GREAT LAKES INITIATIVE FOR HUMAN RIGHTS AND DEVELOPMENT (G.L.I.H.D)

CONSULTANCY FOR GREAT LAKES INITIATIVE FOR HUMAN RIGHTS AND DEVELOPMENT

FINAL ACTIVITY REPORT

RAPID ASSESSMENT ON NUMBER OF MEDICAL PRACTITIONERS WHO CAN PERFORM SAFE ABORTION IN RWANDA:

- **Personnel qualified to implement the ministerial order on abortion in hospitals**
- **Available personnel trained on Safe Abortion Care and Post Abortion Care.**

July 2019

LIST OF ABBREVIATIONS

AH: Adolescent Health
AIDS: Acquired Immune Deficiency Syndrome
ANC: Antenatal Care
ASRHR: Adolescent Sexual Reproductive Health and Rights
DHS: Demographic Health Survey
EC: Emergency Contraception
FP: Family Planning
GBV: Gender Based Violence
GoR: Government of Rwanda
HIV: Human Immunodeficiency Virus
HBV: Hepatitis B Virus
HPV: Human Papilloma Virus
HSV: Herpes Simplex Virus
ICPD: International Conference on Population and Development
IDHS: Interim Demographic Health Survey
IEC: Information, Education, Communication
IUD: Intrauterine Device
MDG: Millennium Development Goals
MIGEPROF: Ministry of Gender and Promotion of Women
MINEDUC: Ministry of Education
MINISANTE: Ministry of Health
MINIYOUTH: Ministry of Youth
MMR: Maternal Mortality Rate
NGO: Non-governmental Organization
PEP: Post Exposure Prophylaxis
PLWHA: People Living With HIV&AIDS
PAC: Post Abortion Care
PNC : Postnatal Care
PSI : Population Services International
RBC : Rwanda Biomedical Center
RH : Reproductive Health
SA : Safe Abortion
SIDA : Syndrome de l'Immunodéficience Acquise
STI: Sexually Transmitted Infection
SRH: Sexual and Reproductive Health
UNFPA: United Nations Population Fund
UNAIDS: The Joint United Nations Programme on HIV and AIDS
USAID: United States Agency for International Development
VCT: Voluntary Counselling and Testing
WHO: World Health Organization.

CHAPTER ONE:
RWANDA CONTEXT ANALYSIS ON SAFE ABORTION

I.1. INTRODUCTION

Rwanda like many countries in the world recognizes the importance of investing in its population. Many policy documents of Rwanda are aligned to international documents stressing the relationship between population growth and development. As an example where Rwanda has much success in its development agenda is related to women empowerment given that the majority of Its population is made up by female sex and this was in line with 1994 International Conference on Population and Development program of Action that recognized that reproductive health and rights, as well as women's empowerment and gender equality, are cornerstones of population and development programmes.
Different actors are operating in Rwanda and each one has an intervention zone based on the administration structure. The mapping of partners in Rwanda is done by district and a district is an administrative entity with around 300,000 inhabitants. Rwanda is divided in:

- 4 Provinces (West, East, North, South) and the City of Kigali
- 30 districts (Uturere)
- 416 sectors (Imirenge)
- 2148 Cells (Utugari)
- 14837 Villages (Imidugudu).

The government of Rwanda has put increasing effort to adapt the national policies and standards to the contents of the SRHR programs elaborated during ICPD 1994 in Cairo. As a result, the government of Rwanda made and published different policies and laws to guide on reproductive health matters including safe abortion:

- Rwanda Penal Code 2012
- The Law on medical professional liability insurance, 28/04/2013.
- Human Reproductive Health Law, 20/05/ 2016
- Reproductive, Maternal, Newborn, Child and Adolescent Health Policy 2018
- Revision of Rwanda Penal code/Penalties and Offences 2018
- Ministerial Order determining conditions to be satisfied for a medical doctor to perform an abortion, 08 April 2019.

The 2012 penal code presented the 4 exemptions of penalties in terms of safe abortion. In 2018, the revision of articles on safe abortion was published in the national gazette and a ministerial order on its implementation was elaborated and disseminated by the Ministry of health one year after. As services must be provided in a confidential and non- judgmental manner, it seems that the implementation of this law will be difficult mainly for different reasons: (1)very low number of Obstetricians/Gynaecologists in many hospitals, (2)young people reluctant to be accompanied by parents/guardians, (3)a big number of health facilities

across the country are managed by churches and do not provide some Reproductive health services including contraceptives and safe abortion services.

To ensure quality provision of Abortion Care services in health facilities, it requires as well as adapting the clinical environment in health facilities to suit the needs of clients coming for abortion. A joint effort from public and private sector is needed in order to advocate for an effective implementation of Ministerial Order in favor of clients and services providers. A Rapid Assessment was conducted by GLIHD to collect information and views on capacity of hospitals, challenges and obstacles in implementing the ministerial order on abortion. With findings, an advocacy will be made in terms of effective implementation of the ministerial order in efficient manner.

I.2. THE OBJECTIVES OF THE ASSESSMENT

Main objective:

The main objective was to collect information on the technical capability of health facilities to implement the Ministerial order on abortion.

Specific objectives:

- To collect information on the availability of human resources allowed to implement the Ministerial order on abortion.
- To collect information on medical professionals trained on Post Abortion Care(PAC) and Safe abortion.
- To identify gaps, obstacles and challenges on implementation of the Ministerial order on abortion in Rwanda.

I.3. PROGRESS TOWARDS KEY HEALTH INDICATORS

Rwanda, a country in East Africa has a population of more than 11 million[1]. Adolescents and youth represent respectively 22% and 32% of the population. The Human Development Index (HDI) ranking is 159/188[2] and the Social Progress Index (SPI) ranking is 101/128[3]. The public health expenditure surpassed the 15% required under the Abuja Declaration[4]. Rwanda has fertility rate trends of 6.1 in 2005, 5.5 in 2007/8, 6 in 2010 and 4.2 births per women in 2015 (source: RDHS). The contraceptive prevalence rate (CPR) (for any method) was 17% in 2005, 36% in 2007-8, 52% in 2010 and 53.2% in 2015. The contraceptive rate for any modern method (mCPR) was 10% in 2005, 27% in 2007-8, 45% in 2010 and 48% in

[1] World Bank, 2016. https://data.worldbank.org/country/Rwanda. Accessed on 21/05/2018

[2] International Human Development Indicators. United Nations Development Programme, Human Development Reports, 2016. http://hdr.undp.org/en/countries/profiles/RWA. Accessed on 21/05/2018

[3] Social Progress Index, 2017. https://www.socialprogressindex.com. Accessed on 21/05/2018.

[4] http://www.moh.gov.rw/fileadmin/templates/policies/Health_Sector_Policy___19th_January_2015.pdf

2018. The trend of contraceptive use among adolescents was of 3% in 2005, 24% in 2008, 33% in 2010 and 35% in 2015.[5] According to the same source, the unmet need for family planning among married women aged between 15-49 is of 19% up to now, whereas for adolescents it trended down from 22% in 2005 to 4% in 2015 (iv)[5]. Despite this improvement and the use of contraception among adolescents, the trend of teenage pregnancies went up, from 4.1% in 2005, 6.1% in 2010 and 7.3% in 2018. Most of the time it is accompanied by complications during pregnancy and unsafe abortion practices that may lead to maternal mortality.

Moreover, stigma around abortion for girls, women, and healthcare providers still exists and influences many adolescents and young women to seek for unsafe abortion that can lead to maternal death. According to 2016 Maternal Death Surveillance and Response report (MDSR), abortion was representing the 3rd cause for maternal death (9%) after post-partum haemorrhage (PPH) which was 29% and puerperal sepsis 17%. Abortion and eclampsia each represented 9% of maternal deaths. With MDSR 2018, maternal deaths due to abortion are 7%. The distribution of maternal deaths due to abortion by age group was not documented. It's known that maternal deaths that carry stigma are likely not to be reported or are misclassified. Though the country attained MDG 5, maternal mortality ratio in Rwanda is still high; it is of 210/ 100,000 live births (DHS 2015). To mitigate this situation, the country has signed on the Sustainable Development Goals (SDGs) and is committed to achieve, by 2030, all the health related targets including targets 3.1, 5.6 , and 3.7 to reduce maternal mortality ratio to less than 70 per 100,000 live births and to ensure universal access to sexual and reproductive health and rights and to sexual and reproductive health care services including family planning, information and education, and the integration of reproductive health into national strategies and programmes. The government continues to ensure that all Rwandans enjoy the fundamental human rights secured by the Constitution and other national and applicable international human rights laws including the Maputo Protocol (adopted in 2003 by African Union Member Stated including Rwanda). The commitment to realize those fundamental rights is stated in:

- The Country's Vision 2020 and Vision 2050.
- Economic Development Poverty Reduction (EDPRS II 2013-2018);
- The 7 Year Government Programme: National Strategy for Transformation and Prosperity (NSTP1: 2017 – 2024); and
- Rwanda Penal Code 2012
- The Law No 49/2012 of 22/01/2013 on medical professional liability insurance was published in the Official Gazette on 28 April 2013.
- Revised articles on Abortion by Ministry of justice, 2018
- Ministerial Order determining conditions to be satisfied for a medical doctor to perform an abortion,2019.

