



## **2007 Country Office Annual Report**

### **Rwanda**

**2007 COAR submission in the i-Track Remote Data Entry Facility (RDEF)**

## Control Centre > Narrative

The narrative section is a succinct, analytical, and focused assessment of major factors in the countries' development environment that have strategic implications for positioning UNFPA and for influencing the role it plays in the country. It should not exceed two (2) pages in total length.

This section aims to:

- a. provide significant and relevant information on country-specific processes that have implication for UNFPA's work,
- b. highlight strategic opportunities for UNFPA to better position itself for contributing to ICPD goals and MDGs, and 2005 World Summit agreements
- c. present lessons learned and good practices in strategic positioning of UNFPA in the country of your assignment.

### 1. National Context

### 2. Partnerships in development

## Control Centre > Narrative > 1. National Context

### 1. National Context (maximum 1 1/2 pages)

**1.1. Three UNFPA focus areas:** Briefly analyze key trends and issues in the country related to three focus areas of the UNFPA Strategic Plan: population and development, reproductive health and rights, and gender equality.

Rwanda is a landlocked country of 26,338 square kilometres situated in eastern Africa and is a member of the East African Community. Also known as the land of a thousand hills, literally in the heart of Africa, Rwanda is bordered by Uganda to the north, Tanzania to the east, Burundi to the south and the Democratic Republic of Congo to the west. After the Genocide in 1994 and the national reconstruction, Rwanda is consolidating her political stability and pursuing her development. The political transition period led to legislative and presidential elections in 2003. The country embarked on economic performance improved in 2004 where GDP growth rate increased from 0.9% in 1998 to 5.2% in 2006. Poverty is still high with 56.9% of the population living below the poverty line in 2007. Although this proportion of the population declined slightly from 60% in 2002, the absolute number of people living below poverty line increased from 4.8 million in 2002 to 5.4 million in 2007. To fight poverty, the Government of Rwanda completed PRSP I (2002-2005) and is finalizing the EDPRS (2007-2011) which focuses on liberalizing economic growth and promoting private sector development. Rwandas population enumerated at 8.13 million in 2002 and estimated at 9.34 million in 2007 is expected to reach 10.78 million in 2012 assuming low scenario projection. The sex ratio of 91 males per 100 females in 2002, attributed to the effects of Genocide, is expected to increase slightly to 92 in 2012. The population is expected to remain largely youthful with the under 15 years that constituted 43.7% of the total will be about 42.1% in 2012. The youth and young adult population aged 15-24 years that constituted 27% of the total in 2002 is expected to decline to about 19% in 2012. The proportion of the elderly population (60+years) is expected to remain unchanged (at about 4%) in the 2002-2012 period. Similarly, the distribution of the population in the period 2002-2012 is also not expected to change and is estimated at 48 and 52 percent for males and females respectively. The population has continued to be predominantly rural with proportion urban estimated at only 17% in 2002. However, should the rapid annual urban population growth rate estimated at 12% in 2002 continue, the urban population is expected to increase to about 2.3 million in 2012. Data on key determinants of population change shows that fertility has remained relatively high in the face of declining mortality. Total Fertility Rate (TFR) increased slightly from 5.9 in 2000 to 6.1 children per woman in 2005 despite increase in modern contraceptive prevalence rate from 4.1% in 2000 to 10.3% in 2005. This level of contraceptive use is low and the unmet need for family planning increased slightly from 36% in 2000 to 38% in 2005. However, the proportion of women aged 15-19 years who are already mothers showed a decline from 7% in 2000 to 4.1% in 2005. With regards to mortality rates, Infant Mortality Rate (IMR) dropped from 107 in 2000 to 86 per 1000 live births in 2005. Life expectancy at birth estimated at 51.2 years (males 48.4,

females 53.8) in 2002 improved when compared to the 1996 estimate of about 47 years. The level of Maternal Mortality Ratio (MMR) though still high declined from 1071 in 2000 and 750 per 100,000 live births in 2005. The high MMR could be partly attributed to among others, low utilization rates of basic and comprehensive obstetric care as demonstrated by the 2005 DHS data where 94% of pregnant women attended prenatal care services but 70% of deliveries took place at home. HIV prevalence rate among adult population in Rwanda was estimated at 3% in 2005 but there exists wide disparities by sex and region. Females had higher prevalence rate (3.6%) when compared to men (2.3%) while the urban prevalence rate was much higher (7.3%) when compared to rural (2.2%). Although there exists no wide variations by sex in HIV/AIDS knowledge, but there are wide variations in condom use among the youthful population. While 51 and 54 percent of women and men had correct knowledge about HIV/AIDS respectively, only 7 and 12 percent of men and women respectively used condom for their first sexual interaction. The Rwanda Government has been greatly committed towards Gender Equality and Women empowerment over the past years. This is demonstrated by various national commitments and programmes including the establishment of national Gender machinery (MIGEPROF) and National women councils up to decentralized levels. Gender equality and Women empowerment issues are stipulated in the long term vision 2020, the ratification of international rights instruments such as CEDAW, ACHPR. The Country made available women right protection instruments through the Constitution (2003), the law on Matrimonial Regimes Liberalities and Succession (1999), the law regarding Children Rights and Protection from Violence (2001), the Organic Land Law (2005) and the Gender Based Violence Bill (in progress). As the result of this strong political commitment women representation in decision making position has improved: 48.8% in the Parliament, 32% Ministers, 42% in Local Government, 36% of Gacaca Judges and 33% of Supreme Court Judges with the President of the Supreme Court is a woman. However, elements of gender disparities still exists as demonstrated by the following: about 31% of women reported to have been victims of violence (2005 DHS); adult literacy rate from the 2001 household survey indicates that females are disadvantaged (females 47.8% and males 58.1%); the proportion of females with secondary education and above was estimated at only 5.3% (2002 Census); and, about 62% of female headed households were below the poverty line compared to 54% of male headed (2001 household survey).

### 1.2 External environment:

Analyze the external environment with the focus on trends and issues that affect UNFPA's role and performance in the country. In particular you may analyze and report on the following:

1.2.1 Key political, socio-cultural (including religious), and economic developments in the country that have affected and/or may affect UNFPA's agenda, including trends in government, political parties, religious organizations, civil society and other influential groups.

1.2.2 Factors that have affected and/or may impede or facilitate the progress and positioning of UNFPA agenda in the coming year. Please describe briefly the CO strategy to mitigate, overcome, and/or leverage and enhance these factors.

1.2.3 Expected resources for development, including aid to the country, as well as trends related to donors, the government and UN reform. Analyze strategic opportunities for UNFPA to ensure that ICPD priorities are addressed through increased funding and new aid modalities.

1.2.1. The current population growth rate of Rwanda of 2.6% and an estimated birth rate of 41 births/1000 population calls for increased attention since the country population stands at 9.3 Million. This issue of rapid population growth should affect the availability of land for many purpose and constitute an be a factor of social instability 1.2.2. Policies related to the UNFPA mandate are in place since 2003 (SRH, population and gender policies). There have been also translated in local language and disseminated through out the country. In September 2007, UNFPA launched the Network of Young people and development At the same forum, the government through the Ministry of Youth Culture and Sports (MIJESPOC) stressed the need for the youth to focus on information aimed at increasing awareness on the population and development issues so that they adopt child spacing and family Planning practices. UNFPA CO supported the training for religious network(muslim, catholic and protestants). UNFPA is represented in critical Existing committees and clusters where such development partners meeting, gender, health and HIV/AIDS where all stakeholders are meeting and discuss the development issues. The Economic and Development Poverty Strategy document (EDPRS) developed during 2007 UNFPA where represented and worked to ensure that population issues are taking into account. The national decentralized poverty reduction strategy called UMURENGE Vision 2020 implemented from family to central level, with performance contract at all level, give an opportunity to UNFPA to create a community ownership of PoA ICPD. In this regard UNFPA support at village level (IMIDUGUGU) access to sexual

reproductive health service and women economic empowerment. 1.2.3. In the context of UN reform, the One programme developed during the year 2007, will be an opportunity for the country office to increase awareness on population issues and to raise resources for PoA ICPD implementation.

### Control Centre > Narrative > 2. Partnership in development

#### 2. Partnerships

2.1 Report on progress regarding UNFPA's involvement in partnerships to promote ICPD PoA and MDGs within national development frameworks, including PRS, SWAps, and Health Sector Reform, and contribute to UN Reform. Assess how UNFPA is positioned to adequately contribute to elaboration and implementation of major national development frameworks and/or humanitarian interventions. Describe support COs would need from the CSTs, GDs and other HQ divisions and units to better position themselves in pursuing ICPD goals and MDGs. Highlight lessons learned, including facilitating and constraining factors. Comment on new opportunities for partnerships with non-traditional partners.

Structures have been put in place by the government to coordinate partnership arrangements with a view to facilitating development contributions of partners and to allow partners to exchange information. Quarterly meetings on coordination of Health Sector (including Reproductive Health and HIV/AIDS) with donors (Health Cluster Donor Coordination Meeting) and meetings of all development partners (Development Group Cooperation of Partners) are regularly held by the government to share information and strengthening of coordination of external aid (Aid website to track donors funding and expenditures). UNFPA supports the Population Desk at the Ministry of Finance and Economic Planning in coordinating the population programme development and implementation in Rwanda. Thanks to the leadership role the UNFPA country office played in various UNCT taskforces, the population growth issues is one of the pillars of the EDPRS which is the main national development framework in Rwanda. As an example, the Delivering as One process in Rwanda was an opportunity for UNFPA to promote the ICPD as compared to business as usual. The process led to a broader ownership of the ICPD PoA by all the partners, including the Government. As a support need to the CO, It should be useful to have at UNFPA Headquarters in the geographic division a focal person who will be ensuring a follow up and organize sharing of lesson learnt from the One UN-Delivering as One process. The lesson learnt is a better awareness, increase commitment, take advantage of the one fund, and build new partners. The process was firmly led by the Government of Rwanda with a strong commitment and vision. During the year, UNFPA received support from CST and headquarter in following the ONE UN process. Strategic supports have been received from CST such as training of women in gender advocacy taking into account that the elections will be in 2008, needs have been identified from women serving organizations and women activist to be trained. The gender desk from the national policy received training on how to fight violence against women. A group of health providers such as doctors, nurses have been trained in the medical protocol to support victims of sexual violence& CO would appreciate having on time CSTs support on thematic areas as sometimes requested by the government. Regarding, the GD and other units like Oversight, the monitoring support and onjob training of programme staff have been appreciated in the past. As the CO is starting a new programme, IP have been assessed (micro assessment), the One Programme will have many joint programmes which will allow us to demonstrate our technical capacity. During the year, UNCT received support from i) UNDGO, AD and RDT for the development of the one programme, ii) the joint UN agency mission on one budgetary frame work and iii) the support from the interagency mission on accountability and audit.

2.2 Analyze UNFPA's involvement in UN system initiatives (CCA/UNDAF, Consolidated Appeals Process (CAP), Common Humanitarian Action Plan (CHAP), and MDG reporting) and UN Reform and assess achievements and constraints in respect to common and/or joint programming and streamlining programme and financial procedures (OECD/DAC).

Rwanda UN Country Team (UNCT) validated and endorsed a common Operational Document (COD) which will guide all UN agencies to implement the One Program in the process of Delivering as One. During the validation workshop held in Kigali in September 2007, UNCT members also discussed the allocation criteria for the One Fund resources for COD. Guiding principles for the allocation process include Transparency, objectivity, simplicity and Consistency with the Code of Conduct and COD. The UN Agencies approved the

## 2007 RDEF Annual Report Submission - Rwanda (43300)

common communication strategy to guide them in the process of Delivering as One. The communication strategy will be implemented for the next two years. UNFPAs involvement in UN system initiatives and UN Reform includes: " CO contribution and leading role in the development of EDPRS; " CO contribution to the discussion process and UNFPA commitment for the Health SWAP process which strengthened UNFPA partnership with WHO " CO leading role and co-chairs of thematic groups on behalf of the UNCT. The major constraint is an increased need for human resource in quantity and quality to respond to the coordination, consultation needs and costs. It was also difficult to be more focused during the planning process due to expectations of the Government and the UN system and to the need to realize consensus. UNFPA Country office began drafting in end 2007 the annual work plans with its partners. A meeting which was held in Kigali from 22nd to 24th Oct. 2007 discussed the end of 5th Program (2002-2007) and the launching of 6th program (2008-2012). It gathered Government partners and Civil Society organizations. Those IP plans will be finalised in early 2008

**Section II**  
**Strategic Plan 2008-2011 Development Results Framework**

## POPULATION AND DEVELOPMENT

## OUTCOME 1

Population dynamics and its interlinkages with gender equality, sexual and reproductive health and HIV/AIDS incorporated in public policies, poverty reduction plans and expenditure frameworks.

Population dynamics, RH, HIV/AIDS and gender incorporated into national development plans (NDPs) and poverty reduction strategies (PRS)

RH, HIV/AIDS and gender equality incorporated in health sector policy, planning and budgeting

CO's overall contribution to this outcome

## Population dynamics, RH, HIV/AIDS and gender incorporated into national development plans (NDPs) and poverty reduction strategies (PRS)

## National Development Policy

<b>Type</b>	Policy: PRSP - Poverty Reduction Strategy Paper
<b>Name</b>	PRSP-II: Economic Development and Poverty Reduction Strategy (EDPRS)
<b>Cycle</b>	2
<b>Status</b>	Exists: not yet implemented or functional
<b>Validity</b>	Approved/Adopted: 2007 (year) Effective From: 2008 (year) To: 2012 (year) Document Date: (dd/mm/yyyy)
<b>Description</b>	In September 2007, the Government of Rwanda approved a new Poverty Reduction Strategy known as the Economic Development and Poverty Reduction Strategy (EDPRS) which will give increased emphasis to economic growth to ensure that development can be sustained. There are four key objectives of the second PRSP: Speed-up poverty reduction; Increase economic growth; Reduce population growth; Tackle extreme poverty.
<b>Comments</b>	

## Incorporation of Population dynamics, RH, HIV/ AIDS and Gender equality

Key elements	Situation Analysis	Policy Document	M & E Plan	Comments	
<b>Population Dynamics</b>					
Population size/growth	Yes	Yes		A global M&E plan developed for the all EDPRS	
Fertility	Yes	Yes			
Mortality	Yes	Yes			
Internal migration	Yes	Yes			
Population and poverty linkages	Yes	Yes			
<b>Reproductive Health</b>					
ICPD Goal - Universal Access to RH	Yes	Yes			
Family Planning	Yes	Yes			
Maternal health	Yes	Yes			
HIV/AIDS prevention	Yes	Yes			
RH indicators	Yes	Yes			
<b>Gender</b>					
Gender analysis of poverty	Yes	Yes			
Gender analysis of Reproductive Health	Yes	Yes			
Gender based violence	Yes	Yes			
Sex-disaggregation of indicators	Yes	Yes			
<b>Young People's Needs</b>					
Adolescent Reproductive Health	Yes	Yes			
HIV/AIDS prevention	Yes	Yes			
Education, including vocational training	No	Yes			
Employment and other income-generating opportunities	Yes	Yes			

**National Development Policy**

<b>Type</b>	Policy: Development
<b>Name</b>	Vision 2020
<b>Cycle</b>	1
<b>Status</b>	Exists: currently being implemented
<b>Validity</b>	Approved/Adopted: 2002 (year) Effective From: 2002 (year) To: 2020 (year) Document Date: (dd/mm/yyyy)
<b>Description</b>	La vision 2020 se fonde sur la réalisation des aspirations suivantes: La reconstruction de la nation et de son capital social; Le fonctionnement harmonieux de l'état; La maîtrise de la croissance démographique; La transformation de la société rwandaise en vue d'un équilibre entre la rationalité économique et la raison sociale; Le développement des ressources humaines; La modernisation de l'agriculture; Le désenclavement du pays; Le développement de l'entreprenariat et du secteur privé; La gestion rationnelle de l'espace et de l'environnement; La paix et la sécurité interne et externe.
<b>Comments</b>	Vision 2020 révisée pour intégration du genre

**Incorporation of Population dynamics, RH, HIV/ AIDS and Gender equality**

Key elements	Situation Analysis	Policy Document	M & E Plan	Comments	
<b>Population Dynamics</b>					
Population size/growth	Yes			All those key element are integrated in the EDPRS	
Fertility	Yes				
Mortality	Yes				
Internal migration	Yes				
Population and poverty linkages	Yes				
<b>Reproductive Health</b>					
ICPD Goal - Universal Access to RH	Yes				
Family Planning	Yes				
Maternal health	Yes				
HIV/AIDS prevention	Yes				
RH indicators	Yes				
<b>Gender</b>					
Gender analysis of poverty	Yes				
Gender analysis of Reproductive Health	Yes				
Gender based violence	Yes				
Sex-disaggregation of indicators	Yes				
<b>Young People's Needs</b>					
Adolescent Reproductive Health	Yes				
HIV/AIDS prevention	Yes				
Education, including vocational training	Yes				
Employment and other income-generating opportunities	Yes				

**UNFPA's contribution to incorporating population dynamics, RH, HIV/AIDS and gender into NDPs and the PRS in 2007**

Please indicate whether the CO has been working towards the following aims:

Aim	Scope of CO intervention	Impact/ Progress assessment/ Good practice examples
Promoting policy dialogue and providing technical support for		-During the year 2007, the Government of Rwanda and the UN Agency and all development partners worked together under leadership of the Government to formulate the Economic Development and Poverty reduction



the incorporation of population dynamics and population-related indicators	Major	strategy (EDPRS), this was approved in September 2007. UNFPA was fully involved in six out of 12 sector working groups (SWG) of the EDPRS and contributed to other four. UNFPA provided the SWGs with checklists, population data disaggregated by age and sex, population/RHR/Gender indicators applicable for the MDGs and poverty reduction to support arguments and discussions on integration of population in the EDPRS. -UNFPA also participated in Health SWG costing estimates for the EDPRS and advocated for use of population disaggregated data in the costing model (developed by UNFPA HQ) adopted by the government. -As the EDPRS provided government priorities and framework for UNDAF, UNCT Common Operational Document (COD) to operationalise the UNDAF and CPD formulation processes, UNFPA ensured that the UNDAF/COD and CPD includes specific programme /intervention for RHR, Gender and HIV/AIDS -UNFPA contributed inputs to the formulation of Rwanda's Longterm Investment Framework (LTIF) for the EDPRS and vision 2020 through provision of costed estimates of population/RHR/Gender intervention programmes. This assisted government teams in costing the EDPRS. -UNFPA also strengthened capacity of and worked with Parliamentarians, senators, Religious organisation, NGOs (local /international), women and youth groups to advocate for incorporation of population/RHR/Gender/HIV/AIDS in national development framework at national and district level including in district leaders annual performance contracts -UNFPA also supported government develop a training module for integration of population issues in district development plans and budgets as a means of monitoring implementation of the EDPRS -UNFPA supported youth in putting in place national youth network on population and development which will play key roles in advocacy, policy dialogue and implementation of youth focused EDPRS interventions. -UNFPA has been included in 'population growth task force' coordinated by the Ministry of Finance and Economic Planning, the task force is a policy dialogue and advisory forum on population and development challenge in the country.
Promoting policy dialogue and providing technical support for the incorporation of RH issues and indicators	Major	
Promoting policy dialogue and providing technical support for the incorporation of HIV/AIDS issues and indicators	Major	
Promoting policy dialogue and providing technical support for the incorporation of gender issues and indicators	Major	
Developing and using models (costing estimates, pilot interventions etc) to advance the incorporation of population dynamics, RH, HIV/AIDS and gender priorities	Moderate	
Providing technical support for the formulation of specific interventions/programmes in RH, HIV/AIDS and gender	Major	
Advocating for increased investment to tackle RH, HIV/AIDS and gender priorities	Major	
Building capacity of, and partnering with, civil society groups to advocate for the incorporation of population dynamics, RH, HIV/AIDS and gender priorities	Major	
Promoting the involvement of, and partnering with, youth in policy development, monitoring and evaluation	Major	
<b>Overall</b>	Major	

