

Photo credit: GHSC-PSM

Saving Lives and Improving Health Outcomes in Rwanda through Increased Access to Contraceptives

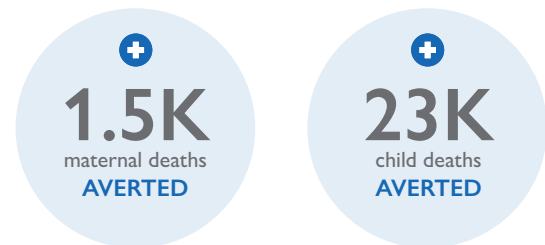
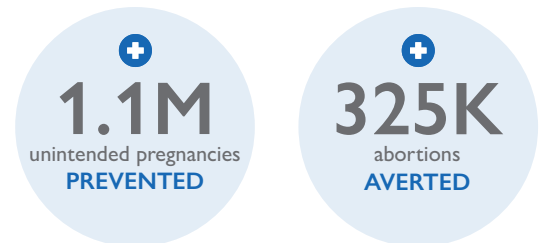
Access to voluntary family planning and reproductive health (FP/RH) services is vital for safe motherhood and healthy families. Having a choice of modern contraceptives allows couples to plan and space births, ensuring families have the means to properly care for their children. USAID ensures an uninterrupted supply of quality FP commodities worldwide through the USAID Global Health Supply Chain Program-Procurement and Supply Management (GHSC-PSM) project.¹

Rwanda has a population of more than 12.2 million.² In 2019, approximately 22.8 percent of Rwandan women had an unmet need for FP - meaning they wanted to avoid pregnancy but were not using a modern method of birth control.³

The average woman in Rwanda gives birth to 4.0 children in her lifetime.⁴ Rwanda has a maternal mortality ratio of 248 per 100,000 live births, compared to 534 for sub-Saharan Africa, on average.⁵ The child mortality rate in Rwanda is 34 deaths among children under 5 per 1,000 live births, compared to an average of 76 in the sub-Saharan region.⁶

The Government of Rwanda is collaborating with USAID and other partners to address the country's maternal and child health needs. This includes increasing investment in FP/RH to reach a projected modern contraceptive prevalence rate of 31 percent among all women aged 15 to 49, regardless of marital status, by 2020.⁷

Estimated health impacts from USAID procurement investments



¹Unless otherwise noted, all figures reported in this brief are over the life of the GHSC-PSM project and do not reflect USAID's contraceptive investment prior to FY 2017. The figures reflect delivered commodities, not shipped commodities, and may not be comparable to figures reported in previous materials.

²USAID. "Acting on the Call: A Focus on the Journey to Self-reliance for Preventing Child and Maternal Deaths." (2019). https://www.usaid.gov/sites/default/files/documents/1864/USAID_2019_AOTC.pdf Accessed July 27, 2020.

³Family Planning 2020. "FP2020 Core Indicator Summary Sheet: 2018-2019 Annual Progress Report." http://www.familyplanning2020.org/sites/default/files/Data-Hub/2019CI/Rwanda_2019_CI_Handout.pdf Accessed July 27, 2020.

⁴Fertility rate, total (births per woman). <https://data.worldbank.org/indicator/SP.DYN.TFRT.IN> Accessed July 27, 2020.

⁵World Bank. Maternal Mortality Ratio. <https://databank.worldbank.org/reports.aspx?source=2&series=SH.STA.MMRT&country=> Accessed November 24, 2020.

⁶World Bank. Child Mortality Rate. <https://data.worldbank.org/indicator/SH.DYN.MORT> Accessed November 24, 2020.

⁷Family Planning 2020 (2018). http://www.familyplanning2020.org/sites/default/files/Data-Hub/2019CI/Rwanda_2019_CI_Handout.pdf Accessed July 30, 2020.

USAID Contraceptive Investment

In partnership with the Government of Rwanda and other in-country stakeholders, USAID has supported the procurement and distribution of nearly 29.7 million FP/RH products to 590 USAID-supported health facilities and organizations across Rwanda from FY 2017-2020. The contraceptives, when combined with proper counseling and correct use, are estimated to provide approximately 2.5 million couple years protection⁸ and to help prevent:

- 1.1 million unintended pregnancies
- 1,500 maternal deaths
- 325,000 abortions
- 23,000 child deaths⁹

USAID's investment in contraceptives has contributed to saving approximately **78.6 million** in direct spending on healthcare—resources that can be reinvested in Rwanda's health system.

Through its investments in contraceptives and supply chains, USAID and other global and in-country partners are helping Rwanda meet its people's FP/RH needs. Countries that partner with USAID to invest in FP/RH can achieve greater self-reliance by improving their overall health systems and empowering families to plan for their futures.

Methodology

The indicators presented in this brief were calculated by entering procurement data from the GHSC-PSM project database¹⁰ into the Impact 2 model,¹¹ a socio-demographic mathematical model used to measure the impact of FP/RH programs.

The FP/RH impact indicators, as reported in this brief, estimate the global demographic, health and economic impact of the GHSC-PSM project thus far. To make these calculations, GHSC-PSM adjusted certain criteria in the model. For more information, please contact PSMMonitoringandEval@ghsc-psm.org.

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“Every day at our hospital there are between 10 and 15 births. I’m happy when I am able to help mothers get contraceptives and they are happy with the method they choose.”

—Jeanine Munyana, FP nurse



Nurse Jeanine Munyana provides FP counseling services to a client. Photo credit: GHSC-PSM

CONTRACEPTIVE METHODS ¹²	TOTAL PRODUCTS DELIVERED FY 2017-2020*
Condoms	26.5M
Combined oral contraceptives	937K
Implantable contraceptives	496K
Injectable contraceptives	1.5M
Progestin only pills	300K
Standard days methods	1.5K
TOTAL NUMBER OF CONTRACEPTIVES DELIVERED	29.7M
TOTAL VALUE OF COMMODITIES	\$6.3M**

*Data through Q2 of FY 2020

**This figure represents solely the calculation of the value of commodities and does not include shipment or other associated costs.

⁸CYP is the estimated protection provide by contraceptive methods during a one-year period, based upon the volume of all contraceptives sold or distributed free of charge to clients during that period.

<https://www.usaid.gov/global-health/health-areas/family-planning/couple-years-protection-cyp>

⁹This indicator only estimates reduction in deaths as a result of improved birth spacing. The data linking the contraceptive prevalence rate, birth spacing and child mortality is currently limited.

¹⁰GHSC-PSM's Automated Requisition Tracking Management Information System (ARTMIS) is used to enter, manage, process and track orders throughout the supply chain. Data for this brief was pulled on May 20, 2020.

¹¹<https://www.maristopes.org/what-we-do/our-approach/our-technical-expertise/impact-2/>. Accessed March 16, 2020. The number of preventable deaths, abortions and unintended pregnancies averted is calculated by entering into the model the number of FP/RH commodities delivered by GHSC-PSM across a selected time period.

¹² Units of measurement for contraceptives: combined oral (cycle); implantable (implant); standard days (piece); injectable (device); condoms (piece); progestin only pills (cycle); copper-bearing intrauterine (device); emergency oral (package)