I.4. ENVIRONMENT AROUND SAFE ABORTION

[5] . NISR, MOH , Demographic Health Survey (2005-2015)

Since 2003, Reproductive health interventions are integrated in strategic documents elaborated by the government of Rwanda. The main documents are the following:

I.3.1. Human reproductive health law 2016

Under this law, all persons have equal rights in relation to human reproductive health. No person shall be denied such rights based on any form of discrimination. Every person has the right of access to education and medical services related to human reproductive health. Every person has the obligation to protect himself/herself and protect others against sexually transmitted diseases. Any discrimination or stigmatization against a person infected with HIV/AIDS is prohibited. Every biological parent or guardian has the duty to discuss with the children about human reproductive health.

The key components of human reproductive health are the following:

- safe delivery for the mother and the new-born;
- care of the new-born;
- family planning;
- prevention and treatment of sexually transmitted infections including HIV/AIDS;
- prevention and treatment of other infections that are harmful to human reproductive health;
- prevention and treatment of infertility;
- prevention of gender-based violence and care for victims thereof;
- raising awareness with the aim of attitudinal change.

The Ministry in charge of health has the authority to monitor human reproductive health-related activities. The educational curricula of different categories of schools and literacy centres must provide courses on human reproductive health.

The Government, public institutions, institutions in charge of human reproductive health and other partners have the among obligations of raising youth awareness on family planning, HIV/AIDS, sexually transmitted infections and other reproductive health components including safe abortion.

In order to promote human reproductive health, the Government has the following obligations:

- to establish a human reproductive health policy;
- to coordinate all activities relating to human reproductive health;
- to establish a specific unit in charge of human reproductive health in each hospital and health centre with medicines, equipment and other means necessary to fulfil its mission;
- to sensitize and assist pregnant women to deliver at health facilities and play their role in taking decisions on human reproductive health;
- to help destitute persons and incapable persons have access to human reproductive health services;
- to train on a regular basis, health professionals, community health workers, teachers, authorities of decentralized administrative entities, the private sector and the youth on human reproductive health;

- to sensitize all employer institutions to encourage their staff to know about human reproductive health;
- to build partnerships with the private sector in activities related to human reproductive health and monitor their implementation by other partners;
- to conduct and publish research on human reproductive health.

I.3.2. RMNCAH policy 2018

Since July 2018, Rwanda is implementing an integrated policy around Reproductive, Maternal, Newborn, Child and Adolescent Health Policy (RMNCAH).

Integrated RMNACH interventions will sustain and improve the development gains made so far in Rwanda. These together with multisectoral interventions to address under-nutrition, improve quality of service, water and sanitation, further reduce poverty and inequalities will ensure that children and adolescents grow up to be well-educated, healthy and productive members of Rwandan society.

An integrated RMNCAH approach as advocated in this Policy will focus on the continuum of care throughout the life cycle and health system which has been proved to have a high impact on reducing maternal, neonatal and child mortality and morbidity. A human rights-based approach is essential to improve RMNCAH, enhance health care provision, reduce gender discrimination and inequities in society (targeting those communities and households most at risk) and improve knowledge and health seeking behaviour (Tuncalp et al, 2015). Promoting and safeguarding RMNCAH should not only be regarded as an investment, but also as a basic human right. The right of all Rwandans to good health is enshrined in Article 41 of the 2003 *Constitution of the Republic of Rwanda* (Government of the Republic of Rwanda, 2003). The realization of this right is probably best demonstrated through attempts to achieve universal health coverage and the 2010 *Rwanda Community-based Health Insurance Policy*.

Under the RMNCAH Policy, two strategic plans are under finalization and will be disseminated in few months:

- MNH strategy including all aspects related to maternal health, newborn health, child health and other aspects like Post abortion care, nutrition, antenatal and postnatal care.
- FP&ASRH strategy including FP, ASRH, GBV and other related aspects like adolescent health, HIV, STIs including HPV and Hepatitis B&C.

I.3.3. Strategies to reduce teenagers' pregnancies.

The 2014-15 RDHS reveals that 20% of 15 to 19-year-olds and 64.5% of 20 to 24- year-olds have had sex. Secondary analyses show that sex among youth includes those who are in union and those who are not, and that sex is infrequent for at least 90% of youth who have had sex. Therefore, diversified approaches are needed for youth: different approaches for the 20 to 24 and 15 to 19 age groups depending on frequency of sex, and whether youth are married or unmarried. Additionally, there is a need to expand method choice for all youth, including wider distribution of female condoms, emergency contraceptive pills and other methods adapted to infrequent sex.

Different are under implementation to reduce teenage pregnancy rate in coming years:

1) Awareness creation:

One strategy was to provide young people counselling and information on adolescent sexual and reproductive health through different channels so that they may adopt responsible sexual behavior and practices.

On that strategy, **sensitization** on ASRH was done through youth corners at HCs, youth centers, in the community by CHWs, peers educators, mass media and by leaders in different meetings.

2) Provision of contraceptives:

The second strategy was to avail and provide FP methods in HCs and community by CHWs so that anyone desiring to avoid unplanned pregnancy might use this service.

3) Prevention and care of SGBV cases:

The third strategy especially in the context of SGBV, was to provide contraceptive methods for any under 18 teenagers suspected for SGBV through on stop center at every district hospital. Currently the emphasis is being put on the use of new technology for providing ASRH information. Despite all those strategies teenagers are still rampant.

4) ASRH services at school as a New strategy for reducing teenagers' pregnancies:

As mentioned above the issues of increasing number of teenagers' pregnancies needs political commitment and strong strategies. On this the MOH is proposing another strategy that can yield tremendous results on the reduction of teenagers' pregnancies and that is availing contraceptives methods like pills and condoms in 12-year basic education schools and private secondary schools of Rwanda. Those schools need to have a nurse for counseling and provide method according to the medical eligibility criteria. MOH is suggesting availing pills and condoms in schools as a new strategy for the reduction of teenagers' pregnancies because:

- Most of Rwandan young people are found in schools and everyone is supposed to complete 12 years' basic education.
- According to school health policy, young people are being provided with comprehensive sexuality education meaning that they can choose using contraceptive method at school responsibly.
- School environment expose young people to sexual promiscuity and this is fueled by wrong sexual information via internet and other social media.
- When going to schools and coming back home from schools which do not have boarding, young girls meet with temptation exposing them to sexual intercourse especially by old people (cross generational sex).

However, several gaps persist in the area of SRHR. These include:

- Partial alignment of Sexual and Reproductive Health services to the Global Strategy for Women, Child and Adolescent Health and to the Global Accelerated Action for the Health of Adolescents (AA-HA! Guidance) and all ratified Global reproductive health guidelines;
- Low contraceptive prevalence (mCPR): 48%
- Unmet need in FP is still high: 19%;
- No disaggregated data on abortion by age group;
- Women, men, adolescent girls and boys don't have full access to information and quality integrated SRHR services including safe abortion and Post abortion care;

- Low staffing to cover SRHR;
- Insufficient support for the mobile for health (m4 health)/ digital tool providing information on SRHR to all young people and women.
- Weak partnerships with civil society, media and the community to ensure women get access to safe abortion care and services;
- Inadequate access and use of good quality SRHR and abortion commodities including emergency contraceptives (morning after pill) at all levels;
- Operationalization of some laws protecting women and adolescents to have control over their fertility and abortion when needed (ministerial order on abortion) while other needs to be reviewed and amended (Human Reproductive Health law);
- Some health providers (due to culture towards abortion) still have negative attitude towards abortion care and this can be a barrier for operationalization of existing penal code.

To respond to this situation, the country needs to expand existing information and programs about SRHR to the general public and increase awareness about the various choices available with a focus on adolescents and youth. Furthermore, a holistic approach to address systemic barriers such as the attitudes of health workers, health information system to capture data on abortion and access to essential medicines and commodities is required.