## RH, HIV/AIDS and gender equality incorporated in health sector policy, planning and budgeting

### Health Sector Policy

<b>Type</b>	Policy: Health - SWAp (Sector-Wide Approach)
<b>Name</b>	Health Sector-Wide Approach (SWAp)
<b>Cycle</b>	1
<b>Status</b>	Under development
<b>Validity</b>	Approved/Adopted: (year) Effective From: (year) To: (year) Document Date: (dd/mm/yyyy)
<b>Description</b>	The Health SWAP is under development from this year.
<b>Comments</b>	The health sector in Rwanda is characterized by extensive donor commitment and support, a large proportion of which has been earmarked through vertical funds for specific disease intervention initiatives. In 2004, growing dissatisfaction with the dominant project approach led the Rwandan Government - through the Ministry of Health (MOH) - to take steps towards the development of a Sector Wide Approach (SWAp). Through this process, the Ministry of Health hopes to ensure that all development partners who contribute to the health sector, whether in the form of project support, sector budget support or general budget support, are part of the SWAp process, meaning that all resources must be aligned to the sector strategic plan and are captured in the Medium Term Expenditure Framework (MTEF) and the annual national budget. A core SWAp element is that the implementation of the Health Sector Strategic Plan (HSSP 2005-2009) should be reflected in the annual budget and MTEF. The Budget consultation process in June 2007 provided the opportunity for the Ministry to more clearly link the HSSP and EDPRS to the MTEF and ensure alignment between the three policy tools at both Central and District Level. However, the provision of information on future financial commitments by Development Partners, which allows the government to capture all external resources in the budget, still remains a challenge. Substantial contributions of external resources are currently not captured in the MTEF, creating difficulties for the government to plan and budget resources efficiently. A Memorandum of Understanding to officially launch the SWAp process between the government and Development Partners has been drafted by the Ministry of Health. It underlines the commitment of all parties to work within a sector wide approach and is expected to be signed during the 2007 Joint Annual Sector Review. The Ministry of Health is also keen on developing Joint Financing Mechanisms to support the SWAp. Discussions on establishing a Technical Assistance Pool are ongoing between the Ministry of Health and various donors. It is worth emphasizing that a SWAp is not a financing mechanism, but a process. All funding, whether in the form of projects, sector budget support or general budget support can be part of the SWAp process, with the qualification that such resources are engaged to support the HSSP and captured in the MTEF. All the core elements for

the Rwanda Health SWAp are in place, with certain elements needing greater focus and strengthening. In order to move forward, all partners must firmly to address these issues while committing to the principles of the SWAp.

#### Incorporation of Reproductive Health, HIV/AIDS and Gender equality in the health sector policy/plan and budgeting (MTEP/F)

Key Areas	Main document		Allocation/inclusion in Medium Term Expenditure Plan (MTEP)	Comments
	Extent of Inclusion/discussion	Related Target		
Reproductive health, including HIV/AIDS				
ICPD Goal - Universal Access to RH	Comprehensive	all target (men, women, boys, girl, vulnerable as well as displaced women in camps and other places	[x]	
Family planning	Comprehensive	all population, SCO's and FBO,s	[x]	
Maternal health	Comprehensive	men, women, community agents, leaders, FBO's and SCO's	[x]	
Adolescent RH	Partial	Young people, girls and boys, in rural	[ ]	
HIV prevention	Comprehensive	Targets the entire population.	[x]	
Reproductive health indicators	Comprehensive		[ ]	
Gender equity, equality, and empowerment of women				
Gender analysis of Reproductive Health	Partial			
Autonomy in choice of family size	Comprehensive			
Gender based violence	Comprehensive		[ ]	
Sex-disaggregation of indicators	Partial		[ ]	
Clear objectives, outcomes or strategies to address gender issues	Partial		[ ]	

#### Health Sector Policy

<b>Type</b>	Policy: Health - Sector
<b>Name</b>	Health Sector Strategic Plan (HSSP)
<b>Cycle</b>	1
<b>Status</b>	Exists: currently being implemented
<b>Validity</b>	Approved/Adopted: 2005 (year) Effective From: 2005 (year) To: 2009 (year) Document Date: (dd/mm/yyyy)
<b>Description</b>	
<b>Comments</b>	HSSP a été finalisé en 2005.

#### Incorporation of Reproductive Health, HIV/AIDS and Gender equality in the health sector policy/plan and budgeting (MTEP/F)

Key Areas	Main document		Allocation/inclusion in Medium Term Expenditure Plan (MTEP)	Comments
	Extent of Inclusion/discussion	Related Target		
Reproductive health, including HIV/AIDS				
ICPD Goal - Universal Access to RH	Comprehensive		[x]	
Family planning	Partial		[x]	
Maternal health	Comprehensive		[x]	
Adolescent RH	Comprehensive		[x]	
HIV prevention	Comprehensive		[x]	
Reproductive health indicators	Comprehensive		[x]	
Gender equity, equality, and empowerment of women				
Gender analysis of Reproductive Health	Partial			

Gender based violence	Comprehensive		[x]
Sex-disaggregation of indicators	Partial		[x]
Clear objectives, outcomes or strategies to address gender issues	Partial		[x]

**Budgeting in the health sector**

Total health sector budget:(\$)	13,930,000
Total Government budget allocated to RH:(\$)	1,400,000
UNFPA's contribution to total health sector joint budget:(\$)	725,768
Is there any information on RH expenditures in the health sector budget?	(x) YES ( ) NO
If yes, specify amount in USD and time period	
Comments on health sector budgeting:	The SWAP is new approach in the country. The government signed a MoU with development partners representative.

**UNFPA's participation in health sector-related committees**

In 2007, did UNFPA participate in any committees related to the health sector policy/plan or SWAp (steering, management, technical, etc.) ?	(x) YES ( ) NO
Details of UNFPA's participation :	UNFPA is part of the health SWAP. We signed the memorandum of understanding UNFPA is also contributing in the health cluster meetings UNFPA participated in the Development partner meeting. During the last one we draw partners attention on the need to put in the final communique the constraint represented by the rapid population growth on the economic growth

**UNFPA's participation in other coordinated initiatives**

In 2007, did UNFPA participate in any initiative (that was closely coordinated with the government and bilateral/ multilateral donors in the framework of a national RH/ P&D/ Gender programme), other than SWAp). If yes, please specify	CO participated in the development of the economic development poverty strategy. A Family planning policy was technically and financially supported. CO is member of the gender cluster and is co-leading the gender task force with UNIFEM.
If yes, was a unified work plan, budget, and expenditure framework used to manage the coordinated initiative	(x) YES ( ) NO

**UNFPA's contribution to incorporating RH, HIV/AIDS and gender equality in the health sector policy, planning and budgeting in 2007**

Please indicate whether the CO has been working towards the following aims:

Aim	Scope of CO intervention	Impact/ Progress assessment/ Good practice examples
Promoting policy dialogue and providing technical support for the incorporation of RH issues and indicators	Major	CO works to ensure the integration of population, reproductive health and gender issues integrated in the health sector, planning and budgeting. Government included a budget line for family planning in its budget. District level contract of performance include also population issue as FP, Emergency obstetrical care, HIV/AIDS, women empowerment, SGBV prevention and care, human right
Promoting policy dialogue and providing technical support for the incorporation of HIV/AIDS issues and indicators	Moderate	
Promoting policy dialogue and technical support for the incorporation of gender issues and sex-disaggregated indicators	Moderate	
Developing and using models (costing estimates, pilot interventions etc) to advance the incorporation of reproductive health and HIV/AIDS	Major	
Providing technical supports to formulation of specific interventions/ programmes in RH and HIV/AIDS	Major	
Advocating for increased investment in RH and HIV/AIDS	Major	
Building capacity of, and partnering with, civil society groups to advocate for the incorporation of RH and HIV/AIDS and	Moderate	

gender mainstreaming	
Building capacity of, and partnering with, civil society groups for proper health sector monitoring and evaluation	Moderate
<b>Overall</b>	Moderate

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CO's contribution to Population dynamics and its inter-linkages with gender equality, sexual and reproductive health and HIV/AIDS incorporated in public policies, poverty reduction plans and expenditure frameworks

UNFPA fully participated in the formulation of the EDPRS including providing comments on draft one document in february 2007, and final draft in July 2007. This helped to ensure that the poverty reduction document incorporated fully population/RH/HIV/AIDS/and Gender issues. Also UNFPA supported advocacy missions in the districts by parliamentarians and senators, and training workshops for religious groups as a way of raising awareness of population issues in the society, and local leaders incorporate these issues in plans and budgets. A training module was put in place to train districts planners in integrating population issues in plans and budgets that will be submitted for funding through the national treasury. Integration of population issues in the EDPRS guided incorporation into sector strategic plans such as the Health Sector Strategic Plan, and districts development plans. UNFPA Support national Institute of Statistics of Rwanda for data collection, analysis and dissemination Training of national staff in use of various software (SPSS, Spectrum, etc)

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**OUTCOME 2**

Young people's rights and multisectoral needs incorporated into public policies, poverty reduction plans and expenditure frameworks, capitalizing on the demographic dividend.

Young people's needs incorporated in emergency preparedness, crisis response and recovery programmes

CO's overall contribution to this outcome

**Young people's needs incorporated in emergency preparedness, crisis response and recovery programmes**

(I)	Is there a national emergency preparedness plan/document?	(x) Yes ( ) No
	If yes, to what extent are young people's SRH needs reflected in the plan/document?	Partial
(II)	Is there a situational analysis on the overall humanitarian situation in the country?	(x) Yes ( ) No ( ) Not applicable
	If yes, to what extent are young people's SRH needs reflected within the analysis?	Partial
(III)	Is there age and sex disaggregated data on populations of humanitarian concerns in the country?	( ) Yes (x) No ( ) Not applicable
(IV)	Did the country experience any humanitarian crisis and/or post-crisis situation in 2007?	(x) Yes ( ) No

If yes, for each humanitarian crisis and/or post-crisis situation, please report on the incorporation of young people's needs:

Crisis start	Crisis end	Population affected	young people's needs incorporated	Crisis type
September 2007		15,000		Natural disaster

(V)	Was there a DDR (Disarmament Demobilization and Reintegration) programme/operation in 2007?	(x) Yes ( ) No
	If yes, was the DDR programme/operation responsive to young men and women's SRH needs?	( ) Yes ( ) No (x) Cannot assess
	Was UNFPA involved in/support any DDR programme in 2007?	( ) Yes (x) No
	If yes, please specify:	

**UNFPA's contribution to addressing young people's multisectoral needs in post conflict transition programmes in 2007:**

Aim	Scope of CO intervention	Impact/ Progress assessment/ Good practice examples
Promoting effective programme design and development to incorporate young people's need into emergency preparedness, crisis response and recovery programmes	Moderate	-UNFPA continued to assist youth centers focusing on ASRH, advocacy, and income generating activities -Also UNFPA supported the Ministry of Youth, Culture and Sports in formulation of the youth section of the EDPRS that has a multisectoral focus in addressing young people's needs -UNFPA is also involved in supporting the Ministry of Youth, Culture and Sports in conducting a best practices study on youth programme taking into account the best experiences accumulated from three UNFPA supported youth centers in the country. This study will provide the basis for scale up of youth interventions in 2008-2012 in the country. -UNFPA also ensured that the UNDAF/COD, and CPD and the AWP for 2008 significantly include young people's needs in a multisectoral nature.
Partnering with youth groups/networks in development and implementation phases of national emergency preparedness plan/document	None	
Advocating for adequate allocation and expenditure of resources for SRH services for youth people in emergency preparedness, crisis response and recovery programmes	Moderate	
Promoting implementation of DDR programme/operation to address young people's multisectoral needs, including SRH/HIV	None	
Building the capacity of international and national partners to address young people's SRH needs in emergency preparedness, crisis response and recovery situations	Minor	
Promoting young people's participation in regular program implementation monitoring and evaluation	Major	
Promoting SRH coordination system with national partners, civil societies	Moderate	

and unimproved services in the conflict and post-conflict situation	
<b>Overall</b>	Minor

CO's contribution to Young people's rights and multisectoral needs incorporated into public policies, poverty reduction plans and expenditure frameworks, capitalizing on the demographic dividend

UNFPA supported the formulation of youth EDPRS section, establishment of national youth network on population and development that will focus on advocacy for youth intervention, and participation of youth in design and implementation of national development policies and programmes, plans and budgets. UNFPA supported the Ministry of Education curriculum development center in identification of areas of integration of POP/FLE in curricula of primary and secondary schools, preparation of modules for integration in subjects and ToT module for teachers. UNFPA supported Kigali Health Institute identify areas for integration of RH/FP in curricula of for training young professional nurses and midwife who will be involved in service provision including outreach services in the country

**OUTCOME 3**

**Data on population dynamics, gender equality, young people, sexual and reproductive health and HIV/AIDS available, analysed and used at national and subnational levels to develop and monitor policies and programme implementation.**

- Availability of data on ICPD related issues through the 2010 round population/household census
- Availability of data on ICPD related issues through household/thematic surveys
- Vital Statistics
- National and sub-national databases
- UNFPA's contribution to improving the availability of data on ICPD related issues
- Disaggregated data from national and sub-national databases used for evidence based decision making and NDP monitoring
- CO's overall contribution to this outcome

**Availability of data on ICPD related issues through the 2010 round population/household census**

Is there a 2010 round population/housing census?  Yes (  ) No

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If yes/being developed, Please supply the following information:

(1) Name: RGPH

(2) Census taking (year/date): 2002 done, and 2012 (under planning)

(3) Stage: Planned, pre-preparation

(4) Is the census on schedule? On schedule

(5) To what extent is the census data accessible? Data is freely accessible

- Are there any restrictions on the access by civil society groups to the data? No

- If yes, please specify:

(6) Who are the key donors for 2010 round census, if any: interest from EU, UNDP UNFPA

**Availability of data on ICPD related issues through household/thematic surveys**

Have any household/thematic surveys been undertaken since 2000 that provide data on ICPD-related issues?  Yes

Please report on all surveys that have been undertaken since 2000

**Household/ thematic survey**

<b>Name:</b>	The DHS 2005
<b>Status of the survey:</b>	Completed, data fully disseminated
<b>Survey period</b>	From year: 2004 to year: 2005
<b>At which Level was the survey?</b>	National
<b>Brief description of the linkages between the survey and ICPD related issues:</b>	The DHS provides information related to maternal mortality, child and infant mortality, family planning use /contraceptive prevalence rate, HIV/AIDS prevention, HIV prevalence rate, health care services use and availability, fertility and mortality age specific information, nutritional status of mothers and children, breast feeding, Adolescent fertility, GBV and domestic violence, and general demographic characteristics of the population
<b>Who are the main administrators of the survey:</b>	The National Institute of Statistics of Rwanda NISR
<b>Were the following topics included in the survey:</b>	<input checked="" type="checkbox"/> Maternal health <input checked="" type="checkbox"/> Infant & child health <input checked="" type="checkbox"/> Modern family planning <input checked="" type="checkbox"/> Adolescent Reproductive Health <input checked="" type="checkbox"/> HIV/AIDS <input checked="" type="checkbox"/> GBV <input type="checkbox"/> FGC <input checked="" type="checkbox"/> Mortality <input checked="" type="checkbox"/> Fertility <input type="checkbox"/> Migration <input checked="" type="checkbox"/> Women's status <input type="checkbox"/> Poverty
<b>To what extent is the data in the database accessible?</b>	Data is freely accessible <input type="checkbox"/> Restrictions exist on the access by civil society groups
<b>Who are the key donors for survey, if any:</b>	USAID, UNICEF, UNFPA, WB,

<b>Comments</b>	There also other surveys carried out in the country at house hold levelsuch as : The household Integrated living conditions survey in 2006. It was administered by the National institute if Staistics of Rwnda NISR. Data are freely available.
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**Household/ thematic survey**

<b>Name:</b>	Enquete Integrale des Conditions de vie des ménages (EICV)- Household survey 2001 and 2006
<b>Status of the survey:</b>	Completed, data fully disseminated
<b>Survey period</b>	From year: 2006 to year:
<b>At which Level was the survey?</b>	National
<b>Brief description of the linkages between the survey and ICPD related issues:</b>	Poverty data provided Literacy rate provided
<b>Who are the main administrators of the survey:</b>	Ministry of Finance and Economic Planning (National Institute of Statistics)
<b>Were the following topics included in the survey:</b>	<input type="checkbox"/> Maternal health <input type="checkbox"/> Infant & child health <input type="checkbox"/> Modern family planning <input type="checkbox"/> Adolescent Reproductive Health <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> GBV <input type="checkbox"/> FGC <input type="checkbox"/> Mortality <input type="checkbox"/> Fertility <input type="checkbox"/> Migration <input checked="" type="checkbox"/> Women's status <input checked="" type="checkbox"/> Poverty
<b>To what extent is the data in the database accessible?</b>	Data is freely accessible <input type="checkbox"/> Restrictions exist on the access by civil society groups
<b>Who are the key donors for survey, if any:</b>	Government, World Bank and EU
<b>Comments</b>	

**Vital Statistics**

Please briefly comment on the data availability from vital statistics (e.g. birth and death registration) and sentinel surveillance in your country:

The Civil registration and vital statistics system has not been functional for several years. Data are not regularly available and not reliable. The national statistical institution has requested UNFPA support in improving the system During 2007, UNFPA has been working with the NISR on policy dialogue to revitalise the system. In the design of the one program for the UNCT in Rwanda, Civil registration and vital statistics system has been included in 2008 -2012 CP intervention. with UNFPA leading this intervention

