



REPORT OF THE “POLICY DIALOGUES FOR JOINT ADVOCACY BY CSOs ON TEENAGE PREGNANCY IN RWANDA” PROJECT



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II. NAME OF THE PARTNER ORGANIZATION:

RWANDA Network of People Living with HIV/AIDS (RRP+)

III. PROJECT TITLE:

Policy dialogues for joint advocacy by CSOs on teenage pregnancy in Rwanda;

III.1. BACKGROUND AND CONTEXT OF THE PROJECT

The phenomenon of teenage pregnancy in Rwanda is on a steep rise with it far reaching consequences. The NISR (2016) shows that teenage pregnancy rates in Rwanda increased from 6.1 per cent in 2010 to 7.3 percent in 2015. The ICESCR¹ in article 12 establishes ‘the right of everyone to the enjoyment of the highest attainable standard of physical and mental health’. The right to health is an inclusive right that not only obliges to provide timely and appropriate health care, but also to address the underlying determinants of health, such as access to safe and potable water and adequate sanitation, an adequate supply of safe food, nutrition and housing, healthy occupational and environmental conditions, and access to health-related education and information, including on sexual and reproductive health. Teen pregnancies are therefore the violation of integral part of the right to health.

Against the aforementioned with the support of GIZ / RWANDA, RRP+ and RCSP and others CSOs conducted systematic activities with aim to generate a heightened awareness among key stakeholders, especially duty bearers (Ministry of Gender, Ministry of Health, Ministry of Local Government, Parliament representatives, local authorities, etc) and rights holders (Teen mothers, youth representatives, Parents, etc) on the issue of teenage pregnancy in Rwanda. The conducted activities include the rapid review of the existing researches and policies and develop a position paper, the assessment of barriers affecting effective prevention of teenage pregnancy and the advocacy meetings on teenage pregnancy in Rwanda.

III.2. OVERALL GOAL OF THE PROJECT:

The overall goal for this project was to generate a heightened awareness among key stakeholders, especially duty bearers on the issue of teenage pregnancy in Rwanda.

¹ International Covenant on Economic, Social and Cultural Rights

III.3. SPECIFIC OBJECTIVES:

- Conducted mapping exercise of recent research and analyze key findings therefrom on teenage pregnancy in Rwanda;
- Reviewed and summarized existing laws, policies, regulations and reports about teenage pregnancy and find out gaps for policy action;
- Identify potential gaps in the existing policies and laws and generate recommendations to address the issue;
- Conduct a comprehensive survey to bridge information gaps in teenage pregnancy
- Generate views from key stakeholders on how teen pregnancies can be avoided and what can be done to effectively conduct advocacy for teenage mothers and re-integrate them in a social, legal and economic perspective
- Conduct a joint session with key actors to develop a road map of implementation of recommendations generated during the policy dialogue;
- Develop a CSOs monitoring mechanisms and tools to capture progress of implementation of jointly agreed actions;

III.4. STATEMENT ON ACHIEVEMENT OF EXPECTED RESULTS

The rapid review of researches and assessment of barriers affecting teen pregnancy prevention in Rwanda has been an evidence based advocacy to prevent teenage pregnancy in Rwanda. In addition, during the advocacy meeting, rights holders (teen mothers) found the space of speaking for themselves. The teen mothers started claiming their rights.

III.5. CONDUCTED ACTIVITIES

During the project, in collaboration with RCSP, RRP+ conducted a rapid assessment through the review and comparison of statistics of studies conducted on teenage pregnancy and development of a position paper, Assessment of barriers affecting teen pregnancy prevention in Rwanda, Advocacy meetings with both rights holders and duties bearers and participation in ICASA and World Aids Day (WAD 19).

III.5.1. RAPID ASSESSMENT THROUGH REVIEW AND COMPARISON OF STATISTICS OF STUDIES CONDUCTED ON TEENAGE PREGNANCY AND DEVELOPMENT OF A POSITION PAPER

RRP+, RCSP and other CSOs started the joint advocacy to raise awareness among key stakeholders, especially duty bearers on the issue of teenage pregnancy in Rwanda.