METHODOLOGY

III.1. Selection of health facilities

Different methods will be used to select health facilities to be included in the samples to visit as source of information. (1) These include hospitals in different provinces, from rural and urban, from public, Private and faith based hospitals. (2) Also The contact points are Health centers and youth centers to collect views from decentralized health facilities as the main entry points for clients and patients in Rwanda Health System.

The selection of health facilities was done according to the health system structure and administration boundaries:

- All hospitals were included except teaching hospitals (CHUK, CHUB, RMH, KFH) and specialized hospitals (Ndera, Kacyiru, Gatagara). All district hospitals, provincial and national referral hospitals were included (42 in total).
- 10 private clinics were from 4 provinces and City of Kigali.
- 10 Health centers and 5 youth friendly services points were also included. These decentralized facilities are considered as entry points of abortion care.

The selection of hospitals considered the rural and urban, south and north, west and east; then finally public, private and faith based.

III.2. Techniques used

Field visits in selected 42 hospitals and 10 private clinics countrywide with key tasks:

- **Collect information** on personnel qualified to implement the ministerial order on abortion in hospitals, Private Clinics and some health centers.
- **Collect information** on available personnel already trained on Safe Abortion Care and Post Abortion Care
- **To identify Key issues and challenges** for abortion care in Rwanda and gaps identified in implementing the Ministerial Order on abortion.
- **To collect some views from young people** in youth friendly service points.

In addition, 20 key informants from 20 hospitals were selected to provide their views on SRHR and safe abortion environment in health facilities. Each province is represented by 4 hospitals:

- Kigali City (Masaka, Muhima, Kibagabaga, La Croix du sud)
- East (Nyamata, Ngarama, Rwamagana and Kirehe)
- South (Ruhango, Kabgayi, Nyanza and Remera-Rukoma)
- West (Mugonero, Kibuye, Gihundwe and Muhororo)
- North (Ruhengeri, Nemba, Rutongo and Byumba).

Information was collected from direct dialogue with managers of selected hospitals. Information collected includes Number of doctors by category, number of midwives, available personnel trained on PAC and Safe abortion.

At least one Health Center or youth friendly service in a province was visited and views on safe abortion collected during the field visit.

10 health centers were visited:

- Nyamirama HC and youth Corner (Kayonza)
- Musanze HC and Youth Center(Musanze)
- Gikomero HC and Youth Corner(Gasabo)
- Gisenyi HC and Youth Corner(Rubavu)
- Mukarange HC(Kayonza)
- Gishweru HC(Kicukiro)
- Kora HC(Nyabihu)
- Kimonyi HC(Musanze)
- Nyakarenzo HC(Rusizi)
- Mukoma HC(Nyamasheke).

5 Youth friendly services points were visited:

- Kamonyi Youth Center(Kamonyi)
- Musanze Youth Center(Musanze)
- Gikomero HC Youth Corner(Gasabo)
- Gisenyi HC Youth Corner(Rubavu)
- Nyamirama Youth Corner (Kayonza).

CHAPTER TWO:
FINDINGS FROM RAPID ASSESSMENT

Rwanda is known for its political will and commitment to support SRH&R programs and to address challenges around maternal and child health. After publication of Ministerial Order 08 April 2019 determining conditions to be satisfied for a medical doctor to perform an abortion,

a rapid assessment was conducted in 48 hospitals public and private to be asked information on how the Ministerial Order determining conditions to be satisfied for a medical doctor to perform an abortion is implemented. The questions were on three aspects:

- Available personnel qualified to implement the ministerial order on abortion in the hospital;
- Available personnel trained on Safe Abortion Care and Post Abortion Care in the hospital;
- General perceptions of safe abortion within the health facility.

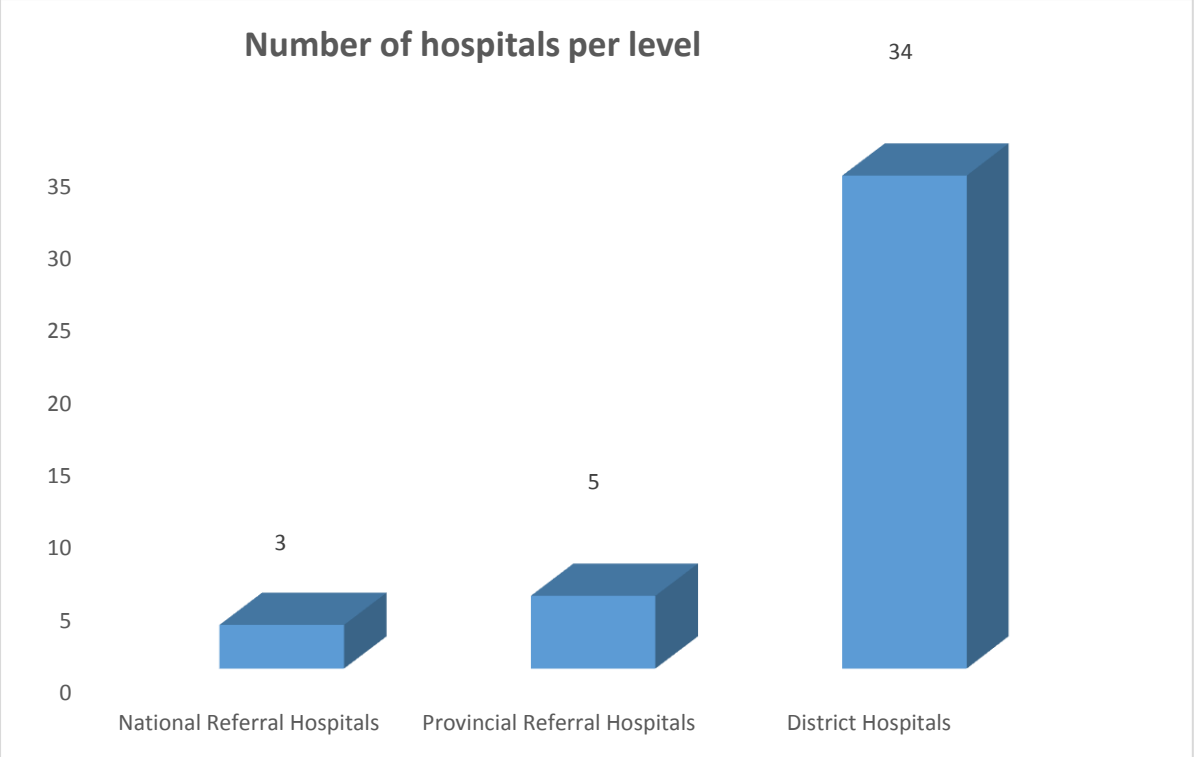
II.1. SITUATION IN HOSPITALS SUPPORTED BY THE GOVERNMENT

1. Hospitals per level of package of care

All 42 hospitals supported by the government of Rwanda were visited including district hospitals (34), provincial hospitals (5) and referral hospitals (3). These hospitals include failth-based hospitals managed under a memorandum of understanding between churches and ministry of health, they have a full support from the government and are under coordination of the ministry of health.

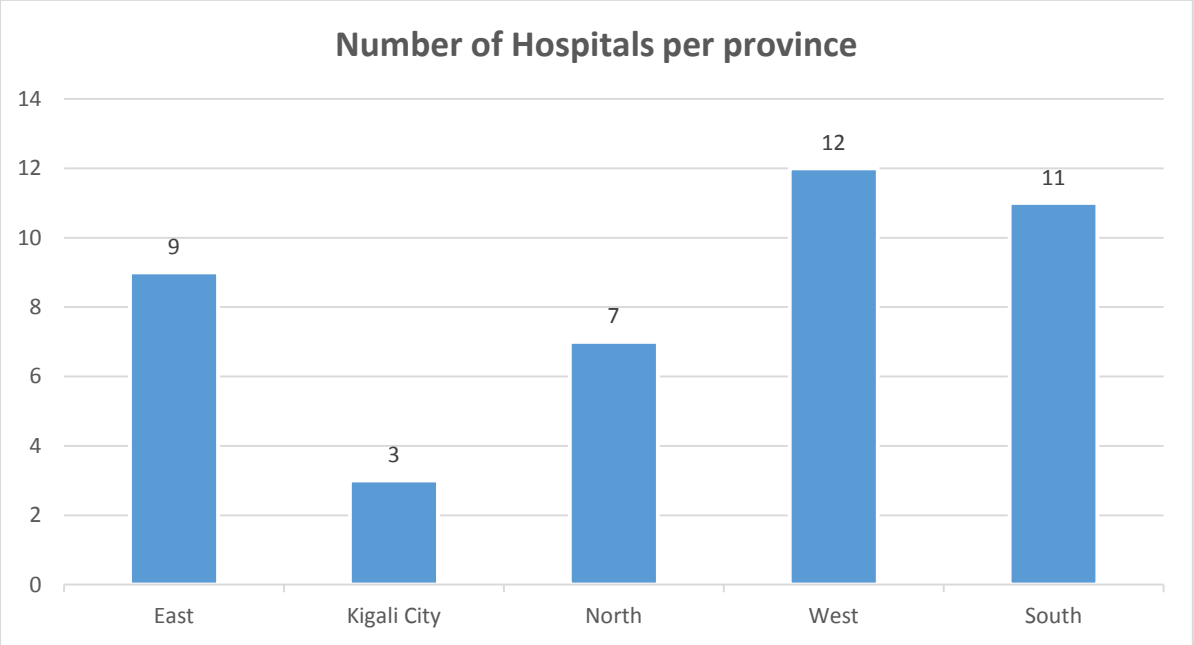
The 3 national referral hospitals are Kibuye in West, Ruhengeri in North and Kibungo in East.