**Databases of population-related data**

**Is there a National database of sex-disaggregated population-related data?**

Yes  Being developed  No

Comments:

RwandaInfo is at advanced stage of development from Devinfo at the NISR with support of UNCT. UNCT supported the entire process during 2007. the database will form part of M&E of EDPRS implementation

**Database in your country:****Population Database**

<b>Name</b>	DEVINFO
<b>Status</b>	Under development
<b>Level</b>	
<b>Year Established</b>	2006
<b>Where is it housed?</b>	Institut national de la statistique
<b>Who is responsible for maintaining/updating the database?</b>	Institut national de la statistique
<b>How often is the database updated?</b>	Not applicable
<b>To what extent is it computerized?</b>	Not applicable
<b>Does the database include data on the following?</b>	<input checked="" type="checkbox"/> Maternal health <input checked="" type="checkbox"/> Modern family planning <input type="checkbox"/> Abortion <input checked="" type="checkbox"/> Adolescent Reproductive Health <input checked="" type="checkbox"/> HIV/AIDS <input checked="" type="checkbox"/> STIs (other than HIV/AIDS) <input type="checkbox"/> GBV <input checked="" type="checkbox"/> FGC <input checked="" type="checkbox"/> Nutrition <input checked="" type="checkbox"/> Infant & child health <input type="checkbox"/> Population projections



	<input type="checkbox"/> Migration <input checked="" type="checkbox"/> Mortality <input checked="" type="checkbox"/> Fertility <input type="checkbox"/> Poverty <input type="checkbox"/> Unemployment <input checked="" type="checkbox"/> Education <input type="checkbox"/> Ageing
<b>To what extent is the data disaggregated?</b>	Sex Most Age Most Urban-rural Most Income Most Ethnicity Some Geographical region Most
<b>Comments</b>	

### UNFPA's contribution to improving the availability of data on ICPD-related issues in 2007

Please indicate whether the CO has been working towards the following aims:

Aim	Scope of CO intervention	Impact/ Progress assessment/ Good practice examples
Promoting the 2010 round census and ICPD-related surveys	Major	-UNFPA supported two staff of the NISR participation in African workshop on advocacy and resources mobilisation for 2010 round of Population and Housing Census, and East African Community joint Census project both organised in 2007. -UNFPA continued dialogue with NISR for designing and improving national civil registration and vital statistics system in the country. This has been included in the One programme framework and AWP now being finalised -UNFPA supported capacity building staff of the NISR through training in statistical packages for data collection, analysis and dissemination, including Rwanda in the IMIS roll out countries for 2007 and training IMIS focal person for the NISR. - Data collection and dissemination, funding for 2012 Census, and building social information system has been included in key interventions and resources allocation under UN one programme
Building and sustaining commitment of national counterparts in improvement of national vital statistics	Major	
Providing technical support to strengthen national statistical capacities	Major	
Advocating for adequate resources allocation/ expenditure for data collection	Major	
Mobilizing resources for the 2010 round census and ICPD-related surveys	Major	
Promoting and improving data dissemination and usage in policy making	Major	
<b>Overall</b>	Major	

### Disaggregated data from national and sub-national databases used for evidence based decision making and national development plan monitoring

#### National Development Policy

<b>Type</b>	Policy: PRSP - Poverty Reduction Strategy Paper
<b>Name</b>	PRSP-II: Economic Development and Poverty Reduction Strategy (EDPRS)
<b>Cycle</b>	2
<b>Status</b>	Exists: not yet implemented or functional
<b>Validity</b>	Approved/Adopted: 2007 (year) Effective From: 2008 (year) To: 2012 (year) Document Date: (dd/mm/yyyy)
<b>Description</b>	In September 2007, the Government of Rwanda approved a new Poverty Reduction Strategy known as the Economic Development and Poverty Reduction Strategy (EDPRS) which will give increased emphasis to economic growth to ensure that development can be sustained. There are four key objectives of the second PRSP: Speed-up poverty reduction; Increase economic growth; Reduce population growth; Tackle extreme poverty.

## Comments

What is the extent of inclusion of time-bound indicators and targets?

Comprehensive

To what extent are these time-bound indicators and targets monitored by disaggregated data?

Sex: More than 75%  
 Age: More than 75%  
 Urban-rural: 50-75%  
 Income:  
 Ethnicity:  
 Geographical region: 50-75%

Which databases will supply data for the monitoring?

DEVINFO

When is progress reviewed?

If a review occurred in 2007, to what extent were indicators reviewed with updated data?

## National Development Policy

Type	Policy: Health - Sector
Name	Health Sector Strategic Plan (HSSP)
Cycle	1
Status	Exists: currently being implemented
Validity	Approved/Adopted: 2005 (year) Effective From: 2005 (year) To: 2009 (year) Document Date: (dd/mm/yyyy)
Description	
Comments	HSSP a été finalisé en 2005.

What is the extent of inclusion of time-bound indicators and targets?

Comprehensive

To what extent are these time-bound indicators and targets monitored by disaggregated data?

Sex:  
 Age:  
 Urban-rural:  
 Income:  
 Ethnicity:  
 Geographical region:

Which databases will supply data for the monitoring?

DEVINFO

When is progress reviewed?

If a review occurred in 2007, to what extent were indicators reviewed with updated data?

## National Development Policy

Type	Policy: Gender equity and equality
Name	National Gender Policy/ Politique Nationale du Genre
Cycle	
Status	Exists: currently being implemented
Validity	Approved/Adopted: 2003 (year) Effective From: 2004 To:

	Document Date: <i>(dd/mm/yyyy)</i>
<b>Description</b>	The formulation of national gender policy has played pivotal role in gender promotion. This policy is has wide-reaching coverage, including vulnerable groups such as child-headed households, people living with disabilities, the elderly and others. It places importance on RRs, including those of youth and adolescents, who comprise 67% of the total population. Women organisations and associations are also recognised.
<b>Comments</b>	This policy is expected to create an enabling environment for gender mainstreaming and a more speedy and effective implementation of gender international accords.

What is the extent of inclusion of time-bound indicators and targets?

Comprehensive

To what extent are these time-bound indicators and targets monitored by disaggregated data?

Sex:  
Age:  
Urban-rural:  
Income:  
Ethnicity:  
Geographical region:

Which databases will supply data for the monitoring?

[ ] DEVINFO

When is progress reviewed?

If a review occurred in 2007, to what extent were indicators reviewed with updated data?

#### National Development Policy

<b>Type</b>	Policy: Health
<b>Name</b>	Politique Nationale de Santé
<b>Cycle</b>	1
<b>Status</b>	Exists: currently being implemented
<b>Validity</b>	Approved/Adopted: 2005 <i>(year)</i> Effective From: 2005 <i>(year)</i> To: 2009 <i>(year)</i> Document Date: <i>(dd/mm/yyyy)</i>
<b>Description</b>	In line with the Alma-Ata declaration, a national health policy was adopted in 1996. This document has been revised.
<b>Comments</b>	The document contains reference to the importance of a focus on youth in order to address the HIV/AIDS pandemic and to safeguard RH

What is the extent of inclusion of time-bound indicators and targets?

To what extent are these time-bound indicators and targets monitored by disaggregated data?

Sex:  
Age:  
Urban-rural:  
Income:  
Ethnicity:  
Geographical region:

Which databases will supply data for the monitoring?

[ ] DEVINFO

When is progress reviewed?

If a review occurred in 2007, to what extent were indicators reviewed with updated data?

#### National Development Policy

<b>Type</b>	Policy: HIV/AIDS
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<b>Name</b>	Plan Stratégique Nationale Multisectorielle de lutte contre le VIH et le SIDA
<b>Cycle</b>	1
<b>Status</b>	Exists: currently being implemented
<b>Validity</b>	Approved/Adopted: (year) Effective From: 2005 (year) To: 2009 (year) Document Date: (dd/mm/yyyy)
<b>Description</b>	Comme les jeunes et adolescents constituent près de 67% de la population du Rwanda, le plan stratégique met un accent particulier sur la prévention du VIH parmi ce groupe cible. Ce plan insiste notamment sur: - le développement des clubs anti SIDA pour renforcer les connaissances sur le VIH - la promotion de la mise en place des associations des jeunes/adolescents vivant avec le VIH - l'enseignement des mesures de prévention dans les écoles - la promotion des VCT - la promotion de l'utilisation des préservatifs
<b>Comments</b>	

**What is the extent of inclusion of time-bound indicators and targets?**

**To what extent are these time-bound indicators and targets monitored by disaggregated data?**

Sex:  
Age:  
Urban-rural:  
Income:  
Ethnicity:  
Geographical region:

**Which databases will supply data for the monitoring?**

[ ] DEVINFO

**When is progress reviewed?**

**If a review occurred in 2007, to what extent were indicators reviewed with updated data?**

#### National Development Policy

<b>Type</b>	Policy: Population/ Population and development
<b>Name</b>	National Population Policy for Sustainable Development
<b>Cycle</b>	2
<b>Status</b>	Exists: partially implemented or functional
<b>Validity</b>	Approved/Adopted: 2003 (year) Effective From: 2003 (year) To: (year) Document Date: (dd/mm/yyyy)
<b>Description</b>	6.8 - Strategies in respect of youth: (iv) Educate the youth about population and development, sexuality, family planning, the fight against HIV/AIDS and prepare them for responsible parenthood.
<b>Comments</b>	This is also a proposal to include ageing in the new NPP.

**What is the extent of inclusion of time-bound indicators and targets?**

**To what extent are these time-bound indicators and targets monitored by disaggregated data?**

Sex:  
Age:  
Urban-rural:  
Income:  
Ethnicity:  
Geographical region:

**Which databases will supply data for the monitoring?**

[ ] DEVINFO

**When is progress reviewed?**

**If a review occurred in 2007, to what extent were indicators reviewed with updated data?**

**National Development Policy**

<b>Type</b>	Policy: Development
<b>Name</b>	Vision 2020
<b>Cycle</b>	1
<b>Status</b>	Exists: currently being implemented
<b>Validity</b>	Approved/Adopted: 2002 ( <i>year</i> ) Effective From: 2002 ( <i>year</i> ) To: 2020 ( <i>year</i> ) Document Date: ( <i>dd/mm/yyyy</i> )
<b>Description</b>	La vision 2020 se fonde sur la réalisation des aspirations suivantes: La reconstruction de la nation et de son capital social; Le fonctionnement harmonieux de l'état; La maîtrise de la croissance démographique; La transformation de la société rwandaise en vue d'un équilibre entre la rationalité économique et la raison sociale; Le développement des ressources humaines; La modernisation de l'agriculture; Le désenclavement du pays; Le développement de l'entreprenariat et du secteur privé; La gestion rationnelle de l'espace et de l'environnement; La paix et la sécurité interne et externe.
<b>Comments</b>	Vision 2020 révisée pour intégration du genre

What is the extent of inclusion of time-bound indicators and targets?

To what extent are these time-bound indicators and targets monitored by disaggregated data?

Sex:  
Age:  
Urban-rural:  
Income:  
Ethnicity:  
Geographical region:

Which databases will supply data for the monitoring?

[ ] DEVINFO

When is progress reviewed?

If a review occurred in 2007, to what extent were indicators reviewed with updated data?

**National Development Policy**

<b>Type</b>	Policy: Family
<b>Name</b>	Politique Nationale de la Famille
<b>Cycle</b>	1
<b>Status</b>	Exists: currently being implemented
<b>Validity</b>	Approved/Adopted: 2006 ( <i>year</i> ) Effective From: 2006 ( <i>year</i> ) To: ( <i>year</i> ) Document Date: ( <i>dd/mm/yyyy</i> )
<b>Description</b>	La Politique Nationale de la Famille met un accent particulier sur la planification familiale et l'éducation des familles en matière du genre
<b>Comments</b>	

What is the extent of inclusion of time-bound indicators and targets?

To what extent are these time-bound indicators and targets monitored by disaggregated data?

Sex:  
Age:  
Urban-rural:

income:  
 Ethnicity:  
 Geographical region:

Which databases will supply data for the monitoring?

[ ] DEVINFO

When is progress reviewed?

If a review occurred in 2007, to what extent were indicators reviewed with updated data?

#### UNFPA's contribution to improving the usage of data in policy making and monitoring in 2007

Please indicate whether the CO has been working towards the following aims:

Aim	Scope of CO intervention	Impact/ Progress assessment/ Good practice examples
Building technical capacity of national counterparts to use data, indicators and targets	Major	-UNFPA supported capacity building of NISR central and district level staff in statistics packages, use of data and targets, collection, analysis, dissemination, and updating data for national wide use, and for progress monitoring and evaluation of the EDPRS implementation, this has been incorporated in the UNDAF/ COD interventions for the period 2008-2012, and in the UNCT AWP. - Supporting establishment of Rwandainfo at the NISR for monitoring policy and programme implementation at national and district level.
Building and sustaining commitment of national counterparts to develop and update databases and to use data, indicators and targets	Major	
Promoting the participation of civil society groups in M&E	Moderate	
Advocating for adequate resource allocation/ expenditure to ensure comprehensive monitoring of national policies with data	Major	
<b>Overall</b>	Major	

CO's contribution to Data on population dynamics, gender equality, young people, sexual and reproductive health and HIV/AIDS available, analyzed and used at national and sub-national levels to develop and monitor policies and programme implementation

-UNFPA was involved and contributed in establishing Rwandainfo at the NISR as a monitoring tool of the EDPRS implementation -Strengthened capacity of staff of the NISR in data collection, analysis, dissemination and use for policy and programme monitoring -Promoting use of IMIS and trained IMIS focal person for the NISR for data management and use - Integrated data on population dynamics, RHR and HIV/AIDS, Gender in , including census and DHS data among key intervention targeted during 2008-2012 one programme of the UNCT

**OUTCOME 4**

Emerging population issues - especially migration, urbanization, changing age structures (transition to adulthood/ageing) and population and the environment - incorporated in global, regional and national development agendas

[Studies on population issues and emerging issues identified](#)

[Results of studies on emerging population issues reflected in national development plans and poverty reduction strategies](#)

[CO's overall contribution to this outcome](#)

**Studies on population issues and emerging issues identified**(1) [Studies on population issues](#)

- Have any studies (e.g. research, review and assessment) been undertaken on population issues since 2000?

Please report on each major study:

**Population Study**

<b>Name:</b>	Census 2002,
<b>Status:</b>	undertaken
<b>Date undertaken</b>	2002
<b>Who carried out the study:</b>	Census project under the Ministry of finance and Economic Planning
<b>Brief outline:</b>	Results of the census made significant contribution on population emerging issues such as internal and international migration, urbanisation, population age structure and ageing in the country
<b>Is the study fully/ partially funded by UNFPA?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Comments</b>	UNFPA contributed funding to the census data collection and analysis

**Population Study**

<b>Name:</b>	Demographic Health Survey 2000 and 2005
<b>Status:</b>	undertaken
<b>Date undertaken</b>	2000 and 2005
<b>Who carried out the study:</b>	MINISTRY OF FINANCE AND ECONOMIC PLANNING/INSTITUT STATISTIC
<b>Brief outline:</b>	The studies took into account: Gender, SRH/GBV and population issues
<b>Is the study fully/ partially funded by UNFPA?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Comments</b>	UNFPA supported partially both studies.

**Population Study**

<b>Name:</b>	Enquete integrale de vie des menages
<b>Status:</b>	undertaken
<b>Date undertaken</b>	2001 and 2006
<b>Who carried out the study:</b>	MINISTRY OF FINANCE AND ECONOMIC PLANNING/INSTITUT STATISTIC
<b>Brief outline:</b>	Data are showing the trend in poverty, education, health, literacy etc...
<b>Is the study fully/ partially funded by UNFPA?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Comments</b>	nationalwide survey

(2) [Emerging population issues identified](#)

If any population studies have been undertaken, please indicate which of the following issues were identified as emerging for your country:

<b>Issues:</b>	<b>Identified?</b>
International migration	<input checked="" type="checkbox"/> yes
Urbanization	<input checked="" type="checkbox"/> yes
Ageing	<input type="checkbox"/> yes
Population and the environment	<input checked="" type="checkbox"/> yes
Depopulation	<input type="checkbox"/> yes

**Results of studies on emerging population issues reflected in national development plans and poverty reduction strategies**

**National Development Policy**

<b>Type</b>	Policy: PRSP - Poverty Reduction Strategy Paper
<b>Name</b>	PRSP-II: Economic Development and Poverty Reduction Strategy (EDPRS)
<b>Cycle</b>	2
<b>Status</b>	Exists: not yet implemented or functional
<b>Validity</b>	Approved/Adopted: 2007 (year) Effective From: 2008 (year) To: 2012 (year) Document Date: (dd/mm/yyyy)
<b>Description</b>	In September 2007, the Government of Rwanda approved a new Poverty Reduction Strategy known as the Economic Development and Poverty Reduction Strategy (EDPRS) which will give increased emphasis to economic growth to ensure that development can be sustained. There are four key objectives of the second PRSP: Speed-up poverty reduction; Increase economic growth; Reduce population growth; Tackle extreme poverty.
<b>Comments</b>	

**Inclusion of emerging population issues:**

Population issues	Discussion in main policy document	Policy response/ inclusion in action plan?	Comments
Ageing		[ ]	
Depopulation		[ ]	
International migration		[ ]	
Urbanisation		[ ]	
Population and the environment		[ ]	

**National Development Policy**

<b>Type</b>	Policy: Development
<b>Name</b>	Vision 2020
<b>Cycle</b>	1
<b>Status</b>	Exists: currently being implemented
<b>Validity</b>	Approved/Adopted: 2002 (year) Effective From: 2002 (year) To: 2020 (year) Document Date: (dd/mm/yyyy)
<b>Description</b>	La vision 2020 se fonde sur la réalisation des aspirations suivantes: La reconstruction de la nation et de son capital social; Le fonctionnement harmonieux de l'état; La maîtrise de la croissance démographique; La transformation de la société rwandaise en vue d'un équilibre entre la rationalité économique et la raison sociale; Le développement des ressources humaines; La modernisation de l'agriculture; Le désenclavement du pays; Le développement de l'entrepreneuriat et du secteur privé; La gestion rationnelle de l'espace et de l'environnement; La paix et la sécurité interne et externe.
<b>Comments</b>	Vision 2020 révisée pour intégration du genre

**Inclusion of emerging population issues:**

Population issues	Discussion in main policy document	Policy response/ inclusion in action plan?	Comments
Ageing		[ ]	
Depopulation		[ ]	
International migration		[ ]	
Urbanisation		[ ]	
Population and the environment		[ ]	



**UNFPA's contribution to improving the incorporation of the results of studies on emerging population issues in NDPs and the PRS in 2007**

Please indicate whether the CO has been working towards the following aims:

Aim	Scope of CO intervention	Impact/ Progress assessment/ Good practice examples
Improving the knowledge base to better respond to national emerging population issues	Moderate	-National wide promotion of use of data among planners and leaders by UNFPA counterparts - UNFPA supported the Ministry of Finance and Economic Planning and NISR to promote use of population data from census and DHS in national and district planning and included this in the EDPRS - NISR included population data among key indicators to be monitored for tracking progress of implementation of the EDPRS and the MDGs -UNFPA supported women groups, youth groups, NGOs and parliamentarians in advocating for including population issues in planning in the country
Promoting the dissemination and usage of the results of studies on emerging population issues	Major	
Advocacy with national counterparts to include population issues in planning and monitoring	Major	
Building capacity of civil society groups to advocate for population issues	Major	
Partnering with civil society groups to advocate for including population issues in planning	Major	
<b>Overall</b>	Major	

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CO's contribution to Emerging population issues - especially migration, urbanization, changing age structures (transition to adulthood/ageing) and population and the environment - incorporated in global, regional and national development agendas

-UNFPA played significant role in ensuring population issues including emerging issues are included in national development framework ,the EDPRS, and the UNCT one programme including the AWP for 2008.

