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# Executive Board of the United Nations Development Programme, the United Nations Population Fund and the United Nations Office for Project Services

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**UNFPA – Country programmes and related matters**

## United Nations Population Fund

## Country programme document for Rwanda

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|---|---|
| Proposed indicative UNFPA assistance: | $16.1 million: $7.0 million from regular resources and $9.1 million through co-financing modalities and/or other resources, including regular resources |
| Programme period: | Five years (July 2018 – June 2023) |
| Cycle of assistance: | Eighth |
| Category per decision 2017/23: | Orange |

Proposed indicative assistance (in millions of $):

| Strategic plan outcome areas | | Regular resources | Other resources | Total |
|---|---|---|---|---|
| Outcome 1 | Sexual and reproductive health | 4.2 | 5.0 | 9.2 |
| Outcome 2 | Adolescents and youth | 0.8 | 1.6 | 2.4 |
| Outcome 4 | Population dynamics | 1.4 | 2.5 | 3.9 |
| Programme coordination and assistance | | 0.6 | 0 | 0.6 |
| **Total** | | 7.0 | 9.1 | 16.1 |

# I. Programme rationale

1. The population of Rwanda is projected to reach 11.8 million by the end of 2017; the total fertility rate is 4.2 births per woman and the annual growth rate is 2.6 per cent. Over the past two decades, the national gross domestic product has grown at an average annual rate of 8 per cent. This economic growth led to a significant decline in poverty rates, down from 58.9 per cent in 2001 to 39.1 per cent in 2014. Inequality has been reduced (the Gini coefficient fell from 0.55 to 0.45 by 2016), although the unemployment rate among young people (aged 16-30 years) has increased (currently 21 per cent). Rwanda has a youthful population, with 40 per cent under age 15 and 20 per cent between the ages of 15 and 24 in 2015. Rwanda has the opportunity to reap a demographic dividend and to attain its vision of becoming a middle-income country, as outlined in the Vision 2020 framework. In the National Strategy for Transformation (2017-2024), the Government committed to enhance the demographic dividend by ensuring access to high-quality health and education for all.

2. The maternal mortality ratio dropped between 2010 and 2015, from 476 deaths per 100,000 live births to 210 per 100,000 live births, due to the increased number of available health professionals and services, including community health workers. However, the number of qualified midwives and high-quality emergency obstetric and newborn care services is still insufficient. The Government will address the shortage of qualified midwives (currently 1 per 18,790 habitants) and master trainers in emergency obstetric and newborn care by effectively implementing its new Reproductive, Maternal, Newborn, Child and Adolescent Health Policy (2017-2030),

3. All health facilities offered at least three modern contraceptives and 93 per cent of health facilities experienced no stock-out in 2016. Currently, family planning interventions rely heavily on external funding; this may hinder sustainability of achievements, considering the decrease in funding from traditional donors. Although the contraceptive prevalence rate has increased over the past decades, the increase from 2010 to 2015 was small (from 45 per cent to 47.5 per cent) while the unmet need for family planning was unchanged (19 per cent). The demand satisfied for modern contraceptives continue to lag for: unmarried women (35 per cent); adolescents aged 15-19 years (34.6 per cent); and women in the lowest wealth quantile (60.9 per cent). The adolescent fertility rate for girls aged 15-19 years was 7.3 per cent in 2015. Youth-friendly services are still limited in scope and coverage; currently, only 13.6 per cent of health facilities nationally offer these services. The Health Sector Strategic Plan 2018-2024 prioritizes universal access to contraceptive information and services by scaling up post-partum family planning information, ensuring availability of commodities at all health facilities, and expanding social marketing of modern contraceptives.

4. The HIV prevalence has remained at three per cent in the general population, although it differs significantly among subpopulations; the most affected are key populations, especially female sex workers (45.8 per cent).

5. Rwanda experienced a number of natural disasters and refugee influxes in recent years. Over 159,000 refugees and 8,802 asylum seekers from neighbouring countries fled to Rwanda in 2017 alone. The modern contraceptive prevalence rate is generally low in these camps; 18 per cent in Mahama (Burundian refugees) and 31 per cent in Kigeme (Congolese refugees). The capacity of the few existing health facilities in these camps are insufficient to ensure full coverage of integrated sexual and reproductive health services, although the demand for family planning, HIV and gender-based violence services remains very low.

