

Overview

Nutritional information

Rwanda is off course to meet the global targets for all indicators analysed with adequate data.

Rwanda experiences a malnutrition burden among its under-five population. As of 2015, the national prevalence of under-five overweight is 7.9%, which has increased slightly from 6.9% in 2010. The national prevalence of under-five stunting is 38.2%, which is greater than the developing country average of 25%. Conversely, Rwanda's under-five wasting prevalence of 2.3% is less than the developing country average of 8.9%.

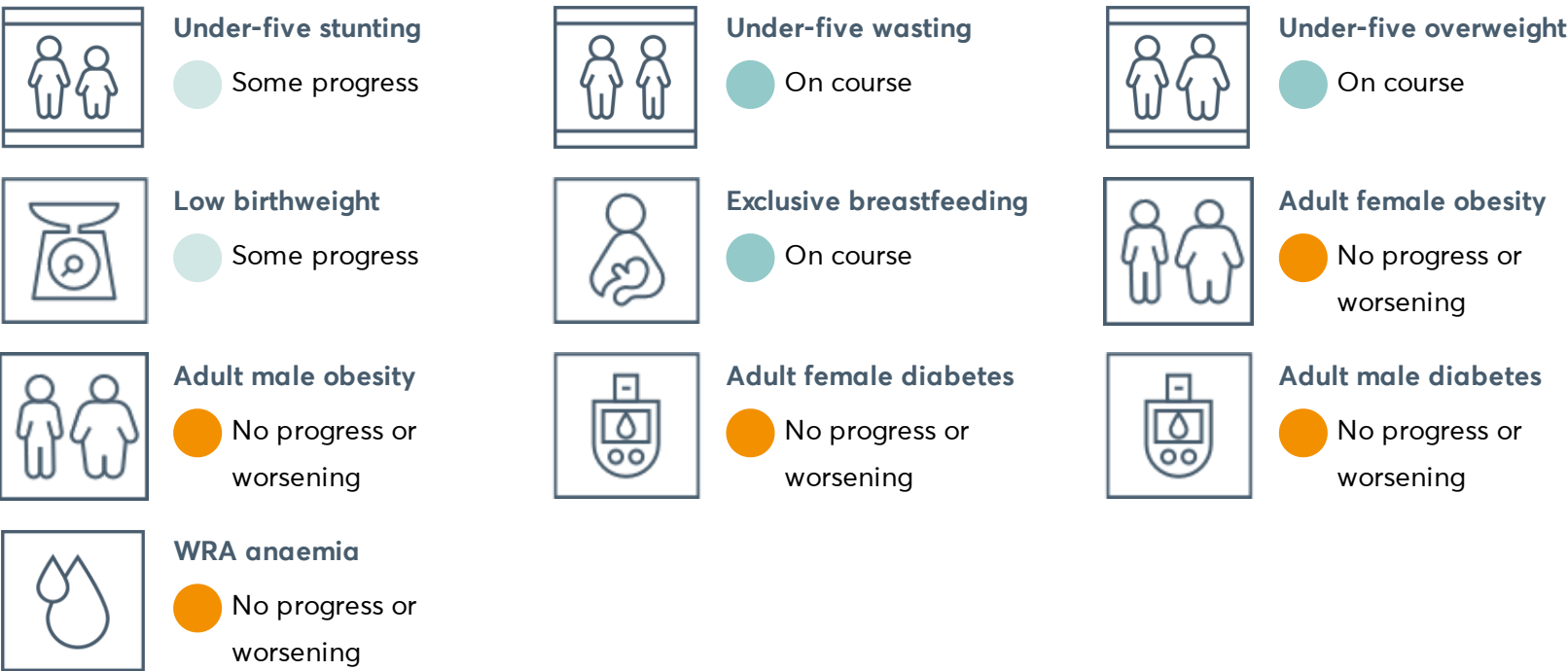
86.9% of infants under 23 months are exclusively breastfed, which is well above the Africa average of 29.4%. Rwanda's 2015 low birth weight prevalence of 7.9% has decreased slightly from 8% in 2014.

Rwanda's adult population also face malnutrition burdens. While there is no prevalence data available for anaemia among women of reproductive age, 4.5% of adult women suffer from diabetes, compared to 4.3% of men. Meanwhile, 9.3% of women and 1.9% of men suffer from obesity.

Sources: UNICEF/WHO/World Bank Group: Joint child malnutrition estimates, NCD Risk Factor Collaboration, WHO Global Health Observatory.

Notes: Thresholds for a country having the form or not: stunting in children aged under-five years >20%; anaemia in women of reproductive age >20%; overweight (body mass index >25) in adult women aged >18 years >35%.

Progress against global nutrition targets 2018

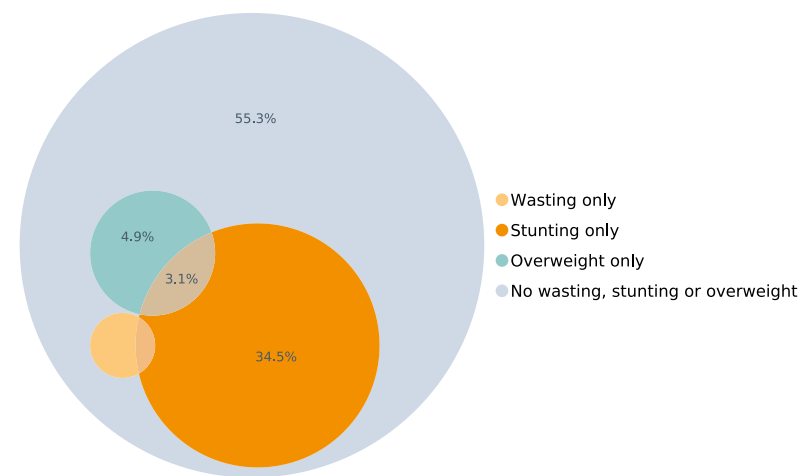


Sources: UNICEF/WHO/World Bank Group: Joint child malnutrition estimates, NCD Risk Factor Collaboration, WHO Global Health Observatory.

Notes: WRA = Women of a reproductive age; NA = not applicable. The methodologies for tracking differ between targets. Data on the adult indicators are based on modelled estimates.

Infant and child (under-five) status

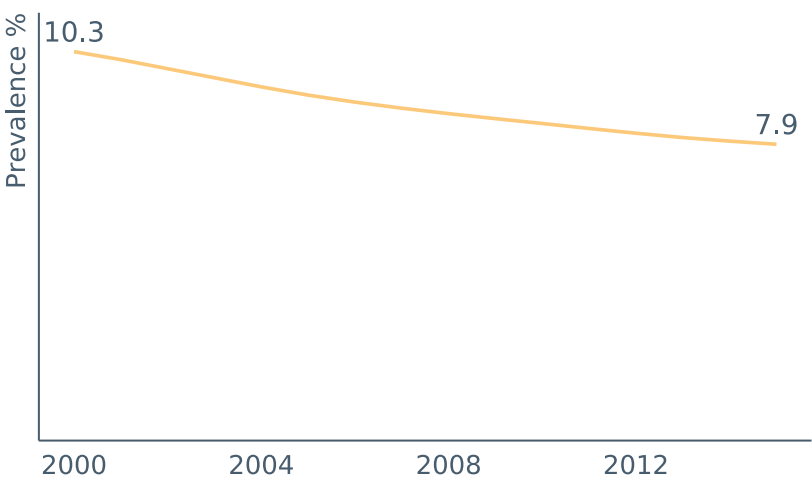
Under-five coexistence of wasting, stunting and overweight



Sources: UNICEF, Division of Data Research and Policy (2019). UNICEF Global Databases: Overlapping Stunting, Wasting and Overweight, January 2019, New York.

