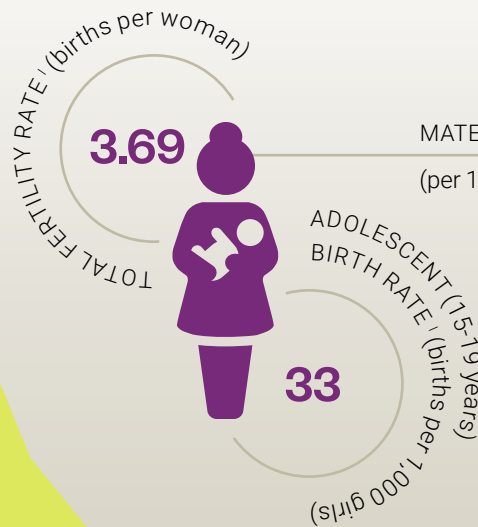


At the Nairobi Summit, the Republic of Rwanda committed to reducing unmet need for family planning by **improving the delivery, access and uptake of family planning services, increasing the number of health facilities and skilled healthcare providers, and by expanding the type of contraceptives available.**

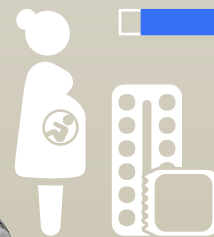
Rwanda also has committed to reducing preventable maternal deaths by investing in human resources for health, infrastructure, and equipment, and ensuring the availability of commodities and supplies for integrated reproductive maternal, newborn, child and adolescent health services for all people.



8.8% UNMET NEED FOR FAMILY PLANNING (all women) ⁱⁱⁱ

74.9% DEMAND FOR FAMILY PLANNING SATISFIED WITH MODERN METHODS (all women) ⁱⁱⁱ

94.2% DELIVERIES ATTENDED BY SKILLED HEALTH PERSONNEL ⁱⁱ



THE REPUBLIC OF
RWANDA



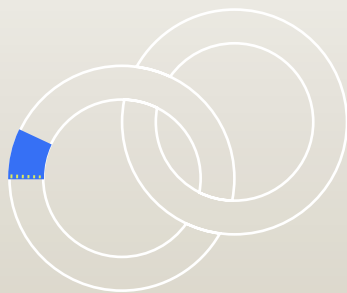
WOMEN (20-24 years) WHO WERE
FIRST MARRIED OR IN UNION ^{II}