RRP+ has received the support from GIZ to hire the consultant for the rapid assessment through review and comparison of statistics of studies conducted on teenage pregnancy and development of a position paper for presentation during a policy dialogue. To share the findings, RCSP with the support of UNDP and RGB, organized the policy dialogue with key stakeholders that took place in Marriot hotel on 24th October 2019.

The participants in the policy dialogue were 9 national umbrella organizations members of RCSP (CCOAB, CLADHO, RNGOF, IBUKA, NUDOR, PRO- FEMMES/TWESE HAMWE, RRP+, RENGOF, RYOF), and other CSOs like HAGURUKA, RWAMREC, NI – NYAMPINGA / GIRL EFFECT, HDI, ... together with other partners like RGB, RIB, parliamentarians, etc.

Objectives:

- Share the findings of the rapid assessment on teenage pregnancy in Rwanda conducted by the consultant;
- Discuss about the gaps found;
- Advocacy on teenage pregnancy issue

Methodology:

The methodology used for the policy dialogue includes the presentation of rapid assessment findings by the consultant, the panel discussion and the open discussions with all participants.

KEY FINDINGS FROM THE RAPID ASSESSMENT:

KEY STUDIES REVIEWED:

- CLADHO (August, 2016). Rapid Assessment Report early/unwanted pregnancy for under 18 years in 10 districts of Rwanda

- RWAMREC (2019). Participatory action research on attitudes, perceptions and needs towards teenage pregnancy in Huye and Kicukiro districts
- HAGURUKA (2018).The Readiness of the Community to Address Teenage Pregnancy in Rwanda. A study conducted in the seven districts of Eastern Province
- Action Aid (2018). A baseline survey report for the speak out! project “ SRHR situation among 9-17 year old girls
- GMO
- WHO

8.1. 3.2. SUMMARY OF FINDINGS

National Policies and legal framework.

Rwanda has put in place laws that protect child including:

- The National Gender Policy
- Rwanda, Law No.59/2008 on the Prevention and Punishment of Gender-Based Violence (GBV)
- Rwanda, Law N°54/2011 of 14/12/2011 Relating to the Rights and the Protection of the Child

Rwanda, Law N°32/2016 of 28/08/2016 Governing Persons and Family

The main gaps in the laws is the cultural context of implementation where have cultural barriers that prohibit reporting. The infrastructure that would favour the implementation of the law is insufficient especially in the rural context.

Causes of teenage pregnancies:

- **Social and cultural reasons:** Cultural behaviors, gender inequality, lack of good parental communication with children about sexuality issues, push for early marriages, problematic family contexts, poor parenting, and fear to report are some of the factors that eventually cause the teenage mothers’ fear to report when SGBV happens to them;
- **Adolescent sexual behavior:** The adolescent’s natural urge to explore their sexuality, peer pressure and increasing liberalization of morals result into

many teens getting pregnant. This is so because they engage in sexual intercourse way before they acquire knowledge on sexual reproductive knowledge and rights;

- **Drug and alcohol abuse:** when teenagers are intoxicated, they forget to use protection during sexual intercourse. This results in girls becoming pregnant. Subsequently, they are also prone to being infected with STDs, HIV and other creeping diseases.
- **Socio-economic reasons:** teenage pregnancies are more likely to occur in poor families and it worse to teenagers with single parents. Girls may be forced to exchange sex to get luxurious goods and money for securing basic needs.
- **Inadequate institutional support by government entities:** Much as teenage pregnancy is a national priority, there is an inadequate coordination framework among government agencies and departments such as, MIGEPROF, CSOs, MINALOC, MINEDUC, the National Child Council, and the Ministry of Youth, among others.
- **Weak coordination of and scattered interventions on teenage pregnancies.** Although noticeable progress has been made with regard to coordination and monitoring of GBV activities, in practice, gaps related to joint planning, GBV data collection and reporting skills are still undermining the quality of prevention of and response to GBV (UNICEF Rwanda and RBC, 2015) cases, including teenage pregnancies.