Notes: Percentage of children under-five years of age who experience different and overlapping forms of malnutrition.

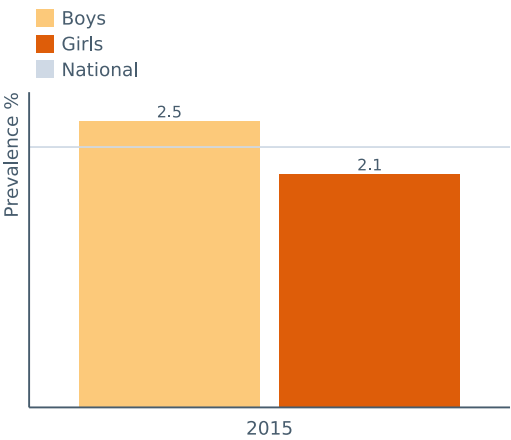
Low birth weight (%)



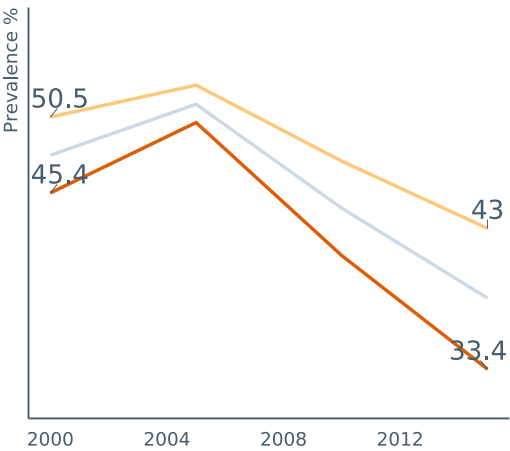
Source: UNICEF/WHO Low birthweight estimates, 2019 edition.

Children (under-five) nutrition status

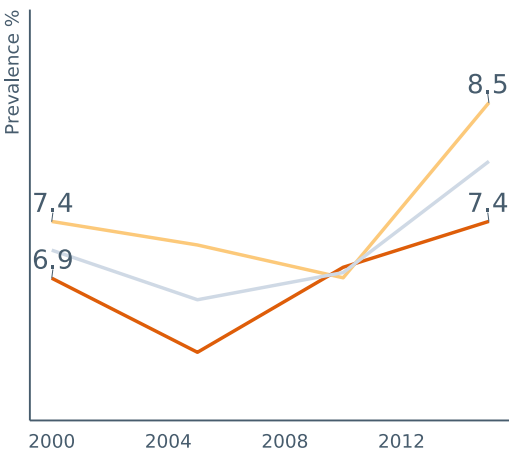
Wasting by gender (%)



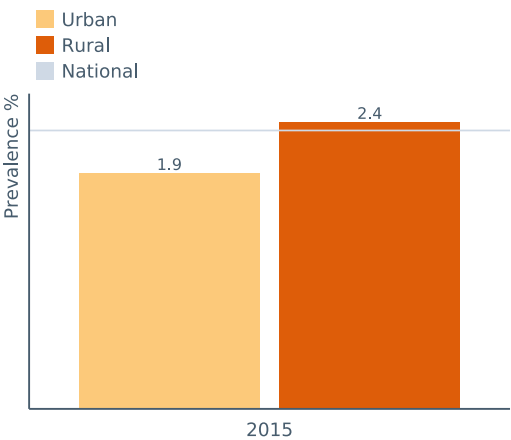
Stunting by gender (%)



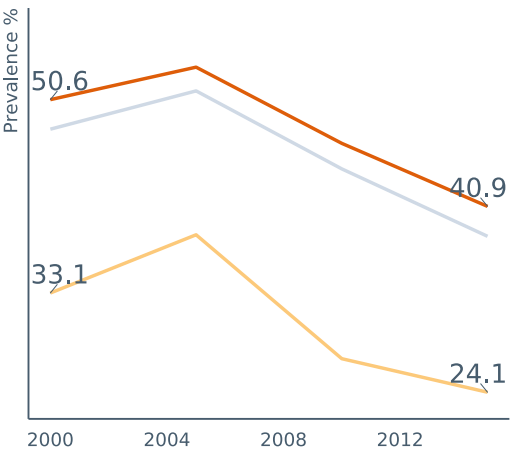
Overweight by gender (%)



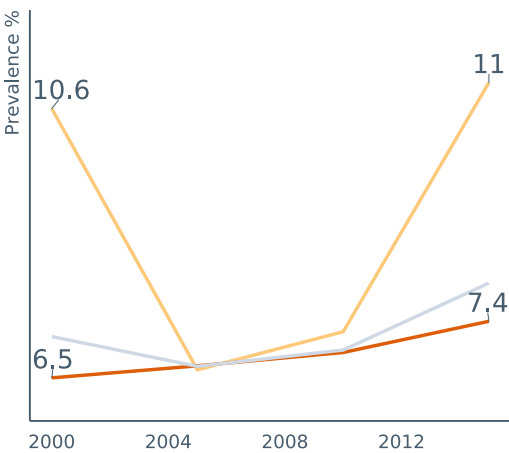
Wasting by location (%)



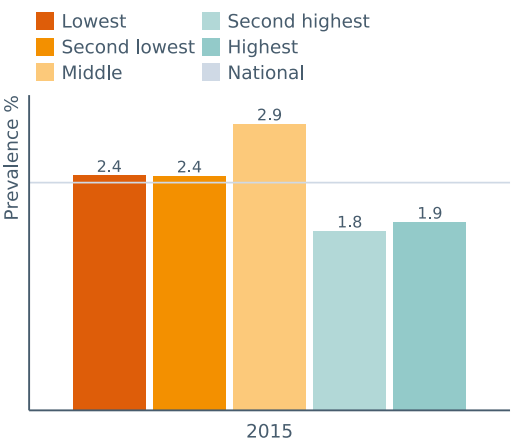
Stunting by location (%)



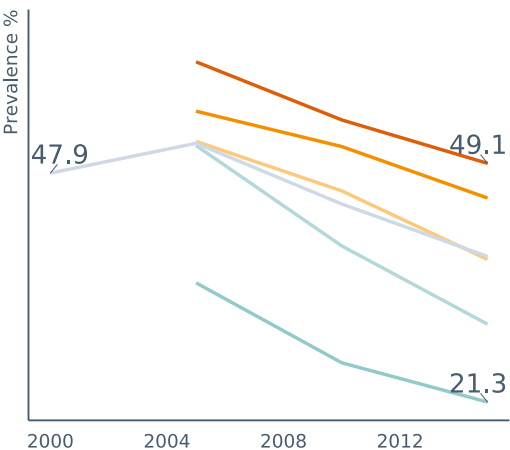
Overweight by location (%)