BEFORE
AGE 18

6.8%

BEFORE
AGE 15

0.4%



TOTAL POPULATION ^I

14,254,400

65.0

LIFE EXPECTANCY AT BIRTH ^I

LIFE EXPECTANCY AT BIRTH ^I

69.5

3,759,100

WOMEN OF REPRODUCTIVE AGE
(15-49 years) ^I

2,937,900

POPULATION 15-24 YEARS
(male + female) ^I

POPULATION 24 YEARS OR YOUNGER ^I

58.5%

AGE

200,000

100,000

0

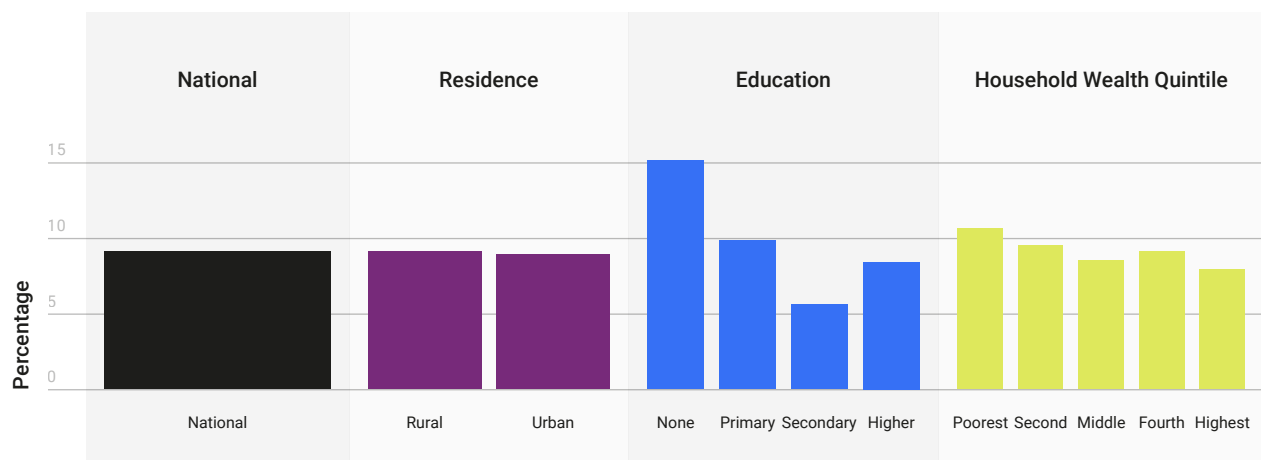
100,000

200,000

MALE < POPULATION > FEMALE

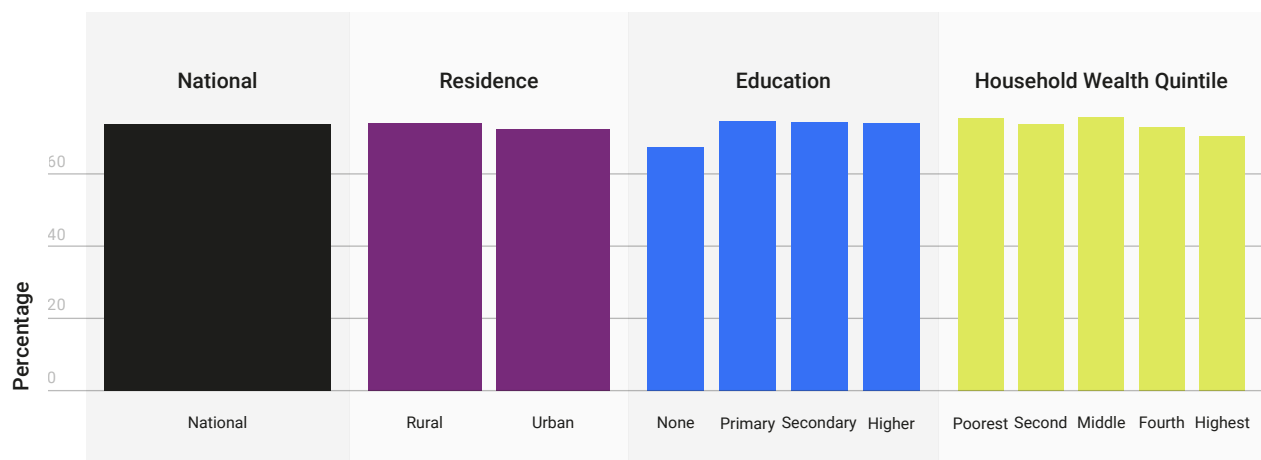
In Rwanda, unmet need for family planning is relatively the same in rural and urban areas of the country. Unmet need is highest among women with no education, and decreases with higher levels of education and household income. Demand for family planning satisfied by modern methods is fairly similar in urban and rural areas of Rwanda and across education levels and by household wealth.

Unmet Need for Family Planning, All Women



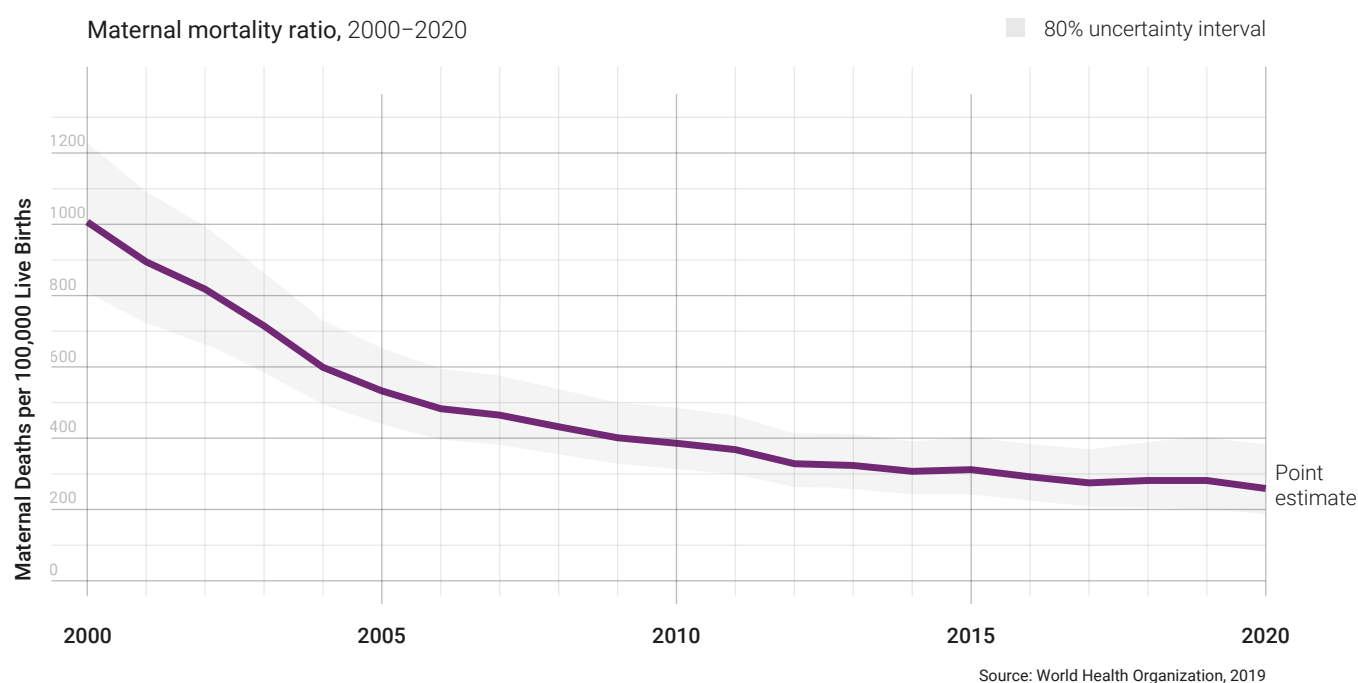
Source: Demographic and Health Survey, 2019