Photo showing the participants for the policy dialogue on teenage pregnancy, taken on 24th October 2019.



Photo showing ES of RCSP, Country representative of UNDP, CEO of RGG, Chairperson of RCSP and the representative of Parliament, taken on 24th October 2019.



Photo showing some participants for the policy dialogue on teenage pregnancy, taken on 24th October 2019.

RECOMMENDATIONS AND STRATEGIES FOR INTERVENTION

- **Priorities Sex education:** Girls should fully understand puberty beyond just bodily changes. Girls need to be educated on the implications of their bodily changes at puberty such as fertility, menstruation and conception so that they can make informed sexual and reproductive health related decisions.
- **Strategies for intervention:**
 - Equip parents with knowledge and skills of sensitizing teenagers about adolescence and the consequences of teenage pregnancy.
 - The implementation of sex and sexuality education in primary and secondary school curricula. Training teachers with knowledge and skills of mainstreaming Adolescent Sexual Reproductive Health in their teaching practices.
- **Strengthening the policy and legal framework:** Policy and laws should be clearly developed in such way that they establish clear responsibilities and sanctions for parents who are proved to not have practiced their parental responsible for teenage pregnancies instead of abandoning the whole fate to the impregnated teenagers.
- **Strategies for intervention:**
 - In the case of teens being impregnated by adults the law should provide for tough sanctions. At best the government should explore the possibility of establishing a GBV specific court so that the referral process is shortened and many perpetrators punished. ,
 - Naming and shaming. Adults who are found guilty for impregnating teens should be published in newspapers and other media outlets.
 - Parents and other persons involved in discriminating, stigmatizing and marginalizing pregnant teens and teenage mothers should be seriously addressed by the provisions of the law.

Develop a mechanism to ensure perpetrators of teen pregnancies are identified, and held accountable including by participating in the process to address reparation needs of victims.

- **Prioritizing girls' education: increasing the enrollment and reintegration of teenage mothers in primary and secondary education.**
- **Strategies for intervention:**
 - Creating service points, including information on sexual reproductive health and rights, family emotional support, vocational skills, school re-integration, family and community reintegration as the leading needs of teen mothers.
 - Strengthen advocacy strategies for enhancing a safe environment for themselves but also for their siblings who may potentially become survivors.
 - Avail counselling sessions to help them overcome the effects of the painful physical and emotional experiences they have suffered.

Provide mentors to young girls in schools so that they gain the necessary confidence to report violence but also to be empowered to protect their rights.

Enhance institutional partnership and coordination between CSOs and GoR: A coordinated framework should be put in place to integrate the efforts of CSOs, and government agencies and relevant departments.

This ought to enable allocating resources and developing annual budget frameworks at both central and local levels of governance but even more important, conduct systematic monitoring recommendations that have been previously suggested.

- **Strategies for intervention:**

Promote evidence-based planning strategies so that scarce resources are optimally utilized by both civil society organizations and government departments. Implementation of evidence-based advocacy activities so that the public and various duty bearers are awakened to the plight of teenage pregnancies.

III.5.2. ASSESSMENT OF BARRIERS AFFECTING TEEN PREGNANCY PREVENTION IN RWANDA

Main objective

The main objective of this exercise is to assess various barriers affecting the prevention of pregnancies among teenagers in Rwanda.

Specific objectives

The specific objectives of the assessment include:

1. Identify barriers affecting teen pregnancy prevention at policy, legal and strategic planning levels;
2. Identify barriers affecting teen pregnancy prevention interventions at implementation level;
3. Identify barriers hindering the implementation of recommendations from various assessments and studies.

METHODOLOGY

Assessment Design and Techniques

This assessment consists of a descriptive design to understand the barriers that affect the prevention of pregnancies among teenagers in Rwanda. A qualitative methodology was used in this assessment. In order to collect relevant information, the following techniques were used:

Desk review

The review focused on existing resources including various reports, guidelines, policy documents, laws, and planning documents related to adolescent sexual and reproductive health in general and teen pregnancy prevention in particular.