## UNFPA's support to health systems

How does UNFPA support health systems in your country?	Please provide details of support
Technical assistance for policy development and financing	1. Provide technical and financial support to develop and disseminate Family Planning policy and its strategic plan. 2. Provide technical and financial support to the integration of youth and ASRH issues in to the EDPRS (PRSP 2) 3. UNFPA provided support for the formulation of RH in the UNDAF and the ONE UN-programme in Rwanda for the upcoming 5 years (2008-2012)
Regulatory mechanisms (e.g. pre-qualification, certification of skills etc)	1. Provide technical and financial support to the MoH to organize training of trainers on prevention, reparation and follow up of fistula cases. This will be continued as trainers still have to train other service providers. 2. UNFPA supported the integration of RH in the curricula of primary, secondary and superior institutes. 3. UNFPA supported integration of RH in the curricula of nurses
Technical support for human resource planning (doctors, midwives, nurses/nurse midwives, and other categories of staff)	provide support in the projects on the field of human resources; 1. Communityworkers in Imidugudu on RH 2. Youth center staff on (A)SRH
Capacity building in SRH technical competencies (e.g. training of health providers)	Provide technical and financial support in training of service providers on: 1. logistics of contraceptives 2. FP (including MMR) 3. Youth friendly services on ASRH 4. Support to the MoH on regular supervisions in the districts for staff in the domain of RH.
Infrastructure	NA
Commodities, supplies and equipment	1. UNFPA bought trough the TTF on RHCS for an amount of 400.000 medical equipment and contraceptives. 2. Financial support has been given for the referal and contra-referal system.
Health information system(s)	1. Technical and financial support has been given to the Health Information System in the country to the existing programme with MoH. 2. We support the referal and contrareferal system in our zones of intervention.
Other support	1. Income generating activities to allow women and young people to access (A)SRH.

## REPRODUCTIVE HEALTH

## OUTCOME 5

Reproductive rights and sexual and reproductive health (SRH) demand promoted and the essential SRH package, including reproductive health commodities and human resources for health, integrated in public policies of development and humanitarian frameworks

Essential health package includes SRH and covers young people, including marginalized and excluded groups

Minimum Initial Service Package was implemented in humanitarian crisis and post-crisis situations.

Multi sectoral coordination systems from GBV prevention and response in humanitarian crisis and post-crisis situations

UNFPA's contribution to implementing the Minimum initial service package and establishing and strengthening multi sectoral coordination systems for GBV prevention and response within humanitarian crisis and post-crisis situations.

Reproductive health commodity security (RHCS) information

CO's overall contribution to this outcome

## Essential health package includes SRH and covers young people, including marginalized and excluded groups

Does your country have an essential/ basic health package?

(x) Yes ( ) Being developed ( ) No

Comments:

Rwanda has a minimum package (including modern contraceptives). UNFPA supported 7 out of the 30 districts, through the project with the government, in providing ASRH services .

## UNFPA's contribution to improving the incorporation of SRH, increasing resource allocation to SRH, and ensuring the coverage of young people, including marginalized and excluded groups, in the essential health package in 2007

Please indicate whether the CO has been working towards the following aims:

Aim	Scope of CO intervention	Impact/ Progress assessment/ Good practice examples
Promoting policy dialogue for the inclusion of SRH in the essential health package	Major	UNFPA CO works to put sexual and reproductive health on the agenda of the government/MoH in the field of advocacy, policy dialogue and policy development. Through the support of UNFPA to the project SR with the MoH and the project on ASRH with the Ministry of Youth, the issues of (A)SRH was addressed properly. Positive impact and progress are effective: - Modern contraceptives are included in the minimum health package. - Deliveries are free of costs after 3 prenatal visits. - The MoH has a budget line on contraceptives.
Advocating for special consideration of young people, including marginalised and excluded groups, in the essential health package	Major	
Advocating for and leveraging adequate resources from various national funding mechanisms (e.g. SWAps, bilaterals) for the SRH components of the essential health package	Minor	
Providing technical assistance to define/expand the SRH components of the essential health package	Major	
Providing technical support to strengthen national capacity to implement, monitor and evaluate the SRH components of the essential package, and the coverage of young people, including marginalised and excluded groups	Major	
<b>Overall</b>	Major	

## Minimum Initial Service Package was implemented in humanitarian crisis and post-crisis situations:

Did the country experience any humanitarian crisis and/or post-crisis situation in 2007?

(x) Yes ( ) No

If yes, for each humanitarian crisis and/or post-crisis situation, please report on the implementation of MISP elements:

1. Type of the crisis:	Natural disaster If other, please specify:		
2. Duration:	From: September 2007 To:		
3. Estimate of the size of population affected?	15,000		
Please indicate which elements of the MISP were implemented:			
Elements	Implemented		
	Yes	No	Cannot assess
Basic demographic and SRH information collected or estimated	(x)	( )	( )
Health service able to manage cases of sexual violence in place	(x)	( )	( )
Staff trained (retrained) in prevention and response systems for cases of sexual violence	(x)	( )	( )

Materials, including condoms, procured and distributed to adequately prevent HIV transmission	(x)	( )	( )
Health workers trained/retrained to provide maternal health care and prevent HIV transmission	(x)	( )	( )
Clean delivery kits distributed and available	( )	( )	(x)
Referral system for obstetric emergencies functioning	( )	( )	(x)
Sites identified for future delivery of comprehensive RH services	(x)	( )	( )
Overall RH Coordinator in place and functioning under the health coordination team- RH focal points in camps and implementing agencies in place	(x)	( )	( )
Comments			

### Multi sectoral coordination systems from GBV prevention and response in humanitarian crisis and post-crisis situations

Is there a functioning GBV coordination system? (x) Yes ( ) Being developed ( ) No

Does UNFPA lead coordination efforts for GBV prevention and response initiatives? ( ) Yes (x) No

If yes, please give details: UNFPA is part of the existing GBV steering committee chaired by the Ministry of Gender and Family Promotion support by UNFPA and other partners. UNFPA is co-leading the UN Task Force with UNIFEM. We are part of all in-country GBV development. A GBV mapping has been developed, a draft document is under analysis.

### UNFPA's contribution to implementing the Minimum Initial Service Package and establishing and strengthening multi-sectoral coordination systems for GBV prevention and response within humanitarian crisis and post-crisis situations in 2007

Please indicate whether the CO has been working towards the following aims:

Aim	Scope of CO intervention	Impact/ Progress assessment/ Good practice examples
Advocacy to ensure inclusion of and funding for Minimum Initial Service Package (MISP) in humanitarian response	Moderate	In the year 2007, we had an influx of Rwandan returnees from Tanzania. The estimated number of expected returnees was 60.000 people. In September, there also was a flood in the southern part of the country that affected at about 15.000 people. Through the HRU, we obtained emergency kits in the beginning of the year to support SRH of the returnees. UNFPA supported the development of a GBV mapping through HRU funding. The draft of the GBV mapping exists and is under analysis.
Strengthening of coordination of partners and providing technical support for MISP implementation	Moderate	
Strengthening national capacity to ensure the availability and access of RH commodities	Moderate	
Provision of RH commodities, including RH kits	Major	
Catalyzing the formation /strengthening of inter-agency, multi-sectoral GBV coordination groups at national, regional, and local levels	Moderate	
Leading the effort to develop a multi-sectoral and inter-agency GBV prevention and response programmes, to include referral and reporting mechanisms, information sharing and monitoring/evaluation	Moderate	
Promoting the undertaking of participatory analyses of GBV in the country	Moderate	
Promoting/facilitating the inclusion of GBV into Consolidated Appeals Process (CAP), Flash and other appeal processes and documents	Moderate	
<b>Overall</b>	Moderate	

### Reproductive Health Commodity Security (RHCS) related questions

Are strategies to improve RHCS included in the following:

- UNDAF  
 CPAP  
 Annual Work Plan  
 Country Programme  
 National Poverty Reduction Strategy/ PRSP  
 National Development Policy  
 Other National Development Policy. Please Specify: Family planning policy and its strategic plan, RH policy

Is there a National Strategy / Action Plan for RHCS:

- Yes. Please, provide timeframe:  
 Being developed  
 No

**Are RH commodities included in the essential SRH Service package**

- Yes  
 No  
 No data

**Is UNFPA spearheading RHCS in the county:**

- Yes  No

If yes, please specify:

UNFPA provides financial and technical support the the project at the MoH on RHCS. At the national level UNFPA, together with other partners, provide free contraceptives and helps with IEC/BCC, outreach community initiatives. In the zones of intervention, UNFPA provides training for service providers on SRH as well medical equipment.

**What important developments in RHCS took place in your country in 2007**

The MoH contributes to a budget line for modern contraceptives. All the districts received training on Family planning for service providers. UNFPA supported 7 districts out of 30.

**Coordination of RHCS activities****Are there any mechanisms for coordination of RHCS activities?**

- Yes  
 Being Developed  
 No

**Please report on all mechanisms:**

<b>Mechanism for coordination of RHCS activities</b>	
<b>Name:</b>	National committee on the logistics of contraceptives
<b>Brief Description, including way in which mechanism coordinates RHCS activities:</b>	L'UNFPA fait partie du comité de coordination. Le comité se réunit régulièrement pour planifier les activités de l'année et actualiser le plan des besoins.
<b>Status</b>	Exists: implemented or functional
<b>Validity:</b>	Approved/Adopted: 2004 (year) Effective From: 2004 (year) To: (year)
<b>At which level is the mechanism operative ?</b>	National
<b>Provide information about key initiatives undertaken by the mechanism in 2007</b>	
<b>Comments</b>	DELIVER et l'UNFPA ont noué un partenariat au sein de ce comité pour renforcer la gestion de la logistique (CCM) des produits contraceptifs. En 2007, il est planifié d'utiliser CHANEL.
<b>Mechanism for coordination of RHCS activities</b>	
<b>Name:</b>	National Family Planning working group
<b>Brief Description, including way in which mechanism coordinates RHCS activities:</b>	Moh invites and reunites different partners on the field of familyplanning. Main partners; USAID( projects Intrahealth), GTZ, UNFPA.
<b>Status</b>	Exists: implemented or functional
<b>Validity:</b>	Approved/Adopted: 2006 (year) Effective From: 2007 (year) To: (year)
<b>At which level is the mechanism operative ?</b>	National
<b>Provide information about key initiatives undertaken by the mechanism in 2007</b>	-Common development of IEC materials on RH. -Common development of training packages on FP for service providers.
<b>Comments</b>	The Working group on Family planning monthly meeting.

**National budget for contraceptives:****Is there a government budget line dedicated to contraceptives:**

- Yes (year established: 2007 )  
 No

**What is the latest available data on government allocation to contraceptives**

Amount USD: 200000

Year: 2007

**Trends in the allocation from 2006 to 2007:**

- Increase  
 Decreased  
 No Change  
 Not sure  
 Not applicable

**Are contraceptives included in the Essential Drugs List:**

- Yes  
 No  
 No data

**Comments on RHCS and national budget for contraceptives:**

2007 is the first year contribution given by the government for contraceptives (200,000 USD). As the Gvt itself has put FP high priority on the national agenda, an increasing of support can be expected for the upcoming years.

**UNFPA's contribution to improving coordination, policy support and national capacity for ensuring RHCS:**

Please indicate whether the CO has been working towards the following aims; if so, specify the results/progress achieved in 2007

Aim	Scope of CO intervention	Impact/ Progress assessment/ Good practice examples
Building national partnerships to effectively develop/implement multipartite RHCS coordination mechanisms	Major	UNFPA contributed in 2007 to the advocacy of the creation of a budget line for the government support to contraceptives. The projects with national partners on RH (Moh, Ministry of youth, Ministry of gender) have contributed to have higher awareness of SRH in general and FP in particular.
Advocating for, and leveraging, adequate resource allocation and expenditure for RH commodities	Major	
Advocacy to establish a budget line for contraceptives and increase the allocations over time	Major	
Policy dialogue for the inclusion of RH commodities, including female and male condoms, in the essential drugs list	Major	
<b>Overall</b>	Major	

CO's contribution to RRs and SRH demand promoted and the essential SRH package, including RH commodities and human resources for health, integrated in public policies of development and humanitarian frameworks with strengthened implementation monitoring

Rwanda has a minimum health package that includes RH. UNFPA supported 7 out of the 30 districts in providing SRH services, training of services providers for taking care of SRH issues, fistula and GBV cases. Procurement of modern contraceptives through the UNFPA trust fund on RHCS took place this year. Institutional support has been given to the government unit in charge of Maternal and Child Health and is part of the technical group on the MCH issues. The SRH is high ranked on the national agenda of the government/MoH and has been integrated in the EDPRS. Issues of ASRH are taken into account also at a high level priority. Modern contraceptives are included in the minimum health package. UNFPA contributed to advocate for free deliveries costs after 3 prenatal visits and government contribution for the procurement of RHCS. UNFPA is part of the existing GBV steering committee chaired by the Ministry of Gender and Family Promotion supported by UNFPA and other partners. UNFPA is co-leading the UN Task Force with UNIFEM. We are part of all in country GBV development. A GBV mapping has been developed, a draft document is under analysis

**OUTCOME 6**

**Access and utilization of quality maternal health services increased in order to reduce maternal mortality and morbidity, including the prevention of unsafe abortion and management of its complications**

Percentage of SDPs offering at least 3 RH services

Caesarean sections as proportion of all births

UNFPA's contribution to improving access to, and utilization of, quality maternal health services

CO's overall contribution to this outcome

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**Percentage of service delivery points (SDPs) offering at least three RH services**

(Maternal Health; Prevention and management of STIs/ HIV/ AIDS; Management of the consequences of unsafe abortion; Management of the consequences of GBV; Prevention and management of infertility; Reproductive cancers)

**At the National Level**

Latest Indicator Value	= 100.0 %
Year of data	2007
Source of data	MoH
Comments	As reproductive health system exists since 2004 which included in the minimum package that has to be delivered by a service deliverypoint, all the SDP offer at least 3 RH services.

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**Caesarean sections as a proportion of all births**
**At the National Level**

Latest Indicator Value	= 18.0 %
Year of data	2007
Source of data	Health Information System (SIS)
Comments	As the performance based finance (contractual approach) covers almost the whole country in 2007, it has this impact on reproductive health services. Patients with expected difficulties for the delivery are transferred sooner to the hospital to undergo a caesarean. There no there's no disaggregation done for urban or rural settings done by the SIS.

**Urban**

Latest Indicator Value	= %
Year of data	
Source of data	
Comments	

**Rural**

Latest Indicator Value	= %
Year of data	
Source of data	
Comments	

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**UNFPA's contribution to improving the access to, and utilization of, quality maternal and health services in 2007**

Please indicate whether the CO has been working towards the following aims:

Aim	Scope of CO intervention	Impact/ Progress assessment/ Good practice examples
Advocacy for increasing national investments in maternal health services	Major	UNFPA contributed to advocate for the FP issues. Sexual and Reproductive health/ Family planning is high on the national agenda of the government/MoH and has been integrated in the EDPRS. Issues of (A)SRH are taken into account also at a high level priority. Modern contraceptives are included in the minimum package. UNFPA contributed to advocate for a free delivery in a service delivery point after 3 prenatal visits and government contributes for the procurement of RHCS. The CO's is supporting the health information system. Sensitization campaign have been conducted in the 7 districts where UNFPA is working and IEC/BCC material has been disseminated by the network of health animators and community agents at village level.
Technical support to improve national capacity to provide the continuum of quality maternal health care, through services for family planning, skilled attendance at birth and emergency obstetric care	Major	
Technical support to improve national capacity to manage the complications of unsafe abortion and provide quality post-abortion care	Major	
Technical support to improve national capacity to treat obstetric fistula	Moderate	
Technical support to improve national capacity to monitor maternal health services implementation and performance	Major	

Support for community advocacy to increase demand for maternal health services and promote sexual and reproductive health	Major	
<b>Overall</b>	Major	

CO's contribution to Access and utilization of quality maternal health services increased in order to reduce maternal mortality and morbidity, including the prevention of unsafe abortion and management of its complications

Institutionation support, including outreach programmes to the communities, were provided by UNFPA to the Ministry of Health. SRH services are a high level priority and UNFPA supported, through the RH programme with the Ministry of Health, the governmental efforts to improve the situation in the country. Provision of modern contraceptive and medical equipment took place in 2007. UNFPA provided also training on Reproductive health including family planning to the service providers in 7 districts out of 30. In partnership with other donors, IEC on RH materials were developed and nationwide distributed. We supported also 3 youth centers whereby youths were informed about ASRH issues using a comprehensive package (ASRH friendly services, life skills, sensitization campaigns using a peer network, income generating activities). Same activities were done also at low level of the village "Imidugudu" to allow vulnerable women and youth to access SRH (information and income generating activities and access to health solidarity scheme-mutuelle de sante).



**OUTCOME 7**

Access to and utilization of quality voluntary family planning services by individuals and couples increased according to reproductive intention

Percentage of SDPs offering at least 3 modern methods of contraception

Family planning included in protocols for the provision of post-partum and post-abortion care

UNFPA's contribution to increasing the access to, and utilization of, quality voluntary family planning services

CO's overall contribution to this outcome

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**Percentage of service delivery points (SDPs) offering at least three modern methods of contraception**
**At the National Level**

Latest Indicator Value	Greater than or equal to 75.0 %
Year of data	2007
Source of data	Ministry of Health
Comments	In Rwanda there are 498 service delivery point of which 60% are public. These offer all the modern contraceptives. From the remaining 40% of the SDP, which are runned by different religious churches, at about 15 offers family planning outreach activities.