Demand for Family Planning Satisfied with Modern Methods, All Women



Source: Demographic and Health Survey, 2019

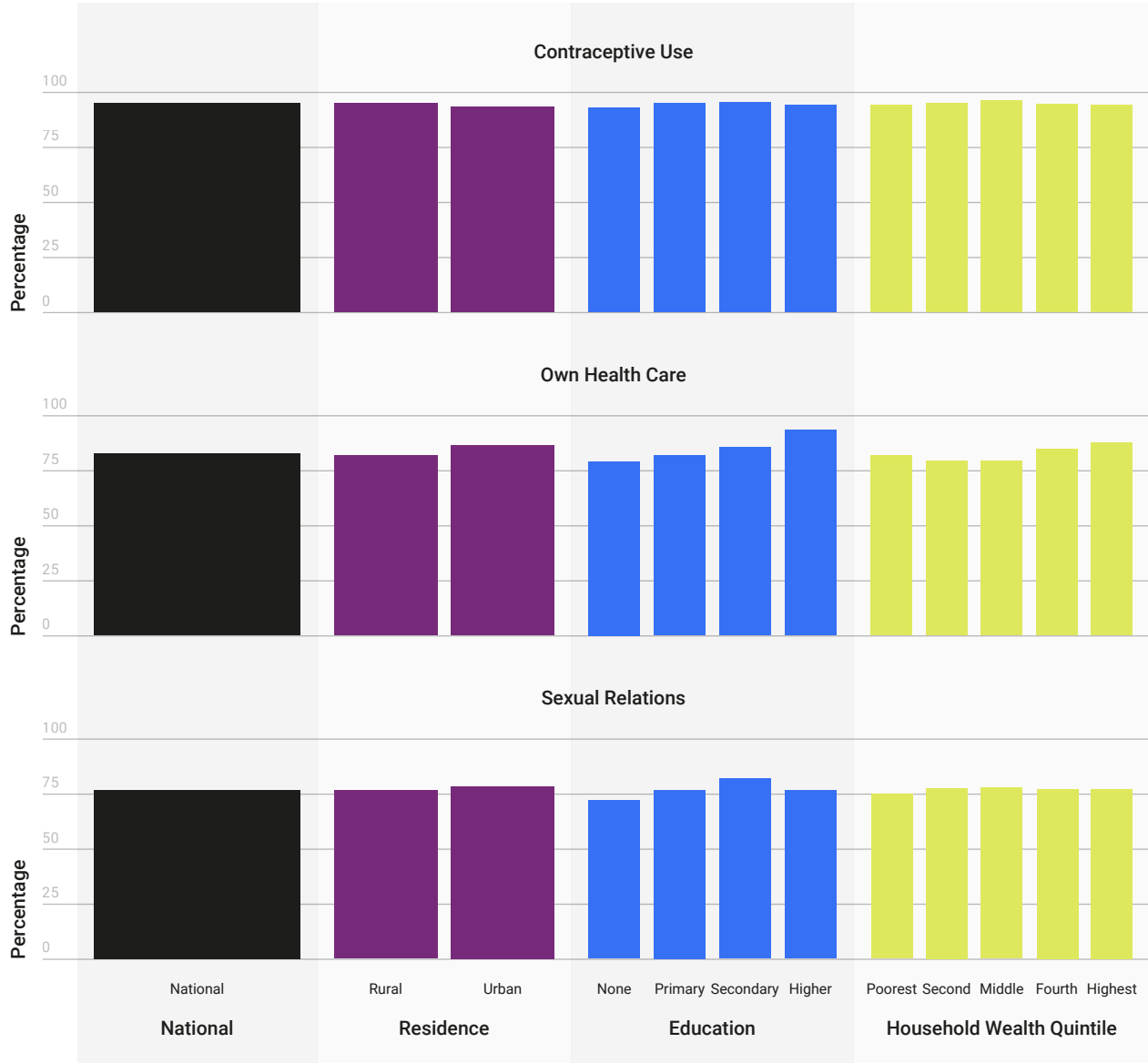
Rwanda's maternal mortality ratio has been steadily declining since 2000 to 2020, the most recent year for which data is available when it was estimated to be 258.9 deaths per 100,000 live births. This is nearly five times lower than that of the country in the region with the highest maternal mortality, but still nearly four times higher than the SDG target of 70 deaths per 100,000 live births. Recognizing the impact of unsafe abortion on maternal deaths, Nairobi Summit Commitment 3 highlights the integration of "a comprehensive package of sexual and reproductive health interventions, including access to safe abortion to the full extent of the law, measures for preventing and avoiding unsafe abortions, and the provision of post-abortion care into national UHC strategies, policies and programmes, and the need to protect and ensure all individuals' right to bodily integrity, autonomy and reproductive rights, and to provide access to essential services in support of these rights". Rwanda revised its formerly strict abortion law in 2012, identifying circumstances under which abortion is permitted (e.g., rape, fetal diagnosis, incest, and on additional grounds). In 2019 a Ministerial Order removed the requirement for women to go to court to seek an abortion.



Rwanda has committed to gender equality and to reducing gender-based violence and harmful practices.