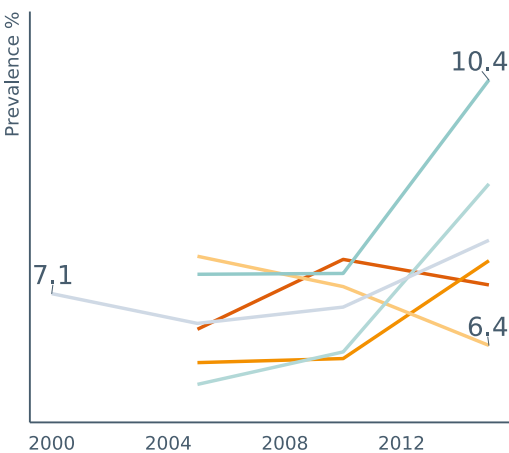
Wasting by income (%)



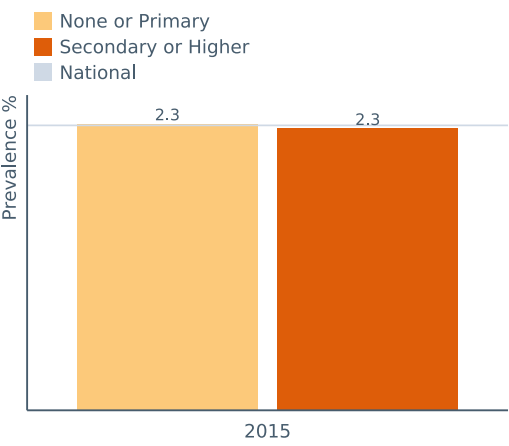
Stunting by income (%)



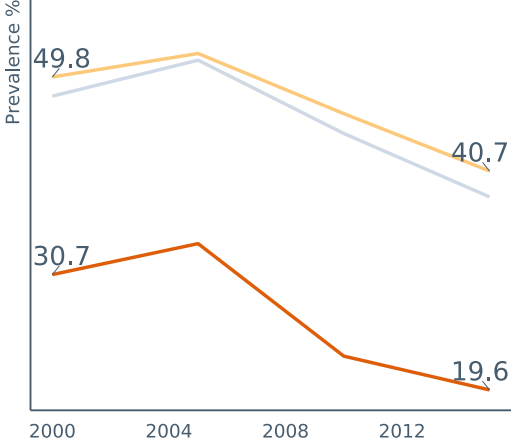
Overweight by income (%)



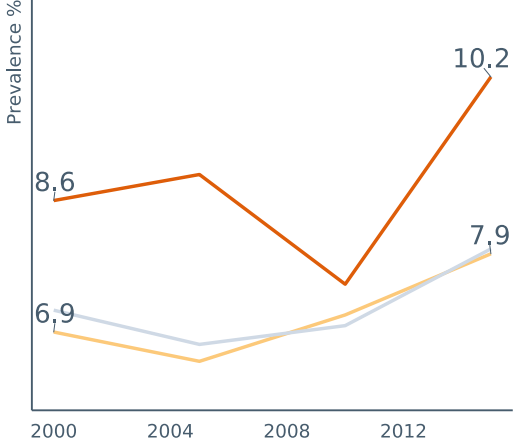
Wasting by education (%)



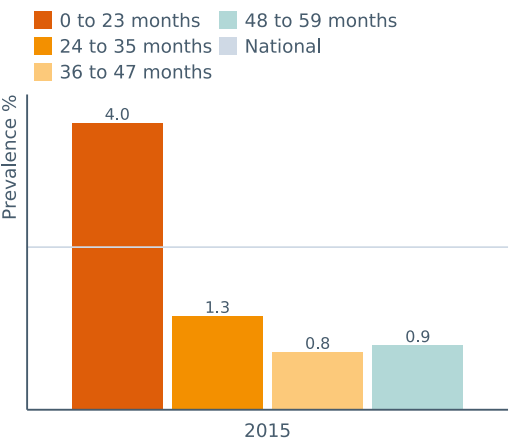
Stunting by education (%)



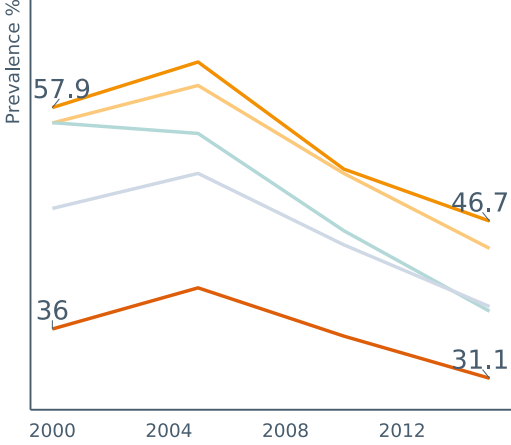
Overweight by education (%)



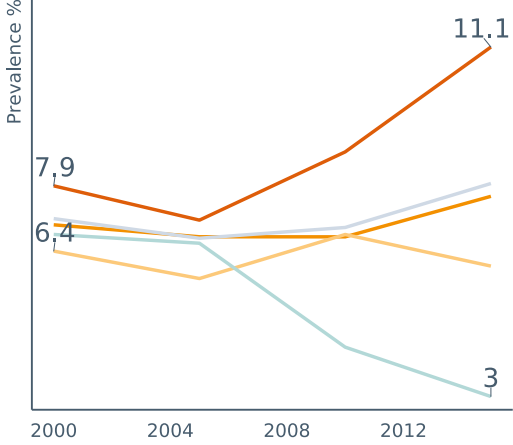
Wasting by age (%)



Stunting by age (%)



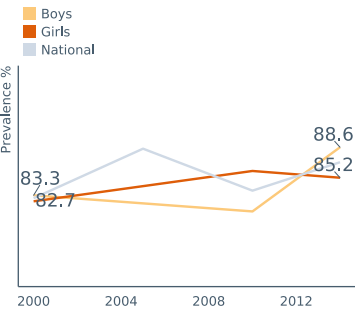
Overweight by age (%)



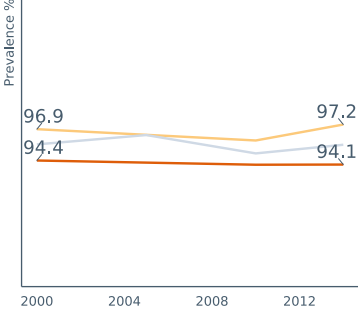
Sources: UNICEF/WHO/World Bank Group: Joint child malnutrition estimates.

