United Nations

DP/FPA/CPD/RWA/9

Executive Board of the United Nations Development Programme, the United Nations Population Fund and the United Nations Office for Project Services

Distr.: General
4 November 2024

Original: English

First regular session 2025
27 to 31 January 2025, New York
Item XX of the provisional agenda
UNFPA – Country programmes and related matters

DRAFT

United Nations Population Fund

Country programme document for Rwanda

Proposed indicative UNFPA assistance:	$20 million: $7.6 million from regular resources and $12.4 million through co-financing modalities or other resources
Programme period:	Five years (2025-2029)
Cycle of assistance:	Ninth
Category:	Tier I
Alignment with the UNSDCF Cycle	United Nations Sustainable Development Cooperation Framework, 2025–2029

I. Programme rationale

1. Rwanda aspires to achieve middle-income country status by 2035 and become a high-income country by 2050, in line with its National Vision 2050. Multisectoral investments are being guided by the National Strategies for Transformation, in close alignment to the 2030 Agenda for Sustainable Development, the African Union Agenda 2063 and the International Conference on Population and Development (ICPD) Programme of Action. Rwanda has a relatively young population, with a total population of 13,246,394, 65.3 per cent of whom are aged below 30 years (RPHC-5). The country's population is also predominantly rural, with 72.1 per cent living in rural areas, compared to 27.9 per cent in urban areas.

2. Rwanda's economy recorded an annual gross domestic product growth rate of 7.2 per cent for over a decade until 2019 when it declined to 5 per cent, with a sharp 3.4 per cent contraction in 2020. Poverty and extreme poverty levels dropped substantially from 2000 to 2016 (from 58.9 per cent and 40 per cent to 38.2 per cent and 16 per cent, respectively). However, in the last three years, with the impact of the COVID-19 pandemic co-existing with high levels of inflation, regional instability and climate crises, the World Bank projected a rise in national poverty rates to 41.9 per cent in 2020/2021. Extreme poverty varies significantly across the districts, with some districts reporting extreme poverty rates as low as 4 per cent, while others report rates as high as 41.5 per cent, which is above the national average. The latest estimation of income inequality for Rwanda is benchmarked through a Gini coefficient of 43.7 (NISR, 2016/17), which is correlated with poverty levels. The unemployment (20.5 per cent) and underemployment rates (57.5 per cent) (RLFS, 2022) unevenly affect youth, with the youth unemployment rate reaching 25.6 per cent. Gender disparities are reflected in a female unemployment rate of 23.7 per cent, compared to 17.9 per cent for male counterparts. Notably, these unemployment figures show minimal variation between rural and urban areas. The socioeconomic impact of the COVID-19 pandemic widened the inequality gap across segments of the population, with a significant impact on the most vulnerable population, including women, youth, persons with disabilities and other underserved population groups in the country. The stark contrast and disparities in economic conditions and parameters across the country underscore the need for a differentiated programme approach.

3. Rwanda's economy is heavily reliant on rain-fed agriculture, making it vulnerable to the impacts of climate change. Phenomena such as landslides and floods pose significant threats to the country's agricultural productivity and food security. The 2020 Notre Dame Global Adaptation Initiative (ND-GAIN) country index that summarizes country vulnerability to climate change ranks Rwanda 124th out of 182 countries.[1] Transboundary and cross-border dynamics within the Great Lakes Region have an impact on Rwanda, with the country hosting a total of 135,337 refugees and asylum seekers from Burundi and the Democratic Republic of the Congo (UNHCR 2024). This contributes to the constrained fiscal space and is noted to pose risks of social tensions with host communities (CCA 2023/4). The impact of the megatrends of climate change and people on the move on the lives and livelihoods of women and youth is a priority, with implications for the socio-economic transformation of the country.

4. Rwanda has made significant strides in reducing its maternal mortality ratio, from 1,071 maternal deaths per 100,000 live births in 2000 to 210 in 2015. The DHS 2019-2020 reported a maternal mortality ratio of 203 per 100,000 live births, indicating a minimal decline from 2015 and presenting Rwanda with a significant gap towards achieving the Sustainable Development Goal (SDG) target of achieving below 70 maternal deaths per 100,000 live births by 2030. The majority of preventable maternal deaths in the country occur in healthcare facilities, in particular rural and underserved locations, despite Rwanda achieving over 90 per cent skilled attended deliveries. The leading causes of maternal deaths are post-partum haemorrhage, and complications from caesarean sections and unsafe abortion. This underscores the need to improve the quality of maternal care services and address unintended pregnancies in an integrated manner within a strong, resilient and equitable national health system. While adolescent pregnancy rates have steadily decreased from 6.1 per cent in 2010 to 5.2 per cent in 2020, there are still an

[1] University of Notre Dame Global Adaptation Index, Country Index Technical Report, 2015.

estimated 2,000 new cases of adolescent pregnancy each month (compared to 1,800 previously). This trend is concerning due to the causal factors of sexual violence and associated risks of sexual transmission of HIV with consequent contributions to maternal and child morbidity and mortality. Under-five mortality is 55 per cent, and higher for children born to adolescent mothers than for those born to older women of reproductive age. Teen pregnancy in Rwanda is also associated with negative socioeconomic consequences, particularly on school dropout and the associated impact on education and learning outcomes and limited fulfilment of potential for adolescent girls and young women.