Interviews with duty bearers

Interviews targeted key informants, at national and district levels. They were selected based on their area of work. At national level, the assessment included mainly Government Institutions, and Civil Society Organizations (CSOs) intervening in the area of sexual and reproductive health. The key informants were contacted and appointments were made to meet the interviewers. At district level, information was collected from health, education, and governance and gender units. Prior to data collection, a letter from RCSP and RRP+ was sent to the District to seek for authorization to meet the identified informants. Appointments were scheduled to meet

each one of the key informants. The duration of interview was between 45 minutes and 1 hour.

Interviews with right holders

These interviews were conducted with selected teen mothers to get insights on their experiences and views on teen pregnancy prevention strategies as right holders. Teen mothers were aged between 18 and 20 years regardless of the age at their first pregnancy. Eight teen mothers per district were identified and invited by RRP+ field officers in their respective districts. Interviews with teen mothers were convened in a conducive and confidential place to ensure privacy following the provision of informed consent. In total 40 interviews with teen mothers were conducted.

District Selection

The assessment was conducted in four provinces and the City of Kigali. In a bid to have an overall picture across the country, one district with the highest prevalence of teen pregnancies was selected in each province and City of Kigali.

No	Province	District	Proportion of U20 pregnancies, 2018-2019
1	East	Gatsibo	12.0%
2	West	Nyabihu ²	7.5%
3	North	Rulindo	8.7%
4	South	Nyanza	7.3%
5	City of Kigali	Kicukiro	5.7%

Source: *Rwanda Biomedical Center (2019). Annual Report for Maternal, Child and Community Health Division (2018-2019).*

Data collection and management

Prior to data collection activities, a one-day training was organized for interviewers to familiarize with interview guides. All interviews were conducted one-on-one, from the 11th to 15th June 2020. Field notes were used to record the information. All field notes were compiled per categories of key informants and summarized for analysis and interpretation.

² Nyabihu District replaced Rubavu district that was the second most prevalent district and with almost the same prevalence (7.6% in Rubavu and 7.5% in Nyabihu) because Rubavu District was put under lockdown during data collection period in the context of COVID-19 prevention.

RECOMMENDATIONS

Teen pregnancy is a complex issue that needs to be addressed through a multi-faceted and multi-level approach. Being a complex subject, the overall aim of this assessment was to identify barriers affecting teen pregnancy prevention.

Below are key identified barriers and corresponding recommendations:

Key Finding/ Conclusion	Recommendations	Responsible Institution
Lack of strong coordination among actors intervening in the area of teen pregnancy prevention	Establish a strong coordination mechanism for adolescent sexual and reproductive health with an aim to create synergy among stakeholders.	MoH
	Develop a national teen pregnancy prevention plan/strategy for at least five years with clear strategic objectives	MoH
	Strengthen a joint collaborative mechanism to address the issue of scattering and duplicating efforts	MoH* & CSOs
Gaps in the Human Reproductive Health and Medical Professional Liability Insurance laws that limit healthcare professionals from providing health services to under 18 years old without consent of a parent or legal guardian	Advocate for amendment of articles limiting the access of adolescents under 18 years to healthcare services without consent of a parent or legal guardian	MoH* & CSOs
Lack of implementing instruments to support the implementation of policies and laws	Develop a ministerial order to facilitate the operationalization of the Human Reproductive Health law as an integral part of both primary and secondary education curriculum	MINEDUC
	Establish a support system/mechanism for teen mothers who dropped out of	MINEDUC* & MINALOC