Infant and child (under-five) feeding over time

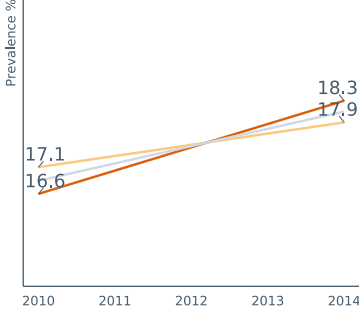
Exclusive breastfeeding by gender



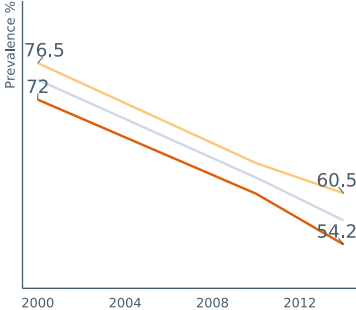
Continued breastfeeding at 1 year by gender



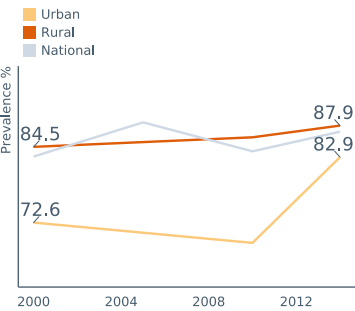
Minimum acceptable diet by gender



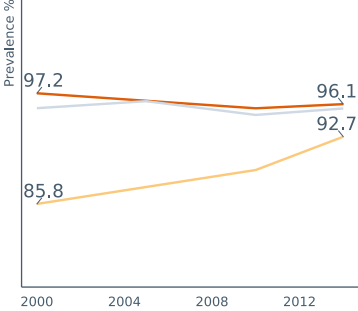
Introduction to solid, semi-solid or soft foods by gender



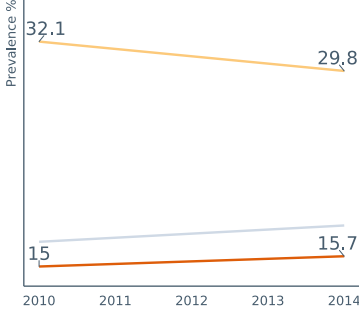
Exclusive breastfeeding by location



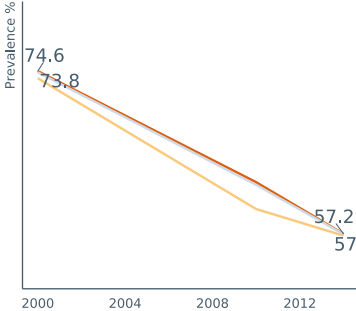
Continued breastfeeding at 1 year by location



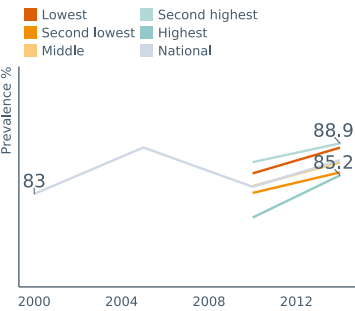
Minimum acceptable diet by location



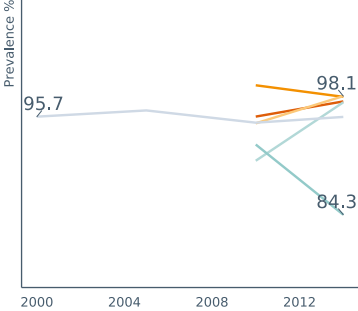
Introduction to solid, semi-solid or soft foods by location



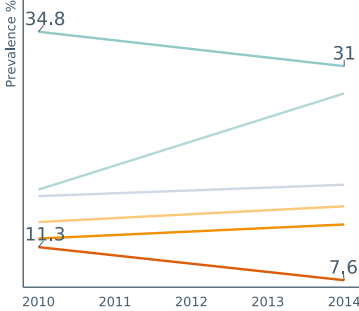
Exclusive breastfeeding by income



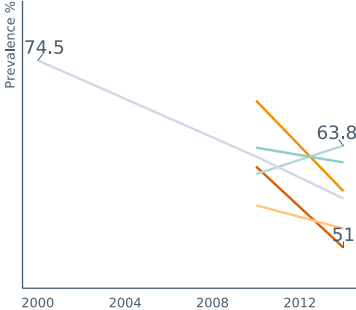
Continued breastfeeding at 1 year by income



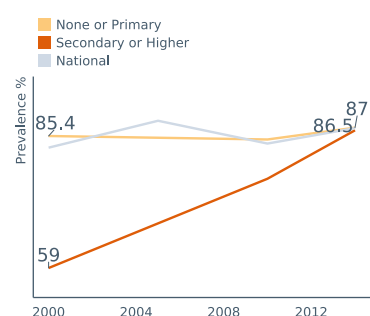
Minimum acceptable diet by income



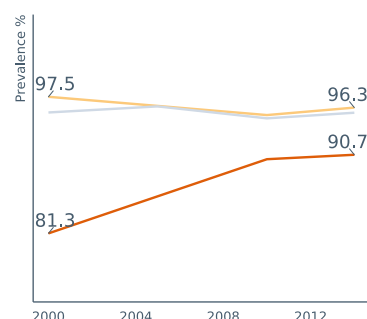
Introduction to solid, semi-solid or soft foods by income



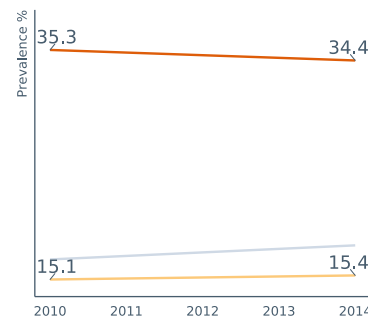
Exclusive breastfeeding by mother's education



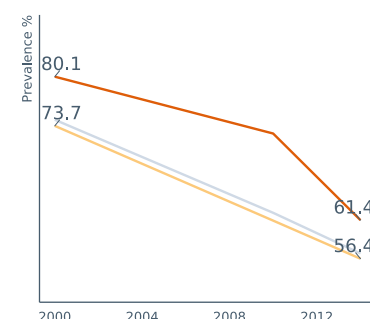
Continued breastfeeding at 1 year by mother's education



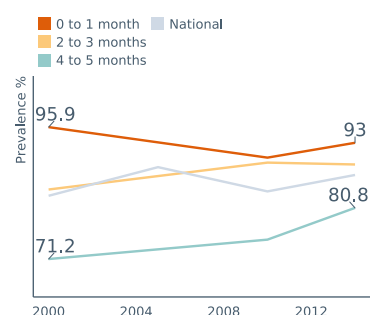
Minimum acceptable diet by mother's education



Introduction to solid, semi-solid or soft foods by mother's education



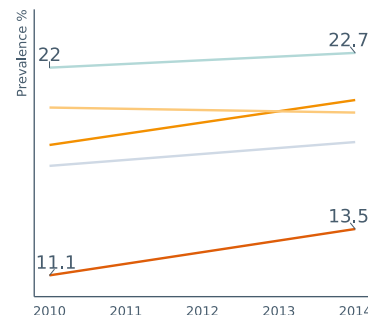
Exclusive breastfeeding by age



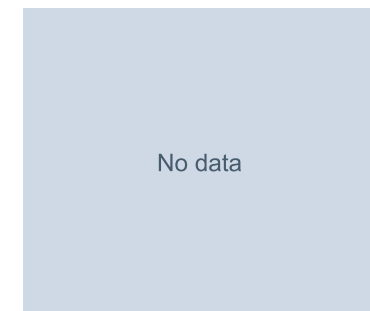
Continued breastfeeding at 1 year by age