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**Family planning included in protocols for provision of post-partum and post-abortion care**
**Post-partum care:**

Protocol Status	No Protocol
Protocol includes family planning?	( ) Yes   ( ) No
Comments:	in the strategic plan on Maternal Mortality Reduction (MMR) which still a draft, there is a chapter on post-partum care. It's the intention of the MoH that a separate protocol on post partum care will be developed.

**Post-abortion care:**

Protocol Status	No Protocol
Protocol includes family planning?	( ) Yes   ( ) No
Comments:	In the strategic plan on MMR, that isn't completed yet, there's a chapter on post abortion care. The MoH wishes to have developed a separate protocol on post abortion care.

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**UNFPA's contribution to improving the access to, and utilization of, quality voluntary family planning services in 2007**

Please indicate whether the CO has been working towards the following aims:

Aim	Scope of CO intervention	Impact/ Progress assessment/ Good practice examples
Increased national capacity to expand the range of contraceptive methods and promote new methods	Major	UNFPA is member of the family planning working group, a government lead technical group that meets monthly, with on the agenda RH and especially Family planning issues. In collaboration with partners we elaborated training on RH (incl.FP) for service providers. UNFPA works to ensure that service providers received adequate training. IEC/BCC materials were developed and disseminated countrywide. Condoms procurement and many distribution points have been supplied by CO. technical support have been provided to develop long-term a procurement plan which analyze needs and gap. Outreach programmes to the rural communities have been provided in our zones of intervention to ensure that vulnerable women and youth access SRH services using peer education methodology.
Promote condoms and support to their provision	Major	
Increased national capacity to develop/update family planning protocols/guidelines and integrate them within the health system	Major	
Increased capacity of service providers to deliver quality, comprehensive family planning counselling, including HIV/AIDS prevention	Major	
Promote voluntary counselling and testing (VCT) and prevention of mother-to-child (PMTCT) transmission within health services	Major	
<b>Overall</b>	Major	

CO's contribution to Access to and utilization of quality voluntary family planning services by individuals and couples increased according to reproductive intention

UNFPA works in 7 out of the 30 districts in Rwanda. In these zones, we trained health providers on several issues of family planning. Training on procurement and stockage of contraceptives and training on Reproductive Health. UNFPA provided modern contraceptives nationwide and the use of these methods is increasing due a large ongoing promotion campaign of the government as well as due to an improved offer of services on family planning. In order to support the government effort for promoting FP, UNFPA contributed to the development and dissemination of IEC/BCC materials on Family planning. Also medical record files on family planning for users were printed and distributed with UNFPA financial support. using outreach programme for youth and women ana empowering them

...economically raised prevalence rate of use of contraceptives.

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**OUTCOME 8**

**Demand, access to and utilization of quality HIV and STI prevention services, especially for women, young people, and other vulnerable groups, including populations of humanitarian concern increased**

UNFPA's contribution to improving the demand, access to, and utilization of quality HIV/AIDS and STI prevention services

HIV/AIDS Information

CO's overall contribution to this outcome

### UNFPA's contribution to improving the demand, access to and utilization of quality HIV/ AIDS and STI prevention services in 2007

Please indicate whether the CO has been working towards the following aims:

Aim	Scope of CO intervention	Impact/ Progress assessment/ Good practice examples
Advocacy for policy and programme actions for rights-based SRH for people living with HIV	Moderate	1. Rights for people living with HIV/AIDS are recognize in all our interventions. CO provided technical and financial support to the Commission of Aids Control (CNLS-Commission de Lutte Contre le Sida) to conduct the Aids campaign. CO supported also a PMTCT survey through PAF fund. During the annual partnership forum, the CO office facilitated the Aids competence, prevention model. Peer to peer network for youth and women were formed in 107 associations for the prevention again AIDS and GBV. 2. Condom programming led by the government, the CO is key partner of the Ministry of Health (MoH) in the procurement of condoms and others contraceptives and medical equipment 3. CO is supporting two youth friendly clinics, in two provinces out of 4 provinces, for young people and they are offering VCT and access to contraceptives to youth and couples. 4. CO has partnership with religious forum called "Réseau des Confessions Religieuses sur le SIDA (RCLS)". This network conducted SRH campaign and training for youth in their churches and Mosquée (Muslim, catholic and protestant are part of the network); 5. With the support of Monaco, CO supported sex workers (186) in accessing SRH/PMTCT/VCT. This group has been empowered economically with income generating activities
Increased national capacity for condom programming	Major	
Increased national capacity to develop/update HIV/AIDS protocols/guidelines and integrate them within the health system	Moderate	
Advocacy for the inclusion of young people into HIV/AIDS policies and programmes at national, regional and grassroots levels	Major	
Expanding partnerships with, and building the capacity of, networks involving women, young people, sex workers and people living with HIV	Moderate	
Increased capacity of community-based organisations working with sex workers for addressing harm reduction and vulnerabilities	Moderate	
Promoting the integration of SRH and HIV/AIDS in programmes and health service delivery	Moderate	
<b>Overall</b>	Moderate	

### HIV/AIDS Information

#### Is there a National HIV/AIDS Policy/ Strategy?

(x) Yes ( ) Being developed ( ) No

#### Comments:

The national HIV/AIDS policy and strategy has been developed by the CNLS (Comité Nationale pour la Lutte contre SIDA). UNFPA is member of task force and meeting is scheduled every month. In the development of the ONE UN programme, UNFPA is co-chairing with UNAIDS in the workgroup on HIV/AIDS

### Policies

#### Policy

Type	Policy: HIV/AIDS
Name	Plan Stratégique Nationale Multisectorielle de lutte contre le VIH et le SIDA
Status	Exists: currently being implemented
Cycle	1

<b>Validity</b>	Approved/adopted: (year) Effective From: 2005 (year) To: 2009 (year)			
<b>At which level is the Policy operative ?</b>				
<b>Description</b>	Comme les jeunes et adolescents constituent près de 67% de la population du Rwanda, le plan stratégique met un accent particulier sur la prévention du VIH parmi ce groupe cible. Ce plan insiste notamment sur: - le développement des clubs anti SIDA pour renforcer les connaissances sur le VIH - la promotion de la mise en place des associations des jeunes/adolescents vivant avec le VIH - l'enseignement des mesures de prévention dans les écoles - la promotion des VCT - la promotion de l'utilisation des préservatifs			
<b>Does the Policy cover the following areas:</b>				
<b>Area</b>	<b>Covered</b>			<b>Comments</b>
	<b>Yes</b>	<b>No</b>	<b>Cannot assess</b>	
Young people	(x)	( )	( )	
Sex workers	(x)	( )	( )	
Indigenous peoples	(x)	( )	( )	
Condom Programming	(x)	( )	( )	
Linking SRH and HIV	( )	( )	(x)	
<b>Comments</b>				

**Government HIV/ AIDS allocations for young people**

What was the total government allocation for HIV prevention, treatment, and care for young people aged 15-24 in 2007? (USD)

Allocation as a proportion of the total HIV/ AIDS budget(%)      USD 21,097,858

If you cannot provide the above data, is there any other information available on national resource allocation / expenditure on HIV/ AIDS and young people

The issue of youth allocation is difficult to assess. Data are not easy to find at this stage. But there is a network of youth against (Conseil national de de la jeunesse) HIV and AIDS and they are receiving government support. UNFPA supported also the peer educators for the outreach programme in rural areas

Comments

**UN Joint Programming on HIV/AIDS:**

In 2007, was joint programming (among UNFPA and other UN partners) under implementation?      (x) YES ( ) NO

If yes, please state in what area(s):

Is the UNFPA country office represented within the UN Joint Team on HIV/AIDS?      (x) YES ( ) NO

If yes, in what area(s) is UNFPA the lead or main partner per the country-level adapted Division of Labour:

Lead:      Leading HIV prevention

Main partner:      Information and condoms procurement

Please indicate if the Joint Programme of Support to the national response addresses the following areas:

HIV prevention and young people  
 Vulnerability reduction and HIV prevention for women  
 Strengthening/operationalizing SRH and HIV linkages  
 Support for comprehensive condom programming  
 HIV and sex work

CO's contribution to Demand, access to and utilization of quality HIV and STI prevention services, especially for women, young people, and other vulnerable groups, including populations of humanitarian concern increased

UNFPA contributed in the increase of demand, access and utilisation of quality HIV and STI prevention services. Through the programme with the MoH, we trained service providers to integrate HIV prevention in the offered SRH services. Condom distribution done in all the service delivery points that UNFPA support and the project with the local IPPF affiliated (ARBEF) provides VCT (youth friendly) and ASRH services. Poor youths that were transferred to a VCT center were supported by UNFPA. Vulnerable groups including commercial sex workers are economically empowered to allow them access SRH and are working also as peer educators for sensitization campaign.

**OUTCOME 9**

**Access of young people to SRH, HIV and gender-based violence prevention services, and gender-sensitive life skills-based SRH education improved as part of a holistic multisectoral approach to young peoples development**

Percentage of secondary schools that have adopted gender-sensitive RH curriculum

CO's overall contribution to this outcome

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**Percentage of secondary schools that have adopted gender-sensitive RH curriculum, including HIV/AIDS**
**At the National Level**

Latest Indicator Value	Between 50.0 and 70.0 %
Year of data	2006
Source of data	Family Planning Policy 2006. UNFPA Action plan for 2007(OMP).
Comments	The FP policy recommended the integration of gender-sensitive, sensitive RH curriculum, including HIV/AIDS. Also during 2007, UNFPA further supported the MOE curriculum development center to identify areas for integration of population issues in curricula of primary and secondary schools (included POp/FLE, gender,HIV/AIDS prevention and other life skills needed by young people). As the teaching modules are planned to be used this will make all the children in secondary schools access gender sensitive ,life skills,and SRH education.

**UNFPA's contribution to increasing the access to gender-sensitive, life skills-based SRH in secondary schools in 2007**

Please indicate whether the CO has been working towards the following aims:

Aim	Scope of CO intervention	Impact/ Progress assessment/ Good practice examples
Policy dialogue to promote young people's access to gender-sensitive, life skills-based SRH education	Major	During 2007,UNFPA contributed in incorporating gender sensitivity,SRH, HIV/AIDS and other related life skills in the Primary and Secondary school curricula , with particular focus on the ASRH issues.
Technical assistance to increase national capacity to develop/ update gender-sensitive SRH school curricula	Moderate	
Technical assistance for increasing national capacity for human resource planning and gender-sensitivity training of teachers and school administrators	Moderate	
Technical assistance to increase national capacity to monitor and evaluate SRH education in schools	Moderate	
<b>Overall</b>	Moderate	

CO's contribution to Access of young people to SRH, HIV and gender-based violence prevention services, and gender-sensitive life skills-based SRH education improved as part of a holistic multisectoral approach to young people's development

UNFPA supports 3 youth centers where ASRH campaign undertaken (including HIV-prevention and GBV-prevention) to the visitors of the centres. Due to a network with peer-educators, these messages were transmitted up to the grassroots level. After receiving information, youths with questions on ASRH related items could be referred to a youth friendly clinic or received a note and be transferred to a nearby health center where the majority of health providers have been trained on youth friendly services by UNFPA. At the same time, UNFPA supported also a revision of the curricula of the primary, secondary and high schools to integrate RH, gender and populationand development. Gender sensitivity is part of the comprehensive package for the youth centres.

**GENDER EQUALITY****OUTCOME 10**

**Gender equality and the human rights of women and adolescent girls, particularly their reproductive rights, integrated in national policies, development frameworks and laws**

Reproductive rights of women and adolescent girls incorporated in national human rights protection systems

Reproductive rights of women and adolescent girls incorporated in laws, including in emergency and post emergency contexts

Implementation of Resolution 1325 in conflict and post conflict

UNFPA's contribution to incorporating/ enforcing reproductive rights in laws, including in conflict and post conflict

Reproductive rights incorporated in CEDAW and related protocols reporting

CO's overall contribution to this outcome

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**Reproductive rights of women and adolescent girls incorporated in national human rights protection systems**

Do government agencies promote

reproductive rights (RRs) of women and adolescent girls?	yes
Is RRs protection explicit in the mandate of courts, judiciary and law enforcement as well as ombudsman, national human rights commission?	Yes
Do judicial procedures exist for individuals to effectively claim their RRs and adequately address RRs violations?	Yes
Are there civil society groups, plus an independent media, strongly supporting RRs protection?	Yes

Reproductive health and rights is a higher priority for the government. Family planning is going to be in all curricula from primary school to universities. Adolescent needs are recognized in the protection system. Equal rights for women, men, girls and boys are guaranteed in the constitution and other laws and codes. There are quite a number of institutions and structures promoting human rights and gender: 1. Establishment of Ministry of Gender and Family Promotion; 2. Establishment of a National Women's Council for strong advocacy and civic education at the grassroots level; 3. Establishment of Permanent Secretariat to follow up the Beijing Platform of Action and to promote and monitor progress in the 12 critical areas; 4. Ratification and adoption of the CEDAW 5. Enactment of law No. 22/99 of 12/11/1999 on Matrimonial Regimes, Liberties and Successions 6. Enactment of law No. 27/2001 of 28/04/2001 related to the protection of children against violence 7. Preventive and punitive measures taken to fight the upsurge of violence against children 8. GBV desk at the National Police and Ministry of Defense charged to carry out quick investigations and tracing perpetrators of acts of sexual violence 9. Introduction of law of 30/08/96 within the context of punishing perpetrators of genocide and other crimes associated with it placing perpetrators of sexual torture and others found guilty of rape or sexual torture in category 1 of crimes and liable to death sentence or life imprisonment; for sexual violence against adult women committed outside the genocide- 5 years imprisonment for any type of rape (article 360 (1); death sentence if rape led to death of victim (360 (3); physical violence against women irrespective of perpetrator-husband or third party-provides for sentence ranging from temporary to life imprisonment or even death sentence depending on nature of crime; sentence provided for rape can also apply to husbands if they commit sexual violence against their wives; offense of indecent assault is also triable under penal code (article 359)

#### Laws that incorporate the reproductive rights of women and adolescent girls, including in emergency and post-emergency contexts

Are there any laws that incorporate the reproductive rights of women and adolescent girls, including in emergency and post-emergency contexts?

(x) Yes ( ) Being developed ( ) No

Comments:

1. A reproductive health and family planning which are gender responsive have been approved. There is a draft of strategic plan for the reduction of maternal mortality. Sensitization campaigns have been conducted and the UNSCR 1325 have been disseminated by Beijing Secretariat, there still an issue of awareness in the region if we can see what is going on in Kenya and DRC our neighbors Ratified and existing laws: 1. Ratifying and adoption of the CEDAW 2. Enactment of law No. 22/99 of 12/11/1999 on Matrimonial Regimes, Liberties and Successions 3. Enactment of law No. 27/2001 of 28/04/2001 related to the protection of children against violence 4. Preventive and punitive measures taken to fight the upsurge of violence against children 5. GBV desk at the National Police and Ministry of Defense charged to carry out quick investigations and tracing perpetrators of acts of sexual violence 6. Introduction of law of 30/08/96 within the context of punishing perpetrators of genocide and other crimes associated with it placing perpetrators of sexual torture and others found guilty of rape or sexual torture in category 1 of crimes and liable to death sentence or life imprisonment; for sexual violence against adult women committed outside the genocide- 5 years imprisonment for any type of rape (article 360 (1); death sentence if rape led to death of victim (360 (3); physical violence against women irrespective of perpetrator-husband or third party-provides for sentence ranging from temporary to life imprisonment or even death sentence depending on nature of crime; sentence provided for rape can also apply to husbands if they commit sexual violence against wife; offense of indecent assault is also triable under penal code (article 359)

#### Laws

##### Law

Type	Law: Trafficking/Sexual exploitation
Name	Law n° 27/2001
Status	Exists: implemented or functional
Validity	Approved/adopted: (year) Effective From: 2001 (year) To: (year)
At which level is the Law operative ?	National
Description:	The 28 April 2001 law n° 27/2001 was voted in respect of the rights and protection of children against sexual and other violence.
What are the main achievements and main	Rwanda has 27% of orphans. Many children are headed houses and are poor. Government is will to

<b>obstacles for the implementation of the law r</b>	support UVC, we have a ministry of gender and family promotion in charge of UVC.
<b>Does the law guarantee the access of SRH information and services for the marginalized/ excluded/ minority populations?</b>	Yes
<b>How effective is the Law overall in promoting reproductive rights</b>	Effective
<b>Comments</b>	The legislation from the transitional period, women parliamentarian played a significant role in advancing the 2001 Law on Rights and Protection of the Child Against Violence. This law defines a child as anyone under the age of 18 and lays out both the rights and responsibilities of children. It criminalizes murder, rape, the use of children for dehumanizing acts, exploitation, neglect and abandonment, and forced or premature (before the age of 21) marriage

## Law

<b>Type</b>	Law: Constitution
<b>Name</b>	Rwanda 2003 Constitution
<b>Status</b>	Exists: implemented or functional
<b>Validity</b>	Approved/adopted: 2003 (year) Effective From: 2003 (year) To: (year)
<b>At which level is the Law operative ?</b>	National
<b>Description:</b>	The constitution reaffirms its commitment on human rights principles as defined by the UN on 26 June 1945; The human right declaration on 10 Dec. 1948 ect.. Ensure equal rights between rwandan, women and men respecting the gender approach. Every one has the right to the nationality. Women and men have the same right to vote and be voted. All women and men have the rights to protection. Rwanda is a monogamic regime. Rights to marriage at 21 years old. A constitutional guarantee was achieved in 2003 by the appointment of women to 30% of posts. The lower house is the Chamber of Deputies. There are 80 members serving five-year terms, 53 of whom are directly elected to represent political parties in a proportional representation system. The additional seats are contested in the following manner: 24 members are elected by women from each province and the capital city of Kigali, two are elected by the National Youth Council, and one is elected by the Federation of the Associations of the Disabled. The 24 seats that are reserved for women are contested in women-only elections; that is, only women can stand for election and only women can vote
<b>What are the main achievements and main obstacles for the implementation of the law?</b>	Low capacity development of women in general.
<b>Does the law guarantee the access of SRH information and services for the marginalized/ excluded/ minority populations?</b>	Yes right to live free and access for all services
<b>How effective is the Law overall in promoting reproductive rights</b>	Effective
<b>Comments</b>	Based on the above mentioned constitution guarantee women were elected of 48.8% of seats. these are the result of specific mechanisms used to increase womens political participation, among them a constitutional guarantee, quota system, and innovative electoral structures.