5. The country has seen a significant decline in the total fertility rate (TFR) from 6.1 children per woman in 2000 to 3.6 per woman in 2022 (RPHC-5). The fertility rate varies across provinces with a rate of 3 in Kigali, 3.8 in the southern and western provinces, 3.3 in the northern province and 4.0 in the eastern province (RDHS 2019-20). People on the move in Rwanda are noted to have higher fertility rates with a rate of 4 reported in refugee camps. Increased investments in ensuring availability of family planning commodities led to an increase in modern contraceptive prevalence rate among married women of reproductive age (15-49 years), from 10 per cent in 2005 to 58 per cent in 2020. The contraceptive prevalence rate for any method is 64 per cent among currently married women. Sexually active unmarried women have a higher unmet need for family planning (37 per cent), compared to married women (14 per cent). Unmet need for family planning is also higher among sexually active unmarried adolescents aged 15-19 years (59.1 per cent) when compared with women aged 40 years and above. To ensure the demographic transition, family planning is a crucial component of Rwanda's efforts to harness the demographic dividend and unlock socio-economic transformation as guided by the National Demographic Dividend Policy Framework. Recent demographic intelligence from the digital Population and Housing Census in 2022 and complementary data sources are guiding tailored policy and programme actions aimed at closing inequality gaps.

6. Rwanda's Constitution provides for affirmative action with at least 30 per cent representation of women in decision-making organs. Women in Parliament account for 61.3 per cent of representation, with over half of the executive arm and judges also female. While this demonstrates progress towards gender equality, gaps remain. The prevalence of intimate partner violence among ever-married women is reported to have increased from 40 per cent in 2014 to 46 per cent in 2019. Additionally, the percentage of women experiencing physical violence since age 15 increased, from 35 per cent to 37 per cent, during the same period, while the rate for men experiencing violence decreased from 39 per cent to 30 per cent. Over 65 per cent of women aged 15-49 years and 39 per cent of men accept wife-beating for various reasons, posing a risk to a normalization of intimate partner violence and acceptance of other forms of violence. Underreporting of gender-based violence (GBV) in the country further amplifies the significance of the reported cases with a need for urgent action. Although Rwanda has the lowest rates of child marriage in the region, the practice persists, particularly in rural areas and among households with lower education and socioeconomic status. Underlying factors for GBV and harmful practices highlight the need for social norms change and mainstream gender-transformative approaches across multisectoral programmes. To strengthen prevention and response to GBV and harmful practices, data-informed hotspot analysis will be undertaken with geographic, age, socio-economic and other vulnerability differentiation across the country.

7. Over the past 15 years, new HIV infections have declined significantly (from 27 to 8 per 10,000 population), according to the 2019-2020 Demographic and Health Survey (DHS). HIV prevalence in the general population has remained at 3 per cent, with variations among subpopulations. Key populations, particularly female sex workers and men who have sex with men, are the most infected with HIV, underscoring the need to strengthen prevention of sexual transmission of HIV in an integrated manner with sexual and reproductive health and rights (SRHR) programmes, especially among vulnerable groups.

8. The demographic diversity of Rwanda with the disparities of socio-economic development indicators places emphasis on the need to implement gender-transformative and human rights-based approaches with tailored actions to address high teenage pregnancy rates, gender-based violence, especially intimate partner violence, unmet need for family planning and the negligible

decline in the maternal mortality ratio. Rwanda's mountainous topography also presents physical access barriers that limit universal access to sexual and reproductive health services. Ensuring equitable access and effective coverage of high-quality integrated sexual and reproductive health services as a component of universal health coverage and related initiatives is critical.

9. The Government of Rwanda has demonstrated its commitment to a differentiated approach by increasing investments to improve maternal health outcomes, close gaps in access to family planning and advance gender equality for all population groups. Rwanda's commitments are backed by an increased proportion of domestic resources as the country meets the Abuja Declaration commitment of allocating at least 15 per cent of annual national budget to the health sector. This financing commitment is also notable across other social sectors. Furthermore, the Government has recently increased its voluntary annual contribution to UNFPA, demonstrating its dedication to advancing SRHR nationwide. However, while per capita expenditure on a minimum package of health is increasing significantly, it remains below the global target of $86.30 per capita. Scaling up greater proportions of domestic resources and diversifying financing sources to meet the identified need will be explored through innovative financing mechanisms involving the public and private sectors.

