

**Title:** Abortion Service Provision in Rwanda Since the Publication of Exemptions in 2012: An Assessment of Medical and Legal systems

**Authors:** Fidele Ngabo, Felix Sayingoza, Eugene Ngoga, Nuriye Nalan Sahin Hodoglugil, Joanna Ortega, Evangeline Dushimeyezu, Eugene Kanyamanza, Julie Wieland, Ndola Prata

**Objective (limit 100 words):** To conduct a situation analysis to identify the status of legal abortion service provision in Rwanda based on data from health facilities and courts. Rwanda's Penal Code published in June 2012 allowed for exemptions for abortion in cases of rape, incest, forced marriage, or when the pregnancy jeopardizes the health of the unborn baby or pregnant woman, and a court order is required for the first three exemptions. Previous data on the extent of provision of legal abortion services was scarce.

**Methods (limit 100 words):** The assessment included three components: retrospective record review (RRR) from eight district hospitals and their affiliated gender based violence (GBV) centers as well as the intermediate courts for the same districts (for the period of July 2012-June 2014); qualitative component including 22 in-depth interviews with key stakeholders and three focus group discussions with women in the community; and prospective operations research (POR) where data from monitoring of service provision at the health facilities was collected for the period of August-December 2014 after training of the providers at these facilities. Quantitative results from the RRR and POR are presented here.

**Results (limit 100 words):** RRR identified 3,763 records at the GBV centers; where 273 were pregnant at admission; there was only one termination for a pregnancy as a result of rape. Of the 527 female victims identified during the POR, 84 were pregnant and none came back with a court order to terminate a pregnancy. At hospitals, there were a total of 2,956 records for pregnancy terminations. Of the 312 cases during POR, 85% were for obstetric reasons (intrauterine fetal death, missed abortion, trophoblastic disease, etc.); followed by maternal health (14%) and fetal impairment (1%). The use of medical methods was 64% during POR.

**Conclusions (limit 100 words):** Hospitals are well-equipped to provide uterine evacuation services for any indication, but they are not receiving eligible women with court orders. While GBV centers admit many cases of sexual violence; it is rather an exceptional situation for women to obtain a court order to terminate a pregnancy resulting from rape, incest, or forced marriage. The delays in seeking care after rape prevented evidence to be assembled for the legal process that follows. The Ministry of Health is expanding the program while addressing the challenges identified in this assessment to improve access to safe abortion services within the legal framework.