Minimum acceptable diet by age

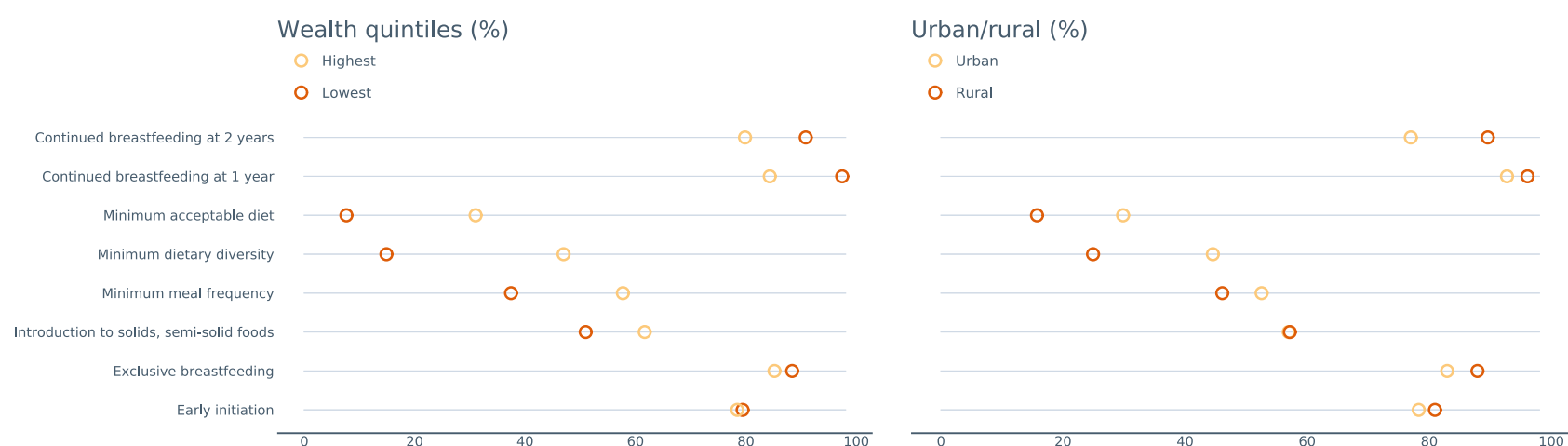


Introduction to solid, semi-solid or soft foods by age



Sources: UNICEF, Division of Data Research and Policy (2019). Global UNICEF Global Databases: Infant and Young Child Feeding: Exclusive breastfeeding, Predominant breastfeeding, New York, May 2019.

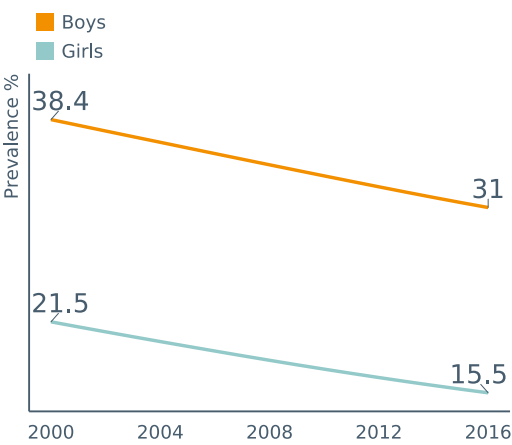
Infant and young child feeding



Sources: UNICEF, Division of Data Research and Policy (2019). Global UNICEF Global Databases: Infant and Young Child Feeding: Exclusive breastfeeding, Predominant breastfeeding, New York, May 2019.

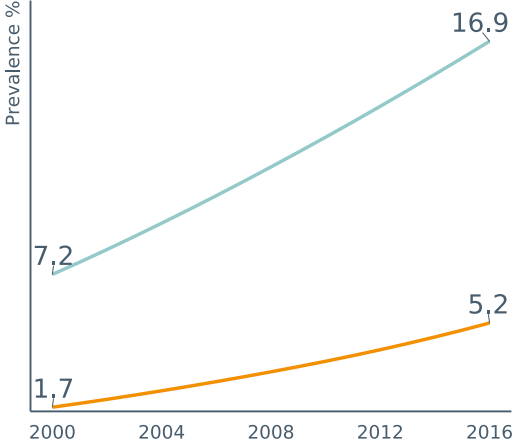
Children and adolescent (aged 5-19) nutrition status

Ages 5-19 by gender:
underweight (%)

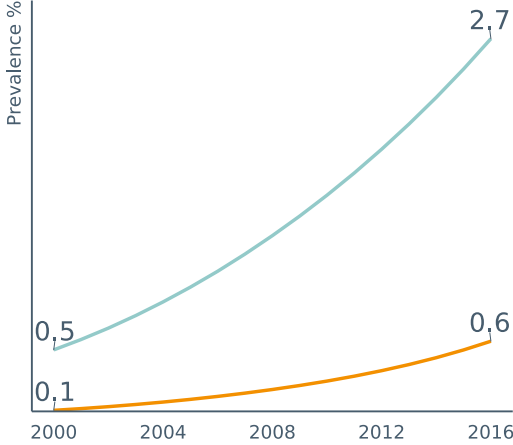


Sources: NCD Risk Factor
Collaboration.

Ages 5-19 by gender:
overweight (%)

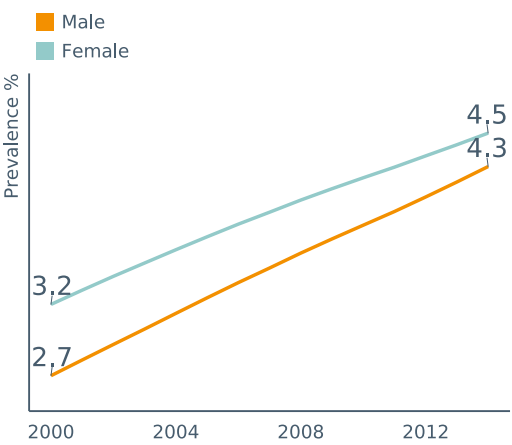


Ages 5-19 by gender:
obesity (%)



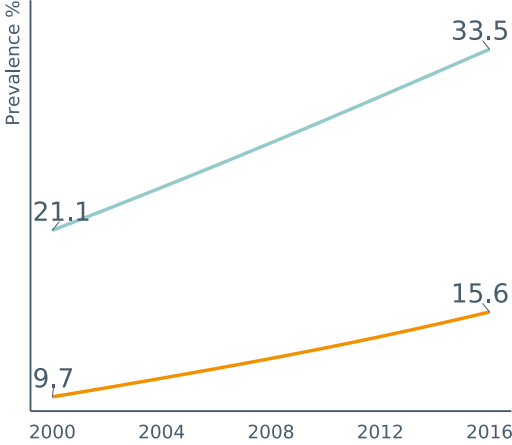
Adult nutrition status

Adult by gender:
diabetes (%)

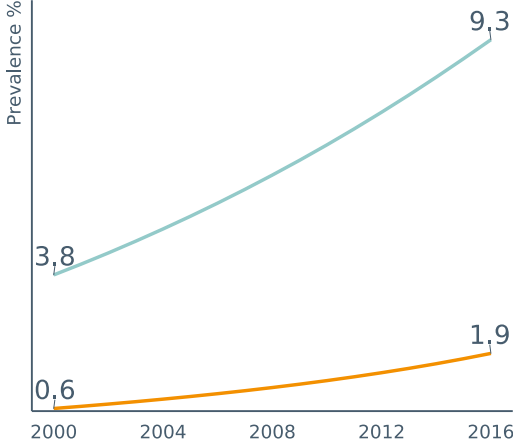


Sources: NCD Risk Factor
Collaboration.