10. The design of the new country programme in Rwanda has been informed by evaluative evidence and key lessons from the evaluation of the previous country programme. The evaluation highlighted key achievements of the country programme: (a) the advocacy of UNFPA secured the national endorsement of the Family Planning 2030 (FP2030) commitment and UNFPA Supplies Partnership Compact, which resulted in a 13 per cent increase in annual domestic investments in family planning commodities in 2023; (b) the inclusion of SRHR services in the universal health coverage benefits package, related financing instruments and financial risk protection is increasing equitable access to high-quality integrated services, in particular for vulnerable populations; (c) the joint programme –"1,000 Health Posts in the Land of 1,000 Hills" – convened by UNFPA has boosted the innovative financing approach of the Government at all levels and increased service provision in hard-to-reach areas, using public-private-community partnerships; and (d) the successful completion of Rwanda's first digital population and housing census (2022) has generated disaggregated data for decision-making, including for the development of the second National Strategy for Transformation (NSTII). The census is also contributing to further equity analysis to identify target populations and geographic locations of those furthest left behind.

11. Lessons learned demonstrate the role of strong government commitments in ensuring the integration of SRHR dimensions into national policies and programmes through a multisectoral, government-led approach. Empowering vulnerable groups through the integration of economic empowerment interventions into SRHR programmes proved to be a sustainable model for transformative change. Capacity building on innovative service delivery and e-learning modules for midwives significantly improved the quality of services. Targeted technical partnerships with government institutions, guided by evidence, improved the quality of SRHR services, promoted innovative financing models and helped to build capacity for Minimum Initial Service Package (MISP) in humanitarian crisis prevention and response within a resilience building model.

12. Lessons from Rwanda's matured United Nations reform and 'delivering as one' approach have enabled UNFPA to leverage its comparative advantage in sexual and reproductive health and rights, population dynamics and data, GBV and youth development as entry points for agenda shaping and partnership opportunities. In particular, through its convening role in the United Nations joint programme "A 1000 Health Posts in the Land of a 1000 Hills," the UNFPA is supporting the Government in improving delivery of services at health post level in rural and underserved areas through a blended financing model guided by the public-private-community partnerships framework. The good practices from the joint programme will further enhance the influence of UNFPA as a trusted partner of the Government and a trusted broker of targeted investments with returns in transformative change for women, adolescents and youth in the next programme cycle.

II. Programme priorities and partnerships

13. The ninth country programme is guided by the Rwanda Vision 2050, the second National Strategy for Transformation (NSTII), the United Nations Sustainable Development Cooperation Framework (UNSDCF), 2025-2029, and the UNFPA Strategic Plan, 2022-2025. It is also informed by consultations with representatives of the national and subnational governments, civil society organizations, the private sector, development partners, the United Nations system, academia and youth networks. The programme aims to galvanize targeted efforts that will accelerate progress in addressing the underlying structural and systemic causes of preventable maternal deaths, unmet need for family planning, gender-based violence and harmful practices, in identified hotspots and underserved population groups across the humanitarian-development-peace contexts in the country.

14. The vision of the new country programme is to close inequality gaps limiting universal access to high-quality, equitable and integrated maternal health care, rights-based family planning services and GBV prevention and response. It will focus on women, adolescents, youth, persons with disabilities and other hard-to-reach populations, who are unevenly affected by pre-existing vulnerabilities and the impact of COVID-19 pandemic. This will be achieved through innovative, evidence-based, scalable, high-impact and future-fit strategies tailored to Rwanda's unique demographic, geographic and socio-cultural contexts aimed at addressing supply and demand barriers. Gender-transformative, human rights-based and systems-strengthening approaches are essential for promoting health equity and improving the overall quality of life and well-being of the population.

15. Aligned with the Rwanda Vision 2050, especially its human development pillar, the country programme will fully leverage multisectoral collaborations towards achieving Sustainable Development Goals (SDGs) 1, 3, 4, 5, 8, 10, 13, 16 and 17, and the aspirations of the African Union Agenda 2063.

16. UNFPA will leverage United Nations inter-agency collaborations and wide stakeholder partnerships in its contributions to the UNSDCF results that respond to national priorities and position the ICPD agenda within the 2030 Agenda for Sustainable Development. Specifically, by 2029, the programme will contribute to the following UNSDCF Outcomes: 1: "By 2029, people in Rwanda, especially the most vulnerable groups, have improved livelihoods and enjoy competitive, diversified and resilient inclusive economic growth that promotes gender-equality, sustainable production and consumption"; 2: "By 2029, people in Rwanda especially the most vulnerable, are empowered as productive human capital benefiting from inclusive, resilient, gender-transformative and quality social services"; and 3: "By 2029, people in Rwanda benefit from transparent and accountable governance that fosters inclusive, equitable socio-economic transformation, human rights, gender equality, unity, peace and security."

17. To accelerate progress towards achieving the transformative results, UNFPA will leverage its comparative advantage in SRHR, population change and data to strengthen normative guidance for inclusive policy implementation and scale up the targeted acceleration of strategies aimed at preventing teenage pregnancies, improving maternal health outcomes, prioritizing family planning interventions and reinforcing leadership in the prevention of and response to GBV and harmful practices. The programme will focus on three interconnected outputs – policy and accountability; quality of care and services; gender and social norms – with adolescents and youth, population change, and data and humanitarian action mainstreamed across all outputs to deliver a comprehensive rights-based programme package.

