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UNFPA – Country programmes and related matters

UNITED NATIONS POPULATION FUND

Draft country programme document for Rwanda

Proposed UNFPA assistance:	\$22 million: \$10 million from regular resources and \$12 million through co-financing modalities and/or other, including regular, resources
Programme period:	Five years (2008-2012)
Cycle of assistance:	Sixth
Category per decision 2005/13:	A

Proposed indicative assistance by core programme area , subject to availability of funds (in millions of \$):

	Regular resources	Other	Total
Reproductive health	6	7.2	13.2
Population and development	2	2.7	4.7
Gender	1	2.1	3.1
Programme coordination and assistance	1	-	1.0
Total	10	12.0	22.0

I. Situation analysis

1. Since the 1994 genocide, Rwanda has undergone a national reconstruction and reconciliation process. The Government is concerned that the population growth rate, now 2.6 per cent per year, may hamper political and economic stability. The population, estimated at 9.3 million in 2007, will likely reach 10.8 million in 2012. The total fertility rate is 6.1 children per woman. More than half of the population lives in absolute poverty.

2. The maternal mortality ratio is high at 750 deaths per 100,000 live births in 2005. Contributing factors include the high percentage of births that take place without skilled medical assistance (70 per cent) and the low utilization of basic obstetric care and family planning services. Many women suffer from obstetric fistula.

3. Two thirds of the population is under 25, of whom 60 per cent are out of school. Many young people are unemployed and lack access to education and health services. In 2005, 4.1 per cent of mothers were aged 15-19. In the same year, HIV prevalence was estimated at 3 per cent. Young people are more at risk of HIV infection due to insufficient access to information and prevention services. Only 7 per cent of men and 8 per cent of women used condoms during their first sexual encounter. Behaviour change is therefore a key aspect of prevention activities.

4. Various policy frameworks, including the national constitution, the national gender policy and a gender-based violence bill have enhanced women's rights. Women's representation in decision-making positions, including parliament, has improved. Nonetheless, in 2005, 31 per cent of women reported being victims of gender-based violence. The female literacy rate is 60.1 per cent, compared to 71.5 percent for males, and 60.2 per cent of female-headed households live below the poverty line.

5. The 2002 census, the 2005 demographic and health survey, and the 2006 integrated living conditions survey improved data availability. However, data management and utilization, including data to monitor and evaluate national and international development goals, must be strengthened.

II. Past cooperation and lessons learned

6. UNFPA assistance to Rwanda began in 1975. The fifth country programme (2002-2006) focused on reproductive health; population and development; and advocacy and gender. Key results included: (a) developing and disseminating national policies and frameworks; (b) building the institutional capacity of the health sector; (c) increasing the access of youth to sexual and reproductive health services and information; (d) strengthening the capacity of public institutions to integrate population and development issues into national policies and frameworks; and (e) strengthening the capacity of community and faith-based organizations, parliamentarians and the media to address population and development issues. The programme supported successful income-generating activities to empower women and young people and to promote the use of basic social services. UNFPA will continue these activities in the sixth country programme.

7. A number of factors facilitated programme implementation, including: (a) political will and policies that supported the UNFPA mandate; (b) the decentralization of the health system; and (c) partnerships with development partners. The programme also encountered a number of constraints. These included: (a) high staff turnover in the programme areas; (b) understaffing in the country office; and (c) insufficient UNFPA and government financial resources.

III. Proposed programme

8. Rwanda is a pilot country for the United Nations "delivering as one" initiative. Within the framework of United Nations reform, the Government, in collaboration with UNFPA, United Nations organizations, development partners and civil society organizations, led efforts to formulate the sixth country programme. The programme is based on the national priorities defined in the economic development and poverty reduction strategy (2007-2011) and the United Nations Development Assistance Framework (UNDAF), 2008-2012. The national development plan, (Rwanda Vision 2020), the Millennium Development Goals, the Programme of Action of the International Conference on Population and Development, and the Maputo Plan of Action contributed to its formulation.

9. The programme contributes to the achievement of four of five UNDAF results. The results are: (a) result 1: good governance is enhanced and sustained; (b) result 2: the growth of the population is reduced, with marked reductions in child and maternal deaths, the transmission and impact of HIV, malnutrition and major epidemics; (c) result 3: all children in Rwanda acquire a high-quality, basic education and skills for a knowledge-based economy; and (d) result 5: all people in Rwanda are less vulnerable to social and economic shocks. These results will be achieved through three programme components: reproductive health; population and development; and gender.