5 provincial referral hospitals are Bushenge in west, Kinihira in North, Rwamagana in East, Ruhango in South and Masaka in Kigali City.



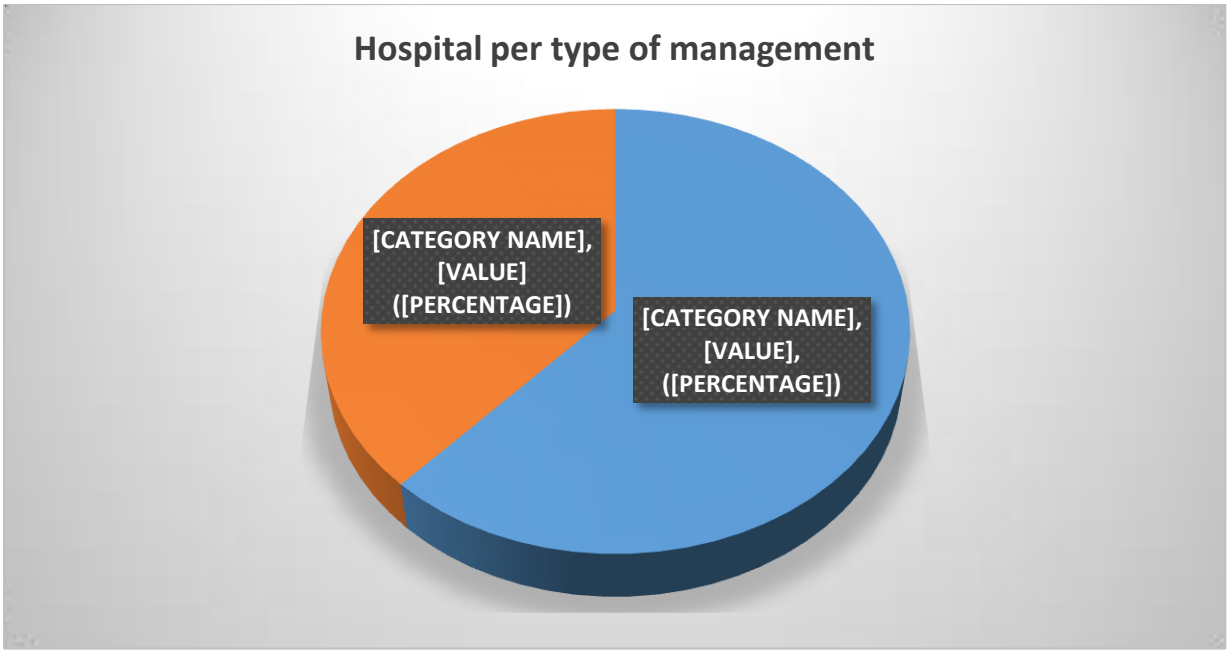
2. Number of hospitals per province

Among 42 hospitals, 9 are located in Eastern province, 3 in Kigali City, 7 in Northern province, 12 in Western province and 11 in Southern province. Each province has district hospitals, provincial hospital and referral hospitals.



3. Type of hospital

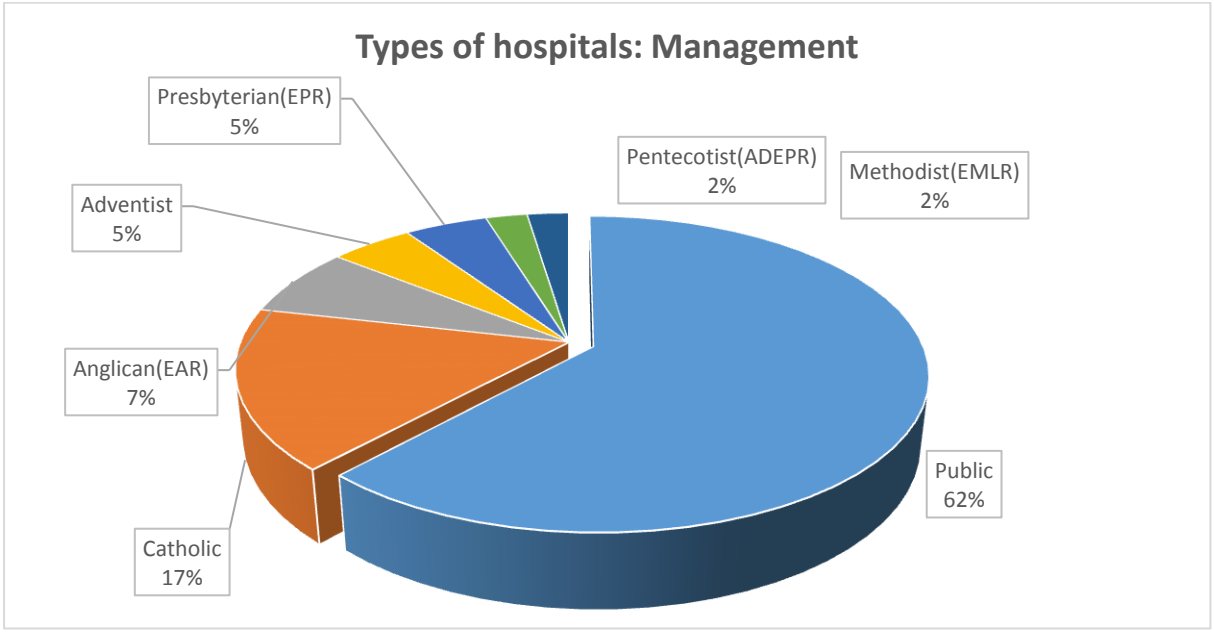
Among 42 hospitals, 38% of them are managed by faith-based organizations(churches) and then 62% are under governmental management(MoH)



4. Type of hospital and its management

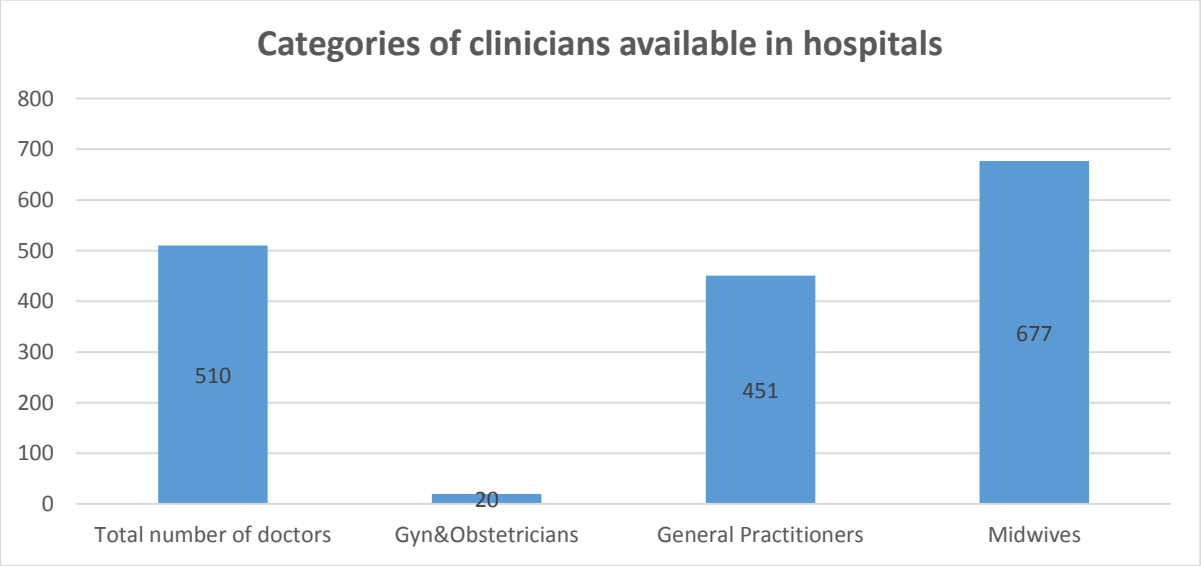
The figure below shows the owner and principal manager of the hospitals:

- 17% of all hospitals for Catholic church,
- 7% for Anglican church,
- 5% for respectively Adventist
- 5% for Presbyterian church
- 2% for Pentecotist and
- 2% for Methodist church.