18. The programme will implement a differentiated application of the six Strategic Plan accelerators, by leveraging Rwanda's context and policy direction for technology-based and home-grown innovative solutions for transformative change. Emphasis will be placed on gender-transformative and human rights-based approaches, innovation and digital technology, and the generation and use of robust data and evidence to achieve the needed acceleration towards the transformative results and socio-economic development. Additionally, UNFPA will explore innovative financing opportunities to diversify sustainable financing for SRHR by leveraging the Government's credibility and accountability, while also building on existing health financing

initiatives provided through the UNFPA Strategic Investment Facility and SDG financing. The country programme will also provide a platform to strategically identify new partners, including Rwanda Cooperation, which supports South-South cooperation and facilitates learning and exchange from Rwanda-based socio-economic solutions within and beyond Africa. Collaborations will be strengthened with the Rwanda Environment Management Authority, responsible for ensuring environmental sustainability and climate action, to ensure SRHR dimensions are integrated into Rwanda's development plan.

19. To ensure the achievement of measurable results, UNFPA will implement key strategic shifts leveraging its normative role and lessons learned to accelerate progress towards the three transformative results. These will include: (a) scaling up evidence-based advocacy to deepen comprehensive legal and policy reforms that promote inclusivity and equity across multisectoral actions that target women and youth to leave no one behind; (b) improved national capacity to use disaggregated data and evidence, including hot spot analysis at scale, to better understand the factors contributing to stalled progress and pockets of inequality, and to inform the development of tailored solutions that directly address the structural and systemic barriers in underserved communities; (c) emphasizing knowledge management by prioritizing disruptive proof-of-concept initiatives and scalable service delivery models that close gaps in service access and utilization; and (d) implementing climate change adaptation strategies and resilience-building approaches across the humanitarian-development-peace continuum as a strategy to further advance SRHR and gender equality in recognition of the impact of the megatrend in the country.

20. UNFPA will actively engage in United Nations joint programmes to enhance the resilience of systems, institutions, communities and households, particularly vulnerable population groups, including people on the move in refugee camps and host communities. Additionally, UNFPA will leverage its regional engagements within the East African Community and the Great Lakes region to support transboundary and cross-border initiatives that promote universal access to SRHR, gender equality and youth development. By capitalizing on Rwanda's established leadership in disaster risk management, particularly in anticipatory action, UNFPA aims to strategically support the Government in advancing SRHR in resilience building through South-South cooperation and regional integration.

A. Output 1. By 2029, improved integration of sexual and reproductive health and rights, as well as the prevention of and response to gender-based violence and harmful practices, into universal health coverage-related policies and plans, and other relevant laws, policies, plans and accountability frameworks.

21. This output contributes to the UNSDCF outcomes 1, 2 and 3. To achieve this output, UNFPA will focus on upstream interventions leveraging its normative role. This approach will ensure the integration of the ICPD Programme of Action within the Rwandan development agenda. The programme will tackle structural, systemic and policy gaps limiting progress towards the realization of the three transformative results of UNFPA and will promote alignment with global and regional standards. It will also influence relevant non-health sector policies and strategies, such as economy, climate, gender and youth policies and plans. The programme will generate disaggregated data and evidence to ensure the use of strategic information to promote inclusive laws and policy reforms, support the realization of the demographic dividend and leverage effective programme models to accelerate progress towards the achievement of the three transformative results.

22. The key strategic interventions under this output include: (a) advocating for and supporting the Government's efforts to strengthen provisions in existing legislation to ensure universal access to SRHR is placed within the framework of universal health coverage and related frameworks, particularly targeting the inclusion of women, young people, adolescents and people with disabilities; (b) advocating for the prioritization of proven interventions to improve quality of care standards using a life course approach across all levels of the health system, with a focus on reproductive, maternal, newborn, child and adolescent health; (c) promoting innovative health financing models to bolster the Government's commitments to SRHR in universal health coverage and related policies, such as social protection, youth development, the demographic dividend and

climate action; (d) facilitating the integration of high-quality maternal health, family planning, adolescent-responsive and youth-friendly services, GBV, HIV and mental health within service-delivery models, including the co-creation and use of innovative solutions such as self-care and telemedicine; (e) support, in collaboration with relevant United Nations agencies, power of data initiatives and strengthen the capacity of the National Institute of Statistics of Rwanda (NISR) and related institutions to enable availability of high-quality data and evidence for decision-making and targeted investments. (This will include further georeferenced and thematic analysis of Census data, conducting the Rwanda Demographic and Health Survey with secondary analysis, strengthening civil registration and vital statistics and other data systems, as well as megatrends impact analyses on implications for the three transformative results. The use of data, evidence and strategic information will also be applied to enhance the integration of SRHR in policies, plans, financing and accountability mechanisms across all sectors, including in macroeconomic frameworks, sector policies, SDG monitoring and nationally determined contributions); and (f) fostering South-South cooperation for learning, exchange and technology transfer between Rwanda and other countries within and beyond the region

B. Output 2. By 2029, strengthened capacity and resilience of systems, institutions and communities to provide high-quality, comprehensive sexual and reproductive health information and services, including supplies, as well as essential services to address gender-based violence and harmful practices.