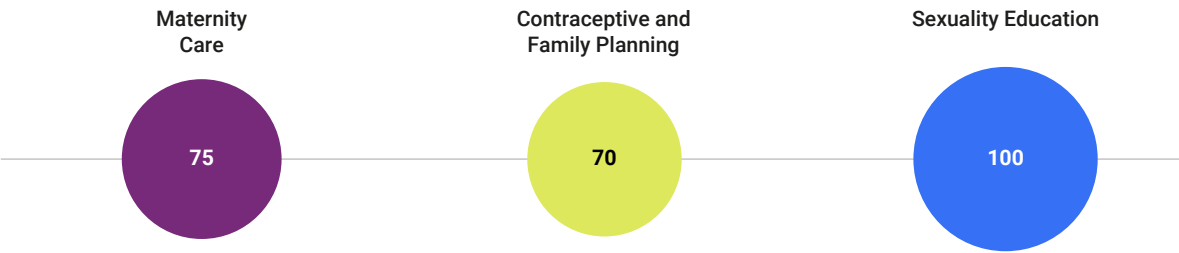
Overall, 70% of married or in-union women aged 15-49 years in Rwanda make their own decisions regarding sexual relations, contraceptive use and health care. The percentage of women making their own decisions regarding contraceptive use, their own health care, and sexual relations is relatively the same by residence, by level of education and by household wealth.

Proportion of married women who make their own informed decisions regarding own health care and contraceptive use



SDG 5.6.2 reflects the extent to which prevailing laws enable or disable women and men’s full and equal access to health and rights. Rwanda has achieved 100% of enabling laws and regulations that guarantee full and equal access to sexuality education, 75% to maternity care, and 70% to contraceptive and family planning services.

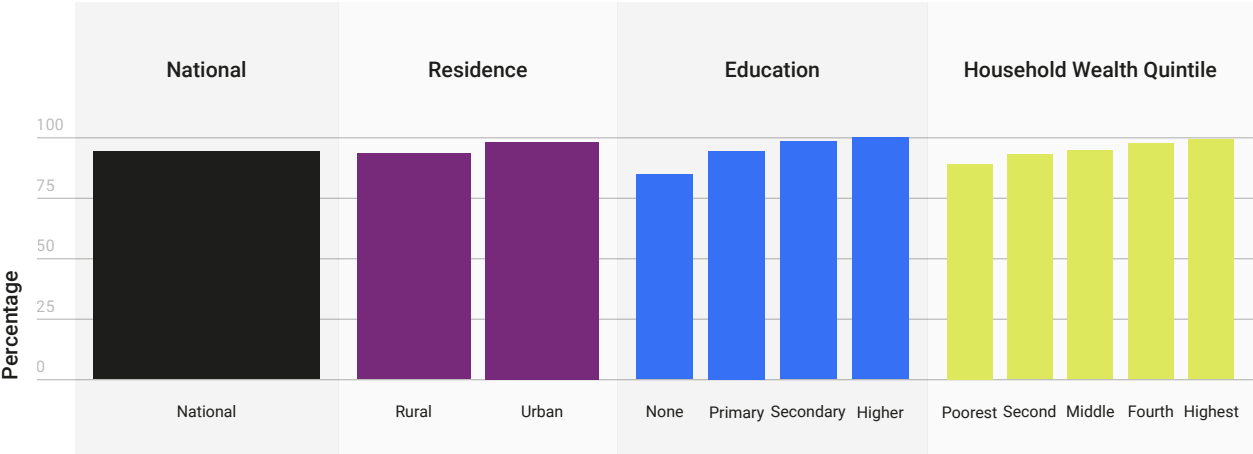
Extent to which Rwanda has laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education



Source: United Nations Population Fund, 2023

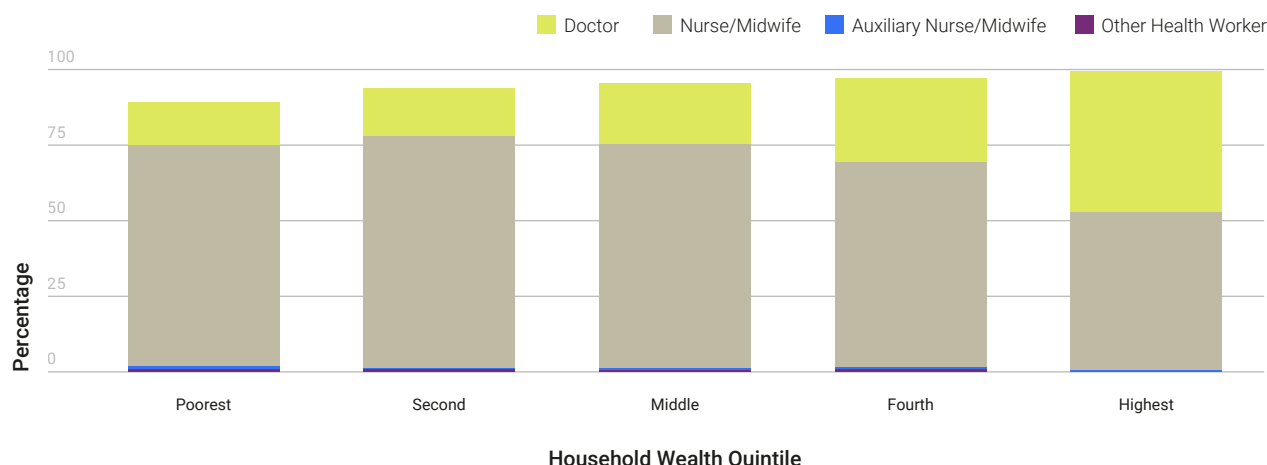
With approximately 94.2% of deliveries in Rwanda assisted by a skilled attendant among married women 15-49 years who had a live birth in the last two years, Rwanda’s rate is one of the highest in the region. The proportion of births attended by a skilled attendant is slightly higher in urban areas, and increases with higher levels of education and household wealth. The proportion of births attended by nurse/midwives decreases with increasing household wealth as a greater proportion of births are attended by doctors.