5. Health care practitioners by category

Among 42 hospitals, only 16 (38%) have at least one Gyn/Ob. In total 20 Gyn are available in 42 hospitals among them 18 appointed by the GoR and 2 of them working under PIH contract in Kirehe and Rwinkwavu hospitals.



6. Availability of Gynecologists in different categories of hospitals

In total of 20 gynaecologists available in 42 hospitals, 5 are based in three national referral hospitals, 3 gynaecologists based in five provincial hospitals and 12 based in 34 district hospitals.

In 5 PRH, only 3 have a gynaecologist (Bushenge, Rwamagana and Masaka).

All the 3 NRH have at least one gynaecologist (Kibuye, Ruhengeri and Kibungo).

Table 1: Number of gynaecologists in national referral hospitals:

Province	**National referral hospital(NRH)**	**Number of Gynecologists**
East	Kibungo NRH	1
North	Ruhengeri NRH	2
South	N/A	
West	Kibuye NRH	2
Kigali City	N/A	
Total		5

Table 2: Number of gynaecologists in provincial referral hospitals:

Province	**Provincial referral hospital(PRH)**	**Number of Gynecologists**
East	Rwamagana PRH	1
North	Kinihira PRH	0
South	Ruhango PRH	0
West	Bushenge PRH	1
Kigali City	Masaka PRH	1

Total	3

Table 3: Number of gynaecologists in district hospitals:

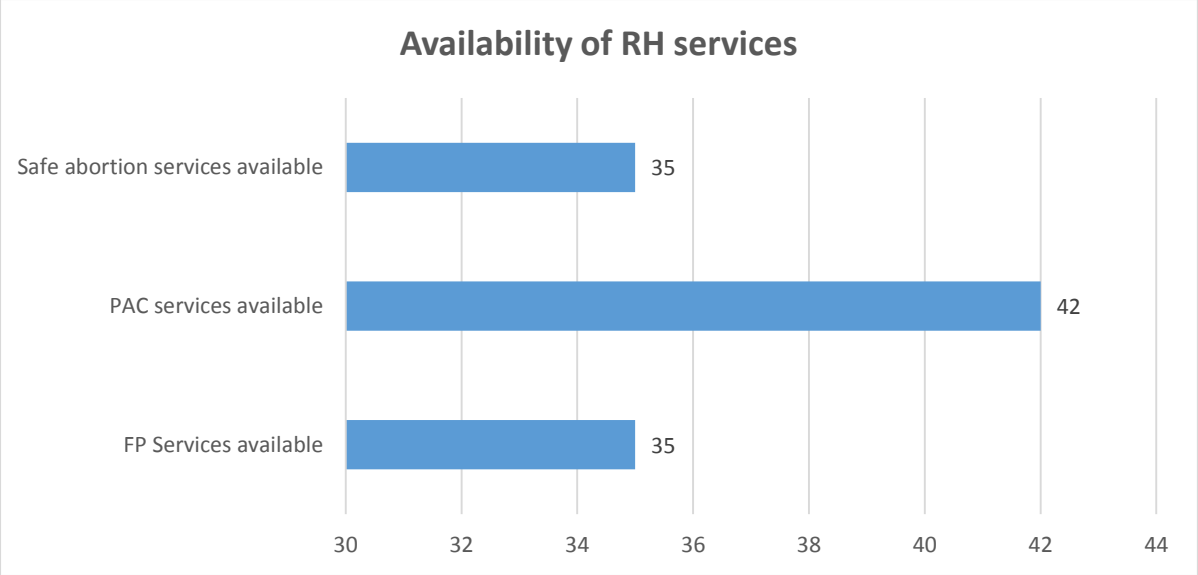
Province	**Provincial referral hospital(PRH)**	**Number of Gynecologists**
East	Kirehe DH	1
	Rwinkwavu DH	1
	Nyamata DH	1
North	Byumba DH	1
South	Kabgayi DH	1
West	Gihundwe DH	1
	Shyira DH	1
Kigali City	Kibagabaga DH	1
	Muhima DH	3
	Masaka	1
Total		12

- In Eastern province, 5 gynecologists are available in 5 hospitals out of 9: Rwamagana(1), Nyamata(1), Kibungo(1), Rwinkwavu(1) and Kirehe(1). Two among them are deployed by PIH in Kirehe nd Rwinkwavu hospitals.
- In Northern province. Only 3 gynecologists are deployed in two hospitals out of 7: Ruhengeri(2) and Byumba(1).
- In Kigali City, 5 gynecologists are deployed in three hospitals: Masaka(1), Kibagabaga(1) and Muhima(3).
- In Western province, 6 gynecologists are deployed in 4 out of 12 hospitals: Gisenyi(1), Shyira(1), Kibuye(2), Bushenge(1) and Gihundwe(1).
- In Southern province, with 11 hospitals, only 1 gynecologist is available in Kabgayi hospital.

7. Availability of SRH services in visited hospitals

In general FP services and abortion care are available in most of hospitals (35/42). Seven other are managed by Roman Catholic church and not allowed to avail contraceptives and abortion services. For abortion care, the hospitals declared only those medically indicated for danger for mother's and fetal life.

On other hand, PAC services are available in all hospitals.

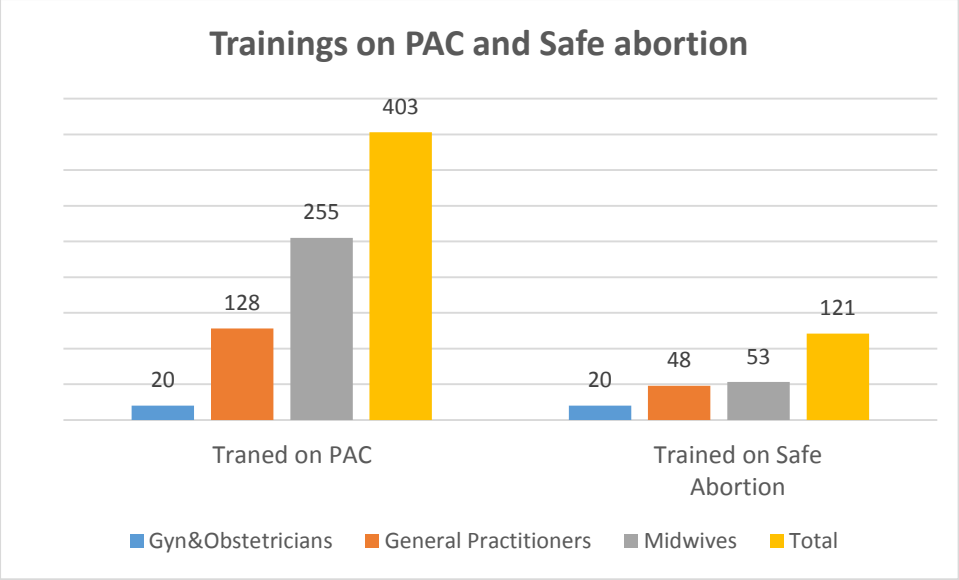


Even if safe abortion services are available in all public hospitals, they have limited skills on its management because most of them didn't receive any case until now.

The hospitals declared that safe abortion services are not available in health centers and Post abortion care is not managed at that level. The reproductive health services available in health centers are dominantly Family Planning, HIV counseling and testing.
In additional, almost a quarter of health centers are managed by catholic church, then not allowed to avail modern contraception.

8. Staff trained on PAC and Safe abortion care

A non-negligible number of staff all categories are trained on PAC but a few number of staff are trained on safe abortion.
Safe abortion is still taken as a new service and physicians are waiting for training. Only five districts are fully trained until now on FP, PAC and safe abortion (Nyagatare, Bugesera, Nyamagabe, Nyaruguru and Gisagara).