23. This output aligns to UNSDCF outcomes 2 and 3 and focuses on universal access to high-quality healthcare by supporting integrated SRH, HIV and GBV services, by strengthening primary health care delivery models, and improving the quality of education for midwives and healthcare providers through robust health workforce education and continuous capacity development. UNFPA will leverage its leadership in adolescent responsive and youth-friendly services to ensure actions towards preventing adolescent pregnancies and promoting client-responsive health systems while harnessing digitalization and innovation opportunities.

24. The key strategic interventions under this output include: (a) strengthening the health care system by supporting evidence-based integration of people-centred and high-quality SRH, HIV and GBV information and services; (b) utilizing evidence to demonstrate the cost-effectiveness of SRH investments to inform increased domestic resource allocation, including ‘deepening cost of inaction’ studies and exploring innovative financing mechanisms, such as social impact bonds and blended financing; (c) supporting the expansion of and access to modern contraceptive method mix and high-quality comprehensive abortion care services, to the full extent of the law in Rwanda and the most recent World Health Organization (WHO) guidelines; (d) supporting demand generation initiatives, including targeting the empowerment of adolescent and youth, to prevent teenage pregnancy and engaging relevant institutions to strengthen GBV prevention and response interventions; (e) promoting co-created self-care approaches for all, especially for adolescents, youth and other populations left furthest behind; (f) supporting the alignment of midwifery education with international standards and support their implementation; (g) strengthening referral systems, including the implementation and expansion of the emergency obstetric and newborn care facilities network and monitoring its functionality; (h) expanding coverage and enhancing the quality of maternal, perinatal, child death surveillance and response interventions within a national system that ensures accountability for maternal health outcomes; (i) ensuring effective supply chain management, including the timely availability of essential life-saving medicines, commodities and equipment, an effective logistic management information system and reinforcing ‘last mile’ assurance; (j) promoting the utilization of innovative approaches and digitalization of service-delivery models to strengthen resilient systems; (k) providing technical support to relevant line ministries to advance multisectoral actions within a coordination framework; and (l) collaborating with youth-led networks and other vulnerable population led-organizations, including people with disabilities, to scale up access to high-impact interventions and innovative solutions.

C. Output 3. By 2029, strengthened mechanisms and capacities of actors and institutions to address gender-based violence and discriminatory gender and social norms towards gender equality and women's decision making.

25. This output aligns to UNSDCF Outcomes 2 and 3 and aims to support transformed mindsets, attitudes and practices through systematic interventions grounded in gender-transformative approaches that address the underlying causes of gender inequality and promote equitable gender relations. This will also include strengthening the institutional and community-based prevention and response to gender-based violence, by building on existing and new mechanisms.

26. The key strategic interventions under this output include: (a) strengthening accountability mechanisms through human rights instruments such as the Universal Periodic Review (UPR), the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the Voluntary National Review (VNR) for the implementation of gender-transformative laws and policies that advance women's rights and gender equality, while also empowering women and girls to claim their right to sexual and reproductive health; (b) supporting national and subnational efforts to transform harmful social norms, stereotypes, attitudes and practices, including increasing demand generation for SRH, HIV and GBV services and information; (c) investing in research to generate evidence on drivers of GBV and harmful practices, to ensure evidence-based, coordinated and targeted actions by duty bearers and right holders; (d) engaging men and boys as agents of change to foster long-term actions, including through positive masculinity models; (e) addressing GBV, particularly intimate-partner violence, through multisectoral and survivor-centred approaches, including the use of safe and ethical GBV data for decision-making. This will include strengthening of national GBV information management systems and analysis of relevant national surveys; (f) enhancing prevention of teenage pregnancy through initiatives that address structural barriers, and eliminate drivers of harmful gender and social norms; (g) enhancing the Government's efforts in tackling new forms of GBV, such as technology-facilitated GBV, among others; (h) improving capacity for gender mainstreaming and gender-responsive budgeting in SRHR programming; and; (i) co-leading, with the Office of the United Nations High Commissioner for Refugees (UNHCR), the joint United Nations efforts on the prevention of sexual exploitation and abuse.

III. Programme and risk management

27. The country programme will be delivered through a core team of professional technical and programme staff with a skills mix that is fit for purpose and aligned to programme delivery, focusing primarily on upstream support to the Government. Technical support from the regional office and headquarters will be secured, as required. UNFPA will also leverage expertise across the United Nations country team (UNCT) to support the delivery of programme results. In emergencies, within the country or in the region, UNFPA will work with the United Nations system and with the Government of Rwanda to ensure an effective response, particularly for life-saving interventions for the provision of sexual and reproductive health rights and services.

