

Title: Moving from Law to Policy and Practice: The Case of Making Abortion Safer in Rwanda

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Objective (limit 100 words): To document the process Rwanda Ministry of Health (MOH) undertook to operationalize the exemptions for abortion in the Penal Code of 2012 (PC2012). PC2012 allowed for exemptions for abortion in cases of rape, incest, forced marriage, or when pregnancy jeopardizes the health of the unborn baby or pregnant woman. The MOH successfully led the operationalization of the law to provide safe abortion services starting from eight district hospitals. This success story was documented to demonstrate the transition from law on paper to actual provision of services supported by policy development, training of health care providers, and community sensitization.

Methods (limit 100 words): Over the course of approximately two years, the process for operationalization of the PC2012 followed a framework that included a reiterative process of gathering of quantitative and qualitative information and feeding it back to policy development activities as well as a consultation process to involve all concerned parties including representatives from the MOH, Ministry of Justice, and Rwanda National Police. Briefly, the process included: i) in-depth interviews with key informants and experts; ii) focus groups with potential beneficiaries; iii) assessment of both clinical and legal services; iv) capacity development activities; v) consultation and policy development meetings with key stakeholders.

Results (limit 100 words): Operationalization of the PC2012 program lead to the: development of a five year national strategic plan to address unsafe abortion related maternal mortality; development of a national protocol and accompanying training package for the provision of abortion services with medical and legal information; introduction of new service delivery protocols; reinforcing service provision capacity through training and orientations; generation of evidence based on assessment of services; and strengthening community awareness. Provision of safe abortion services with emphasis on legal and psycho-social aspects based on the National Protocol began in August 2014 at eight initial health facilities.

Conclusions (limit 100 words): The case of Rwanda is unique for demonstrating the commitment of the decision makers to move from law to its implementation through establishing policy guidelines and launching practice in a relatively short period of time to make abortion safer in the country. The program will be expanded nationally with constant monitoring and supervision. Grounded in the efforts to align national laws with the Maputo Protocol, Rwanda sets up a good role model in the region for protecting women's rights to abortion in the case of rape, incest and forced marriage even with a relatively restrictive legal framework.

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