9. General questions on SRH and answers from 20 key informants

Table 4: Capability of hospitals to avail safe abortion services

#	Questions	Positive answers (Yes)	Negative answers (No)
1	Is Safe abortion a national priority of the GoR?	12 (60%)	8 (60%)
2	Are policies on Safe abortion available	17 (85%)	3 (15%)
3	Are policies on Safe abortion disseminated and used by physicians	3 (15%)	17 (85%)
4	Awareness on Safe abortion done countrywide	1 (5%)	19 (95%)
5	Proper budget allocation to safe abortion and PAC	17 (85%)	3 (15%)
6	Availability of Safe abortion services	12 (60%)	8 (40%)
7	Availability of PAC services	18 (90%)	2 (10%)
8	Financial access(affordability)	16 (80%)	4 (20%)
9	Are you comfortable to perform safe abortion after reading this Ministerial instruction?	12 (60%)	8 (40%)
10	Are you trained on safe abortion care?	11 (55%)	9 (45%)

10. Environment on implementation of the Ministerial order

Due to the type of management of the hospital, especially the position of the owner/manager of the hospital, 3 situations were identified during the rapid assessment:

- Some hospitals are not allowed to implement the ministerial order. 17% of hospitals managed by Catholic church received an official instruction from Bishops as an anti-campaign against safe abortion.

- Some hospitals managed by other churches are in ambiguity on the implementation of the ministerial order because in such situation the pastor appointed in the hospital has to report first to the hierarchy of the church.
- 62% of hospitals, totally public are confident to implement the ministerial order on abortion but until now only 60% of doctors are comfortable to do it.

II.2. SITUATION IN PRIVATE CLINICS

In private clinics, they are not updated on safe abortion services including the ministerial order. They don't have it in place. It seems that gynaecologists are only available at the level of hospital or Polyclinic, the only ones recognized by the ministerial order to perform safe abortion in Rwanda. But private hospitals and polyclinics are few in country and rare in provinces out of Kigali City.

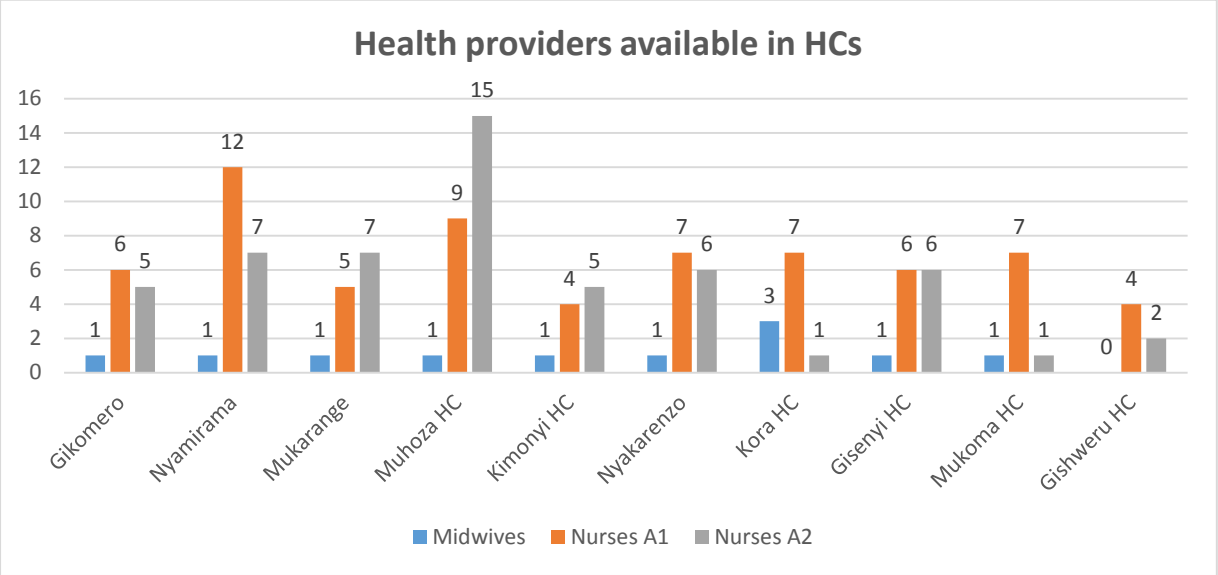
Table 5: Capability of private clinics to implement the Ministerial order on abortion

Province	District	Name of hospital	GO	GP	Midwives	Nurses	Trained PAC	Trained SA	Awarenes ss	Ready to impleme nt
Kigali City	Gasabo	Hopital La Croix du Sud	8	8	12	44	0	0	Not yet	Yes
	Kicukiro	La Clinique Don de Dieu	0	2	1	4	0	0	Not yet	Yes
EAST	Rwamagana	La Clinique Sainte Theresa	0	2	0	3	0	0	Not yet	Yes
	Ngoma	Kibungo Medical Center	0	1	0	4	0	0	Not yet	No
NORTH	Musanze	La Clinique Pro Omnibus	0	3	0	4	0	0	Not yet	Yes
	Gicumbi	Clinique de Byumba	0	1	0	2	0	0	Not yet	Yes
WEST	Karongi	Clinique Sainte Famille	0	1	0	1	0	0	Not yet	Yes
	Rubavu	Clinique de l'Arche	0	3	2	8	0	0	Not yet	Yes
SOUTH	Muhanga	La providence	0	2	2	6	0	0	Not yet	Yes
	Huye	Polyclinique LaMedicale	1	1	2	6	0	0	Not yet	Yes
Total			**9**	**24**	**19**	**82**	**0**	**0**	**0**	**9**

II.3. SITUATION IN HEALTH CENTERS

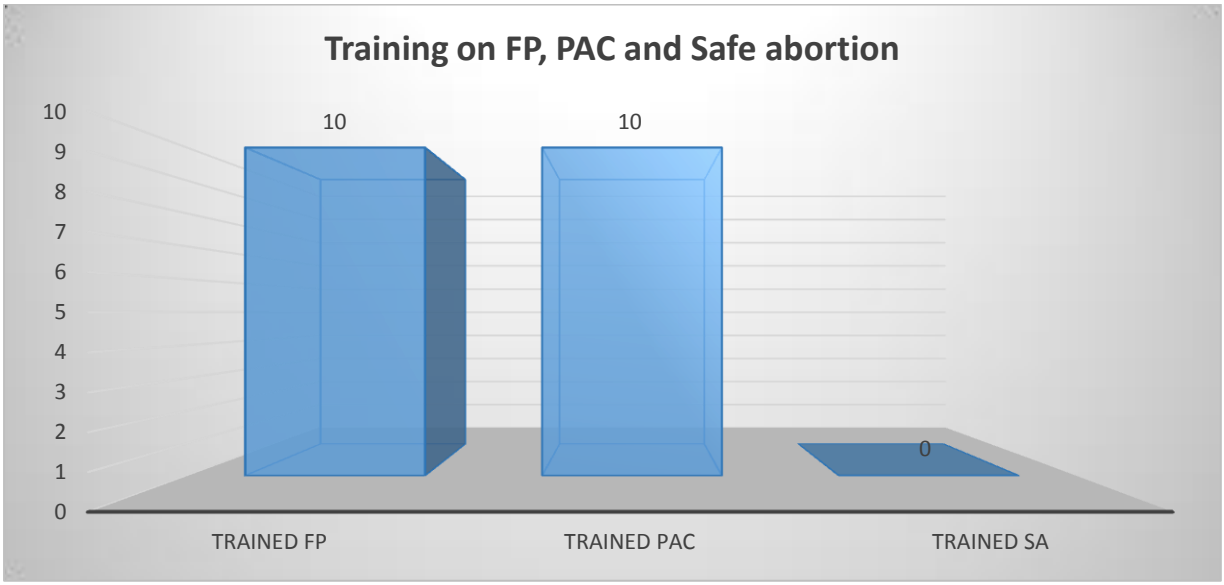
Among 10 health centers visited, they are not aware of the Ministerial Order on safe abortion and ignore the revision of the penal code in its articles related to the 4 exemptions of penalties in case of abortion. 90% of health centers have at least a midwife who can perform PAC services after training. Enough nurses are available in different levels A1 and A2.

