

2022 UPDATE

FAMILY PLANNING | REPRODUCTIVE HEALTH

IMPACT BRIEF: RWANDA



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/RH 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 13 million.² In 2022, approximately 18.6 percent of married 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 3.9 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 40 deaths among children under 5 per 1,000 live births, compared to an average of 74 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 59.3 percent among married women aged 15 to 49 by 2022.⁷



Photo credit: GHSC-PSM

ESTIMATED HEALTH IMPACTS FROM USAID PROCUREMENT INVESTMENTS



2M

unintended pregnancies
PREVENTED



497K

abortions
AVERTED



2,000

maternal deaths
AVERTED



35K

child deaths
AVERTED



\$118M

in direct healthcare spending
SAVED

¹ Unless 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.

² World Bank: Population, total, Rwanda (2021). <https://data.worldbank.org/indicator/SPPOP.TOTL?locations=RW>. Accessed December 21, 2022.

³ Family Planning 2030 Indicator Summary Sheet: 2022 Measurement Report. [Rwanda 2022 Indicator Summary Sheet.pdf \(track20.org\)](https://data.worldbank.org/indicator/SPDYN.TFRT.IN?locations=RW). Accessed December 23, 2022.

⁴ World Bank: Fertility rate, total (births per woman), Rwanda (2020). <https://data.worldbank.org/indicator/SPDYN.TFRT.IN?locations=RW>. Accessed December 21, 2022.

⁵ Trends in maternal mortality 2000 to 2017: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division. Geneva: World Health Organization; 2019. Licence: CC BY-NC-SA 3.0 IGO.

⁶ United Nations Inter-agency Group for Child Mortality Estimation (UN IGME), 'Levels & Trends in Child Mortality: Report 2021. Estimates developed by the United Nations Inter-agency Group for Child Mortality Estimation', United Nations Children's Fund, New York, 2021.

⁷ Family Planning 2030. Country Fact Sheet-2022 (Rwanda). <https://www.track20.org/Rwanda>. Accessed December 23, 2022.



USAID Contraceptive Investment

In partnership with the Government of Rwanda and other in-country stakeholders, USAID has supported the procurement and distribution of nearly 46.7 million FP/RH products to 590 USAID-supported health facilities and organizations across Rwanda from FY 2017-2022. The contraceptives, when combined with proper counseling and correct use, are estimated to provide approximately 3.9 million couple years of protection⁸ and to help prevent:

- 2 million unintended pregnancies
- 2,000 maternal deaths
- 497,000 abortions
- 35,000 child deaths⁹

USAID's investment in contraceptives has contributed to saving approximately **118 million** in direct spending on healthcare¹⁰—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

To measure the impact of FP/RH programs, the indicators presented in this brief were calculated using the Impact 2 model¹¹, a socio-demographic mathematical model, using procurement data from the GHSC-PSM project database¹².

The FP/RH impact indicators, as reported in this brief, estimate the demographic, health, and economic impact of USAID's support of contraceptives to Rwanda's health programs.

For more information, please contact **PSMMonitoringandEval@ghsc-psm.org**.



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

“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

CONTRACEPTIVE METHODS ¹³	TOTAL PRODUCTS DELIVERED FY 2017-2022*
Male condoms	40.7M
Combined oral contraceptives	1.4M
Copper bearing intrauterine devices	630
Implantable contraceptives	846K
Injectable contraceptives	3.1M
Progestin only pills	622K
Standard days methods	1.5K
TOTAL NUMBER OF CONTRACEPTIVES DELIVERED	46.7M
TOTAL VALUE OF COMMODITIES	\$12M[*]

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

⁸ CYP is the estimated protection provided 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>

⁹ This 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.

¹⁰ The figures are not adjusted for inflation and based on the costs of services from 2011.

¹¹ <https://www.maristopes.org/what-we-do/our-approach/our-technical-expertise/impact-2/>. Accessed November 30, 2022. 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 GHSC-PSM's Automated Requisition Tracking Management Information System (ARTMIS) is used to enter, manage, process and track orders throughout the supply chain.

¹³ Units of measurement for contraceptives: combined oral (cycle); implantable (implant); standard days (piece); injectable (device); condoms (piece); progestin only pills (cycle); copper-bearing intra-uterine (device); emergency oral (package)

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