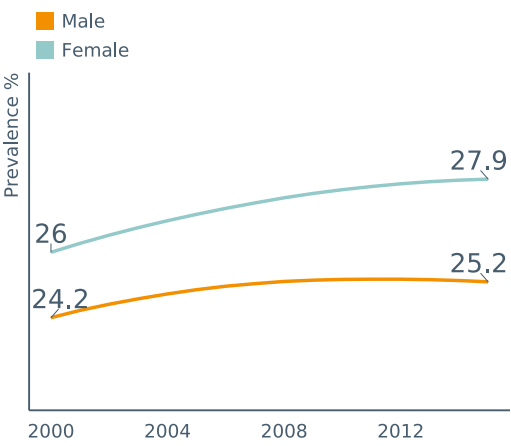
Adult by gender:
overweight (%)



Adult by gender: obesity
(%)

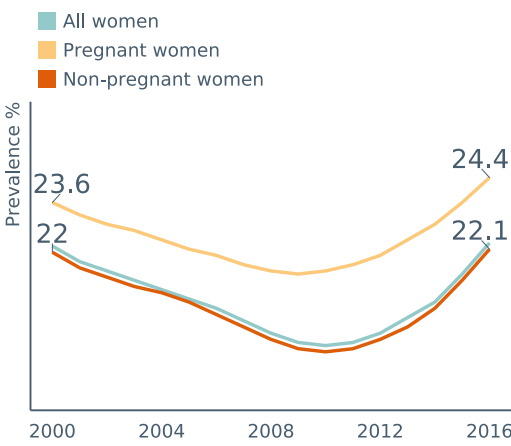


Adult by gender: raised blood pressure (%)



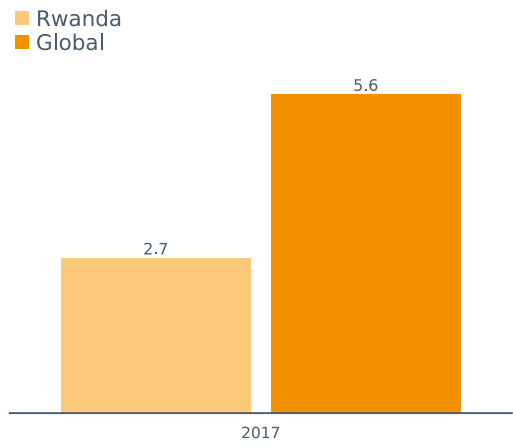
Sources: NCD Risk Factor Collaboration.

Adult: anaemia in WRA (%)



Source: WHO Global Health Observatory.
Notes: WRA = women of reproductive age.

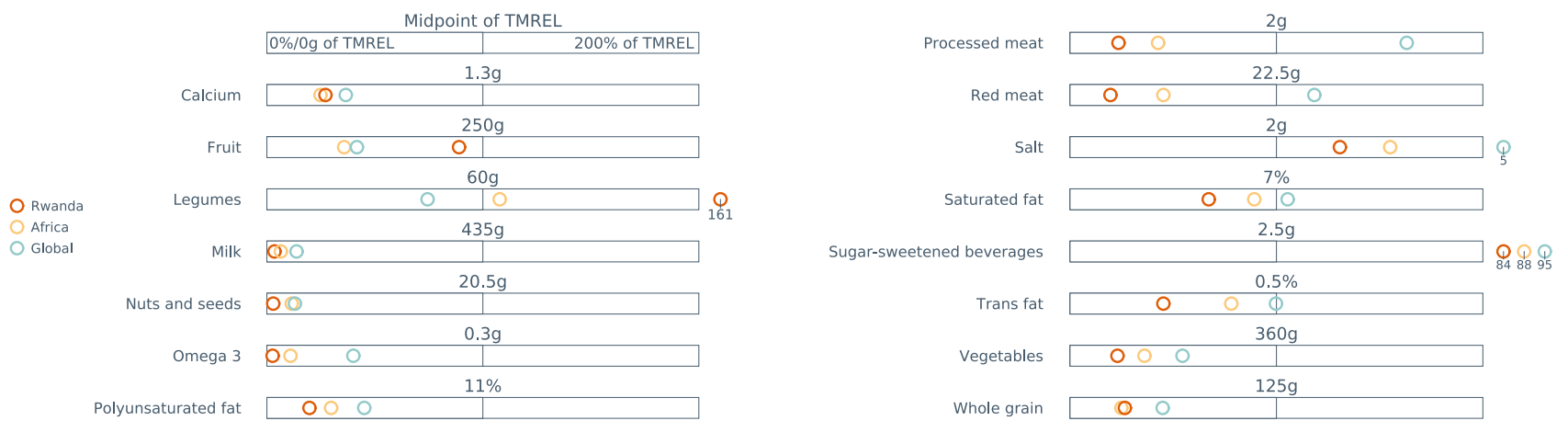
Adult: sodium intake (grams per day)



Source: Global Burden of Disease, the Institute for Health Metrics and Evaluation.

Dietary needs

Consumption of food groups and components, 2016



Sources: TMREL = theoretical minimum risk of exposure level. Global Burden of Disease, the Institute for Health Metrics and Evaluation.

Notes: Men and women aged 25 and older.

Intervention coverage

| Coverage/practice indicator | Total (%) | Boy (%) | Girl (%) | Year |
|--|-----------|---------|----------|------|
| Children 0-59 months with diarrhoea who received zinc treatment | 14 | 15 | 14 | 2014 |
| Children 6-59 months who received A supplements in last 6 months | 86 | 86 | 86 | 2014 |

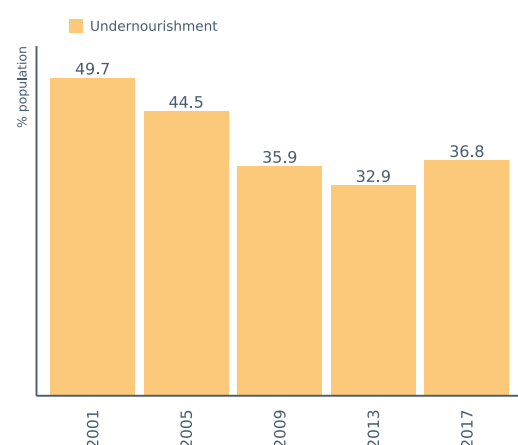
| Coverage/practice indicator | Total (%) | Boy (%) | Girl (%) | Year |
|---|-----------|---------|----------|------|
| Children 6-59 months given iron supplements in past 7 days | 8 | 7 | 8 | 2007 |
| Women with a live birth in the five years preceding the survey who received iron tablets or syrup during antenatal care | 80 | | | 2014 |
| Household consumption of any iodised salt | 100 | NA | NA | 2014 |

Sources: Huestis A. and Kothari M., based on *2016 Global Nutrition Report* and UNICEF global databases, 2019.

