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, continued on back >

* 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
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 demo-
graphic 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 dis-
sonance between women’s expressed
reproductive intentions and their method
use. The gap between intention and prac-
tice could be closed by increasing aware-
ness 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 infor-
mation 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 Mis-
sion’s implementing partners to im-
prove RH in Rwanda by taking a holistic
programmatic approach that addresses
the essential components of supply, de-
mand, and advocacy. Possible interven-
tions 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 im-
  prove 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 under-
served urban and rural poor)

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

![Figure 2: Rwanda’s Demand for Contraception (Met and Unmet Need)](source: 2008 Demographic and Health Survey)