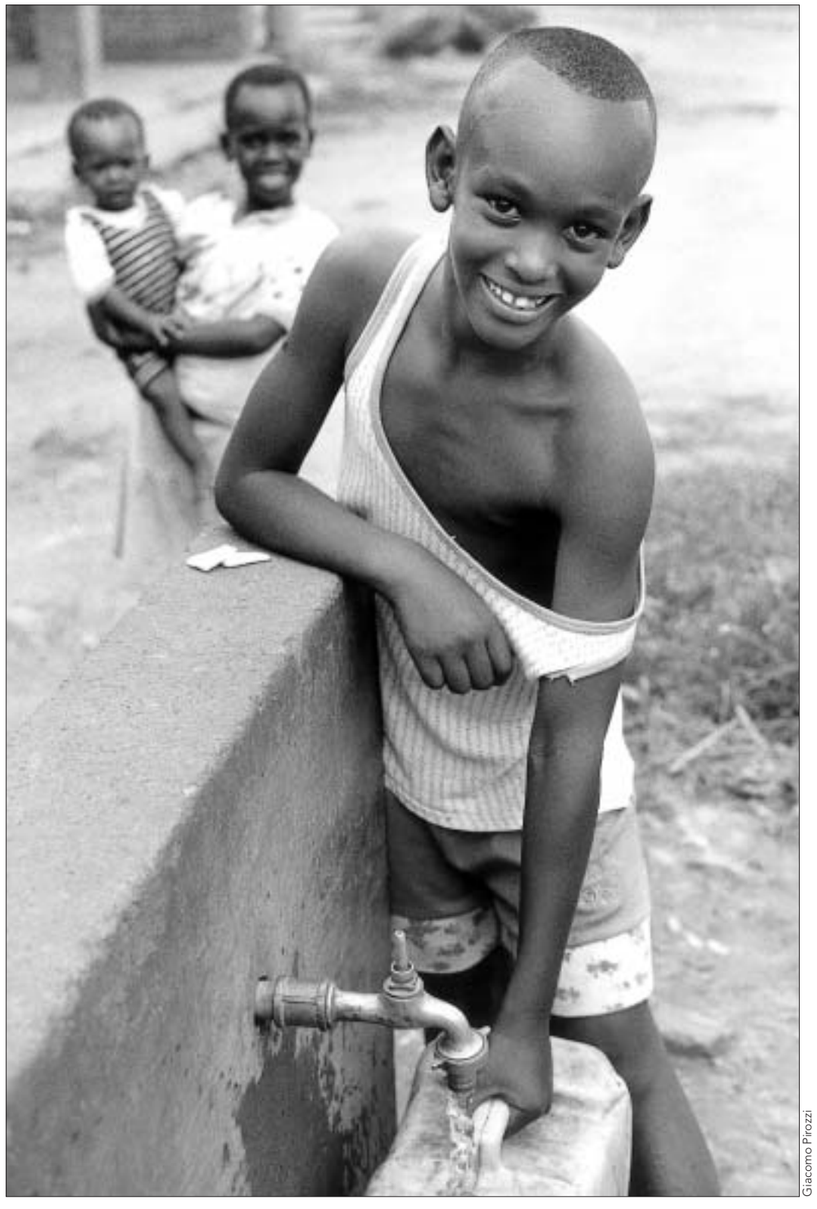
MILLENNIUM DEVELOPMENT GOALS

Status Report 2003

REPUBLIC OF RWANDA

UNITED NATIONS



Giacomo Pirozzi

FOREWORD

This status report is a joint effort between the Government of Rwanda and the United Nations Country Team to present the country's progress in fulfilling the Millennium Development Goals (MDGs). These goals were established after a series of world summits and global conferences with a view to laying out a comprehensive development agenda including quantitative goals, time-bound targets, and numerical indicators. Rwanda adopted the MDGs along with 191 other countries.

The goals focus the efforts of the world community on achieving significant and measurable improvements in people's lives. They establish yardsticks for measuring results not just for developing countries but also for developed countries that help to fund development programmes and for the multilateral institutions that help countries implement them. The first seven goals are mutually reinforcing and are directed at reducing poverty in all its forms. The last goal on global partnership for development focuses on the means to achieve the first seven.