28. UNFPA will continue to engage with other inter-agency working groups, the Ministry of Finance and Economic Planning, Ministry of Health, Ministry of Youth and Arts, Ministry of Gender and Family Promotion, and other key line ministries, development partners and sectoral working groups, to ensure alignment and effective implementation of coordinated interventions.

29. The programme will be implemented in collaboration with government partners, civil society, the private sector and academia to deliver the programme outputs. UNFPA will continue to implement the harmonized approach to cash transfers, following risk and capacity assessments of implementing partners, and leveraging inter-agency cooperation for risk mitigation and cost efficiencies.

30. Implementation of the programme may face challenges from various programmatic risks, including unforeseen national budget cuts due to constrained fiscal space, shifts in government and partner priorities, weakened institutional capacities from external shocks and disruptions, and limited opportunities for resource mobilization, considering the changing funding landscape for the health sector. To address these potential risks. UNFPA will undertake regular monitoring and

risk analysis to assess political, social, economic, strategic programme and financial risk factors that may negatively impact programme implementation. Mitigation measures will be included in the business continuity plan for critical programme interventions, enterprise risk management for prioritized risks and emergency preparedness plans for disaster risk management, which will all be updated regularly. To address limited capacity in developing and implementing climate-sensitive programming, relevant strategies will be adopted. These include capacity building of staff on climate-sensitive approaches, incorporating climate considerations into all phases of project planning, implementation and evaluation to ensure resilience is prioritized, and leveraging expertise and resources from the regional office and headquarters.

31. This country programme document outlines UNFPA contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework.

IV. Monitoring and evaluation

32. Following UNFPA results-based management guidelines, the country programme will have a robust monitoring and evaluation plans, including the costed evaluation plan, and tools for results monitoring and reporting, including to beneficiaries and donors. This will involve data collection, real-time and longitudinal monitoring, analysis, course correction and evaluation. Sources and frequency of data collection and quality assurance processes will be ensured, in line with UNFPA reporting guidelines.

33. In collaboration with implementing partners and key stakeholders, UNFPA will also implement a country programme monitoring and evaluation plan, inclusive of established baselines and targets, as guided by data and evidence, and will advance applying result-based management approaches and tools across the entire programme. An endline evaluation will be conducted in the penultimate year of the programme, to assess effectiveness, efficiency, relevance, and sustainability of the programme. It will also identify lessons learned, to inform the next UNSDCF and country programme formulation.

34. Implementation will be monitored through regular programme monitoring, including field visits, in collaboration with other United Nations agencies and national stakeholders, as set in corporate guidelines. UNFPA will comply with targets and cost efficiencies identified through the implementation of the business operation strategy.

35. Annual programme reviews and planning will be jointly convened with the partners and stakeholders and be informed by monitoring and evaluation data as well as environmental scanning findings; if required, corrective measures to accelerate achievements of planned results will be taken. This programme will be implemented under the ‘delivering as one’ approach, coordinated by the Ministry of Finance and Economic Planning and the Ministry of Health. UNFPA will support the UNSDCF programme processes by providing strategic leadership in inter-agency platforms, such as result groups and joint programmes, and quality contribution to relevant reports and evaluations, including the national SDGs monitoring and the UPR. UNFPA will contribute to the UNSDCF monitoring, reporting and evaluation.

36. In collaboration with the UNCT and within the framework of ‘delivering as one’, UNFPA will contribute to enhancing the national capacities on monitoring and evaluation, at national and decentralized levels, to monitor and report on national commitments towards the 2030 Agenda for Sustainable Development and the ICPD Programme of Action through the VNRs and the UPR, and other human rights monitoring and reporting mechanisms.

RESULTS AND RESOURCES FRAMEWORK FOR RWANDA (2025-2029)

NATIONAL PRIORITY: Goal 8 of NSTII – Quality Healthcare for All: Increase access to quality healthcare across Rwanda by quadrupling the number of registered health workers and improving maternal, child, and infant health services. By meeting international benchmarks, Rwanda will ensure that every citizen receives the care they deserve, including specialized care, leading to a healthier and more prosperous nation.

UNSDCF OUTCOME(S): 1: By 2029, people in Rwanda, especially the most vulnerable groups, have improved livelihoods and enjoy competitive, diversified, and resilient inclusive economic growth that promotes gender-equality, sustainable production and consumption; 2: By 2029, people in Rwanda, especially the most vulnerable groups, are empowered as productive human capital benefiting from inclusive, resilient, gender-transformative and quality social services; a 3 By 2029, people in Rwanda benefit from transparent and accountable governance that fosters inclusive, equitable socio-economic transformation, human rights, gender equality, unity, peace and security.

RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1. By 2025, the reduction in the unmet need for family planning has accelerated. 2. By 2025, the reduction of preventable maternal deaths has accelerated. 3. By 2025, the reduction in gender-based violence and harmful practices has accelerated.

UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
UNSDCF outcome indicator(s): • Multidimensional poverty index; (a) urban, (b) rural, (c) national *Baseline: (a) 0.07; (b) 0.17; (c) 0.15. (2024); Target: (a) 0.054; (b) 0.132; (c) 0.115 (2029)* • Unemployment rates (percentage), disaggregated by (a) men, (b) women and (c) youth *Baseline: (a) 13.1; (b) 17.3; (c) 20.5; Total: 16.8 (2024) Target: (a) 10.3; (b) 12.7; (c) 14.6; Total: 12.4 (2029)* • Gini coefficient *Baseline: 0.43 (2024); Target: 0.39 (2029)* • Respect for human rights and core international conventions *Baseline: 92.38% (2024); Target: 97.38% (2029)* Related UNFPA Strategic Plan Outcome indicator(s): • Laws and regulations guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education *Baseline: No (2024); Target: Yes (2029)*	Output 1. By 2029, improved integration of sexual and reproductive health rights, as well as the prevention of and response to gender-based violence and harmful practices, into universal health coverage-related policies and plans, and other relevant laws, policies, plans and accountability frameworks.	• Number of laws, policies and regulations supported by UNFPA in line with global standards for the realization of universal access to SRHR that address the needs of the furthest left behind, specifically women, youth and people with disabilities *Baseline: 2 policies (2024); Target: 1 (bill) 2 (policies) 5 (strategies/ and regulations) (2029)* • Resources leveraged through innovative financing instruments supported by UNFPA in collaboration with public and/or private sectors *Baseline: 6 million (US$) (2024); Target: 12 million (US$) (2029)* • Number of sub-analytical products derived from the 2025 DHS that address the three Transformative Results focusing on the furthest left behind including people with disabilities *Baseline: 0 (2024); Target: 6 (2029)* • Biennial availability of up-to-date population situation analyses (including predictive analysis) on population changes and diversity and the impact of mega-trends, including climate change, on achieving the three transformative results and ICPD Programme of Action *Baseline: No (2024); Target: Yes (2029)* • Number of climate-related policies and disaster risk reduction plans that incorporate sexual and reproductive health and rights (SRHR) with a focus on vulnerable populations including people with disabilities Baseline: 0 (2024); Target: 2 (2029) • Number of national maternal and child health research studies included in the national health research agenda undertaken with the support of UNFPA Baseline: 0 (2024); Target: 2 (2029)	Ministries of Health, Education, Gender and Family Promotion, Youth and Arts; ICT and Innovation; Rwanda Biomedical Centre; Rwanda Environment Management Authority; Midwives Association; WHO; UNDP; UNICEF; UNAIDS; UNCDF, UNHCR; Network of Rwandan Parliamentarians on Population and Development; University of Rwanda; University of Global Health Equity, Imbuto Foundation; National Institute of Statistics; civil society; financial institutions, the private sector	$6.0 million ($2.6 million from regular resources and $3.4 million from other resources)

		• Number of new strategic partnerships established and actively engaged for brainpower and advocacy/reach to advance towards the three transformative results Baseline: 0 (2023); Target: 3 (2029)		
NATIONAL PRIORITY: Goal 8 of NSTII – Quality Healthcare for All: Increase access to quality healthcare across Rwanda by quadrupling the number of registered health workers and improving maternal, child, and infant health services. By meeting international benchmarks, Rwanda will ensure that every citizen receives the care they deserve, including specialized care, leading to a healthier and more prosperous nation.				
UNSDCF OUTCOME(S): 2: By 2029, people in Rwanda, especially the most vulnerable groups, are empowered as productive human capital benefiting from inclusive, resilient, gender-transformative and quality social services; 3: By 2029, people in Rwanda benefit from transparent and accountable governance that fosters inclusive, equitable socio-economic transformation, human rights, gender equality, unity, peace and security.				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1. By 2025, the reduction in the unmet need for family planning has accelerated. 2. By 2025, the reduction of preventable maternal deaths has accelerated. 3. By 2025, the reduction in gender-based violence and harmful practices has accelerated.				
UNSDCF outcome indicators, baselines, targets	**Country programme outputs**	**Output indicators, baselines and targets**	**Partner contributions**	**Indicative resources**
UNSDCF outcome indicator(s) • Universal health service coverage index *Baseline: 49% (2024);* *Target: >80% (2029)* • Maternal mortality ratio (per 100,00 live births) *Baseline: 203 (2024);* *Target: 126 (2029)* • Number of new HIV infections per 1,000 uninfected population, by sex, age and key population *Baseline: 0.2 (2024);* *Target: 0.1 (2029)* • Percentage of youth not in employment, education or training, (a) male; (b) female; (c) total *Baseline: (a) 21.5%; (b) 36.1%; (c) 29% (2024);* *Target: (a) 21.5%; (b) 28.5%; (c) 25%* • Increase the quality of service delivery *Baseline: 78.28% (2024);* *Target: 85% (2029)* Related UNFPA Strategic Plan Outcome indicator(s):	Output 2. By 2029, strengthened capacity and resilience of systems, institutions and communities to provide high-quality, comprehensive sexual and reproductive health information and services, including supplies, as well as essential services to address gender-based violence and harmful practices.	• Percentage of midwifery institutions nationwide using a standardized competency-based academic curriculum aligned with International Confederation of Midwives (ICM) standards with UNFPA support *Baseline: 0% (2024); Target: 100% (2029)* • Proportion of recommendation from maternal death audits actioned with support of UNFPA *Baseline: 0% (2024); Target: 50% (2029)* • Proportion of health facilities under the emergency obstetric and newborn care facility network with support of UNFPA *Baseline: 0% (2024); Target: 100% (2029)* • Percentage of health facilities nationwide reporting no stock outs of essential SRH commodities within the last 3 months (three modern contraceptive methods) *Baseline: 94.2% (2024); Target: 99% (2029)* • Percentage of domestic resources for health committed for family planning *Baseline: 2.7% (FP2030 Commitment, 2024); Target: over 4% (2029)* • Number of innovations including youth-led digital solutions aimed at strengthening systems resilience and accelerating the realization of the three transformative results, supported by UNFPA. *Baseline: 25 (2024); Target: 35 (2029 cumulative)*	Ministries of Health; Education; Gender and Family Promotion; Youth and Arts; ICT and Innovation; Rwanda Biomedical Centre; Rwanda Education Bureau; Midwives Association; WHO; UNDP; UNICEF; UNAIDS; UNHCR; University of Rwanda; Medical Procurement and Production Division; civil society; financial institutions; the private sector	$8.0 million ($2.5 million from regular resources and $5.5 million from other resources)

