Family Planning Program Effort Scores in 2014: Rwanda

This policy brief presents 2014 family planning effort (FPE) scores based on assessments given by family planning (FP) experts of Rwanda. The FPE index has been applied every five years in developing countries since 1982 to assess the strength and coverage of national family planning programs. Ninety countries participated in the 2014 round compared to 81 countries in the 2009 study[1]. The Bill and Melinda Gates Foundation and USAID funded the 2014 study that was implemented by Avenir Health's Track20 Project and Palladium Futures Group's Health Policy Project.

METHODOLOGY AND DATA

Family planning efforts are rated by 10-15 experts of the country. The experts included:

- Government officials of population and health agencies;
- Heads/managers of private agencies and nongovernment organizations (NGOs);
- Leaders of health provider groups including family doctors, obstetric and gynaecologic societies; and
- Individuals from academe, media, and civil society organizations.

FPE scores were obtained through a questionnaire detailing specific program inputs and efforts. A local country manager identified and contacted national FP experts who rated their country's family planning efforts using a scale from 1 to 10 ("1" for non-existent or very little effort and "10" for very strong effort). The program inputs are categorized along four components of FP programs: policy, services, monitoring and evaluation, and accessibility:

- **Policy** – covers national policies on fertility reduction and family planning, legal age of marriage, the support of public officials, level of program leadership, regulations affecting contraceptive supplies and advertising, the involvement of other public agencies, and domestic funding of the FP program.
- **Services and support functions** – includes service delivery mechanisms such as private sector involvement, social marketing, postpartum services, home visits and community-based distribution (CBD); and support functions including administrative structure and civil bureaucracy responsibility, training, personnel performance, logistics, supervision, use of mass media, and incentives.
- **Evaluation** (M&E) – refers to record-keeping, evaluation, and use of data by management.
- **Accessibility**– refers to the population's access to specific contraceptive methods, access to safe abortion, reversibility of long-acting and permanent methods, and overall quality of family planning services.

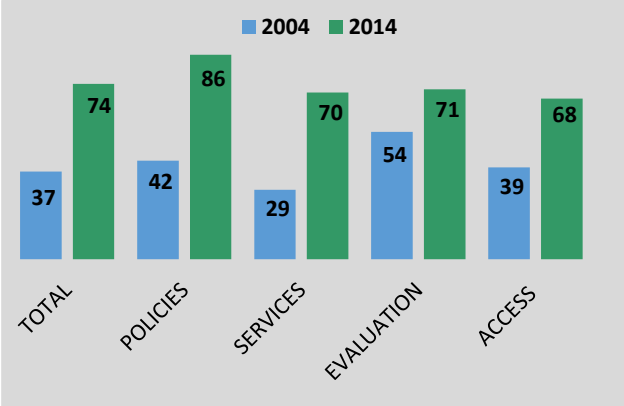
RESULTS

Rwanda's total FPE score in 2014 was 74 out of 100, which is more than double its total score in 2004[2] (Fig. 1). All four components also obtained significantly much higher ratings in 2014. Policies scored the highest score while the three other components had ratings around 70 percent.

The Access component score (68%) shown in Figure 1 excludes new items introduced in 2014 – access to implant and emergency contraception, sterilization permanence, and removal of IUDs and implants. Inclusion of the new items will further improve the overall 2014 Access score (70%).

Sub-component results for 2014 are in Figure 2 below.

Figure 1. FPE Scores: Rwanda 2004 and 2014



[1] Although Avenir Health coordinated the Rwanda FPE study and prepared this brief under Track20, the Health Policy Project is in charge of preparing the global FPE report.

[2] Ross, J. and E. Smith. "Trends in national family planning programs, 1999, 2004, and 2009." International Perspectives on Sexual and Reproductive Health. Vol. 37, no. 3, September 2011, pp 125-1331.

Policy. Five of eight policy items scored in the 90s, led by enforcement of the legal age at marriage (97%) and supportive statements by leaders (96%), followed by the national FP policy, program leadership level and the involvement of other ministries. Import laws and freedom from contraceptive advertising rated in the 80s. The lowest scoring was domestic funding of FP, estimated at only 56 percent of total required.

Services and support functions. The highest scores under the component went to home visits (86%), community-based distribution (84%), and logistics (82%). Most other support functions had scores in the 70s while other service delivery mechanisms including postpartum integration had ratings in the 60s. Only one item scored below 60 percent: the incentives/disincentives system (8%

Evaluation. The scores for items under this component were in the 67-75 percent range, with the lowest for use of data in program evaluation.

Accessibility. The highest scoring items were short-acting methods- pills (93%), injectables and condoms (each at 90%). Counseling on the permanence of sterilization scored and IUD removal scored in the 80s. Overall quality of FP services along with implant insertion and removal scored in the high 70s. Female and male sterilization and the IUD had ratings in the 60s. The lowest scores went to access to safe abortion (13%) and emergency contraception (37%).

CONCLUSIONS

Based on developing country scores, Rwanda stands out with among the highest and most improved FPE ratings in 2014. FPE policy scores point to very supportive policy environment and high level leadership. Rwanda's scores in Services, Evaluation and Access are also high compared to ratings averaging in the 50s or lower in many other countries.

RESEARCH AND POLICY IMPLICATIONS

The Government of Rwanda's commitments to FP2020 include a) ensuring FP services in all 14,841 villages (*Imidugudu*) through its 45,000 existing community health workers; b) expanding the communications programs to raise awareness of FP choices; c) improving access to long-acting and permanent contraceptives; and d) integrating FP in hospital and health center services.

Rwanda 2014 FPE scores confirm that the country has achieved significant progress in strengthening various policy and program components, and only some items lag behind. The FPE scores point out some of the specific items that FP program leaders should examine further to identify potential next steps in policy research, advocacy and program planning. Key research topics include the sources and uses of domestic funding for FP, the types of incentives and disincentives (including non-monetary) that affect FP provision and acceptance, including those involving long-acting reversible contraceptives and permanent methods. The results of these studies can be used in:

- Advocacy to national and local officials to increase funding of the FP program and help ensure program sustainability.
- Strategic planning that focuses on improving services and choices, including access to permanent as well as long-acting, reversible contraceptives.

For more information on 2014 international/regional FPE scores, contact bkuang@palladium.org or izosaferanil@avenirhealth.org