1. Availability of health care providers in health centers:



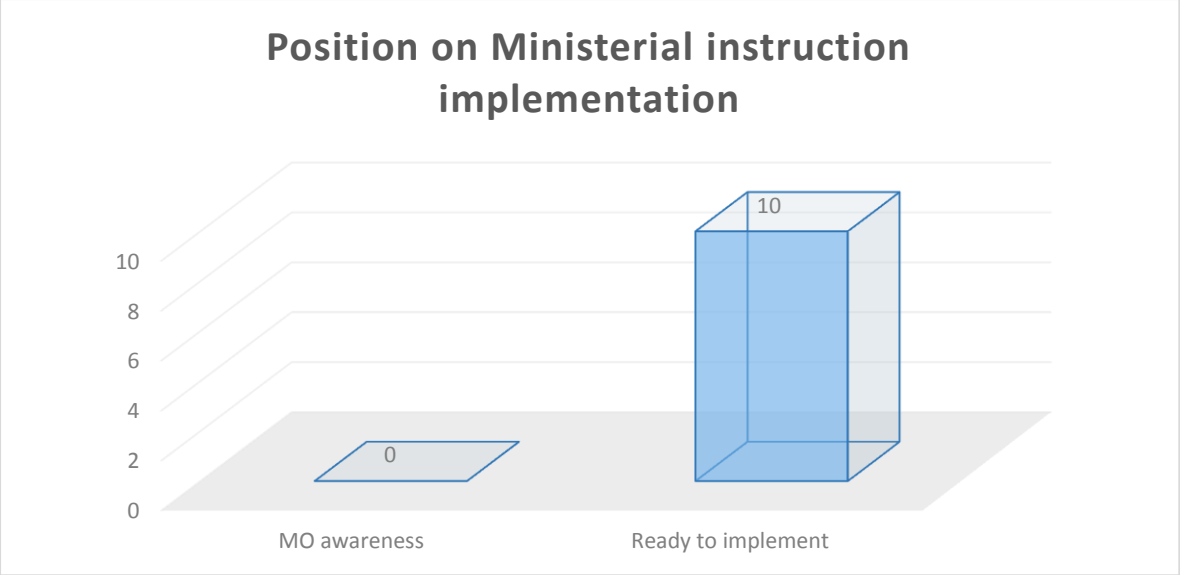
2. Training on FP, PAC and Safe abortion

All health centers have at least one staff trained on Counselling and Clinical FP. They have also one staff specifically a midiwife trained on PAC. On other hand, all health centers are not yet trained on safe abortion care.



3. Implementation of Ministerial order on abortion in health centers

All health centers are not aware of the Ministerial order on safe abortion and asking for having information on it as the principal entry points of all services.



II.4. YOUTH FRIENDLY SERVICES AND ABORTION SERVICES

During the rapid assessment, five Youth friendly services points were visited in different district to have also views and statements on safe abortion:

- Kamonyi Youth Center(Kamonyi)
- Musanze Youth Center(Musanze)
- Gikomero HC Youth Corner(Gasabo)
- Gisenyi HC Youth Corner(Rubavu)
- Nyamirama Youth Corner (Kayonza).

In general, no information on safe abortion available for young people using youth centers and youth corners. No information of Ministerial order on safe abortion. They don't have ideas on how, where to get safe abortion services. One center out of 5 (20%) includes safe abortion into counselling and ASRH education.

We found out two categories of youth friendly services established countrywide:

1. Youth Corners:

The introduction of youth friendly services in a youth center requires to avail a qualified nurse and specific materials and equipment including essential drugs, consumables and materials to provide the following reproductive health services for young people:

- HIV Counselling and testing
- Screening, diagnosis and treatment of STIs
- Pregnancy prevention (provision of contraceptives)

Photo: Nyamirama Youth corner inside Nyamirama Health center

2. Youth centers:

In Rwanda youth centres, e.g. Kamonyi Youth Centre, are often the first entry point for young people to seek help and advice. They are often attracted by the activities they are offering including vocational trainings and education on life skills.

Photo: Young people in education session in Kamonyi Youth Center, Kamonyi district (SOUTH)

Youth friendly services are more likely the effective entry points for safe abortion for young girls in need. Considering the high teenage pregnancy in Rwanda, the interventions around awareness on safe abortion should be integrated into daily education provided by youth educators and peer educators in youth corners and centers. A proper orientation of young people on safe abortion services will probably reduce the number of teenage pregnancies and unsafe abortion and the related consequences.

The ministerial instruction on safe abortion is not disseminated to youth corners and youth centers and managers of youth centers are not aware of it. This dissemination should be done as soon as possible.

CHAPTER THREE

CONCLUSION AND RECOMMENDATIONS

1. CONCLUSION

The Ministry of Health is committed to put in place conducive environment through an open discussion on various strategies that are believed to yield good results on SRH and prevention of teenagers' pregnancies. One strategy is to advocate for the elaboration of a RH law allowing young people to use contraceptives without consent from parents/guardians. It was a good news to see MoH producing a Ministerial order determining the conditions to be satisfied for medical doctor to perform a safe abortion in Rwanda, its dissemination should be widely done to ensure a proper implementation of it.

Considering the views and perceptions from key informants from 20 hospitals and the information collected from 42 hospitals and 5 private clinics in the 4 provinces and the City of Kigali,

Considering the conducive environment from the political will to advocate for Post Abortion Care and safe abortion in Rwanda,

Considering different strategic documents elaborated by the government of Rwanda on PAC and safe abortion,

GLIHD salutes the effort demonstrated by the GoR to review the Penal Code and put in place the Ministerial order determining the conditions to be satisfied for medical doctor to perform a safe abortion in Rwanda.

The challenges remain in its implementation because with information from health facilities, medical doctors trained on safe abortion are still few and many hospitals are not yet trained on this activity.

For the condition requiring a gynaecologist/Obstetricians, this type of physicians is rare in health facilities.

2. RECOMMENDATIONS

The country should enhance access to safe abortion and post abortion care and advocate for the protection of the autonomous rights for women and adolescents to have control over their fertility.

General recommendations

1. The Ministry of health to make an effective dissemination of the Ministerial order on safe abortion among health care providers at all levels including Community Health Workers.
2. The Ministry of health and other Social Cluster ministries to coordinate awareness activities on safe abortion through Civil Society organizations and existing structures in place like Women and Youth Council.
3. Find a solution of a big proportion of faith-based hospitals not allowed by owners to provide safe abortion services.

4. To create awareness among local authorities and community leaders on safe abortion care and the ad hoc ministerial order already gazetted.
5. Orientation meetings should be organized for youth centers and other youth related platforms in place (youth council, youth volunteers,…).

In Public Sector:

1. Deployment of enough Obstetrician/gynaecologist in hospitals and at least two in each referral hospital
2. To train at least two physicians and two Midwives in each hospital on PAC and safe abortion in both district and provincial hospitals.
3. For the case of a child client, the requirement of Obstetrician/gynaecologist should be removed because they are not deployed in all hospitals and their number is still limited.
4. Task shifting from Physicians to Midwives will be needed after wide dissemination of the ministerial order with aim to make services more accessible near the population. In this regards, Midwives trained on PAC and midwives trained on ultrasound can perform abortion with additional skills (updates, refresher).

In private health facilities:

1. The private clinics having doctors and Midwives should be allowed to perform safe abortion services because in this sector only hospitals and polyclinics are allowed and they are very few especially out of Kigali City.
2. To train doctors and midwives from private health facilities.
3. Procure kits and equipment for PAC and safe abortion in private health facilities.

REFERENCES

1. Rwanda Penal Code 2012 and 2018
2. World Bank, 2016. https://data.worldbank.org/country/Rwanda. Accessed on 21/05/2018
3. International Human Development Indicators. United Nations Development Programme, Human Development Reports, 2016. http://hdr.undp.org/en/countries/profiles/RWA. Accessed on 21/05/2018
4. Social Progress Index, 2017. https://www.socialprogressindex.com. Accessed on 21/05/2018.
5. http://www.moh.gov.rw/fileadmin/templates/policies/Health_Sector_Policy___19th_January_2015.pdf
6. NISR, MOH , Demographic Health Survey (2005-2015)
7. Rwanda Ministry of Health. Health Sector Policy, July 2014.
8. Tilahun, Marelign, and Gistane Ayele. "Factors associated with age at first sexual initiation among youths in Gamo Gofa, south west Ethiopia: a cross sectional study." *BMC Public Health* 13.1 (2013): 1.
9. Behavioral Surveillance Survey Among Youth Aged 15 - 24 Years in Rwanda
10. Morris, Jessica L., and Hamid Rushwan. "Adolescent sexual and reproductive health: The global challenges." *International Journal of Gynecology & Obstetrics* 131 (2015): S40-S42.
11. Rapid Assessment of Adolescent Sexual Reproductive Health Programs, Services And Policy Issues in Rwanda, December 2011.
12. Rwanda 4th Population and Housing Census 2012
13. Rwanda 3rd Integrated Household Living Conditions Survey
14. RMNCAH Policy 2018
15. Family Planning Policy 2012
16. ASRH&R Policy 2011
17. ASRH manual 2011
18. Rwanda National Strategy for Transformation
19. EDPRS 2,
20. Rwanda Penal Code 2012
21. The Law on medical professional liability insurance, 28/04/2013.
22. Human Reproductive Health Law, 20/05/ 2016
23. Reproductive, Maternal, Newborn, Child and Adolescent Health Policy 2018
24. Revision of Rwanda Penal code/Penalties and Offences 2018
25. Ministerial Order determining conditions to be satisfied for a medical doctor to perform an abortion, 08 April 2019.
26. www.moh.gov.rw

ANNEX 1: QUESTIONNAIRE

A. IDENIFICATION OF HEALTH FACILITY
   a. Name of the facility:
      ……...
   b. Level of the facility:
      i. District……
      ii. Provincial Hospital……..
      iii. National Referral Hospital……..
   c. Type of facility: Public…… Faith based……Private……..
   d. Location: Province……...
      District……..