Reproductive health component

10. This component addresses UNDAF results 2, 3 and 5 and contributes to five programme outcomes and related outputs.

11. Programme outcome (under UNDAF result 2): People, especially youth and women, adopt protective behaviour and utilize effective preventive services. This will be achieved through four UNDAF programme outputs: (a) increased capacity of national and civil society institutions to provide participatory, youth-friendly, HIV preventive services, including life skills and peer education for in- and out-of-school youth; (b) increased access to a comprehensive package of prevention services (information, education and communication; post-exposure prophylaxis; sexual and reproductive health; sexually transmitted infection management; and voluntary testing and counselling) that addresses high-risk groups and the drivers of the epidemics; (c) increased access to male and female condoms and new HIV prevention technologies and approaches; and (d) strengthened institutional, technical and operational capacity of youth organizations, women's organizations, people living with HIV/AIDS and local non-governmental organizations (NGOs) to promote social change to prevent the spread of HIV. UNFPA will lead efforts to achieve the first three outputs (a, b and c) and will contribute to the achievement of the last output (d).

12. UNFPA will support and promote responsible parenthood, safe and responsible sexual behaviour, and the effective utilization of reproductive health and HIV-prevention services for women, youth and men. Efforts will focus on improving sexual and reproductive health knowledge and practices, including the timely use of

family planning and maternal health services. UNFPA, the United Nations Children's Fund (UNICEF), the Office of the United Nations High Commissioner for Refugees (UNHCR) and the World Health Organization (WHO) will develop a joint programme to achieve the HIV-prevention outputs and to support sexual and reproductive health services. The programme will emphasize capacity-building for civil society organizations and for decentralized government institutions involved in HIV prevention and the provision of youth-friendly services.

13. Programme outcome (under UNDAF result 2): Improved quality, effectiveness and efficiency of the health system, including nutrition, reproductive health, maternal and child health, and family planning services. This will be achieved through two UNDAF programme outputs: (a) national policies, strategies and standards for health, including emergency obstetric care, integrated management of neonatal and childhood illnesses, reproductive health commodity security, water and sanitation, and reproductive health and family planning, are developed and implemented; and (b) increased capacity of the social and health system to provide a complete, integrated health package including maternal, child, adolescent and youth health services appropriate to different levels and targets.

14. UNFPA will lead efforts to achieve the second output (b), and will contribute to the first one (a). The programme will help to ensure the availability and accessibility of comprehensive, high-quality sexual and reproductive health information and services that are gender- and culturally sensitive. It will also help the Government to revise, develop, disseminate and implement national policies, strategies and guidelines for sexual and reproductive health, in line with the Maputo Plan of Action. HIV prevention services will be integrated into family planning services, adolescent sexual and reproductive health services, fistula treatment and prevention, emergency obstetric care and community-based services. UNFPA will collaborate with UNICEF, the United Nations Human Settlements Programme (UN-HABITAT) and WHO.

15. Programme outcome (under UNDAF result 2): Improved health care, nutrition and hygiene practices at family and community levels. This will be achieved through two UNDAF programme outputs: (a) increased capacity of health services and community-based

organizations to promote optimal health, family planning, nutrition and hygiene; and (b) strengthened capacity for community mobilization of community organizations, faith-based organizations and traditional leaders. UNFPA will lead efforts to achieve the second output (b), and will contribute to the first one (a). The programme will reinforce the management capacity of public sector and civil society organizations at central and decentralized levels, to enable them to provide a comprehensive, integrated package of reproductive health information and services, humanitarian emergency response, and reproductive health commodity security. UNFPA will work closely with the Food and Agricultural Organization (FAO) of the United Nations, UNDP, UNICEF, the United Nations Development Fund for Women (UNIFEM), the United Nations World Food Programme (WFP) and WHO.

16. Programme outcome (under UNDAF result 3): Key learning outcomes for children, including life skills and lifelong learning, are achieved. This will be achieved through two UNDAF programme outputs: (a) the educational curriculum is adapted to respond to the challenges of communities and to the local and global environment; and (b) a child-centred teaching methodology is developed and practiced. The United Nations Educational, Scientific and Cultural Organization (UNESCO) and WHO will lead efforts to achieve this outcome. UNFPA will work with UNHCR, UNICEF, WFP and WHO to review and revise the primary and secondary school curricula to enhance young people's understanding of population issues and improve their life skills.