Births with Skilled Attendant



Source: Demographic and Health Survey, 2019

Skilled Birth Providers by Wealth Quintile

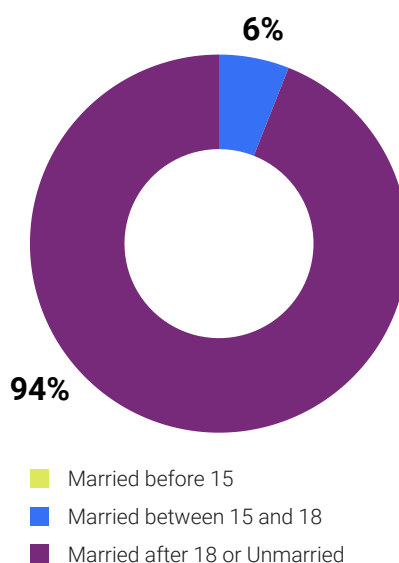


Source: Demographic and Health Survey, 2019

Rwanda has committed to promoting youth-friendly policies and increasing demand for adolescent sexual and reproductive health services through awareness raising, community engagement, education, and by expanding the number of health facilities offering youth-friendly services. The country has been promoting strategies and approaches that ensure the involvement of adolescents and youth and ensuring young people can access age-appropriate quality information, comprehensive knowledge and education. Rwanda has also committed to reducing gender-based violence and harmful practices.

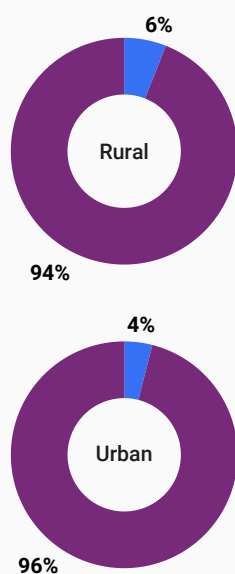
In Rwanda, 5.8% of women aged 20-24 years were married before age 18, with 0.3% married before age 15, which is one of the lowest rates in the region. Marriage before age 18 is slightly higher in rural areas than urban areas (6% versus 4% respectively) and it decreases with higher levels of education and as household wealth increases.

Age of Marriage Distribution, Women 20-24

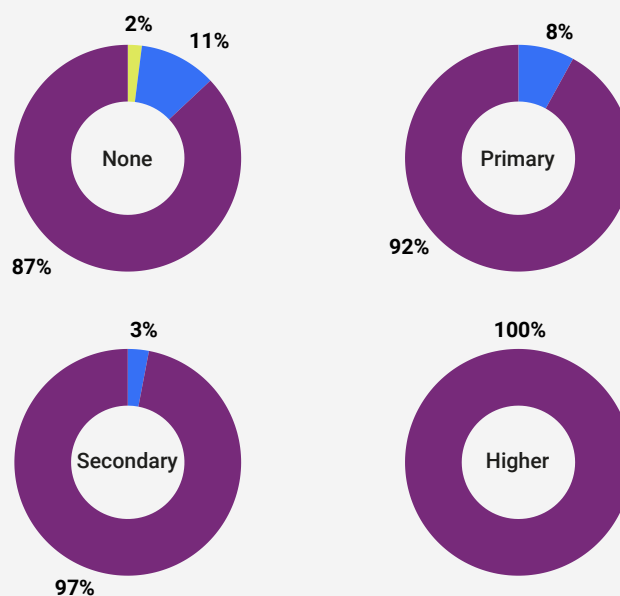


Source: Demographic and Health Survey, 2019

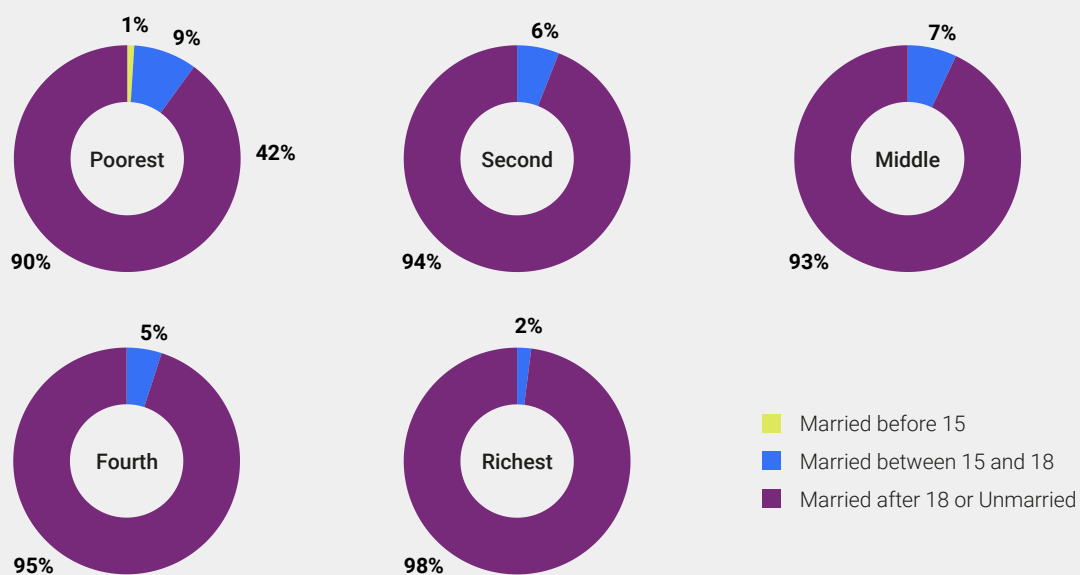
Age of Marriage Distribution
by Residence, Women 20–24



