The Government of Rwanda updated its commitment at the Family Planning Summit in London, UK on July 11, 2017:

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 MNCH& 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 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 leant and best practices.

Anticipated Impact

1. Increase uptake of FP by increasing the number of FP users among women of reproductive age including male involvement youth through raising community health awareness and outreach programs, improve quality of health care providers and service delivery including supply and distribution chain, facility-based activities, and outreach activities.

2. This will impact on the reduction of death incidences among of maternal, newborn, and child including death Unsafe abortions avoided in Rwanda.

COMMITMENT 1: 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.

Anticipated impact

1. 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.

COMMITMENT 2: Scale up the post-partum family planning (PPFP) in all health facilities in Rwanda to increase method choice including access to long term methods, and increase mCPR by addressing missed opportunities in Post-partum period (after giving birth).

Anticipated Impact

1. 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.

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

Anticipated Impact

1. 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)

COMMITMENT 4: 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.
**Anticipated Impact**

1. 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.

The following text summarizes the commitment made by Dr Diane GASHUMBA on behalf of the government of Rwanda at the London Summit on Family Planning on July 11, 2012.

Rwanda commits to ensuring the availability of family planning services in each of the 14,841 Rwanda administrative villages (Imidugudu) through delivery by the 45,000 community health workers already in service. Rwanda will expand existing information and dissemination programs about family planning to the public and will increase awareness of the various choices available. Focusing on convenience and reducing the frequency of visits to health providers, the government of Rwanda will introduce long-lasting contraceptive methods, including permanent ones, and high quality integrated family planning services in every hospital and health center.

**PROGRAM & SERVICE DELIVERY COMMITMENTS**

Rwanda will ensure the availability of FP services in each of the 14,841 Rwanda administrative villages (Imidugudu) through delivery by the 45,000 CHWs already in service. There are also plans to expand existing FP communications programs to raise awareness of FP choices, and to introduce LAPMs and high-quality integrated FP services in every hospital and health center.