	school to facilitate them to resume the schooling as a strategy to prevent subsequent pregnancies	
Roman Catholic church-based health facilities that are not supportive of the provision of modern family planning methods	Strengthen secondary health posts to fill the gap of Roman Catholic church-based health facilities in the provision of modern FP methods	MoH
Teenage pregnancy prevention interventions focusing more on girls than boys	Design inclusive SRH interventions targeting both adolescent girls and boys	CSOs* & other actors
Limited SRH knowledge of adolescents and parents, and lack of discussions on sexuality related topics between parents and children	Establish parents peer education approach to promote parent-child discussions on SRH topics; and develop age-specific SRH educational materials for both parents and teachers to facilitate transfer of knowledge	MoH*, MIGEPROF & MINEDUC
Negative influence of social media	Develop and display through social media SRH educational messages for adolescents	MoH* & MYCULTURE
Negative attitudes of some Rwandans towards modern family planning use among unmarried women and divergent views of CSOs on modern family planning methods among adolescents	Organize a yearly consultative dialogue on teen pregnancy with all actors including religious leaders, adolescents and right holders, and CSOs to have a collective consensus in addressing teen pregnancy	MIGEPROF* & MoH
	Forge a joint consensus on the use of contraceptive methods among adolescent and develop an advocacy strategy to address the teen pregnancy.	CSOs
Lack of national represented and comprehensive research to	-Conduct comprehensive studies on characteristics of teen mothers, prevalence of repeated pregnancies	RRP+ and other actors

provide a thorough understanding of teen pregnancy phenomenon	and associated factors among adolescent girls -. Conduct a specific research on Teenage pregnancy among adolescent girls living with HIV	
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The assessment intended to identify barriers affecting the prevention of teen pregnancies. As described in the previous section, in order to fully understand the potential barriers in teen pregnancies. This section presents and discusses the findings from desk review and conducted interviews.

III.3. ADVOCACY MEETINGS WITH BOTH RIGHTS HOLDERS AND DUTIES BEARERS

MAIN OBJECTIVE

The objective of this meeting is to raise awareness on the barriers that affect effective prevention of pregnancies among teenagers in Rwanda.

SPECIFIC OBJECTIVES

4. Inform the rights holders and duty bearers about the increase of teenage pregnancies in Rwanda;
5. Discuss about the barriers that right holders and duty bearers face while implementing prevention measures, policies and strategies related to the prevention of pregnancies among teenagers;
6. Pinpoint recommendations that can improve prevention interventions and strategies against pregnancy among teenagers

METHODOLOGY

The meeting was facilitated independent consultant using different approach including the presentations of existing data on teenage pregnancy in Rwanda and animate the active discussions about the prevention mechanism to prevent teenage pregnancy in Rwanda.

PARTICIPANTS

The participants for the reflection meeting will be 49 people including duties bearers, rights holders and civil society organizations.



The picture above show the representative of the Ministry of Health during the opening of the meeting





During the meeting, social distancing was respected to avoid the spread of Coronavirus





ADVOCACY OUTCOMES AND RECOMMENDATIONS

During this advocacy meeting recommendations to curb the increasing pregnancies among teenagers including have been set:

- Training of local leaders on Adolescent Sexual Reproductive Health and Rights (ASRHR),
- Strengthening the policy and legal framework,
- Enhancing institutional partnership and coordination between CSOs and Government of Rwanda (GoR)
- Gaps in laws (related to health services) affecting access to family planning of girls under 18 years old; the lack implementing instruments,
- Lack of comprehensive knowledge about SRH, poor interaction between teenagers and parents, negative influence of social media, cultural and religious beliefs
- Lack of collaborative approach among Civil Society Organizations (CSOs); scattered and duplicated efforts; divergent views on family planning and lack of a joint mechanism bringing together all stakeholders.
- Health facility level barrier- faith-based health facilities do not offer modern contraceptive
- Lack of follow up of important recommendations from various studies, such that formulated recommendations are translated into rational and impactful activities.

ADVOCACY OPPORTUNITIES

Teen pregnancy, being a complex subject, it offers a wide range of advocacy opportunity from national to local level, with a variety of stakeholders from different sectors:

- Participate in development of policies and strategies aimed at addressing teen pregnancy prevention and ASRH in general.
- Advocate for greater coordination mechanism among policy-makers and implementing stakeholders/agencies
- Advocate for greater youth participation and involvement in planning, implementation and monitoring of ASRH and programmes at lower and local levels. Local authorities should ensure meaningful youth/adolescent participation in all sexual reproductive health activities.
- Advocate for ASRH strengthened coordination and resource allocation. Youth and adolescent's organizations and other implementing agencies should be allocated sufficient budgetary support to advance the ASRH and teen pregnancy particularly.
- Advocate for adequate public education on ASRH and teen pregnancy specifically including dissemination of policies, legislations and relevant guidelines. The government and all stakeholders involved in ASRH can reach wider audience through traditional (TV, Radio and Newspapers) and emerging social media such Facebook, Twitter, Instagram, etc.

