

FP2020 Commitment 2019 Update Questionnaire RWANDA



The FP2020 Secretariat surveys FP2020 commitment makers annually to track progress made, activities undertaken, and challenges faced toward fulfilling commitments. We kindly ask you to complete the FP2020 Commitment 2019 Update Questionnaire for Rwanda, by **5 July 2019**. Your 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 your responses on your country's dedicated country webpage (<https://www.familyplanning2020.org/rwanda>) so in-country and global stakeholders alike 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 hope this will be an opportunity for you to engage with your country focal point team, including youth focal point, and family planning stakeholders in country to jointly review progress.

Please note that the self-reporting process complements the national family planning data consensus workshops that take place during the same time period. If the data consensus workshop for Rwanda is scheduled after **5 July 2019**, please let us know so we can discuss how to align the commitment reporting deadline to ensure results from each process are compatible.

Please complete the attached Word document and submit to Martyn Smith msmith@familyplanning2020.org and Krista Newhouse knewhouse@familyplanning2020.org with a copy to Onyinye Edeh oedeh@familyplanning2020.org. Should you have any questions or concerns, please contact Onyinye on oedeh@familyplanning2020.org.

Additionally, the Core Conveners of FP2020 are currently gathering input to build a shared vision for family planning post-2020. We look forward to learning from your response and appreciate your partnership in delivering on the promise that is FP2020.

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

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The questionnaire includes 1) the 2017 revitalized commitment and elements of Rwanda's original commitment that still stand, and 2) seven standard questions to all FP2020 commitment-making countries.

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

- **Progress made** and **key challenges or barriers** you faced, during the **July 2018 - June 2019 period**.
- Please also include information on **any key upcoming commitment-related milestones**.
- Lastly, we invite you to reflect on progress per commitment through a **self-assessment**.

SECTION I: QUESTIONNAIRE FOR COMMITMENT UPDATE

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 July 2018 - June 2019 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

Check Points:

Anticipated Impact:

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

Proposed Actions:

1. To organize and developed dissemination plan by August 2017 and conduct dissemination meetings of RMNCAH policy and FP/ASRH strategy at national and District levels by December 2017.
2. Develop, print, and distribute user friendly leaflets on FP/ASRH policies and strategies by December 2017.
3. To introduce new technologies to facilitate increase awareness of policies and strategies by March 2018.
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.
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
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.

b) Please mark X below how you assess progress toward elements of your commitment:

Achieved OR On-Track () / In-Progress OR Off-Track ()

c) If you marked “In-Progress” OR “Off-Track” in the above question, what are the key challenges or barriers you face in achieving these elements of your commitment?

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 2018 - June 2019 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

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.
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.
3. Keep strengthening the monitoring of PPFP activities to close the gaps in timely manner and ensure of integration in all health facilities
4. Improve FP commodities stock management and quality assurance in data entering and reporting.

b) Please mark X below how you assess progress toward elements of your commitment:

Achieved OR On-Track () / In-Progress OR Off-Track ()

c) If you marked “In-Progress” OR “Off-Track” in the above question, what are the key challenges or barriers you face in achieving these elements of your commitment?

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 2018 - June 2019 in support of these elements of your commitment, including any key upcoming commitment-related milestones:*

Check Points:

Anticipated Impact:

Increased FP total demand from 72% is 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.)
2. Reinforcement the use of FP champions and role models as FP advocates
3. To institutionalize the “Each one invite three” national strategy
4. Strengthen the collaboration of public and religious/faith-based organization.
5. To provide FP messages during civil and religious marriages’ communication (natural and modern FP methods)
6. To strengthen the implementation of comprehensive sexuality education programme in primary and secondary school
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)

b) *Please mark (✓) below how you assess progress toward elements of your commitment:*

Achieved OR On-Track () / In-Progress OR Off-Track ()

c) *If you marked “In-Progress” OR “Off-Track” in the above question, what are the key challenges or barriers you face in achieving these elements of your commitment?*

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 2018 - June 2019 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

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
2. To organise dissemination meetings of outcomes from high impact program findings and develop an action plan to address the recommendations.

b) Please mark X below how you assess progress toward elements of your commitment:

Achieved OR On-Track () / In-Progress OR Off-Track ()

c) If you marked “In-Progress” OR “Off-Track” in the above question, what are the key challenges or barriers you face in achieving these elements of your commitment?

SECTION II: STANDARD QUESTIONNAIRE

Please respond to all parts of the following seven questions:

1. **How has your country integrated adolescents and youth representatives, and/or representatives from marginalized groups (e.g. lowest-income, people with disabilities, out of school, minority groups, remote or displaced populations, etc.) into the FP2020 Focal Point team and/or country's FP technical working group or country engagement working group?**

- a. **If yes, how has this engagement influenced achieving your FP2020 commitment? Please also share successes and/or lessons learned from these engagements.**

Yes, under MCCH division, we have established a sub ASRH technical working group that meet once a month.

This has influenced the integration of ASRH in RMNCAH policy and FP/ASRH strategic plan and the process of reviewing the reproductive health law, which strengthen access to FP services by young people and reduce the barriers.

There is a representative of young people in FP2020 focal point team elected in 2018

- b. **If not, what challenges have you faced in working with these groups? (Please give examples)**

2. **How is your Government integrating family planning into universal health coverage (UHC)-oriented schemes and what is/are the mechanism(s) being used or considered? What specific actions were taken in the past year surrounding integration?**

Since mid 2015, the government introduced the community participation in financial preventive health care including family planning. The government of Rwanda integrated the family planning into UHC by including FP package into the health insurance.

The member of community health insurance scheme pay only 10% of total cost at hospital and around 0.2\$ at the health center. The government has started the integration of FP package in health posts which will be established in all cells.

3. Has your Government organized the 2019 data consensus workshop?

a. If yes, did the FP2020 Focal Points participate in your country's 2019 data consensus workshop? If so, what insights were gained?

The national 2019 data consensus workshop was organized and led by the chairperson of FP2020 Focal points in Rwanda. Other participants to the workshop included the FP2020 Focal point from the civil society, the representative of USAID, UNFPA and AfriYan.

We gained the common view of the progress of key FP indicators against national target. We also received the technical support from FP2020 secretariat.

b. Were domestic expenditure data reviewed as part of the data consensus meeting? If so, please share insights and challenges you had in reviewing and validating these data.

No, the process of domestic expenditure data review is will start soon with FPSA

4. In the past year, were any efforts made to improve resilience and/or emergency preparedness of family planning systems in country?

Rwanda leaders consider FP as key priority of national development and prepared to respond to any emergency of FP system: improvement of FP commodities management at all levels through e-LMIS to avoid any stock out.

5. Has your country allocated GFF resources to your FP program? If so, how has this benefitted your work?

GFF in Rwanda is allocated to nutrition program which integrate family planning

This helps to reach more clients through FP counselling and service provision.

6. Have you worked to improve quality of care/rights based family planning in your programs?

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

Yes.

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?

Yes, the feedback from clients are received through SDP surveys conducted every year, suggestion boxes located at health facilities which helps the quality improvement committee to improve the quality of health services and other initiatives like community voice action.

c. Are your clinics open to improve accessibility and availability of services?

Yes, by providing services 24 hours/7days, organization of outreach, integration of FP in other services, increase of health posts at cell levels.

7. FP2020 and partners are currently gathering input to build a shared vision for family planning post-2020, in consultation with stakeholders at the country and global level. Have you had an opportunity to participate in any way in this consultation process (e.g. online survey, consultative calls, etc.)?

Please provide the following information for the Government's point of contact for this update

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