

**AT A GLANCE**

An estimated 2.6 million Rwandan women will be of reproductive age in 2010.

38% of married women have an unmet need for contraception.

44% of all pregnancies are unintended.

Less than 5% of the total demand for FP is met by use of the most effective methods.

Addressing unmet need for FP can avert nearly 6,000 maternal deaths and more than 110,000 child deaths by the Millennium Development Goals target date of 2015.

**MEETING NATIONAL GOALS AND PEOPLE'S NEEDS WITH LA/PMs**

**CURRENT TRENDS WILL NOT MEET NATIONAL GOALS**

The Rwandan Government's goal is to increase the modern contraceptive prevalence rate (CPR) from 10% in 2005 to 70% by 2012. Achieving this goal is fundamental to slowing the nation's population growth, meeting national development goals, and helping its citizens achieve their reproductive health (RH) intentions.

However, Rwanda faces a challenge in meeting its contraceptive goal. While prevalence nearly tripled from 2005 to 2008, rising to 27%, unmet need for family planning (FP) remains high. Meanwhile, the population continues to grow. By 2012, the number of women of reproductive age will increase by 380,000. To meet the government's contraceptive goal, the number of users will need to increase nearly threefold, from 360,000 in 2008 to 1 million in 2012.

**If the most recent trend were to continue, Rwanda would be expected to reach a**

**CPR of 50% by 2012, 72% of the national goal.** (See Figure 1, below.)

**LA/PMs—A SMART PROGRAMMATIC INVESTMENT**

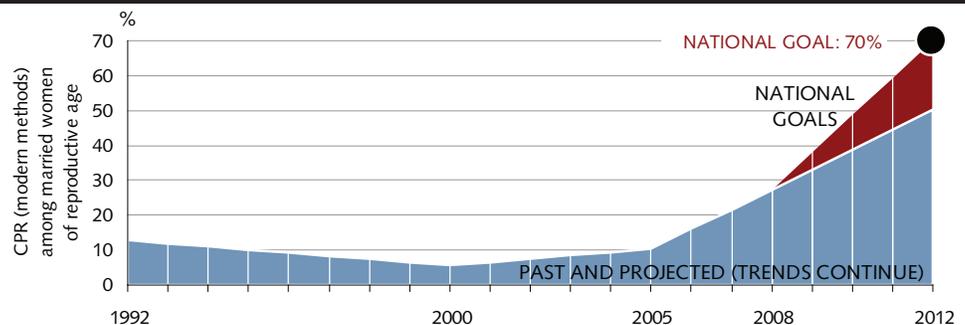
Experience in Sub-Saharan Africa confirms that without widespread availability and use of long-acting and permanent methods of contraception (LA/PMs),\* a country cannot cost-effectively meet its fertility, health, and development goals. Rwanda's CPR gains over the past decade have been very impressive. Strengthening and expanding the method mix is an important strategy to build on the success and support the program's forward momentum.

Recognizing the benefits of FP, the Government of Rwanda is striving to make services more widely available to support its ambitious CPR goal. The policy and programmatic environment is increasingly favorable to widening access to a broader method mix, including LA/PMs. For example, demand for and use of contraceptive implants is increasing dramatically,

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\* LA/PMs are long-acting methods (IUDs and implants) and permanent methods (male and female sterilization).

**FIGURE 1: MEETING RWANDA'S NATIONAL GOALS**



Sources: 1992, 2000, 2005, and 2008 Demographic and Health Surveys, and Reality √ projections for intervening and future years

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June 15, 2009

and there are even pockets of interest in and demand for vasectomy services.

**HELP PEOPLE ACHIEVE THEIR REPRODUCTIVE INTENTIONS**

If the existing unmet need for FP in Rwanda could be fulfilled, the demographic impact would be substantial. LA/PMs have an important role to play and offer multiple benefits to programs, women, and couples.

LA/PMs are vital to address the dissonance between women's expressed reproductive intentions and their method use. The gap between intention and practice could be closed by increasing awareness of LA/PMs, correcting misinformation about them, and increasing their availability to expand method choice.

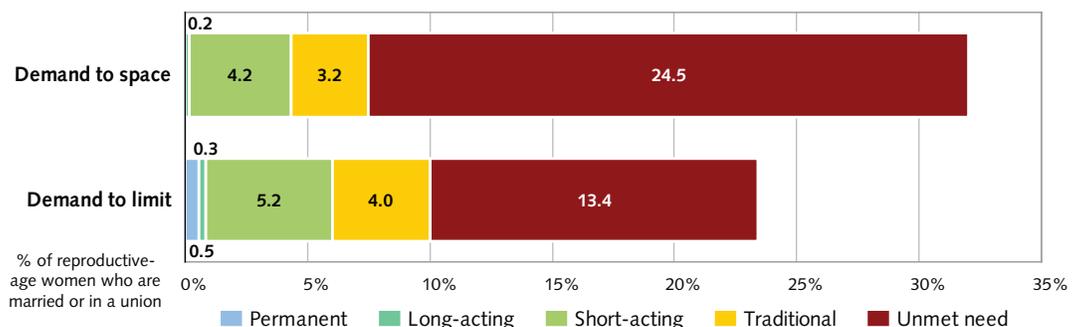
Unmet need is greater than met need for couples intending to space and limit. (See Figure 2, below.) Regardless of intention, very few of these couples are using a long-acting method. For those who want no more children, the proportion who are using sterilization, while small, demonstrates a potential for growth. Greater access to correct information and to LA/PM services would enable people to meet their changing needs as they progress through their reproductive lives.

**RESPOND TO RWANDA'S NEEDS**

The RESPOND Project can help the Ministry of Health and the USAID Mission's implementing partners to improve RH in Rwanda by taking a holistic programmatic approach that addresses the essential components of supply, demand, and advocacy. Possible interventions include:

- *Reality √*, a cutting-edge forecasting and planning tool that generates data for realistic, evidence-based service, training, and projections
- Strategies to support the introduction or revitalization of specific LA/PMs, including Sino-implant (II) (the lower-cost generic version of the contraceptive implant Jadelle), registration of which is currently under review in Rwanda
- Technical assistance to improve men's constructive engagement in RH and FP programs at the community, service, and policy levels
- Proven programmatic models to improve and scale up access to FP/RH services by integrating LA/PMs into other services (community postabortion care, FP/HIV/maternal and child health services, private practitioner networks, and mobile outreach for the underserved urban and rural poor)

**FIGURE 2: RWANDA'S DEMAND FOR CONTRACEPTION (MET AND UNMET NEED)**



Source: 2008 Demographic and Health Survey