6. In Rwanda, the acceptance of gender-based violence from intimate partners is high, with 41 per cent of women and 18 per cent of men believing that wife beating is justified for at least one reason.

7. Rwanda has established a strong data collection system, and consistently conducts censuses and demographic health surveys, among others. Data cited in this document emanate from official statistics sanctioned by the National Institute of Statistics and the Government of Rwanda. However, gaps remain in the availability of disaggregated data, especially for the most vulnerable, including adolescents aged 10-14 years and people with disabilities. Although there have been marked improvements, the use of available data on population

dynamics, to inform policy formulation, planning, implementation and monitoring, remains insufficient, both at national and district levels.

8. During the past country programme, UNFPA provided technical support for the development of the first integrated Reproductive, Maternal, Newborn, Child and Adolescent Health Policy and the review of the Reproductive Health Law. UNFPA was instrumental in the institutionalization of maternal death surveillance and response in all health facilities and the integration of comprehensive sexuality education focusing on adolescent sexual and reproductive health needs and rights into the pre-primary, primary and secondary curriculum. UNFPA supported the 2012 Population and Housing Census, the 2015 Demographic Health Surveys and the development of a demographic dividend profile, which was used to inform the National Strategy for Transformation and the Health Sector Strategic Plan. The country programme assessment showed that UNFPA achieved all targets in the focus districts, except in Karongi, Rusizi and Nyamasheke; where contraceptive prevalence and skilled birth attendance rates are still below the national average.

9. The UNDAP endline evaluation highlighted the need for the United Nations development system in Rwanda to: (a) support the Government in obtaining disaggregated data on vulnerable groups to effectively address their needs; and (b) ensure effective linkages between development and humanitarian interventions to improve the sustainability of results.

10. Some lessons learned from the country programme include: (a) reinforcing mechanisms at decentralized levels for citizens, particularly women and youth, will effectively contribute to national planning and prioritization processes; (b) mainstreaming gender as a cross-cutting component of sexual reproductive health in the new country programme will yield greater programme results considering the correlation between HIV, gender inequality and poor sexual reproductive health outcomes; (c) in response to an evaluation of the community health programme, which highlighted that innovative technologies such as Rapid SMS facilitated cost-effective and real-time reporting on selected health incidents, UNFPA, in partnership with young people in Mahama refugee camp, designed a web-based application called ‘Tantine’, which was used to sensitize young people on adolescent sexual reproductive health.

# II. Programme priorities and partnerships

11. The new country programme will contribute to national priorities set in the National Strategy for Transformation (2017-2024); the United Nations Development Assistance Plan (2018-2023); the Health Sector Strategic Plan (2018-2024); the Sustainable Development Goals; and the International Conference on Population and Development beyond 2014 Global Review Report.

12. In partnership with government institutions (Ministry of Health, Ministry of Youth, Rwanda Biomedical Centre and National Institute of Statistics) and other United Nations agencies, the programme will mainly implement upstream interventions focusing on policy dialogue, advocacy, evidence generation and capacity development at the national level. At the decentralized level, UNFPA will mobilize resources to support Karongi, Nyamasheke and Rusizi districts through capacity development and service delivery interventions to increase access to youth-friendly sexual reproductive health services. These interventions will, in turn, strengthen the evidence base for national policy dialogue and technical assistance.

13. In the matured Delivering as One context, UNFPA will continue to lead United Nations efforts in data and evidence generation, universal access to family planning and adolescent sexual and reproductive health. UNFPA will partner with other United Nations agencies to implement high-impact joint programmes for increased synergy, and forge partnerships to promote the development and utilization of innovations, such as mobile technology to disseminate information.