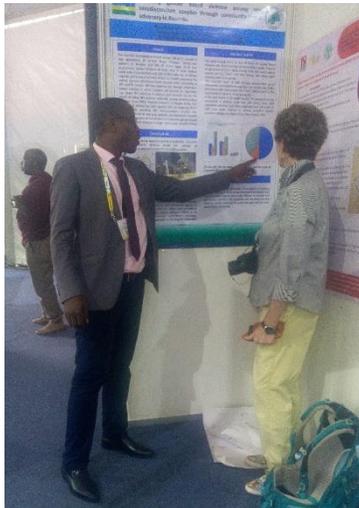
III.4. ACTIVITIES FOR 16 DAYS OF ACTIVISM AGAINST GBV

During 16 days of activism against GBV, RRP+ organised the activities of participation in ICASA 2019 and WAD 2019.

III.4.1. PARTICIPATION IN INTERNATIONAL CONFERENCE ON AIDS AND STIs IN AFRICA (ICASA 2019)
RRP+ has paid the registration for 12 participants and exhibition booth in community village of ICASA 2019 and actively participated.

Posters's presentations:

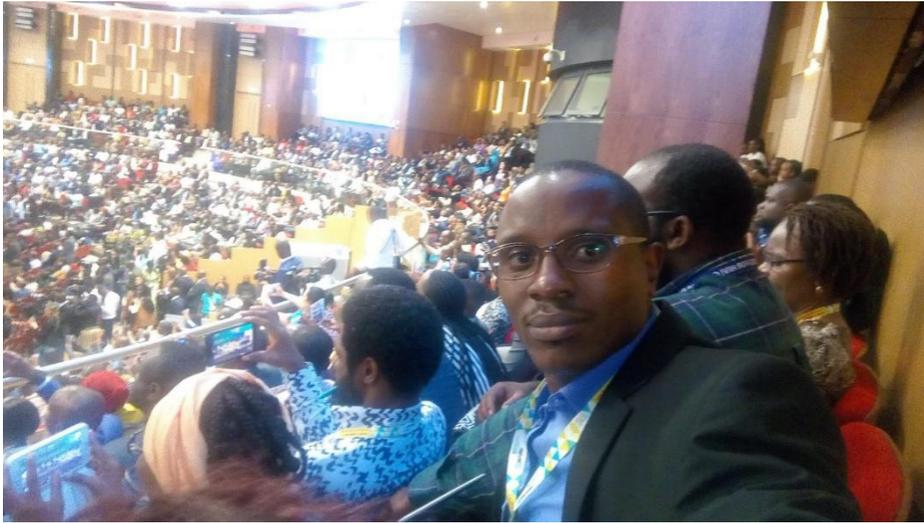
- ✓ Reducing Gender Based violence among HIV serodiscordant couples through community-based advocacy in Rwanda;
- ✓ Contribution of People Living with HIV (PLHIV) in the management of HIV-TB in Rwanda through Tuberculosis screening;
- ✓ Contribution of People Living with HIV and Peer Educators in response to the epidemic in Rwanda ;
- ✓ Added value of cooperatives to improve wellbeing of People living with HIV (PLHIV) in Rwanda



The picture above shows Mr TUGIRIMANA Jean Berchmans, the staff of RRP+ presenting the Rights Based poster in ICASA 2019.

