

**REPOSITIONNING FAMILY PLANNING AND REPRODUCTIVE HEALTH IN THE SOUTHERN AND
EASTERN AFRICA REGION: CHALLENGES AND OPPORTUNITIES
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TITLE: Repositioning Family Planning in Rwanda: How a Taboo Topic Became Priority Number One, and a Success Story!

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Background/Significance

Rwanda's population of an estimated 11 million is one of the most densely concentrated in Africa. (There are 355 people per square kilometer, as compared to an average of 32 per square kilometer in sub-Saharan Africa as a whole.) Although some experts speculate that extremely high population density was a contributing factor to the country's civil war and resulting genocide in 1994, a pronatalist culture, religious opposition and little government support made advances in family planning even more challenging in the years immediately following the conflict.

In early 2008, IntraHealth International, which manages several USAID-funded projects in Rwanda, received support from the Hewlett Foundation to commission a special study on Rwanda titled *Family Planning in Rwanda: How a Taboo Topic Became Priority Number One*.

Methodology

The presentation will describe what has been done to improve family planning in Rwanda, what the keys to success were, what challenges were faced, what lessons have been learned and what gaps remain. The presentation will cover the combination of efforts and approaches used in Rwanda to reposition family planning and increase the use of modern contraception, including the role of the President of Rwanda, parliamentarians, district mayors, the Ministry of Health and other ministries, health care providers and facilities and community members.

Findings

It is impossible to isolate one factor that has having the most impact in increasing CPR in Rwanda; a combination of efforts at all levels and within various sectors has contributed to this historic increase in the use of modern contraception.

- Advocacy with political leaders with a focus on economic arguments is an effective approach to building political will so that policies are internally supported rather than externally imposed.

- An active parliamentarians' group can be important at two levels: increasing support at the policy level; and sensitization and awareness-raising in the communities they serve.

- Coordination of partners supporting family planning should come from the government and is necessary for ensuring efficiency, effectiveness, national coverage and sustainable improvements. There should also be a national implementation plan that translates policy into practical, clear and measurable actions.
- Choice matters, and improved logistics systems are essential to ensure that choice is a reality.
- A decentralized training process—training a team of district-level trainers and using on-the-job training— facilitates national coverage and minimizes disruption to services. On-the job training is an important training approach to ensure that all providers at a health facility are able to provide family planning.
- Groups to foster partnership between health providers and communities can be effective in bringing about changes in quality.
- Innovative methods of providing motivation and incentives for performance, including performance-based financing, performance-based contracts and District Incentive Funds, produce results—but it can be expensive. These projects should include exploration of how to transition to more sustainable systems of motivation over time.

State lessons learned

The experience of successfully repositioning family planning in Rwanda has shown that dramatic results are possible within a short time with strong political engagement at the highest levels and with mechanisms in place to foster advocacy and political engagement—and ensure high-quality family planning services—at all levels.