Age of Marriage Distribution by Level of Education, Women 20–24



Age of Marriage Distribution by Household Wealth Quintile, Women 20–24

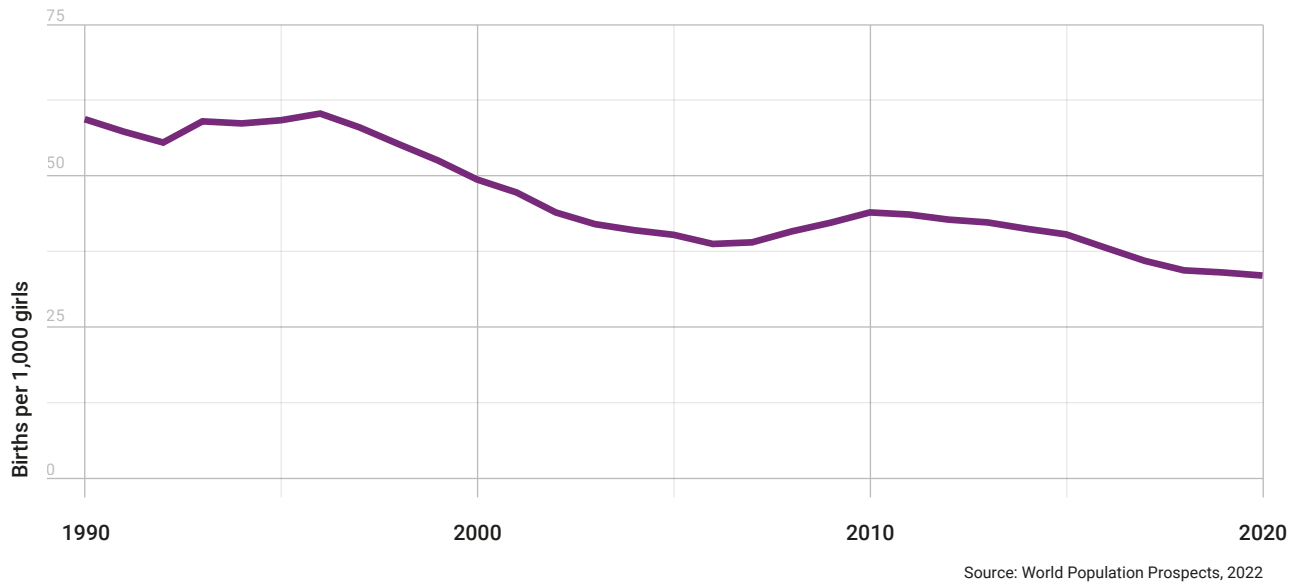


■ Married before 15
■ Married between 15 and 18
■ Married after 18 or Unmarried

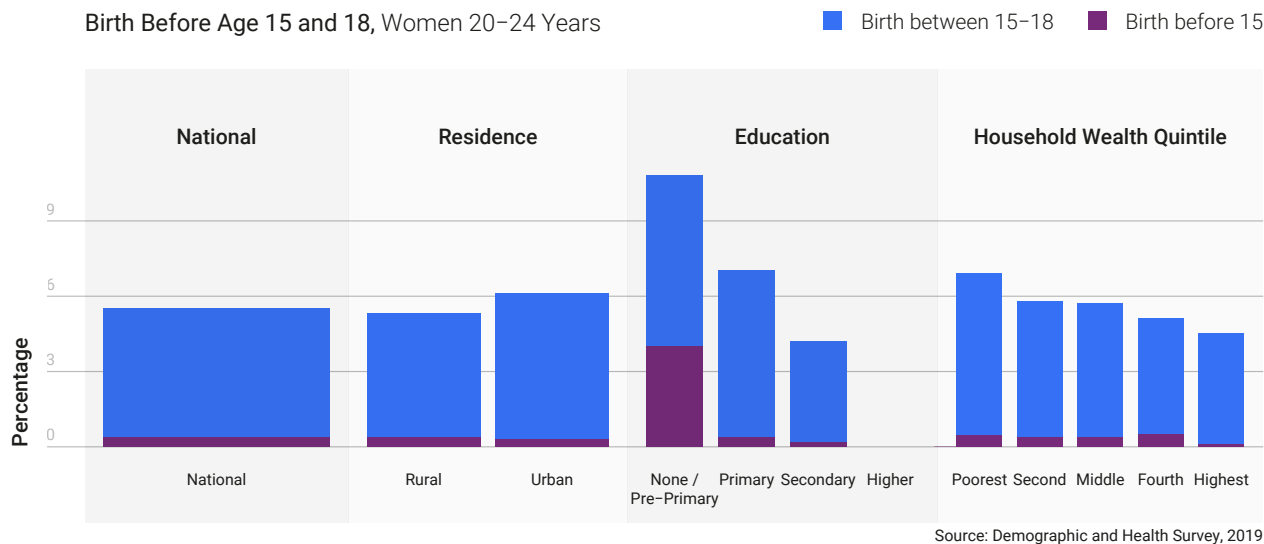
Source: Demographic and Health Survey, 2019