B. INFORMATION ON TECHNICAL PERSONNEL
   a. Total number of medical doctors: …….
   b. Total number of General Practitioners: ……
   c. Total number of Obstetrics/Gynecologist: ……
   d. Total number of Midwives: …….
   e. Name of Director General:
      …….
   f. Name of Clinical Director:
      ……..
   g. Name of Director of Nursing:
      …….
   h. Number of personnel trained on PAC:
      Ob&Gyn…….GP……MW…..
   i. Number of personnel trained on safe abortion:
      Ob&Gyn…..GP……MW…..

C. OTHER INFORMATION
   a. FP service available(contraceptives)?
      Yes…….No……..
   b. CAA services available: PAC?…….Safe abortion?……..
   c. Number of Health Centers providing RH services:……
   d. Name of nearest Youth friendly services: Youth corner……...
      Youth center……...

D. GENERAL VIEWS ON LEGAL ABORTION:

Obstacles……
…..……
……..……
……
……Gaps/challenges……
……
……
……Recommendations……
……..……
……
……
……

ANNEX 2: LIST OF HOSPITALS IN RWANDA (PUBLIC & FAITH BASED HOSPITALS)

Province	District	Hospital	Type	Management
Kigali City	Kicukiro	Masaka	PH	Public
	Gasabo	Kibagabaga	DH	Public
	Nyarugenge	Muhima	DH	Public
East	Nyagatare	Nyagatare	DH	Public
	Gatsibo	Ngarama	DH	Public
		Kiziguro	DH	Faith Catholic
	Kayonza	Gahini	DH	Faith Anglican
		Rwinkwavu	DH	Public
	Kirehe	Kirehe	DH	Public
	Ngoma	Kibungo	NRH	Public
	Rwamagana	Rwamagana	PH	Public
	Bugesera	Nyamata	DH	Faith ADEPR
South	Kamonyi	Remera-Rukoma	DH	Faith EPR
	Muhanga	Kagbayi	DH	Faith Catholic
	Ruhango	Gitwe	DH	Faith Adventist
		Ruhango	PH	Public
	Nyanza	Nyanza	DH	Public
	Huye	Kabutare	DH	Public
	Gisagara	Kibilizi	DH	Public
		Gakoma	DH	Faith Catholic
	Nyamagabe	Kigeme	DH	Faith EPR
		Kaduha	DH	Public
	Nyaruguru	Munini	DH	Public
West	Rusizi	Mibilizi	DH	Faith Catholic
		Gihundwe	DH	Public
	Nyamasheke	Bushenge	PH	Public
		Kibogora	DH	Faith Methodist
	Karongi	Kibuye	NRH	Public
		Kirinda	DH	Faith EPR
		Mugonero	DH	Faith Adventist
	Rutsiro	Murunda	DH	Faith Catholic
	Rubavu	Gisenyi	DH	Public
	Nyabihu	Shyira	DH	Faith Anglican
	Ngororero	Kabaya	DH	Public
		Muhororo	DH	Public
North	Musanze	Ruhengeri	NRH	Public
	Burera	Butaro	DH	Public

	Gakenke	Nemba	DH	Faith Catholic
		Ruli	DH	Faith Catholic
	Rulindo	Rutongo	DH	Public
		Kinihira	PH	Public
	Gicumbi	Byumba	DH	Public

In total 48 hospitals:

- Public: 26 and Faith: 16
- DH=34 , PH=5 , NR= 3

ANNEX 1: List of Key informants from 20 hospitals

Province	District	Hospital	Type	Management
Kigali City	Kicukiro	Masaka	PRH	Public
	Gasabo	Kibagabaga	DH	Public
		La Croix du Sud	Private hospital	Private
	Nyarugenge	Muhima	DH	Public
East	Bugesera	Nyamata	DH	Faith ADEPR
	Gatsibo	Ngarama	DH	Public
	Rwamagana	Rwamagana	PRH	Public
	Kirehe	Kirehe	DH	Public
South	Kamonyi	Remera-Rukoma	DH	Faith EPR
	Muhanga	Kagbayi	DH	Faith Catholic
	Ruhango	Ruhango	PRH	Public
	Nyanza	Nyanza	DH	Public
West	Rusizi	Gihundwe	DH	Public
	Karongi	Kibuye	NRH	Public
		Mugonero	DH	Faith Adventist
	Ngororero	Muhororo	DH	Public
North	Musanze	Ruhengeri	NRH	Public
	Gakenke	Nemba	DH	Faith Catholic
	Rulindo	Rutongo	DH	Public
	Gicumbi	Byumba	DH	Public

20 hospitals:

- 1 private
- 5 faith-based
- 14 public

ANNEX 2: Actors in SRH field in Rwanda

#	Name of actor	Key interventions	Districts supported	Comments
1	UNFPA	Mass mobilization, capacity building, equipment and materials for health facilities and youth corners, , Procurement of contraceptives	(3 districts) Rusizi, Nyamasheke and Karongi	
2	USAID	Procurement of contraceptives	Central level	Abortion prohibited by USA
3	WHO	Policy formulation, Guidelines development	Central level	
5	Intrahealth	Mass mobilization, capacity building, equipment and materials for health facilities and youth corners	(20 districts) Nyagatare, Gatsibo, Ngoma, Rwamagana, Bugesera, Kamonyi, Muhanga, Ruhango, Nyanza, Huye, Nyaruguru, Nyamagabe, Musanze, Rutsiro, Ngororero, Nyabihu, Rubavu , Gicumbi, Kicukiro and Gasabo	USAID fund, no support to abortion
6	Partners in Health (PIH)	Mass mobilization, capacity building, equipment and materials for health facilities and youth corners	Kayonza, Kirehe and Burera	
7	Health Development and Performance (HDP)	Youth Friendly services creation (Awareness, capacity building)	Ruhango and Nyaruguru	
8	Imbuto Foundation	Youth Friendly services creation (Awareness, capacity building and young women empowerment)	Gicumbi, Rubavu, Ngororero	Founded and Chaired by the First Leady of Rwanda
9	Society for Family Health (SFH)	Youth Friendly services creation (Awareness, capacity building and service provision)	Countrywide	Active in Social marketing and condom distribution
10	Health Development Initiative (HDI)	Youth Friendly services creation (Awareness, capacity building and service provision)	Countrywide	
11	Young Women	Youth Friendly services	Countrywide	Provide assistance

	Christian Association (YWCA)	creation (Awareness, capacity building and young women empowerment)		to vulnerable young mothers dropped out from schools
12	Marembo Center	Youth Friendly services creation (Awareness, capacity building)	Gasabo	
13	AHF	Condom distribution, HIV testing	Gasabo, Kicukiro, Nyarugenge, Huye, Nyabihu and Rubavu	
16	ARBEF	Awareness, service provision and outreach activities in HIV and FP	Countrywide	RH Centers established to provide services
17	Urunana DC	Awareness raising through drama)	Countrywide	National and Regional Drama on SRH and RMNCAH
18	HPR	Awareness raising in schools	Countrywide	Initiated by medical students and young doctors

ANNEX 3: Number of teenagers' pregnancies per district of Rwanda in 2017 and 2018

District name	Number of teenagers pregnancies 2017	Number of teenagers pregnancies in first 6 months of 2018
Gatsibo	1274	737
Nyagatare	1209	690
Kirehe	985	534
Bugesera	931	428
Gasabo	847	489
Rubavu	738	363
Kayonza	712	420
Musanze	696	324
Ngoma	696	315
Gicumbi	672	407
Burera	635	289
Rwamagana	579	251
Nyarugenge	528	264
Ngororero	515	266
Nyabihu	508	275
Rusizi	490	235
Kicukiro	482	312
Rulindo	449	265
Gisagara	429	191
Gakenke	417	229
Rutsiro	406	185
Muhanga	405	210
Nyamasheke	392	206
Karongi	380	236
Nyamagabe	364	154
Huye	359	183
Ruhango	356	253
Kamonyi	348	169
Nyanza	278	166
Nyaruguru	257	133
Total	**17337**	**9179**