• Proportion of women of reproductive age (aged 15- 49 years) who have their need for family planning satisfied with modern methods *Baseline: 73.7% (2020);* *Target: 78.7% (2029)* • Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care *Baseline: 82% (2020);* *Target: 87% (2029)*				
NATIONAL PRIORITY: Goal 8 of NSTII – Quality Healthcare for All: Increase access to quality healthcare across Rwanda by quadrupling the number of registered health workers and improving maternal, child, and infant health services. By meeting international benchmarks, Rwanda will ensure that every citizen receives the care they deserve, including specialized care, leading to a healthier and more prosperous nation.				
UNSDCF OUTCOME: 2: By 2029, people in Rwanda, especially the most vulnerable groups, are empowered as productive human capital benefiting from inclusive, resilient, gender-transformative and quality social services; 3: By 2029, people in Rwanda benefit from transparent and accountable governance that fosters inclusive, equitable socio-economic transformation, human rights, gender equality, unity, peace and security.				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1. By 2025, the reduction in the unmet need for family planning has accelerated. 2. By 2025, the reduction of preventable maternal deaths has accelerated. 3. By 2025, the reduction in gender-based violence and harmful practices has accelerated.				
UNSDCF outcome indicators, baselines, targets	**Country programme outputs**	**Output indicators, baselines and targets**	**Partner contributions**	**Indicative resources**
UNSDCF outcome indicators: • Percentage of women aged 15-49 who have ever experienced (a) physical or (b) sexual violence *Baseline: (a) 37%; (b) 23% (2024);* *Target: (a) 34%; (b) 20% (2029)* • Percentage of adolescent girls (aged 15-19 years) who have begun childbearing *Baseline: 5.2%2020);* *Target: 4 % (2029)* • Overall ranking of Rwanda in the governance index in Africa *Baseline: 12 (2024);* *Target: 7(2029)*	Output 3. By 2029, strengthened mechanisms and capacities of actors and institutions to address gender-based violence and discriminatory gender and social norms towards gender equality and women's decision-making	• Proportion of human rights and gender-related reports produced with the support of UNFPA including UPR, CEDAW and VNR that tracks implementation on recommendations relevant to the three transformative results *Baseline: 50 % (2024); Target: 100 % (2029)* • Number of data systems and research studies supported by UNFPA that collect and report nationally representative evidence on perceptions and attitudes related to gender norms, stereotypes and GBV *Baseline: 0 (2024); Target: 2 (2029)* • A multi-sectoral national framework for the prevention of and response to adolescent pregnancy developed and operational *Baseline: No (2024); Target: Yes (2029)* • Availability of a national plan/strategy to prevent and respond to GBV including Technology Facilitated GBV *Baseline: No (2024); Target: Yes (2029)*	Ministries of Health; Education; Gender and Family Promotion; Youth and Arts; ICT and Innovation; Gender Monitoring Office; Rwanda Biomedical Centre; Rwanda Education Bureau; Rwanda Investigation Bureau; WHO; UNDP; UNICEF; UNAIDS; UNHCR; Network of Rwandan Parliamentarians on Population and Development; University of Rwanda; Imbuto Foundation; civil society	$5.0 million ($1.5 million from regular resources and $3.5 million from other resources) _____ Programme coordination and assistance: $1 million from regular resources