17. Programme outcome (under UNDAF result 5): Effective national disaster management. This will be achieved through two outputs: (a) a government-led national emergency preparedness and response plan is developed and field-tested; and (b) a national emergency package is available for appropriate and rapid emergency response. UNFPA will contribute to these two outputs, with UNHCR and UNICEF leading efforts. In partnership with UNHCR, UNICEF, WFP and WHO, UNFPA will strengthen the capacity of public and civil society institutions at central and decentralized levels to ensure the integration of reproductive health kits into the emergency package and their availability at delivery points.

Population and development component

18. This component addresses UNDAF results 1 and 3. It contributes to two programme outcomes and their related outputs.

19. Programme outcome (under UNDAF result 1): The use of high-quality, disaggregated data will guide policy and socio-economic planning. This will be achieved through two UNDAF outputs: (a) information systems, including for population data, are fully developed and operational in the public sector; and (b) the institutional capacity to coordinate, collect, analyse, disseminate and use data is strengthened at central and decentralized levels. UNFPA will lead efforts to achieve the first output (a), and will contribute to the second one (b). UNFPA will promote the integration of population-related issues into development policy formulation, socio-economic planning, monitoring and evaluation.

20. The programme will strengthen the capacity of the Ministry of Finance and Economic Planning, the National Institute of Statistics, districts and key stakeholders to collect and use high-quality disaggregated data, including vital statistics data, censuses, surveys and the integrated management information system. This will lead to evidence-based improvements in the programme and help to develop non-income poverty mapping and tracking, including monitoring and evaluating development processes.

21. Programme outcome (under UNDAF result 1): People participate in democratic processes and structures at national and decentralized levels. This will be achieved through two outputs: (a) mechanisms for the participation of children and young people in decision making are fully functioning at national and decentralized levels; and (b) mechanisms for the participation of women and gender advocates in democratic structures and processes are enhanced. UNFPA will contribute to both outputs and will work with UNDP, UNICEF, UNIFEM and UN-HABITAT to support the participation of youth and women in decision making processes concerning their reproductive rights, as well as strengthen the capacity of the parliamentarian's network, the youth forum and the media network to promote population and development issues.

22. Programme outcome (under UNDAF result 3): An effective educational management system is in place. This will be achieved through two UNDAF programme

outputs: (a) the participation of NGOs, faith-based organizations and the private sector in national- and district-level planning for education is strengthened; and (b) the institutional capacity for school planning and costing at the district level is strengthened, using tools that analyse population dynamics. UNFPA will lead interventions under output (b), and contribute to output (a). UNFPA will help to build the capacity of relevant institutions and organizations in educational planning and management, working closely with UNDP and UNICEF.

Gender component

23. This component addresses UNDAF result 1, and will contribute to one UNDAF programme outcome and its related outputs.

24. Programme outcome (under UNDAF result 1): All public and private institutions apply gender-equality principles and standards in their performance, practices and behaviour. This will be achieved through three UNDAF programme outputs: (a) the institutional capacity of key development actors is strengthened in the areas of coordination, gender-based analysis, planning, policy formulation, monitoring and evaluation; (b) the institutional, operational and technical capacity of women's organizations is strengthened in the area of women's political empowerment; and (c) partnerships with public, private and civil society organizations for women's economic empowerment are strengthened. UNFPA will co-lead interventions under output (a) with UNIFEM, and will contribute to the two other outputs (b and c). UNFPA will strengthen the capacity of public and private institutions to promote gender equality and the human rights of women and young girls, including their reproductive rights.

25. The programme will support institutional and technical capacity-building among key national partners, women, faith-based organizations and youth organizations in order to mainstream gender in development policies and programmes at all levels. It will seek to enhance the rights of women and young girls, the response to gender-based violence, and women's social, political and economic empowerment, particularly in rural areas. Strategies include training partners in gender mainstreaming and budgeting. UNFPA will focus on: (a) promoting male participation in all programme areas; (b) advocacy and policy

dialogue; (c) partnerships with the national parliament, the gender-based violence desk of the national police force, women's umbrella organizations, and the national women's and youth councils; (d) promoting income-generating activities for women; and (e) sharing knowledge and best practices.