Notes: NA = not applicable. Data is compiled using STATcompiler and taken from country Demographic and Health Surveys for 2005-2018.

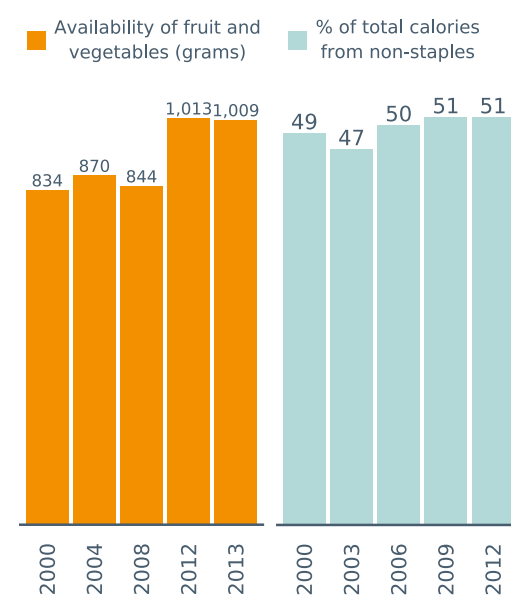
Determinants

Undernourishment (% population)



Source: FAOSTAT 2018.

Food supply



Source: FAOSTAT 2018.

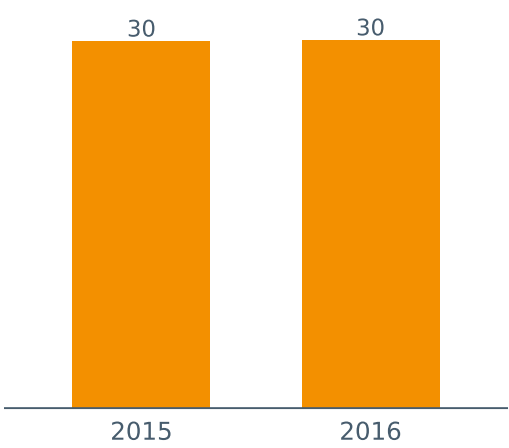
Gender-related determinants

| | | |
|--|------|------|
| Early childbearing: births by age 18 (%) ¹ | 6 | 2015 |
| Gender Inequality Index (score [*]) ² | 0.38 | 2017 |
| Gender Inequality Index (country rank) ² | 86 | 2017 |

Sources: ¹ UNICEF 2018; ² UNDP 2018.

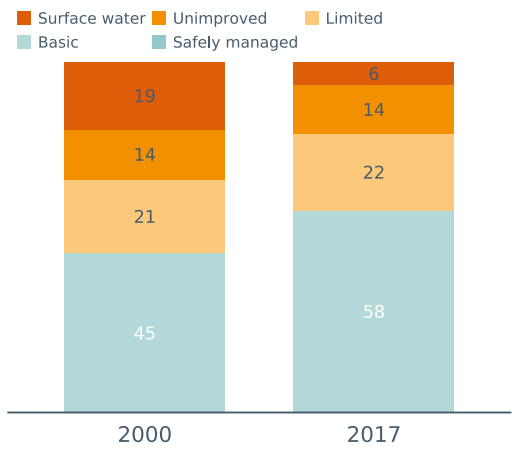
Notes: ^{*} 0 = low inequality, 1 = high inequality.

Female secondary education enrolment (net, % population)



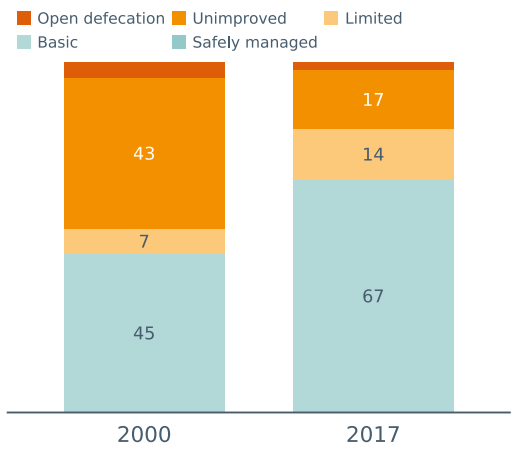
Source: UNESCO Institute for Statistics 2018.

Drinking water coverage (% population)



Source: WHO/UNICEF Joint Monitoring Programme 2019.

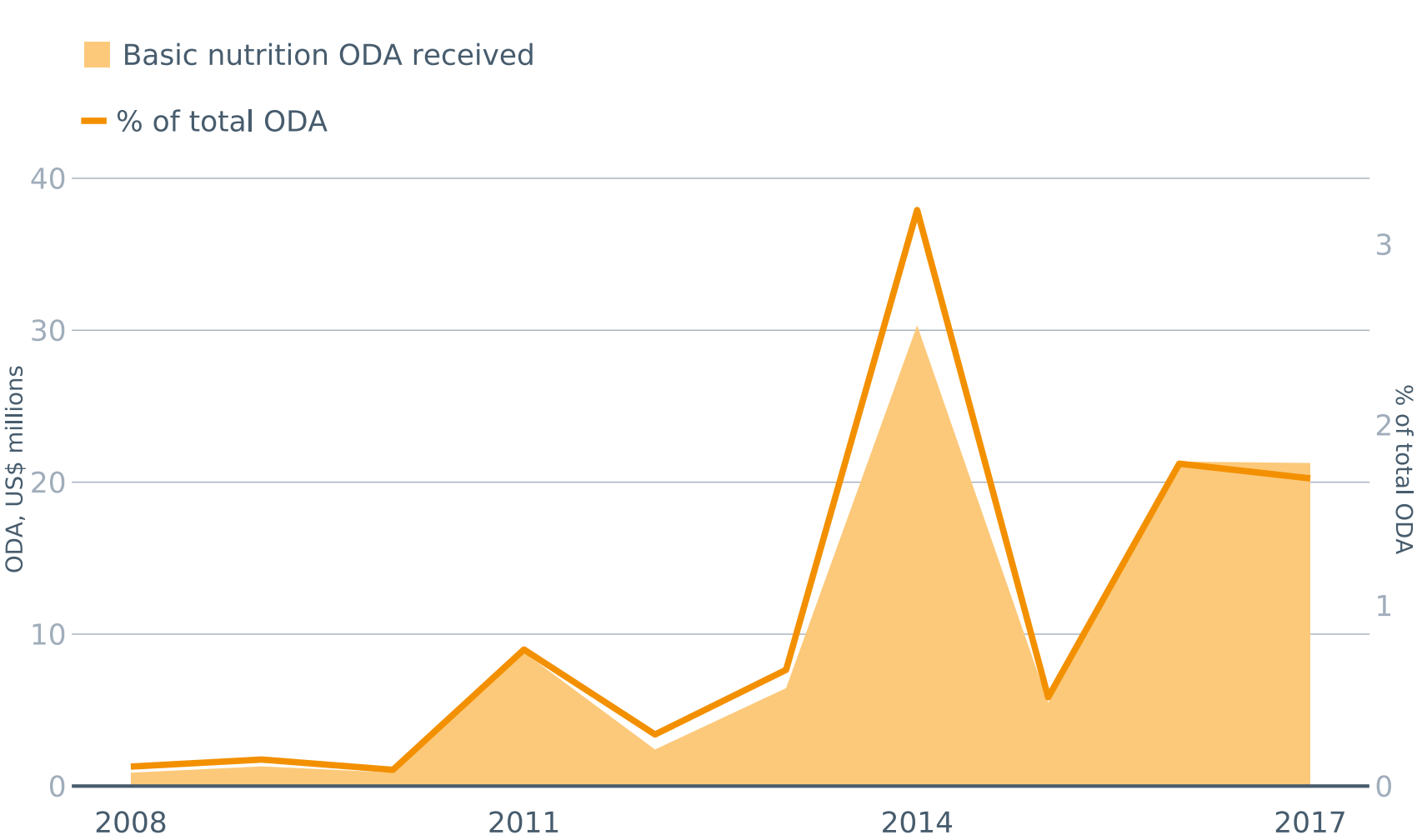
Sanitation coverage (% population)