## Law

<b>Type</b>	Law: Gender equity and equality
<b>Name</b>	Enactment of law No. 22/99 of 12/11/1999 on Matrimonial Regimes, Liberties and Successions
<b>Status</b>	Exists: partially implemented or functional
<b>Validity</b>	Approved/adopted: 1999 (year) Effective From: 1999 (year) To: (year)
<b>At which level is the Law operative ?</b>	National
<b>Description:</b>	The law on Matrimonial Regimes, Liberties and Successions gives equal rights to inherit for women and men. Girls and boys have the same rights to access land and all resources from their parents.
<b>What are the main achievements and main obstacles for the implementation of the law?</b>	Achievements: women who are aware can revendicate their rights, but ignorance and culture barriers are impeding the main achievement
<b>Does the law guarantee the access of SRH</b>	Somehow

Information and services for the marginalized/ excluded/ minority populations?	
How effective is the Law overall in promoting reproductive rights	Effective
Comments	The law have been translated in local languages and when women are sensitized they are able to claim their rights.

### Implementation of Resolution 1325 in conflict and post conflict

Was your country in a situation of conflict or post-conflict in 2007? (x) Yes ( ) No

If yes, please supply the following information:

1 Was the implementation of the SC Resolution 1325 led by the Resident Coordinator and the UNCT? (x) Yes ( ) No

2 Was the implementation of the SC Resolution 1325 promoted by the Government and the NGOs in the country? (x) Yes ( ) No

3 To what extent was the implementation of SC Resolution 1325 respected during the conflict and post-conflict:

Respect for international law, as applicable to women and girls, including protection of Human Rights Cannot assess

Special measures to protect women and girls from gender-based violence and other forms of violence in situations of armed conflict Cannot assess

An end to impunity, including for those responsible for committing sexual violence against women and girls Full

Respect for the civilian and humanitarian character of refugee camps Full

The integration of the SRH needs of women and girls into the design of refugee camps Full

Comments:

1. The UN SCR 1325 has been approved after the 1994 genocide. With the support of the Ministry of Gender, the Beijing Secretariat unit implemented the above UNSCR but a lot need to be done to raise awareness of women. The resolution has been translated in local language and disseminated at all level by women associations and by the Beijing secretariat.

### UNFPA's contribution to incorporating/ enforcing reproductive rights in laws, including in conflict and post conflict situations in 2007

Please indicate whether the CO has been working towards the following aims:

Aim	Scope of CO intervention	Impact/ Progress assessment/ Good practice examples
Strengthen national capacity to implement/enforce policies and laws to guarantee reproductive rights	Major	1. The CO supported the implementation of gender policy in all setting from 2004-2007, the policy have been translated in local language and disseminated. A strategic plan for gender exists and will be approved in 2008. We contributed to the development of the family policy 2007. A document related to remaining discriminatory law have been developed with the support of CO and transmitted to the Prime Minister is office for examination and approval. 2. UNFPA Rwanda supports the gender desk at the national policy to allow an rapid responses to the reported cases of violence (transportation and training of policemen. 3. We supported marginalized people including commercial sex workers in the villages (imidugudu population) to access SRH services, have a health scheme and income generating activities to empower the marginalized women and young people (over 30,000 people supported in SRH services in the 7 districts, 107 associations formed to allow health providers to give outreach SRH programmes).
Promoting the formulation of special interventions/programs to integrate reproductive rights into the national human rights protection system	Moderate	
Building the capacity of, and partnering with, civil society groups to advocate for reproductive rights	Major	
Advocating for adequate resources allocation/ expenditure to implement/enforce policies and laws	Major	
Promoting reproductive rights and GBV prevention in preparedness, emergency and post-emergency situations, including as part of follow-up to SC Resolution 1325	Moderate	
Promoting the involvement of, and building the capacity of, grassroots women's organisations in programme formulation, monitoring and	Moderate	



evaluation in situations of conflict and post-conflict	
<b>Overall</b>	Moderate

## Reproductive rights incorporated in CEDAW and related protocols reporting

Please report on the incorporation of RRs in the latest CEDAW report prepared since 2000:

### Report

remove

<b>Type</b>	CEDAW REPORT
<b>Name</b>	RAPPORT UNIQUE VALANT IV ème, Vème ET VIème RAPPORTS SUR LA MISE EN OEUVRE DE LA CONVENTION SUR L'ELIMINATION DE TOUTES LES FORMES DE DISCRIMINATION A LEGARD DES FEMMES_____
<b>Status</b>	Prepared
<b>Report Date</b>	01/07/2007

### Discussion of reproductive rights issues in this CEDAW report:

	Extent of discussion	Comments
Origin of funding (public/ private) of SRH services	Comprehensive	
Policies/ strategies for maternal health and family planning	Partial	
Rights in accessing SRH information and services	Comprehensive	
SRH service provision for married and unmarried adolescents	Comprehensive	
Gender based violence	Comprehensive	
Harmful traditional practices, including female genital mutilation/ cutting	Partial	
Other		

Was there sound discussion of where insufficient progress has been made in ensuring universal access to SRH, and the efforts needed to improve the SRH of women and girls? (x) Yes | ( ) No

Please explain:

Somehow, the issue of SRH, family planning was raised

## UNFPA's contribution to promoting the incorporation of reproductive rights in CEDAW and related protocols reporting

Aim	Scope of CO intervention	Impact/ Progress assessment/ Good practice examples
Providing technical support during the preparation of the CEDAW report to ensure adequate inclusion of SRH and reproductive rights	Moderate	-Technical support has been given to Beijing Secretariat to allow the preparation of the unique report representing IV, V and VI CEDAW report (1994-2005) - Existing UN-Taskforce under the leadership of UNFPA and UNIFEM. Again both agencies are members of existing steering committee in fighting against gender based violence and the existing Gender cluster.
Partnering with civil society groups to ensure full dissemination CEDAW concluding comments	Major	
Advocacy, in partnership with the UNCT, to promote the government's action to address the CEDAW concluding comments	Major	
<b>Overall</b>	Major	

CO's contribution to Gender equality and the human rights of women and adolescent girls particularly their reproductive rights integrated in national policies development frameworks and laws

1. The CO supported the implementation of gender policy in all setting, the policy have been translated in local language and disseminated. The CO also supported the development of reproductive health policy. We contributed to the development of the family planning policy and its strategy. This has put the SRH and gender issues on the national agenda and in the EDPRS. Document discribing the remaining discriminatory laws and family code have been developed and under approval at premier minister is office. UNFPA Rwanda supports the gender desk at the national policy to allow emergency responses to the reported cases of violence. We supported marginalized people including commercial sex workers in the villages (imidugudu population) to access SRH, have a health scheme and income generating activities. A family Planning policy which is gender responsive has been approved 3. Enactment of law No. 22/99 Of 12/11/1999 on Matrimonial Regimes, Liberties and Successions 4. Enactment of law No. 27/2001 of 28/04/2001 related to the protection of children against violence Genocide and other crimes associated with it placing perpetrators of sexual torture and others found guilty of rape or sexual torture in category 1 of crimes and liable to death sentence or life imprisonment; for sexual violence against adult women committed outside the genocide- 5 years imprisonment for any type of rape (article 360 (1); death sentence if rape led to death of victim (360 (3); physical violence against women irrespective of perpetrator-husband or third party-provides for sentence ranging from temporary to life imprisonment or event death sentence depending on nature of crime; sentence provided for rape can also apply to husbands if they commit sexual violence against wife; offense of indecent assault is also triable under penal code (article 359) 5. The UN SCR 1325 has been approved after the 1994 genocide. With the support of the Ministry of Gender, the Beijing Secretariat unit implemented the above UNSCR. The resolution has been translated in local

language and disseminated at all level by women associations and by the Beijing secretariat. Sensitization campaign has been conducted in the Country. 6. The CO supported the implementation of gender policy in all setting, the policy have been translated in local language and disseminated. The CO also supported the development of reproductive health policy. We contributed to the development of the family planning policy and its strategy. 7. UNFPA Rwanda supports the gender desk at the national policy to allow emergency responses to the reported cases of violence. 8. We supported marginalized people including commercial sex workers in the villages (imidugudu population) to access SRH, have a health scheme and income generating activities. 9 Technical support has been given to Beijing Secretariat to allow the preparation of the 3 year CEDAW report (2004-2006) 10 Support to Profemme to allow the dissemination of CEDAW report and other laws promoting Gender equality. 11 Existing UN-Taskforce under the leadership of UNFPA and UNIFEM.

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**OUTCOME 11**

**Gender equality, reproductive rights and the empowerment of women and adolescent girls promoted through an enabling sociocultural environment that is conducive to male participation and the elimination of harmful practices**

UNFPA's contribution to eliminating harmful practices and promoting male participation in gender equality and reproductive rights

CO's overall contribution to this outcome

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**UNFPA's contribution to eliminating harmful practices and promoting male participation in gender equality and reproductive rights in 2007**

Please indicate whether the CO has been working towards the following aims:

Aim	Scope of CO intervention	Impact/ Progress assessment/ Good practice examples
Developing good practices and models for effective male participation in SRH and reproductive rights programming	Moderate	Leadership role of the president of Rwanda brought a big impact. Men are becoming gender sensitive. Male involvement during the Population day, UNFPA did a newsletter in local language to raise awareness. In some districts, people received awards because they accompanied their wives to the hospital. CO supported the FBO to sensitize their believers in SRH and use of contraceptive. Some youth clubs have been created in churches. GBV campaign has been conducted in church 2,000 women and men have been sensitized FGM does not exist in Rwanda
Building capacity of, and partnering with, civil society groups including faith-based organisations (FBOs) for the formulation/implementation of programmes that involve working with men and boys	Major	
Building capacity of, and partnering with, civil society groups including faith-based organisations (FBOs) for the promotion of women's rights and elimination of harmful practices, including FGM/C	Major	
Advocating for adequate resources allocation/ expenditure by the government in support of national programmes/actions to promote women's rights and eliminate harmful practices, including FGM/C	Moderate	
Promoting regular data collection on FGM/C prevalence	None	
Promoting the involvement of, and partnering with, civil society in the monitoring and evaluation of national programmes/actions that involve working with men and boys, promoting women's rights and eliminating harmful practices	Moderate	
<b>Overall</b>	Moderate	

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CO's contribution to Gender equality, reproductive rights and the empowerment of women and adolescent girls promoted through an enabling socio-cultural environment that is conducive to male participation and the elimination of harmful practices

CO supported the FBO to sensitize their believers in SRH and use of contraceptive. Some youth clubs have been created in churches. GBV campaign has been conducted in church 2,000 women and men have been sensitized Women have been empowered economically (income generating activities) to allow them access SRH services and give them power to negotiate safe sex. FGM does not exist in Rwanda

**OUTCOME 12**

Human rights protection systems (including national human rights councils, ombudspersons, and conflict-resolution mechanisms) and participatory mechanisms are strengthened to protect the reproductive rights of women and adolescent girls, including the right to be free from violence

Civil society partnerships actively promoting the inclusion of reproductive health, gender equality, women and girl's empowerment and reproductive rights in human rights protection systems

CO's overall contribution to this outcome

**Civil society partnerships actively promoting the inclusion of reproductive health, gender equality, women and girl's empowerment and reproductive rights in human rights protection systems**

Are there any civil society partnerships actively promoting SRH, RRs, and gender issues in your country?

(x) Yes ( ) Being developed ( ) No

Comments:

We have PROFEMME TWESE HAMWE promoting gender issues; ARBEF, promoting access sexual and reproductive health services; UNITY CLUB: promoting women and men alliance in decision making positions; IMBUTO FOUNDATION: promoting young women in leadership positions; FFRP: Women parliamentarian promoting gender responsive laws; National Women Council: Promoting women rights at all level; National Youth Council: Promoting youth rights at all level

**Partnerships**
**Partnership**

<b>Type</b>	Partnership: CSO/NGO - Gender equity and equality/ RR		
<b>Name</b>	Collectif Pro-Femmes/Twese Hamwe		
<b>Status</b>	Exists: implemented or functional		
<b>Validity</b>	Approved/adopted: 1992 (year) Effective From: 1992 (year) To: (year)		
<b>At which level is the partnership operative ?</b>	Local/Municipal		
<b>Partnership description:</b>	Starting with 13 member groups, the umbrella network Pro-Femmes Twese Hamwe ('For Women, All Together') was founded in 1992 as a response to the immediate crisis of ethnic violence in Rwanda, and has grown in numbers and scope over the past decade. Now nearly 51 women's organizations across Rwanda are joined together to focus on bringing peace and stability to their country and to eradicate all forms of discrimination against its women.		
<b>Who are the main partners and what is the extent of their engagement in the partnership?</b>	<b>Partner Type</b>	<b>Names of partners</b>	<b>Extent of engagement</b>
	Government Agencies		
	Education and Research institutions		
	Women's NGOs		
	Youth's NGOs		
	Pro-poor NGOs		
	UN Agencies		
	Multi and bilateral international organizations		
	Private Sector		
	Religious Groups		
	UNFPA		
<b>How effective is the partnership overall in promoting gender issues and RRs?</b>	Effective		
<b>Comments</b>	From 1999, UNFPA is supporting this umbrella to integrate RHR in gender. PROFEMME has a network of women activists trained by UNFPA		

**Partnership**

<b>Type</b>	Partnership: CSO/NGO - Health																																			
<b>Name</b>	Network of Health Animators																																			
<b>Status</b>	Exists: implemented or functional																																			
<b>Validity</b>	Approved/adopted: (year) Effective From: 1995 (year) To: (year)																																			
<b>At which level is the partnership operative ?</b>	Community																																			
<b>Partnership description:</b>	The network is set up to bridge the gap between the health professional service providers and the communities, and to make the entire health care sector much more community-based.																																			
<b>Who are the main partners and what is the extent of their engagement in the partnership?</b>	<table border="1"> <thead> <tr> <th>Partner Type</th> <th>Names of partners</th> <th>Extent of engagement</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>Government Agencies</td> <td></td> <td></td> <td rowspan="10"></td> </tr> <tr> <td>Education and Research institutions</td> <td></td> <td></td> </tr> <tr> <td>Women's NGOs</td> <td></td> <td></td> </tr> <tr> <td>Youth's NGOs</td> <td></td> <td></td> </tr> <tr> <td>Pro-poor NGOs</td> <td></td> <td></td> </tr> <tr> <td>UN Agencies</td> <td></td> <td></td> </tr> <tr> <td>Multi and bilateral international organizations</td> <td></td> <td></td> </tr> <tr> <td>Private Sector</td> <td></td> <td></td> </tr> <tr> <td>Religious Groups</td> <td></td> <td></td> </tr> <tr> <td>UNFPA</td> <td></td> <td></td> </tr> </tbody> </table>	Partner Type	Names of partners	Extent of engagement	Comments	Government Agencies				Education and Research institutions			Women's NGOs			Youth's NGOs			Pro-poor NGOs			UN Agencies			Multi and bilateral international organizations			Private Sector			Religious Groups			UNFPA		
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<b>How effective is the partnership overall in promoting gender issues and RRs?</b>																																				
<b>Comments</b>	The PRSP health matrix is also giving much attention to the potential of this network to reach out to the civil society																																			

### Partnership

<b>Type</b>	Partnership: CSO/NGO - Health																										
<b>Name</b>	ARBEF-Association Rwandaise pour le Bien Etre Familial																										
<b>Status</b>	Exists: implemented or functional																										
<b>Validity</b>	Approved/adopted: (year) Effective From: (year) To: (year)																										
<b>At which level is the partnership operative ?</b>	National																										
<b>Partnership description:</b>	ARBEF is a local NGO affiliated to IPPF offering Sexual and Reproductive Health Services.																										
<b>Who are the main partners and what is the extent of their engagement in the partnership?</b>	<table border="1"> <thead> <tr> <th>Partner Type</th> <th>Names of partners</th> <th>Extent of engagement</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>Government Agencies</td> <td>MoH</td> <td>Comprehensive</td> <td rowspan="7">ARBEF is promoting sexual and reproductive health issues in the country. The running SRH clinics in rural areas. They are the one started youth friendly services in the Country with the support of UNFPA.</td> </tr> <tr> <td>Education and Research institutions</td> <td></td> <td></td> </tr> <tr> <td>Women's NGOs</td> <td>PROFEMME</td> <td>Comprehensive</td> </tr> <tr> <td>Youth's NGOs</td> <td>National Youth Council</td> <td>Partial</td> </tr> <tr> <td>Pro-poor NGOs</td> <td></td> <td></td> </tr> <tr> <td>UN Agencies</td> <td></td> <td>Not in partnership</td> </tr> <tr> <td>Multi and bilateral international organizations</td> <td>GLOBAL FUND &amp; MAP</td> <td></td> </tr> </tbody> </table>	Partner Type	Names of partners	Extent of engagement	Comments	Government Agencies	MoH	Comprehensive	ARBEF is promoting sexual and reproductive health issues in the country. The running SRH clinics in rural areas. They are the one started youth friendly services in the Country with the support of UNFPA.	Education and Research institutions			Women's NGOs	PROFEMME	Comprehensive	Youth's NGOs	National Youth Council	Partial	Pro-poor NGOs			UN Agencies		Not in partnership	Multi and bilateral international organizations	GLOBAL FUND & MAP	
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Religious Groups	RCLS-Reseau des Confessions Religieuses						
UNFPA		Comprehensive					
<b>How effective is the partnership overall in promoting gender issues and RRs?</b>	Effective						
<b>Comments</b>	ARBEF is sensitizing and advocating for the access of universal access to sexual and reproductive health services. They have an outreach programme for women in rural areas.						