## A. Outcome 1: Sexual and reproductive health

14. *Output 1. National and subnational institutions have enhanced capacities to develop and implement strategies, guidelines and standards for increased access to information and services on sexual and reproductive health and reproductive rights*. UNFPA will support the effective implementation of the Reproductive, Maternal, Newborn, Child and Adolescent

Health Policy through the following strategies: (a) support the Ministry of Health to review, develop and disseminate gender-sensitive guidelines to operationalize, at national and district levels, the new strategic plans on adolescent sexual and reproductive health, family planning, gender-based violence, maternal and newborn health, and HIV and sexually transmitted infections prior to the development and implementation of district development strategies; (b) leverage new information technology, job aids and mobile applications for a cost-effective dissemination of guidelines and tools; (c) provide technical and financial support to all public and private midwifery schools, to effectively implement a standardized competency-based midwifery curriculum and increase the number of master trainers in emergency obstetric care; and (d) advocate for the development and implementation of sustainable financing mechanisms, including a progressive increase of resources allocated to the strategic plans on adolescent sexual and reproductive health, family planning, emergency obstetric care and maternal and newborn health.

15. *Output 2. National and subnational institutions have enhanced capacities to effectively deliver integrated, youth-friendly sexual and reproductive health services, including to key populations and in humanitarian situations*. Programme interventions include: (a) building the capacity of the Medical Procurement and Production Division, selected district health facilities and pharmacies in supply chain, data quality management, forecasting and quantification of sexual reproductive health commodities; (b) scaling up the number of health facilities providing high-quality youth-friendly and gender-based violence services and promoting gender equality across humanitarian sectors; (c) supporting the implementation of HIV prevention and comprehensive condom programme targeting female sex workers as per the UNAIDS division of labour; (d) ensuring emergency preparedness and a timely response through prepositioning of lifesaving reproductive health kits; and (e) improving the quality of pre-service and in-service midwifery training through mentorship, scaling up of the mobile learning system, simulations and the provision of teaching and learning materials.

## B. Outcome 2: Adolescents and youth

16. *Output 1. Young people, especially young girls, are equipped with knowledge and skills to make informed decisions on reproductive health and reproductive rights and to fully participate in development and humanitarian actions*. UNFPA will: (a) expand and improve implementation of Comprehensive Sexuality Education for all in-school adolescents; (b) build the capacity of youth-led organizations and networks to participate in policy making, dialogue on gender equality and implementation of adolescent sexual and reproductive health programmes; (c) implement community mobilization interventions to enhance acceptance and support from teachers, parents, community and religious leaders for adolescents and youth to use integrated sexual and reproductive health and HIV services; and (d) foster public-private partnerships and expand partnerships with young people, including in refugee camps, to increase access to and use of innovative information communication technology to improve knowledge about adolescent sexual and reproductive health.

## C. Outcome 4: Population dynamics

17. *Output 1. Government institutions at national and subnational levels are better able to generate and use disaggregated data to inform policies and programmes that address inequalities in development and humanitarian settings*. UNFPA will use its comparative advantage to support data collection and analysis to identify the most vulnerable populations and prioritize these in advocacy interventions. This will be done by: (a) providing technical assistance and mobilization of resources to conduct the 2022 Population and Housing Census and the Demographic and Health Survey 2019/2020; (b) supporting the National Institute of Statistics to improve national data collection systems and technologies to allow for the collection of age, sex and disability disaggregated data at all geographical levels to inform gender-sensitive policy-making; (c) conducting policy dialogue and advocacy to enhance access to and use of available data for programme monitoring and evaluation; and (d) advocating and providing technical support for the integration of the demographic dividend study recommendations in national development frameworks, including in sectoral and district development strategies.

# III. Programme and risk management

18. The UNFPA country office will maintain the current core professional team for efficient programme delivery and to facilitate a smooth transition to upstream support. If additional support is required, it will be sought from expertise within the United Nations development system in Rwanda, the regional office, headquarters, other country offices and individual consultants. In the event of an emergency, whether within the country or in the region, UNFPA will consult with the Government of Rwanda to ensure an effective response, especially life-saving related actions.

19. Leveraging on the Delivering as One governance structure and the ICPD, UNFPA will continue to engage with other interagency working groups, the Ministry of Finance and Economic Planning, development partners and sector working groups to ensure alignment and implementation of coordinated interventions.

20. UNFPA will continue to implement the harmonized approach to cash transfers. Partners will be selected based on their strategic relevance and ability to produce high-quality results and appropriate risk analysis. National execution will be the preferable implementation modality.

