS) steering committee, Human Resource for Health, Health financing TWG, among others, that are organized on a regular basis.

The country will use the existing platform meetings and RMNCAH score card as accountability tracking mechanism to track progress on commitments and engagement by various partners. These mechanisms enforce Government leadership as all the technical working groups are led by the Government of Rwanda, spur local ownership, strong relationships between all stakeholders, and transparent agreement on commitments and the action required to meet them. Additionally, the Health Development Partner high level meeting lead by the GoR will review the progress of FP2030 commitments, identify funding needs and support in resource mobilization.
At subnational level, District coordination meetings, District health management team (DHMT) meetings that involve District leaders, Heads of health facilities, FP/ASRH focal points, data managers, office in-charge of planning, CSOs and the private sector meetings, among others, will be organized to track progress of implementation of FP2030 commitments.

CSOs, YLOs, and other partners are already engaged in existing platforms and will be fully involved in tracking progress of the FP2030 commitment implementation. New partners will be identified and encouraged to join the existing platforms, depending on the area of their focus for simultaneous stakeholder engagement and harmonizing efforts that will harness CSOs'

collective power and emphasize collective ownership to address any identified bottlenecks.
To ensure visibility and transparency in sharing information on country progress towards meeting the commitments, data will be collected and integrated in MoH bulletin that will be published on MoH website on annual basis. Data will be drawn from HRTT, national Demographic Health surveys, service statistics from routine data collection, spending assessment reports among others depending on what needs to be monitored. Reports from operational research and documented success stories will presented at FP/SRH meetings, conferences and findings will be published as much as possible.

Rwanda country FP2030 accountability process is aligned with other national processes for monitoring other country commitments such as ICPD25 Commitments, National Health Sector Strategic plans to mention but a few.

4.2. Country process for annually (or more frequently) reviewing data on progress and sharing that data with partners.

At health facility level, program data are reviewed and validated on monthly basis before populating into HMIS system. When data are populated into HMIS, they are again reviewed at national level and presented to stakeholders in various platforms at least on quarterly basis and bi-annual sector reviews. The consensus workshop is also organized on annual basis to validate the progress on agreed upon indicators.

Annual bulletin will be developed to documented progress of FP2030 commitments and will be published on MoH website for visibility by all partners.

4.3. Remedial actions to be taken at the country level if there is lack of progress or if there are outright violations of sexual and reproductive health and rights in approximately 200 words:

If there is lack of progress, a rapid assessment of program will be conducted to identify the bottlenecks with the aim to inform evidence based programming and review of the implementation plan. Regular monitoring of progress will be ensured to mitigate the risks of delayed or non-implementation.
Violation of sexual and reproductive health and rights in all its forms will be avoided to the extent possible. In case there are outright violations of sexual and reproductive health and rights, the following measures are taken:

- Ensure informed choice and quality contraceptive services are provided
- Ensure the commodities are available at all levels of service delivery points
- Ensure that all women and girls have equal access to sexual and reproductive health services without discrimination - leaving no one behind.

4.4. How the above accountability approach will be funded:

The above accountability approach will be funded by the Government in collaboration with her stakeholders.

4.5. Technical assistance needed to fully implement the above accountability approach:

- To build capacity of FP focal points not only from the Government but also from key partners on data management, modeling and other useful approaches that can facilitate more effective monitoring and evaluation FP programs.
- Support creating an accountability tracking tool that may be linked with existing system for easy monitoring of FP2030 progress.
- Support the FP focal points to do FP data analysis for more effective knowledge management and sharing of best practices and lessons learnt on various knowledge sharing platforms.

4.6. Any additional information:

None

5. COMMITMENT LAUNCH TIMELINE

Country's timeline and plan for validating, preparing to launch, and then launching country commitment at the national level

- Validation of National FP2030 commitments through TWGs in November 2021
- Endorsement by the high level of the Ministry of Health by 21st January 2022
- Announcing national launch to different media by 8th March 2022
- National launch of FP 2030 commitments by 18th March 2022
- Posting the commitments to FP 2030 Rwanda web page after the global launch
- Sub-national level dissemination from February 2022 using different platforms