IV. Programme management, monitoring and evaluation

26. The United Nations country team, in collaboration with the Government, will develop a common operational document and joint programmes to implement the UNDAF. The geographical coverage and the monitoring and evaluation of the UNFPA programme will be defined within this context. All agencies will have built-in mechanisms to monitor their individual contributions and to maintain accountability.

27. UNFPA will fund the country programme through regular and other resources, including funds mobilized through the 'one United Nations' budget in the office of the Resident Coordinator. UNFPA will provide support to the Government to develop a resource mobilization plan in collaboration with the United Nations country team.

28. National execution will be the primary implementation modality. The Ministry of Finance and Economic Planning will coordinate the programme and will oversee the population and development component. The Ministry of Health and the Ministry of Gender and Family Promotion will oversee the reproductive health and gender components. Relevant ministries, the parliamentarians' network, civil society organizations and the media will implement, monitor and evaluate the programme. UNFPA and the Government will identify national experts to strengthen the capacity of implementing institutions.

29. The country office consists of a representative, two assistant representatives, a programme officer and several support staff. In order to strengthen the office, UNFPA will require additional staff in programme management, coordination, monitoring and evaluation; communication and advocacy; information and communication technology; and family planning. UNFPA country technical services teams and headquarters staff will provide guidance and technical support, along with national and international consultants.

RESULTS AND RESOURCES FRAMEWORK FOR RWANDA

National priority: to ensure, promote and improve the health status of the Rwandan population by providing accessible, high-quality, preventive, curative and rehabilitative services				
UNDAF result 2: (a) the growth of the population is reduced, with marked reductions in child and maternal deaths, the transmission and impact of HIV, malnutrition and major epidemics				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health	<p>Outcome: People, especially youth and women, adopt protective behaviour and utilize effective preventive services</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> Percentage of females and males (aged 15-24) using condoms for HIV prevention (baseline 26.4%; 39.5% in 2005) Mother-to-child transmission rate (baseline 21.5% in 2005) Percentage of population that has adopted HIV-prevention methods (abstinence, behaviour change and condoms) during the previous year Percentage of youth, women, girls and men having used HIV-prevention services <p>Outcome: Improved quality, effectiveness and efficiency of the health system, including nutrition, reproductive health, maternal and child health, and family planning services</p> <p>Outcome indicator:</p> <ul style="list-style-type: none"> Government budget allocated to health sector (12% in 2006) <p>Outcome: Improved health care, nutrition and hygiene practices at family and community levels</p> <p>Outcome indicator:</p> <ul style="list-style-type: none"> Percentage of assisted deliveries 	<p>Output: Increased capacity of national and civil society institutions to provide participatory, youth-friendly, HIV prevention services, including life skills and peer education for in- and out-of-school youth</p> <p>Output indicators:</p> <ul style="list-style-type: none"> Number of youth-friendly service centres for HIV prevention (nine in 2006; at least five new in 2012) Number of out-of-school youth that attended youth-friendly service centres (to be determined in 2008; at least 300,000 in 2012) <p>Output: Increased access to a comprehensive package of prevention services (information, education and communication; post-exposure prophylaxis; sexual and reproductive health; sexually transmitted infection management; and voluntary counselling and testing) that addresses high-risk groups and the drivers of the epidemics</p> <p>Output indicators:</p> <ul style="list-style-type: none"> Percentage of females aged 15-24 (37% in 2005; 60% in 2012) and of males aged 15-24 (73% in 2005; 90% in 2012) knowledgeable about where to obtain condoms Percentage of population aware of individual HIV status (20% in 2005; at least 40% in 2012) <p>Output: Increased access to male and female condoms and new HIV prevention technologies and approaches</p> <p>Output indicators:</p> <ul style="list-style-type: none"> Number of male and female condoms distributed (7.5 million in 2006; 12 million yearly by 2012) Percentage of young people aged 15-24 who practice high-risk sex and who used condoms during last 12 months (female: 26%; male: 40% in 2005; 50% (female) and 80% (male) in 2012) <p>Output: Increased capacity of the social and health system to provide a complete, integrated health-care package including maternal, child, adolescent and youth health services</p> <p>Output indicators:</p> <ul style="list-style-type: none"> Number of health facilities providing a complete and integrated service package including maternal, newborn, adolescent and child health services Percentage of obstetric and gynaecological admissions for post-abortion care Percentage of births attended by trained health personnel (30% in 2006; 50% in 2012) Number of health facilities with youth-friendly services (0 in 2006; 20 in 2012) <p>Output: Strengthened capacity for community mobilization of community organizations, faith-based organizations and traditional leaders</p> <p>Output indicators:</p> <ul style="list-style-type: none"> Percentage of <i>umudugudu</i> (village settlements) with at least two trained community health workers Percentage of faith-based organizations promoting reproductive health and family planning at the community level (10% in 2012) 	<p>Ministries of: Education; Gender and Family Promotion; Good Governance, Rural Development and Social Affairs; Health; Local Government; and Youth, Sports and Culture; National AIDS Commission</p> <p>European Union; German Agency for Technical Cooperation; Norwegian International Development Agency</p> <p>Parliamentarians' Forum; Universities; Rwandan Red Cross; Media; NGOs</p>	<p>\$13.2 million (\$6 million from regular resources and \$7.2 million from other resources)</p>