21. Implementation of the programme may be threatened by potential programmatic risks, such as unpredicted ceiling reductions, change in the priorities of government and other implementing partners, weak institutional capacities as well as limited resource mobilization opportunities in the country. The majority of traditional UNFPA donors are not in the health sector as per the Division of Labour established in Rwanda. UNFPA will therefore regularly evaluate the operational, economic and socio-political risks associated with the programme and implement a risk mitigation plan.

22. The country programme document outlines UNFPA contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the UNFPA programme and operations policies and procedures and the internal control framework.

# IV. Monitoring and evaluation

23. This programme will be implemented in a Delivering as One context, monitored by the Ministry of Finance and Economic Planning. Following UNFPA results-based management guidelines, it will design a monitoring and evaluation plan with tools for monitoring, reporting and communicating achievements for accountability to donors and beneficiaries. Implementation will comply with the harmonized approach for cash transfers and be monitored through field visits and spot checks, in collaboration with other United Nations agencies, as set in corporate guidelines. UNFPA will comply with targets and cost-efficiencies identified through the implementation of the new business operation strategy. Annual programme reviews and work planning will be informed by monitoring and evaluation data as well as environmental scanning findings; if required, corrective measures to accelerate achievements of planned results will be taken. An endline evaluation will be conducted in the penultimate year of the programme to assess effectiveness, efficiency, impact, relevance, coherence and sustainability of programme interventions. It will also identify lessons learned to inform the next UNDAF and country programme document formulation.

24. UNFPA will support the One United Nations programme processes by providing strategic leadership in result groups and quality contribution to relevant reports and evaluations. UNFPA will continue to support national institutions to establish and manage monitoring and evaluation systems at national and decentralized level through technical and advisory services in data collection, analysis and information use for development planning, implementation and reviews.

## RESULTS AND RESOURCES FRAMEWORK FOR RWANDA (JULY 2018 – JUNE 2023)

**National priority:** Develop Rwandans into a capable and skilled people with quality standards of living and a stable and secure society
**United Nations Development Assistance Plan (UNDAF) Outcome 1:** By 2023, people in Rwanda, particularly the most vulnerable, enjoy increased and equitable access to high-quality education, health, nutrition and WASH services. **Indicators:** Contraceptive prevalence rate. *Baseline*: 47.5; *Target:* 57. Percentage of pregnant women receiving four antenatal care contacts. *Baseline:* 44; *Target:* 51.
**UNDAF Outcome 2**: By 2023, people in Rwanda, particularly the most vulnerable, have increased resilience to both natural and man-made shocks for a life free from all forms of violence and discrimination. **Indicator:** Percentage of women aged 15-49 years who have ever experienced sexual violence. *Baseline*: 35; *Target:* 15