### Partnership

<b>Type</b>	Partnership: Network of Parliamentarians for Population and Development																																												
<b>Name</b>	Réseau des Parlementaires Rwandais pour la Population et le Développement (RPRPD)																																												
<b>Status</b>	Exists: implemented or functional																																												
<b>Validity</b>	Approved/adopted: <i>(year)</i> Effective From: 2003 <i>(year)</i> To: <i>(year)</i>																																												
<b>At which level is the partnership operative ?</b>	National																																												
<b>Partnership description:</b>	Le RPRPD a été mis en place avec l'appui technique et financier de l'UNFPA en vue d'assurer l'intégration de question de population dans les lois et politiques																																												
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### UNFPA's contribution to building civil society partnerships to promote SRH, RRs and gender issues in human rights protection systems in 2007

Please indicate whether the CO has been working towards the following aims:

Aim	Scope of CO intervention	Impact/ Progress assessment/ Good practice examples
Building capacity of civil society groups to advocate for reproductive rights and gender equality	Major	UNFPA have been build capacity of women in SCO-PROFEMME TWESE HAMWE to advocate for women's rights including sexual and reproductive rights. UNFPA builded alliance with Unity Club, RPRPD, Ministry of gender to have Sexual and Reproductive Health issues included in the national agenda. The help given to PROFEMME TWESE HAMWE brought many donors to support PROFEMME activities. The majority of women in decision making in Rwanda are from the network of women activists trained by UNFPA and members of PROFEMME TWESE HAMWE (50 women associations)
Expanding coverage of issues addressed by partnerships	Moderate	
Advocating for adequate resources allocation/ expenditure to partnerships promoting reproductive rights and gender equality	Moderate	
Promoting the inclusion of civil		

society partnerships in policy making, monitoring and evaluation	Moderate
<b>Overall</b>	Moderate

---

CO's contribution to Human rights protection systems and participatory mechanisms are strengthened to protect reproductive rights of women and adolescent girls, including the right to be free from violence

CO's support building capacity of the National women council, Ministry of gender, Beijing Secretariat, Unity Club, PROFEMME TWSESE HAMWE among others. The existing laws such as law No. 22/99 of 12/11/1999 on Matrimonial Regimes, Liberties and Successions have been translated in local language and disseminated nationwide with UNFPA support. Gender and RH policies have been developed with the technical and financial support of UNFPA. Technical support to ensure effective design and implementation of GBV: enhance cooperation and coordination on rapid response to GBV victims: motorcycles provided to police national. Trainings to police and medical doctors and health providers ect& Promoting the usage of the GBV IMS: the policy is disseminating data in all setting such as in churches to raise awareness to public. A document of the assessment of remaining discriminatory law has been developed. CO is member of steering committee on GBV

**OUTCOME 13**

Responses to gender-based violence, particularly domestic and sexual violence, expanded through improved policies, protection systems, legal enforcement and sexual and reproductive health and HIV-prevention services, including in emergency and post-emergency situations

National and sub-national mechanisms in place to monitor and reduce gender-based violence

GBV Information Management Systems (IMS)

Access of GBV Survivors to support services (including health, psychosocial, security and legal support)

UNFPA's contribution to promoting mechanisms to monitor and reduce GBV and promote the enforcement of laws against GBV

Gender based violence included in pre- and in-service training of health service providers

CO's overall contribution to this outcome

**National and sub-national mechanism in place to monitor and reduce gender-based violence**

Are there mechanisms to monitor and reduce GBV?  
(e.g. policies, programmes, law enforcement mechanisms, ombudsman's office)

(x) Yes ( ) Being developed ( ) No

Comments:

The Government of the Republic of Rwanda recognizes the role both men and women play in national development. It affirms the enjoyment of all fundamental rights of individuals by citizens of Rwanda with respect to the intents of the United Nations Declaration for Human rights. In article 11 the constitution of the Republic of Rwanda declares that All Rwandans are born and remain free and equal with equal rights and duties. Discrimination of whatever kind based on, inter alia, ethnic, origin, tribe, clan, colour, economic status, culture, language, social status, physical or mental disability or any other form of discrimination is prohibited and punishable by law. The constitution in chapter 2, article 9.4 commits itself to building a state governed by the rule of law, a pluralistic democratic government, and the equality of all Rwandans. The Economic Development Poverty Reduction Strategy; Vision 2020 The National Gender Policy The National Sexual Reproductive Health The National Policy on Orphan Children and Other Vulnerable Children The National Policy for Family Promotion The National Decentralization Policy The National Investment Strategy National Legislation Law on the Rights and Protection of the Child Against Violence Gender desk national police, gender desk to the Ministry; Women civil association-HAGURUKA International Development Goals Millennium Development Goals NEPAD

**Mechanisms****Mechanism**

<b>Type</b>	Policy: GBV
<b>Name</b>	Protocole Nationale de Prise en Charge des Violences Sexuelles
<b>Status</b>	Exists: not yet implemented or functional
<b>Validity</b>	Approved/adopted: (year) Effective From: 2006 (year) To: (year)
<b>At which level is the mechanism operative ?</b>	National
<b>Description, including the way in which the mechanism monitors and/or reduces GBV</b>	Les protocoles de prise en charge médicale des victimes des violences sexuelles ont été adoptées en novembre 2006. Leur utilisation sera précédée par la formation du personnel de santé dans le domaine.
<b>How effective is the mechanism overall in monitoring/reducing GBV ?</b>	Effective

Does the mechanism cover the following areas:

Area	Covered			Comments
	Yes	No	Cannot assess	
Sexual Violence	(x)	( )	( )	
Domestic Violence	(x)	( )	( )	
Trafficking	(x)	( )	( )	
Harmful customary or traditional practices	(x)	( )	( )	

Comments

**Mechanism**



<b>Type</b>	Policy: GBV																									
<b>Name</b>	THE NATIONAL POLICY ON GENDER BASED VIOLENCE AND VIOLENCE AGAINST CHILDREN																									
<b>Status</b>	Under development																									
<b>Validity</b>	Approved/adopted: 2007 (year) Effective From: 2007 (year) To: (year)																									
<b>At which level is the mechanism operative ?</b>	National																									
<b>Description, including the way in which the mechanism monitors and/or reduces GBV</b>	Set against this backdrop the Government of Rwanda has undertaken the elaboration of a National Policy on Gender based Violence and Violence Against Children. The development of the policy, its rationale and definitions, is situated within a national, regional and international context that reflects both a rights-based and protective orientation as well as one that is linked to peace-building and economic development and growth.																									
<b>How effective is the mechanism overall in monitoring/reducing GBV ?</b>	Somewhat effective																									
<b>Does the mechanism cover the following areas:</b>																										
	<table border="1"> <thead> <tr> <th rowspan="2">Area</th> <th colspan="3">Covered</th> <th rowspan="2">Comments</th> </tr> <tr> <th>Yes</th> <th>No</th> <th>Cannot assess</th> </tr> </thead> <tbody> <tr> <td>Sexual Violence</td> <td>(x)</td> <td>( )</td> <td>( )</td> <td rowspan="4">The policy is comprehensive</td> </tr> <tr> <td>Domestic Violence</td> <td>(x)</td> <td>( )</td> <td>( )</td> </tr> <tr> <td>Trafficking</td> <td>(x)</td> <td>( )</td> <td>( )</td> </tr> <tr> <td>Harmful customary or traditional practices</td> <td>(x)</td> <td>( )</td> <td>( )</td> </tr> </tbody> </table>	Area	Covered			Comments	Yes	No	Cannot assess	Sexual Violence	(x)	( )	( )	The policy is comprehensive	Domestic Violence	(x)	( )	( )	Trafficking	(x)	( )	( )	Harmful customary or traditional practices	(x)	( )	( )
Area	Covered			Comments																						
	Yes	No	Cannot assess																							
Sexual Violence	(x)	( )	( )	The policy is comprehensive																						
Domestic Violence	(x)	( )	( )																							
Trafficking	(x)	( )	( )																							
Harmful customary or traditional practices	(x)	( )	( )																							
<b>Comments</b>	Under commission to be approved																									

**GBV information management system (IMS)**

Is there a GBV information management system in the country? (x) Yes ( ) Being developed ( ) No

If yes or being developed, please answer the following questions:

Please give a brief description of the information management system (IMS), including the name of the managing/administrating agency:

UNFPA is supporting the network of women associations PROFEMME TWESE HAMWE which aims to advocate for women rights in the country. Many laws such as Matrimonial regimes, UNSR 1325 have been translated in local language and disseminated by the associations (50) members of PROFEMME. Observance of 16 days campaign: countrywide campaign and tours done by UNFPA and others partners. Motorcycles have been provided to the National Police to allow rapid responses on SGBV. Trainings to police and medical doctors and health providers have been provided; The National Police, the Ministry of Defense, PROFEMME, Men's Network disseminated data in all setting during the 16 days such as in churches to raise awareness to public

In the IMS, is the GBV incident data compiled into a centralized system for analysis of trends and patterns? (x) Yes ( ) No

Does the IMS use a standardized incident report form for cases of GBV? (x) Yes ( ) No

Is data held in the IMS anonymous, and not able to be tracked back to individual survivors and/or service providers? ( ) Yes (x) No

Is the IMS used to generate information on trends and patterns to improve GBV prevention efforts and enhance support services for survivors? (x) Yes ( ) No

Comments: Laws have been implemented and functional. There is a polical will to end violence. But there is low response and low reporting cases. Limited knowledge of population issues among leaders. Lack of adequate care and attention to SGBV psychological cases where police cannot intervene as they only deal with physical evidence.

**Access of GBV Survivors to support services (including health, psychosocial, security and legal support)****GBV Support Services**

Are there qualified health providers in screening, care, and referrals for GBV survivors? YES

Are there comprehensive and appropriate psychosocial support programs for GBV survivors? TO SOME EXTENT

Are police officers and other security/law enforcement agents trained and able to respond appropriately to GBV survivors' needs? TO SOME EXTENT

Comments Service exists except for DNA. National Police men have been trained by UNFP/UNIFEM/UNDP. But they don't have the logistic to cover all the Country. The UN motorcycles donation covered some provinces. There is a hotline but the victims sometimes are asked to provide their own transport when there is no police car.. This can discourage the victims to report. The High level of poverty (56% of population, 66% of women are poor under poverty line).

### UNFPA's contribution to promoting mechanisms to monitor and reduce GBV and promote the enforcement of laws against GBV in 2007

Please indicate whether the CO has been working towards the following aims:

Aim	Scope of CO intervention	Impact/ Progress assessment/ Good practice examples
Technical support to ensure effective design of GBV-related mechanisms	Moderate	UNFPA contributed technically to the development of the GBV law and policy. Support have been given to the National Police since 2006. Women activists from PROFEMME TWESE HAMWE have been trained in gender advocacy. UNFPA supported existing mechanisms (Police, MoH, Ministry of Gender) to ensure effective response. Campaign to raise awareness have been supported by UNFPA/UNIFEM and UNDP with the support of the local government ministry. The campaigns have been conducted in the ITORERO which is a culture centre for initiating rwandese culture to people. In every setting they were about 500 people sensitized from 25 Nov-10 Dec 2007. CO's developed the GBV mapping in the country. The draft is under review and will be disseminated in the second quarter of 2008. Reported victims have been economically empowered with income generating activities in villages where UNFPA is working.
Promoting civil society's involvement in GBV-related mechanisms	Moderate	
Expanding coverage of issues addressed by GBV-related mechanisms	Moderate	
Promoting full implementation of GBV-related mechanisms	Moderate	
Technical support to ensure effective design and implementation of GBV information management systems (GBV IMIS)	Moderate	
Promoting the usage of the GBV IMS for GBV prevention programme design, monitoring and evaluation	Moderate	
Advocating for adequate resources allocation/ expenditure the GBV IMIS	Moderate	
Promoting availability of, and access to, support services (health, psychosocial, security, legal) for the survivors of GBV	Moderate	
<b>Overall</b>	Moderate	

### Gender based violence included in pre- and in-service training of health service providers

	Extent of incorporation				Comments
	Comprehensive	Partial	None	Cannot assess	
GBV included in the national health institute curriculum for SRH service providers	( )	(x)	( )	( )	Health providers protocol for care and support to victims exists and Medical personnel have been trained. Identified areas to include the national health curricula for the SRH services providers (CST come to support the exercise)
GBV included in the national training plan for SRH services providers	(x)	( )	( )	( )	
GBV included in the standard training materials designed to improve skills of SRH service providers	(x)	( )	( )	( )	
Other (please specify: )	( )	( )	( )	( )	

CO's contribution to Responses to GBV, particularly domestic and sexual violence, expanded through improved policies, protection systems, legal enforcement and SRH and HIV prevention services, including emergency/post-emergency situations

UNFPA contributed to the development of the GBV law and policy . Training support have been given to the National Police. Women activists from PROFEMME TWESE HAMWE have been trained in gender advocacy. Technical and financial support have been provided for the 16 days campaign. Support have been provided for the HIV and AIDS campaign. The CO developed the GBV mapping, there is an existing draft. Reported to raise awareness from 25 Nov-10 Dec. Victims have been economically empowered with income generating activities. The CO office developed a document describing the remaining discriminatory laws. CO is part of the Action 2-UN human rights system which is watching and helping national commission of human rights and the UN system to mainstream rights in the daily work. CO supported the development of the Rwanda Action 2 annual work plan

## Supplementary of assessment of potential for changes of the SP 2008-2011 outcome indicators

## Supplementary of assessment of potential for changes of the SP 2008-2011 outcome indicators

Indicator	Trends in the period of 2008-2011	
<b>Focus area: Population and Development</b>		
1. Will a NDP, other than PRS, be developed/ updated during 2008-2012? <i>If yes, please assess the potential/possible changes in the following areas:</i>	Yes	
1a. Incorporation of population dynamics	Increase	If "cannot assess", Please explain:
1b. Incorporation of reproductive health	Increase	If "cannot assess", Please explain:
1c. Incorporation of HIV/AIDS	Increase	If "cannot assess", Please explain:
1d. Incorporation of gender equality	Increase	If "cannot assess", Please explain:
1e. Addressing young people's multisectoral needs	Increase	If "cannot assess", Please explain:
1f. Incorporation of results of studies on emerging population issues	Increase	If "cannot assess", Please explain:
1g. Allocating resources for an essential SRH health package	Increase	If "cannot assess", Please explain:
1h. Using disaggregated data for monitoring	No change	If "cannot assess", Please explain:
2. Will a PRS, be developed/ updated during 2008-2012? <i>If yes, please assess the potential/possible changes in the following areas:</i>	Yes	
2a. Incorporation of population dynamics	Increase	If "cannot assess", Please explain:
2b. Incorporation of reproductive health	Increase	If "cannot assess", Please explain:
2c. Incorporation of HIV/AIDS	Increase	If "cannot assess", Please explain:
2d. Incorporation of gender equality	Increase	If "cannot assess", Please explain:
2e. Addressing young people's multisectoral needs	Increase	If "cannot assess", Please explain:
2f. Incorporation of results of studies on emerging population issues	Increase	If "cannot assess", Please explain:
2g. Allocating resources for an essential SRH health package	Increase	If "cannot assess", Please explain:
2h. Using disaggregated data for monitoring	No change	If "cannot assess", Please explain:
3. Resources allocation to ICPD activities	Increase	If "cannot assess", Please explain:
4. Incorporation of young people's needs in emergency preparedness, crisis response and recovery programmes	Increase	If "cannot assess", Please explain:
5. Will the country undertake household/thematic survey with ICPD related data in 2008-2011?	Yes	"If yes, please specify time-frame/ year(s) of survey undertaking: 2012 planned 4th National population census If "cannot assess", please explain:
<b>Focus area: Reproductive health</b>		
1. Implementation of Minimum Initial Service Package in humanitarian crisis and post-crisis situations	Increase	If "cannot assess", Please explain:
2. Proportion of SRH/RR assistance in the overall ODA and humanitarian assistance	No change	If "cannot assess", Please explain:
3. Demand for family planning	Increase	If "cannot assess", Please explain:  If 'increase', please specify: More than 10%
4. Proportion of births attended by skilled health personnel	Increase	If "cannot assess", Please explain:  If 'increase', please specify: More than 10%
5. Caesarean sections as a proportion of all births	Increase	If "cannot assess", Please explain:  If 'increase', please specify: More than 10%
6. Contraceptive prevalence rate - modern methods	Increase	If "cannot assess", Please explain:  If 'increase', please specify: 5 - 10%
7. % of SDPs offering at least 3 modern methods of contraception	Increase	If "cannot assess", Please explain:  If 'increase', please specify: More than 10%
8. % of SDPs offering at least 3 reproductive health services	Increase	If "cannot assess", Please explain:  If 'increase', please specify: More than 10%
9. Family planning included in protocols for provision of post-partum and post-abortion care	Increase	If "cannot assess", Please explain:  If 'increase', please specify: 5 - 10%
10. % of young women and men aged 15-24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission	Increase	If "cannot assess", Please explain:  If 'increase', please specify: More than 10%
11. Condom use at last high risk sex	Increase	If "cannot assess", Please explain:  If 'increase', please specify: More than 10%
12. % of most-at-risk populations reached with HIV prevention programmes	Increase	If "cannot assess", Please explain:

13.	% of HIV positive pregnant women who receive anti-retrovirals to reduce the risk of mother-to-child transmission	Increase	If "cannot assess", Please explain:  If 'increase', please specify: More than 10%
14.	Provision of essential service package for young people including marginalized and excluded groups	Improvement	If "cannot assess", Please explain:
15.	% of secondary school curricula including gender sensitive, life skills based SRH and HIV prevention	Increase	If "cannot assess", Please explain:  If 'increase', please specify: 5 - 10%
<b>Focus area: Gender equality</b>			
1.	Will there be any laws acted/amended that incorporate the reproductive rights of women and adolescent girls?	Yes	If "cannot assess", Please explain:
2.	Implementation/enforcement of policies and laws in line with the SC Resolution 1325 in conflict and post conflict	Improvement	If "cannot assess", Please explain:
3.	Will be there CEDAW and related protocols reporting?	Yes	If "cannot assess", Please explain:  If "yes", please assess potential/possible change in the incorporation of RRs: Increase  If "cannot assess", Please explain:
4.	Female genital mutilation/cutting prevalence rate	Cannot assess	If "cannot assess", Please explain: Female genital mutilation/cutting does not exist in Rwanda.  If 'increase', please specify:
5.	% of women who decide alone or jointly with their husbands/ partners/ others about their own healthcare	Increase	If "cannot assess", Please explain:  If 'increase', please specify: More than 10%
6.	Incorporation of reproductive rights in national human rights protection system	Increase	If "cannot assess", Please explain:
7.	Civil society partnerships actively promoting inclusion of RH, gender equality, women and girls' empowerment and reproductive rights in human rights protection system	Increase	If "cannot assess", Please explain:
8.	Will there be any new national and sub-national mechanisms to monitor and reduce GBV?	Yes	If "cannot assess", Please explain:
9.	Inclusion of GBV in pre- and in-service training of health service providers	Increase	If "cannot assess", Please explain:

**Section III**  
**Strategic Plan 2008-2011 Management Results Framework**

## Control Centre &gt; Section III- Managing for Results

- Country Programme Formulation/ Implementation
- Monitoring and Evaluation
- Human Resource Management
- Knowledge Sharing/ Management
- South-South Collaboration and Joint Programming
- Management and Accountability
- Resource mobilization

## Control Centre &gt; Section III: Managing for Results &gt; Country Programme Formulation/ Implementation

1. (a) Was your country office (CO) engaged in formulation of a new Country Programme (CP) in 2007?  
 YES  
 NO
- (b) If Yes, please indicate if the following strategic planning tools were used in the formulation process:  
 Causality analysis/Problem tree  
 Analysis of Risks and Assumptions  
 Chain of results
2. (a) What proportion of output indicators in your CP logframe or Results and Resources Framework (RRF) currently has baseline data?  
 (For countries without CP, please report on your project)  
 0 - 24%  
 25 - 49%  
 50 - 74%  
 75 - 99%  
 100%
- (b) What proportion of output indicators in your CP logframe or RRF currently has targets?  
 (For countries without CP, please report on your project)  
 0 - 24%  
 25 - 49%  
 50 - 74%  
 75 - 99%  
 100%
- (c) If less than 50% for (a) and/or (b), please report on the key factors that constrained the establishment of baseline data and targets:

3. For countries with CP, please report on progress achieved in 2007 in CP outputs

**CP Output:**

Increased support for the adoption of laws, policies and programmes that promote reproductive rights, the education of girls, and the eradication of gender-based violence

**CO's assessment of progress achieved in this output**

<b>Annual progress achieved</b> <i>Progress achieved in 2007 against what was planned</i>	50-74%	Comments: <i>Required if you have answered &lt; 50%, 'cannot assess' or 'not applicable'</i>
<b>Cumulative progress achieved</b> <i>Overall progress since beginning of CP</i>	50-74%	Comments: <i>Required if you have answered &lt; 50%, 'cannot assess' or 'not applicable'</i>

**CP Output:**

Increased community participation in the design, analysis and implementation of population and development plans

CO's assessment of progress achieved in this output		
<b>Annual progress achieved</b> <i>Progress achieved in 2007 against what was planned</i>	50-74%	Comments: <i>Required if you have answered &lt; 50%, 'cannot assess' or 'not applicable'</i>
<b>Cumulative progress achieved</b> <i>Overall progress since beginning of CP</i>	50-74%	Comments: <i>Required if you have answered &lt; 50%, 'cannot assess' or 'not applicable'</i>

**CP Output:**

Increased commitment by leaders to participatory activities that empower communities and households to effectively manage available resources

CO's assessment of progress achieved in this output		
<b>Annual progress achieved</b> <i>Progress achieved in 2007 against what was planned</i>	75-99%	Comments: <i>Required if you have answered &lt; 50%, 'cannot assess' or 'not applicable'</i>
<b>Cumulative progress achieved</b> <i>Overall progress since beginning of CP</i>	75-99%	Comments: <i>Required if you have answered &lt; 50%, 'cannot assess' or 'not applicable'</i>

**CP Output:**

Increased availability of population data and analyses to the Government and civil society for development policy-making, planning and programme implementation

CO's assessment of progress achieved in this output		
<b>Annual progress achieved</b> <i>Progress achieved in 2007 against what was planned</i>	75-99%	Comments: <i>Required if you have answered &lt; 50%, 'cannot assess' or 'not applicable'</i>
<b>Cumulative progress achieved</b> <i>Overall progress since beginning of CP</i>	75-99%	Comments: <i>Required if you have answered &lt; 50%, 'cannot assess' or 'not applicable'</i>

**CP Output:**

Strengthened national institutional and technical capacities of governmental and non-governmental institutions to manage reproductive health programmes and provide quality services

CO's assessment of progress achieved in this output		
<b>Annual progress achieved</b> <i>Progress achieved in 2007 against what was planned</i>	75-99%	Comments: <i>Required if you have answered &lt; 50%, 'cannot assess' or 'not applicable'</i>
<b>Cumulative progress achieved</b> <i>Overall progress since beginning of CP</i>	75-99%	Comments: <i>Required if you have answered &lt; 50%, 'cannot assess' or 'not applicable'</i>

**CP Output:**

Enhanced institutional and technical capacities of the Government and civil society to manage and monitor the national population policy and

programme at central and decentralized levels

CO's assessment of progress achieved in this output		
<b>Annual progress achieved</b> <i>Progress achieved in 2007 against what was planned</i>	50-74%	Comments: <i>Required if you have answered &lt; 50%, 'cannot assess' or 'not applicable'</i>
<b>Cumulative progress achieved</b> <i>Overall progress since beginning of CP</i>	50-74%	Comments: <i>Required if you have answered &lt; 50%, 'cannot assess' or 'not applicable'</i>

**CP Output:**

Increased demand for reproductive health services resulting from the improved quality of services provided and from the development of knowledge, attitudes and behaviour favourable to good reproductive health, particularly among youth

CO's assessment of progress achieved in this output		
<b>Annual progress achieved</b> <i>Progress achieved in 2007 against what was planned</i>	75-99%	Comments: <i>Required if you have answered &lt; 50%, 'cannot assess' or 'not applicable'</i>
<b>Cumulative progress achieved</b> <i>Overall progress since beginning of CP</i>	75-99%	Comments: <i>Required if you have answered &lt; 50%, 'cannot assess' or 'not applicable'</i>

4.

As of January 1 2008, for countries that had completed UNDAFs, please indicate the extent to which the UNFPA CO promoted the inclusion of RH and rights, HIV/ AIDS and gender equality in the context of the UNDAF formulation.

- Major  
 Moderate  
 Minor  
 None

5. (a)

In 2007, did the CO have a plan of regular field monitoring visits by programme/ project managers?

- Yes  
 No

(b)

If yes, what was the implementation rate of the field monitoring visit plan?

- 0 - 24%  
 25 - 49%  
 50 - 74%  
 75 - 99%  
 100%  
 Not sure

(c)

If the field visits plan implementation rate is below 75%, please provide the key factors that constrained fully implementation of the monitoring field visit plan :

CO is part of the pilote countries for one UN Programme. Understaffed CO with many meetings for policy development and UNDAF/One UN programme so, we did not accomplish the field visits as planned.

(d)

In 2007, what proportion of field visit findings did the CO take follow-up action on?

- 0 - 24%  
 25 - 49%  
 50 - 74%  
 75 - 99%  
 100%  
 Not sure

6.

In 2007, did the CO conduct an annual UNDAF and CP review?



In 2007, did the CO conduct an annual UNDAF and CP review:

- Yes, CP review was conducted as part of UNDAF review  
 Yes, but CP and UNDAF reviews were conducted separately  
 Yes, but review was conducted for the CP only  
 No

7. (a)

In 2007, did the CO conduct a CP end line survey for CPs ending in 2007/08?

- Yes  
 No  
 Not applicable

(b)

If yes, what proportion of data for CP output indicators was obtained?

- 0 - 24%  
 25 - 49%  
 50 - 74%  
 75 - 99%  
 100%

8. (a)

In 2007, did CO have an Annual technical assistance (backstopping) plan?

- Yes  
 No

(b)

If yes, what percentage of the activities in the plan was implemented?

- 0 - 24%  
 25 - 49%  
 50 - 74%  
 75 - 99%  
 100%

(c)

If no, please explain why the plan was not developed

9. (a)

In 2007, what type of programmatic support did your CO receive from the Geographic Divisions:

- Strategic guidance on CCA/UNDAF, Country Programme formulation and implementation  
 Technical contribution to the programming process  
 Coordination of inputs from other HQ Divisions (TSD, DOS, HRU, other) for improved quality of programming  
 Joint review of the CP and projects in terms of their relevance and effectiveness  
 Support to CP monitoring and evaluation activities  
 Political support to help better position the CP vis-a-vis the government in the national development context  
 Support to the UN Country Team  
 Other

(If other, please specify:)

(b) Please provide an overall assessment of the support by the GD as follows:

GD Support	Poor	Satisfactory	Good	Excellent
Relevance of support	( )	( )	(x)	( )
Quality of support	( )	( )	( )	(x)
Timeliness of support	( )	( )	( )	(x)
Impact upon overall quality of CP and programme delivery	( )	( )	(x)	( )

Comments

We would like to appreciate the quality of support given by the GD and we would appreciate continuous similar support in 2008 during the implementing stage of the delivering as One process

### Control Centre > Section III: Managing for Results > Monitoring and Evaluation

10. (a) In 2007, please indicate whether CO staff used the [Programme Manager's Monitoring and Evaluation Tool Kit](#)

- Yes  
 No

(b) If yes, Please rate the usefulness of the tool:

Tool	Useful	Somewhat Useful	Not Used
1) Glossary of planning, Monitoring and Evaluation Terms	(x)	( )	( )

2) Defining Evaluation	(x)	( )	( )
3) Puposos of Evaluation	(x)	( )	( )
4) Stakeholder Participation in Monitoring and Evaluation	(x)	( )	( )
5) Planning and Managing an Evaluation	(x)	( )	( )
6) Programme Indicators	(x)	( )	( )

(c) If CO staff is not using the Tool Kit, please explain why:

11. Please report on all evaluations conducted in 2007:

(a) Country Programme (non-pilot project) Evaluations

Title	Type	Independent Eval?	Evaluators				DocuShare
			Nat.	Int.	CST	Joint (partners)	
5th CP evaluation report from 2002-2007	End of Programme/ project	Yes	3	1	3	The evaluation was led by the government of Rwanda	No

(b) Pilot Project Evaluations:

Did CO conduct pilot project in 2007? ( ) Yes (x) No

If yes, please report on pilot projects and evaluations:

Pilot Project Name	Start Date	End Date	Eval conducted?	Eval title	Independent eval?	Evaluators				DocuShare
						Nat.	Int.	CST	Joint (partners)	

12. For the following programme or project evaluations carried out in 2006, please estimate what percentage of evaluation recommendations accepted in the management response were implemented by the end of 2007:

2006 Evaluation title	recommendations implementation		Was the management response to evaluation placed in docushare?
	Were follow-up to recommendations implemented?	If yes, what percentage of accepted recommendations were implemented by the end of 2007:	
Evaluation externe de l'approche contractuelle	<input checked="" type="radio"/> yes <input type="radio"/> No	<input type="radio"/> 0-24% <input type="radio"/> 25-49% <input checked="" type="radio"/> 50-74% <input type="radio"/> 75-99% <input type="radio"/> 100%	<input type="radio"/> yes <input checked="" type="radio"/> No
Evaluation externe du projet RWA03P02	<input checked="" type="radio"/> yes <input type="radio"/> No	<input type="radio"/> 0-24% <input type="radio"/> 25-49% <input checked="" type="radio"/> 50-74% <input type="radio"/> 75-99% <input type="radio"/> 100%	<input type="radio"/> yes <input checked="" type="radio"/> No
Evaluation externe du projet RWA03P04-Trust fund Belge	<input checked="" type="radio"/> yes <input type="radio"/> No	<input type="radio"/> 0-24% <input type="radio"/> 25-49% <input checked="" type="radio"/> 50-74% <input type="radio"/> 75-99% <input type="radio"/> 100%	<input type="radio"/> yes <input checked="" type="radio"/> No
Evaluation externe du projet RWA03P05 - Trust fund belge	<input checked="" type="radio"/> yes <input type="radio"/> No	<input type="radio"/> 0-24% <input type="radio"/> 25-49% <input checked="" type="radio"/> 50-74% <input type="radio"/> 75-99% <input type="radio"/> 100%	<input type="radio"/> yes <input checked="" type="radio"/> No

13. (a) Did the CO support the development of results- oriented monitoring frameworks and systems in the following national counterpart organizations in 2007: (Paris -related indicator)

- The Ministry of Health  
 Other line ministries  
 In the context of sector wide approach (SWAp)  
 In the context of a Poverty Reduction Strategy (PRS)  
 Other M&E systems

(If other M&E systems, please specify:)

One Un programme M&E plan

(b) If you have supported M&E systems, what was UNFPA's specific contribution?

If you have supported M&E systems, what was UNFPA's specific contribution:

UNFPA is part of the technical team which developed the plan and UNFPA is member of M&E task force in this regard UNFPA facilitate training on DEV info

### Control Centre > Section III: Managing for Results > Human Resource Management

14. Please provide the following information regarding the vacancies of the national professional and support staff posts (100 and 200 series) in your office in 2007

Post	Total number of vacant posts in 2007	Duration of each vacancy	If vacancy was advertised and filled in 2007, provide the duration from vacancy announcement closure to provisional offer to a selected candidate
Professional staff posts	2	Vacancy 1: 4 months	months
		Vacancy 2: 5 months	months
		Vacancy 3: months	months
		Vacancy 4: months	months
		Vacancy 5: months	months
		Vacancy 6: months	months
		Vacancy 7: months	months
		Vacancy 8: months	months
		Vacancy 9: months	months
		Vacancy 10: months	months
		Vacancy 11: months	months
		Vacancy 12: months	months
Support staff posts		Vacancy 1: months	months
		Vacancy 2: months	months
		Vacancy 3: months	months
		Vacancy 4: months	months
		Vacancy 5: months	months
		Vacancy 6: months	months
		Vacancy 7: months	months
		Vacancy 8: months	months
		Vacancy 9: months	months
		Vacancy 10: months	months
		Vacancy 11: months	months
		Vacancy 12: months	months

15. (a) Did your Country Office prepare a staff development training plan for 2007?

(x) Yes  
( ) No

- (b) If no, please explain why it was not developed:

- (c) If yes, please indicate to what extent the plan was implemented:

Proportion of training activities completed	International staff	National professional staff	General support staff
0-24%	( )	( )	( )

25-49%	( )	( )	( )
50-74%	( )	( )	( )
75-99%	( )	( )	( )
100%	(x)	(x)	(x)
If less than 50% of training activities were completed, please explain why:			

- 16 (a) In 2007, did CO staff participate in one or more learning or training initiatives on results-based management and programming?

(x) Yes  
( ) No

- (b) If yes, please indicate the organizer of the programme or the initiative (including learning afternoons):

UNFPA HQ (including Geographic Divisions)  
 UNFPA CO  
 UN Country Team  
 UN Staff College in Turin  
 Non-UN Training institution  
 Self-learning by accessing UNFPA and UNDG resources  
 Other

(If other, please specify:)

17. Please indicate the level of implementation of the Caring for Us - Minimum Standards on HIV/AIDS in your office:

10 Caring for Us Minimum Standards on HIV/AIDS in the Workplace			
The rights of staff and dependents to have:	Full	Partial	Not yet
Information about UN policies, staff rights, entitlements and benefits, regarding HIV/AIDS and the workplace	(x)	( )	( )
Information on the facts about HIV/AIDS and how to prevent it, including discussion on stigma and discrimination related to the epidemic	(x)	( )	( )
Interactive learning/training activities conducted annually	(x)	( )	( )
Free access to male and female condoms	(x)	( )	( )
Access to voluntary counseling and testing (VCT)	(x)	( )	( )
Confidentiality in the management of medical information, including HIV status, in processing of health insurance claims (MIP), improvement of reimbursement procedures	(x)	( )	( )
Good-quality, confidential medical care, including Anti-Retroviral (ARV) and prevention of parent-to-child transmission (PPTCT) therapy, as indicated, if HIV-positive, access to vaccination as soon as it is available	(x)	( )	( )
First aid assistance using universal precautions	( )	(x)	( )
Rapid access to HIV Post-Exposure Prophylaxis (PEP) kits	( )	(x)	( )
A supportive and caring office environment	(x)	( )	( )
Comments			
Co developed an annual action plan for CFU which have been discussed and partially implemented. We have a pause café at 10H where people are free to discuss HIV/AIDS issues at the workplace. CO distributed condoms to other UN agencies.			

Control Centre > Section III: Managing for Results > Knowledge Sharing/ Management

- 18 (a) In 2007, did CO staff use any of UNFPA Knowledge Assets:

(x) YES  
( ) NO

- (b) If Yes, please indicate whether this was to support the following functions:

CCA/UNDAF/CP/CPAP/AWP development  
 Advocacy  
 Training  
 Research  
 Discussion with partners (UN and external)  
 Programme/project implementation  
 M&E  
 Other

(If other, please specify:)

19. In 2007, please indicate the extent to which CO used the Development Gateway and Reproductive Health Portal for the following purposes:

CP activities	Sometimes	Frequently	Rarely	Never
Programme planning	(x)	( )	( )	( )
Programme implementation	(x)	( )	( )	( )
Programme M&E	(x)	( )	( )	( )
Advocacy	(x)	( )	( )	( )
Research	(x)	( )	( )	( )
Resource mobilization	(x)	( )	( )	( )

20. What proportion of CO documents (2006 and 2007 OMPs, mission reports, consultants' reports, programme management documentation, strategic reviews) and publications has been uploaded into DocuShare?

(x) 0 - 24%  
 ( ) 25 - 49%  
 ( ) 50 - 74%  
 ( ) 75 - 99%  
 ( ) 100%

21. Please provide the number of professional staff in CO who installed Internet Supermarket on their desktop or laptop:

six

22. Please provide the number of staff who used the Knowledge sharing CD ROM and received the certificate:

one

### Control Centre > Section III: Managing for Results > South-South Collaboration and Joint Programming

23. (a) In 2007, did the CO support any south-south initiatives for the national capacity development activities in the host country?

(x) Yes  
 ( ) No

(b)

Initiative Name:	Parliament visit from Burundi		
Area of cooperation:	(x)Population & Development ( )Reproductive health ( )Gender equality		
Brief description of the nature of the cooperation:	- Promotion of population and development issues to be integrated in plan, policies and programmes -Involvement of gender dynamics in population and development		
Brief description of the role of UNFPA	- Advocacy role to allow government of Rwanda to accept and agree on the agenda -Logistics		
For each institution that provided cooperation, please provide the following information:	Name	Type - Government/ Academic/ NGO/ Other (specify)	Country
	Parliament/Senat	Government officials	Burundi/Rwanda
	Associations	Women activists	Rwanda
	NGO	Women activists, SRH NGOs	Rwanda
Details of institutions receiving the cooperation in your country (up to 3 major institutions)	Name: Parliament/Senat Associations NGO (FFRP/RPRPD)	Type Government Women activists Women activists forum	
Brief description of evidence and good practices that the initiative has contributed to strengthened national capacity.	Rwanda has strong women organization which promote Population and Development Activities (Profemme) - Women Parliamentarians have formed organizations (Forum for women parliamentarian and Network of parliament on population and development) which champions the gender and population issues		

(c) Does your office plan to increase number of south-south initiatives over the next four years:

- Yes  
 No  
 Cannot Assess

24.

Please provide information on UNFPA participation in active joint programmes with other UN Agencies in 2007.

**Control Centre > Section III: Managing for Results > Management and Accountability**

25. (a) Please indicate if the following reviews of the Office Management Plan (OMP) were undertaken in 2007:

- Mid-Year review  
 Annual review

(b) Please indicate what percentage of the CO OMP outputs were fully achieved in 2007:

- 0 - 24%  
 25 - 49%  
 50 - 74%  
 75 - 99%  
 100%

26. Please indicate whether the CO OMP was:

(a) Reviewed and approved by the GD

Yes  No

(b) Monitored by the GD during the year

Yes  No

(c) Feedback provided by the GD

Yes  No

27. Briefly list the measures taken by the CO Management to familiarize the CO staff with the new UNFPA Accountability Framework approved by the Executive Board at its second regular session in September 2007 (ref: DP/UNFPA/2007/20):

After the board CO staff have briefed during programme meeting New guidelines are explicated during staff meeting Each staff has a copy of the all strategic plan.

**Control Centre > Section III: Managing for Results > Resource mobilization**

28. (a) Did the CO have a resource mobilization plan for 2007?

- Yes  
 No

(If no, please explain why:)

A draft developed.

(b) Please indicate the proportion of extra-budgetary resources mobilized in 2007?

- 0 - 24%  
 25 - 49%  
 50 - 74%  
 75 - 99%  
 100%