While Rwanda’s adolescent birth rate has decreased from 59.3 in 1990 to 49.4 in 2020, it is among the lower rates in the region. Births among Rwandan women 20-24 years before age 15 and before age 18 are also among the lowest in the region. Of the 10.8% of births occurring among women with no education, 6.8% occur between the ages of 15-18 and 4% occur to women younger than age 15. The percentage of births before age 18 decreases with levels of education and household wealth increase.

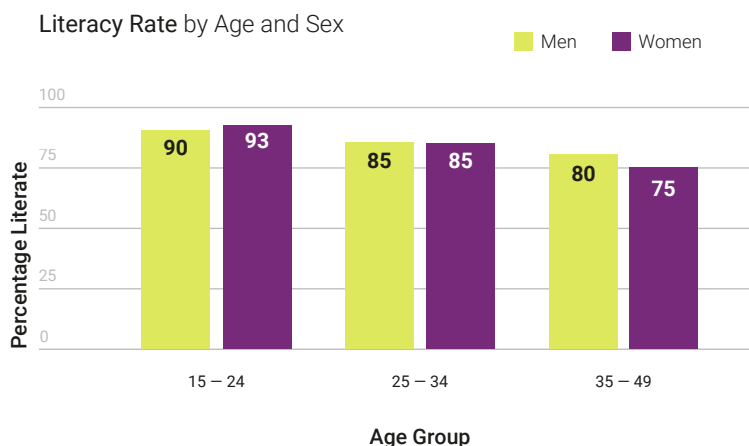
Adolescent birth rate, 1990–2020



Birth Before Age 15 and 18, Women 20–24 Years

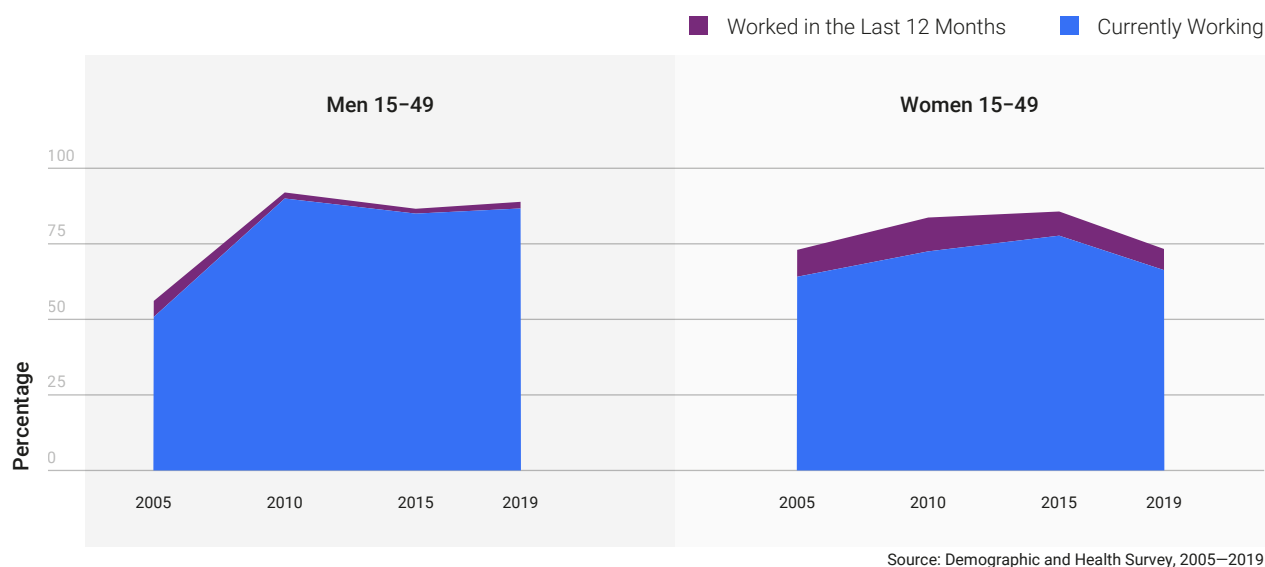


Among 15-24 years old, the literacy rate is slightly higher among women than men. It is the same among those 25-34 years old, but in the 34-49 year age group the literacy rate is higher among men than women.