| UNFPA strategic plan outcome | Country programme outputs | Output indicators, baselines and targets | Partner contributions | Indicative resources |
|---|---|---|---|---|
| **Outcome 1: Sexual and reproductive health**<br><br>Outcome indicators:<br>• Contraceptive prevalence rate.<br>*Baseline*: 47.5; *Target*: 57<br>• Teenage pregnancy rate (15-19 years).<br>*Baseline*: 7.3; *Target:* 6 | Output 1. National and subnational institutions have enhanced capacities to develop and implement strategies, guidelines and standards for increased access to information and services on sexual and reproductive health and reproductive rights | • National and district-level financial sustainability plans for family-planning services available<br>*Baseline:* No; *Target:* Yes<br>• Updated and revised guidelines on adolescent sexual reproductive health, family planning, maternal, neonatal and child health, HIV/STIs and gender-based violence available and disseminated<br>*Baseline*: No; *Target:* Yes<br>• Number of midwifery schools using a standardized competency-based academic curriculum<br>*Baseline*: 4; *Target:* 7 | Ministries of Health; and Education; Rwanda Biomedical Center; Midwives Association; World Health Organization (WHO); UNICEF; UNAIDS; United Nations High Commissioner for Refugees (UNHCR); Reseau des Parlementaire Rwandais pour la Population et le Développement; University of Rwanda; Medical Procurement and Production Division; Imbuto Foundation; National Institute of Statistics of Rwanda; civil society organizations (CSOs) | $4.9 million ($3.9 million from regular resources and $1 million from other resources) |
| | Output 2. National and subnational institutions have enhanced capacities to effectively deliver integrated, youth-friendly sexual and reproductive health services, including for key populations and in humanitarian situations | • Proportion of service delivery points without stock-outs<br>*Baseline*: 93; *Target*: 96<br>• Percentage of health centres in the target districts that provide youth-friendly services as per national standards<br>*Baseline*: 29.5; *Target*: 50<br>• Percentage of female sex workers accessing sexual and reproductive health and HIV services in target districts (for Rusizi, Nyamasheke and Karongi, respectively)<br>*Baselines:* 50, 50 and 79; *Targets*: 70, 70 and 95<br>• Number of refugee camps with adolescent sexual and reproductive health services.<br>*Baseline*: 2; *Target*: 5 | | $4.3 million ($0.3 million from regular resources and $4.0 million from other resources) |
| **Outcome 2: Adolescents and youth**<br><br>Outcome indicator:<br>Number of youth-led organizations that participate in the formulation of national sexual and reproductive health policies.<br>*Baseline:* 1; *Target*: 10 | Output 1. Young people, especially young girls, are equipped with knowledge and skills to make informed decisions on reproductive health and reproductive rights and to fully participate in development and humanitarian actions | • Number of youth-lead organizations and networks with capacity to participate in national sexual and reproductive health-related policy dialogue, advocacy and programming, including in humanitarian settings<br>*Baseline*: 1; *Target*: 10<br>• Number of partnerships established for piloting and transitioning-to-scale of innovations in adolescent sexual and reproductive health<br>*Baseline:* 0; *Target*: 2<br>• Percentage of public and private schools implementing comprehensive sexuality education, according to the national education curricula<br>*Baseline*: 0; *Target*: 30 | Ministries of Health; Gender and Family Promotion; Information Communication Technology; and Youth; Rwanda Biomedical Centre; Imbuto Foundation; Rwanda Education Board; National Youth Council; UNDP; WHO; UNICEF; UNESCO; International Labour Organization; UN-Women; CSOs; non-governmental organizations; youth-led organizations; private-sector | $2.4 million ($0.8 million from regular resources and $1.6 million from other resources |

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| **National priority:** Consolidate good governance and justice as building blocks for equitable and sustainable national development<br>**UNDAF outcome 1:** By 2023, people in Rwanda participate more actively in democratic and development processes and benefit from transparent and accountable public and private sector institutions that develop evidence-based policies and deliver high-quality services.<br>**Indicator:** Proportion of sustainable development indicators produced at the national level, with full disaggregation when relevant to the target, in accordance with the Fundamental Principles of Official Statistics. *Baseline*: 23; *Target:* 70 | | | | |
| **Outcome 4: Population dynamics**<br><br>Outcome indicators:<br>• Census data collected, processed and analysed<br>*Baseline:* No; *Target:* Yes<br>• Proportion of Sustainable Development Goals indicators produced in accordance with the Fundamental Principles of Official Statistics (out of a total of 232 SDG indicators).<br>*Baseline*: 23; *Target*: 70 | Output 1. Government institutions at national and subnational levels are better able to generate and use disaggregated data to inform policies and programmes that address inequalities in development and humanitarian settings | • 2019 DHS report available and disseminated as per dissemination plan.<br>*Baseline:* No; *Target*: Yes<br>• Number of UNFPA priority SDG indicators integrated into population-based surveys and national data collection systems<br>*Baseline*: 12; *Target:* 14<br>• Number of national development frameworks that have integrated the demographic dividend study recommendations.<br>*Baseline*: 0; *Target:* 4<br>• 2022 Population and Housing Census project document available.<br>*Baseline:* No; *Target:* Yes | Ministries of Finance and Economic Planning; Local Government; Education; and Health; National Institute of Statistics; WHO; UNICEF; UNAIDS; UNHCR; UNDP; UN-Women; World Food Programme; government sector working groups (health, education sectors) | $3.9 million ($1.4 million from regular resources and $2.5 million from other resources) |