National priority: good governance is promoted for equitable, efficient and effective service delivery to all citizens UNDAF result 1: good governance is enhanced and sustained UNDAF result 3: all children in Rwanda acquire a high-quality, basic education and skills for a knowledge-based economy				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Population and development	<u>Outcome:</u> The use of high-quality, disaggregated data will guide policy and socio-economic planning <u>Output indicators:</u> <ul style="list-style-type: none"> • Number of surveys, studies, assessments and reports produced for policies and planning by the national statistical system (17 in 2006) • Number of district plans based on disaggregated data <hr/> <u>Outcome</u> An effective educational management system is in place <u>Outcome indicator:</u> <ul style="list-style-type: none"> • Percentage of educational institutions using an information management system in planning 	<u>Output:</u> Information systems, including for population data, are fully developed and operational in the public sector <u>Output indicators:</u> <ul style="list-style-type: none"> • Number of published documents and studies based on reproductive health, population and development, and gender data • Number of districts with civil registration system established and functional • Number of districts with local disaggregated database, with an emphasis on young people, women and the disabled, used for poverty mapping and planning <hr/> <u>Output:</u> The institutional capacity for school planning and costing at the district level is strengthened, using tools that analyse population dynamics <u>Outcome indicators:</u> <ul style="list-style-type: none"> • Percentage of district development plans based on population projections • Number of districts that develop a multi-year plan on educational needs (including costing based on population dynamics) that emphasizes the needs of vulnerable and marginalized people 	Ministries of: Finance and Economic Planning; and Local Government, Good Governance, Rural Development and Social Affairs; National Institute of Statistics; districts; Canadian International Development Agency (CIDA); Department of International Development of the United Kingdom; European Union; UNDP; World Bank	\$4.7 million (\$2 million from regular resources and \$2.7 million from other resources)
National priority: good governance is promoted for equitable, efficient and effective service delivery to all citizens UNDAF result 1: good governance is enhanced and sustained				
Gender	<u>Outcome:</u> All public and private institutions apply gender-equality principles and standards in their performance, practices and behaviour <u>Outcome indicators:</u> <ul style="list-style-type: none"> • Number of public and private institutions applying a 30% recruitment quota for women • Number of institutions with transparent, non-discriminatory promotion systems 	<u>Output:</u> The institutional capacity of key development actors is strengthened in the areas of coordination, gender-based analysis, planning, policy formulation, monitoring and evaluation <u>Outcome indicators:</u> <ul style="list-style-type: none"> • Number of development partners with gender focal points trained and equipped with gender planning tools [focal points exist, but are not trained (2006)] • Number of gender-sensitive policies and programmes in sexual and reproductive health and in population and development approved, beginning in 2008 	Ministries of: Gender and Family Promotion; and Local Government, Good Governance, Rural Development and Social Affairs; districts; CIDA; Parliamentarians' Forum; women's organizations; NGOs	\$3.1 million (\$1 million from regular resources and \$2.1 million from other resources) <hr/> Total for programme coordination and assistance: \$1 million from regular resources

*This is a summary of the UNFPA results and resources framework for Rwanda. Because of space constraints, it indicates only the UNDAF outputs where UNFPA serves as the *lead* organization. The full UNDAF results matrix may be accessed on the UNDP Executive Board web page at: www.undp.org/execbrd/adv2007-second.shtml.