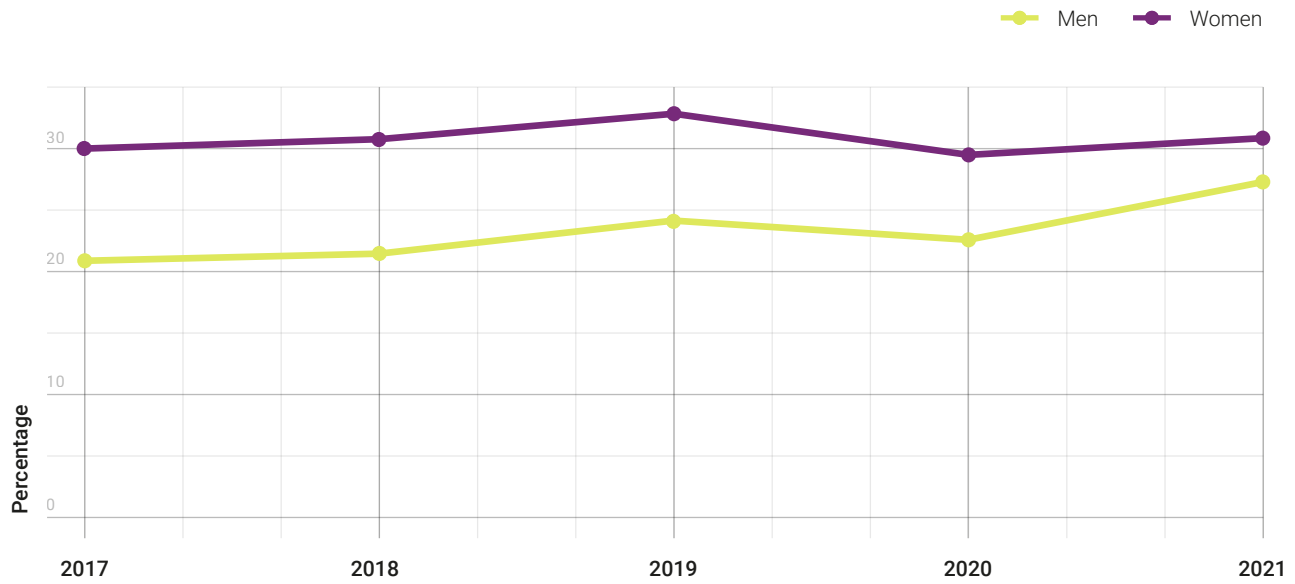


From 2005 to 2019, employment trends for men rose from approximately 54% to 87% of men 15-49 who worked in the last 12 months and were currently working. Among women 15-49 years, employment trends have decreased from 2000 to 2019, going from approximately 79% of women who worked in the last 12 months and were currently working in 2005 to 66% in 2019. Young people who are not in education, employment or training (i.e., the NEET population) quantifies the proportion of young people who find themselves outside of the educational system and without work. In Rwanda, the percentage of youth not in education, employment or training has been increasing among men and women from 2017 to 2021 (men: 20.9% in 2017 to 27.26% in 2021; women: 29.98% in 2017 to 30.78% in 2021).

Employment Trends (Currently Working and Worked in the Last 12 Months), by Sex



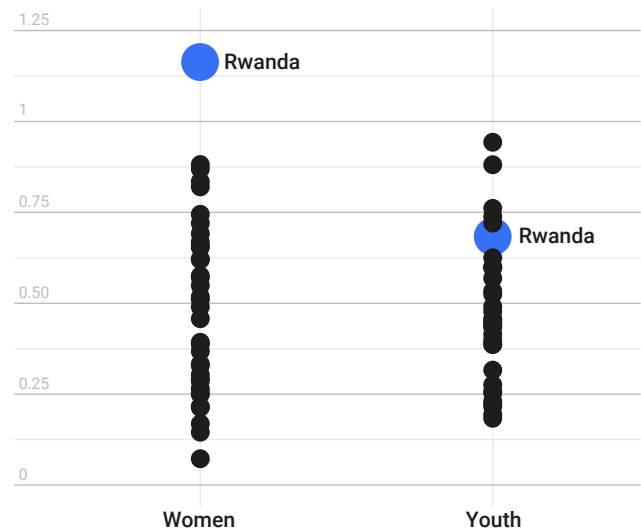
Percentage of Youth (15–24) Not in Education, Employment, or Training, by Sex



Source: Labor Force Survey, 2017–2021

SDG Goal 16 seeks to promote peaceful and inclusive societies for sustainable development, to provide access to justice for all and build effective, accountable and inclusive institutions at all levels. One component of this is ensuring responsive, inclusive, participatory and representative decision-making at all levels. The ratio of the proportion of female Members of Parliament in Rwanda is the highest in the region, while the ratio of the proportion of young Members of Parliament is one of the highest in the region (SDG 16.17.1).

Ratio of proportion of population in parliament to proportion in national population, Lower Chamber or Unicameral, Sub-Saharan African Countries



Source: Inter-Parliamentary Union, 2023

Rwanda has registered key achievements in realizing its' Nairobi Commitments. Since the Nairobi Summit, a national action plan to implement Rwanda's commitments has been developed and endorsed by the Government and various stakeholders. The action plan prioritizes achieving zero unmet need for family planning, zero preventable maternal deaths, and zero gender-based violence and harmful practices to women and girls by 2030.

Review and monitoring of the progress in implementing the ICPD25 commitments has been integrated into the country's coordination mechanisms. Stakeholders have taken steps to strengthen partnerships and fulfill the commitments. In collaboration with the Ministry of Health, African Youth and Adolescents Network (AfriYAN), and UNFPA, various stakeholders reviewed Rwanda's Nairobi commitments and assessed the progress made. Strategies have been employed to raise awareness and advocate for achieving the Nairobi commitments through social and other media, such as an ICPD booklet and a video.