Source: WHO/UNICEF Joint Monitoring Programme 2019.

Resources, policies and targets

Development assistance



Sources: Development Initiatives based on OECD Development Assistance Committee (DAC) Creditor Reporting System (CRS).

Notes: ODA = official development assistance. Amounts based on gross ODA disbursements, constant 2017 prices. Figure includes ODA grants and loans, but exlcudes other official flows and private grants.

National policies

| | |
|--|-----|
| Mandatory legislation for salt iodisation | No |
| Sugar-sweetened beverage tax | No |
| Food-based dietary guidelines | NA |
| Policy to reduce salt consumption | No |
| Operational policy, strategy or action plan to reduce unhealthy diet related to NCDs | Yes |
| Operational, multisectoral national NCD policy, strategy or action plan | No |
| Operational policy, strategy or action plan for diabetes | Yes |
| Policy to reduce the impact on children of marketing of foods and beverages high in saturated fats, trans-fatty acids, free sugars or salt | No |
| Policy to limit saturated fatty acids and virtually eliminate industrially produced trans-fats | No |

Sources: Global Fortification Data Exchange 2018; Sugar-sweetened data prepared using data from the NOURISHING database, academic references and market reports; FAO 2018; WHO Global database on the Implementation of Nutrition Action (GINA), 2nd Global Nutrition Policy Review, WHO Global Health Observatory.

Notes: Add note: NA = not applicable; NCD = non-communicable disease.

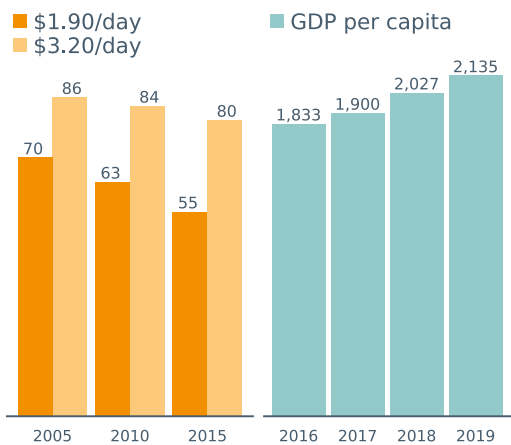
Targets included in national (nutrition or other) plan

| Stunting | Anaemia |
|--|-----------------------------------|
| Yes | No |
| Low birth weight | Child overweight |
| Yes | No |
| Exclusive breastfeeding | Wasting |
| No | Yes |
| Salt intake | Overweight adults and adolescents |
| No | No |
| Multisectoral comprehensive nutrition plan | |
| No | |

Sources: WHO Global database on the Implementation of Nutrition Action (GINA), 2nd Global Nutrition Policy Review.

Economics and demography

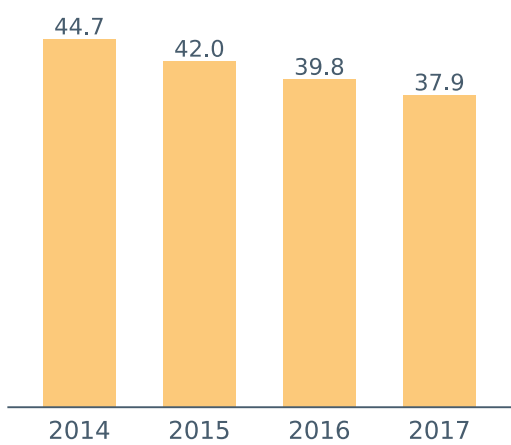
Poverty rates (%) and GDP (PPP\$)



Sources: World Bank 2019, IMF World Economic Outlook Database 2019.

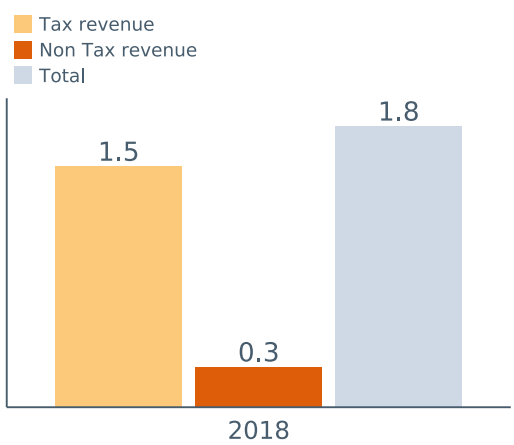
Notes: PPP = purchasing power parity.

Under-five mortality (per 1,000 live births)



Source: UN Inter-agency Group for Child Mortality Estimation 2018.

Government revenues (\$m)



Sources: IMF Article IV staff reports (country specific) and IMF World Economic Outlook Database (April 2019).

Income inequality

| Gini index score ¹ | Gini index rank ² | Year |
|-------------------------------|------------------------------|------|
| 44 | 127 | 2016 |

Sources: World Bank 2019.

Notes: ¹ 0 = perfect equality, 100 = perfect inequality.² Countries are ranked from most equal (1) to most unequal (120).

Population

| | | |
|-----------------------------|------------|------|
| Population (000) | 12,301,939 | 2018 |
| Under-five population (000) | 1,849 | 2019 |
| Rural (%) | 83 | 2018 |
| >65 years (000) | 382 | 2019 |

Sources: World Bank 2019, UN Population Division Department of Economic and Social Affairs 2019.

Population density of health workers per 1,000 people

| | | |
|--------------------------|------|------|
| Physicians | 0.06 | 2015 |
| Nurses and midwives | 0.83 | 2015 |
| Community health workers | 1.36 | 2004 |

Sources: WHO's Global Health Workforce Statistics, OECD, supplemented by country data.