Special sessions in ICASA 2019:

Role of local community leaders in the HIV response and developing resilient, where the Executive Secretary of RRP+ was one of the speakers;



RRP+ ACTIVE IN PLHIV Network zone sessions

- ✓ HIV impact mitigation through promotion of cooperatives among PLHIV in Rwanda;
- ✓ U=U as a strategy to stop HIV new infections among High risk populations;
- ✓ DSDM Community Support;
- ✓ HIV and Ageing in Rwanda, guidelines on the chronic diseases;
- ✓ Documentary film of 15 years celebration of PEPFAR achievements in Rwanda: *“Journey with the community”*



III.4.2. RRP+ in world AIDS DAY (WAD) 2019

RRP+ staff and 400 members from Kigali City joined the rest of Rwandans in World Aids Day (WAD) 2019. Under the theme of “Community engagement to HIV response”,

400 RRP+ members joined the rest of resident of Kigali City on the walk, run or ride bicycles during Car Free day coincidence with ICASA and WAD 2019.



The pictures above show RRP+ members during the run in Kigali City

IV. SIGNIFICANT DEVIATIONS

During the design of the project, it was expected to conduct a comprehensive research on teenage pregnancy in Rwanda but due to the limited time caused by COVID-19 lockdown and movement restrictions and budget constraints we conducted an assessment of barriers affecting teen pregnancy prevention in Rwanda.

V. STATEMENT ON GENDER AND CONFLICT SENSITIVITY

Teenage pregnancy result to the violations of child rights especially for girls with consequences of social rejection, school drop outs, family conflicts, leading to the poverty of victims, etc. Preventing teen pregnancies will contribute to the promotion of gender equality and equal rights for all.

VI. CONCLUSION AND RECOMMENDATIONS

Teenage pregnancy is becoming generally a complex challenge at global level with high rates in developing countries. Statistics within the East African region speak volume. Despite efforts invested in addressing teen pregnancy in Rwanda, there seem to be persistent challenges to achieving expected results. Being a complex subject, the overall aim of this assessment was to identify barriers affecting teen pregnancy prevention in Rwanda. In order to understand the barriers affecting teen pregnancy prevention, a descriptive design and qualitative methodology were used. A desk review, interviews with duty bearers and right holders were conducted to collect relevant information. The interviews included key informants from Central and local government institutions, civil society organizations as duty bearers and teen mothers as right holders. A single district with the highest prevalence of teen pregnancy was selected in each province and City of Kigali.

The assessment reveals a set of barriers that affect teenage pregnancy prevention:

- Lack of strong coordination between Government institutions and Civil Society Organizations (CSOs) implementing teen pregnancy prevention interventions;
- Gaps in the Human Reproductive Health and Medical Professional Liability Insurance laws that limit healthcare professionals from providing health services to under 18 years old without consent of a parent or legal guardian;
- Lack of implementing instruments to support the implementation of policies and laws. For instance, ministerial orders supporting Human Reproductive Health law, operational plans for ASRH, support mechanism to young girls who dropped out of schools due to pregnancy;
- Church-based health facilities that are not supportive of the provision of modern family planning methods;
- Teenage pregnancy prevention interventions focusing more on girls than boys;
- Limited SRH knowledge of adolescents and parents;
- Lack of discussions on sexuality related topics between parents and children;
- Negative attitudes of some Rwandans towards modern family planning use among unmarried women;
- Divergent views of CSOs on modern family planning methods among adolescents.

In light of the above findings, there is a need to:

- Strengthen coordination between government and implementing partners in the area of teen pregnancy prevention;
- Bridge the existing gaps in the Human Reproductive Health and Medical Professional Liability Insurance laws;
- Advocate for the development of implementing tools (Ministerial orders, operational plans);
- Strengthen secondary health posts to fill the gap of church-based health facilities in the provision of modern FP methods;
- Design inclusive SRH interventions targeting both adolescent girls and boys;
- Establish parent peer education approach to promote parent-child discussions on SRH topics;
- Develop age-specific SRH educational materials for both parents and teachers to facilitate transfer of knowledge
- Organize a yearly consultative dialogue on teen pregnancy with all actors including religious leaders, adolescents and right holders, and CSOs to have a collective consensus in addressing teen pregnancy.

Date: 05/July/2020

Prepared by:

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COVID-19 and HIV Adviser / RRP+