Rwanda will need additional assistance and must look to the developed countries to compliment its national efforts. It will need further help in reducing its debt burdens. It will also benefit if trade barriers are lowered, allowing freer exchange of goods and services particularly access to the markets of developed nations.

This MDG report (MDGR) will help in engaging political leaders and top decision-makers, as well as mobilizing civil society, communities, the general public, and the media in working toward achievement of the targets. It will assist in providing a systematic and measurable follow-up to the global conferences and world summits of the 1990s. Furthermore, the UN system will contribute to the implementation of the Millennium Declaration in many ways, including providing assistance for periodic reporting on progress towards the MDGs.

This report focuses on: 1. The progress made in Rwanda towards achieving the MDGs. 2. The impending challenges in meeting these targets. 3. Government actions in support of the set objectives. 4. The priorities for action by development partners. 5. Evaluation of what is needed to strengthen national statistical capacities for data gathering and analysis. All the information is based on official and updated country data. The last goal (no. 8) is not addressed in this report as the data was difficult to access but it will be addressed in the subsequent report.

This MDGR is neither an analytical document nor an explanatory study of future tendencies. On the contrary, it is simply a means for raising awareness, advocacy, alliance-building and the renewal of political commitments made by the government and her development partners. It also seeks to build national capacity to monitor and report on the goals and targets. Therefore, this report is primarily a public affairs document that will help focus the national development debate on specific priorities.

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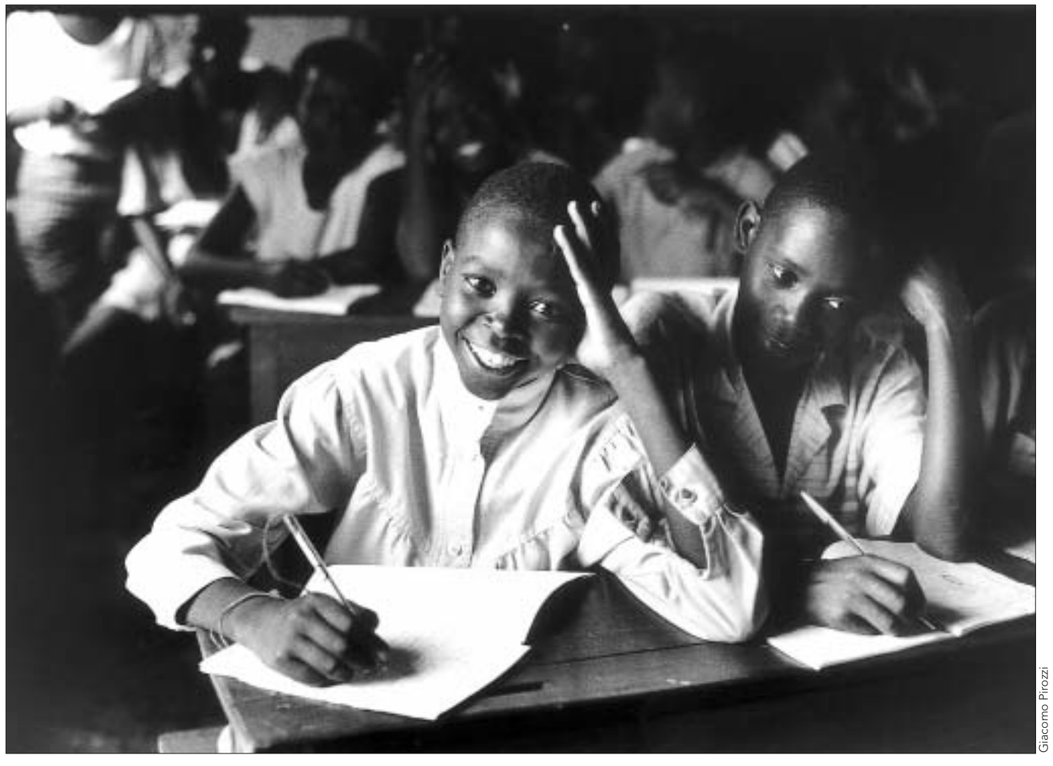

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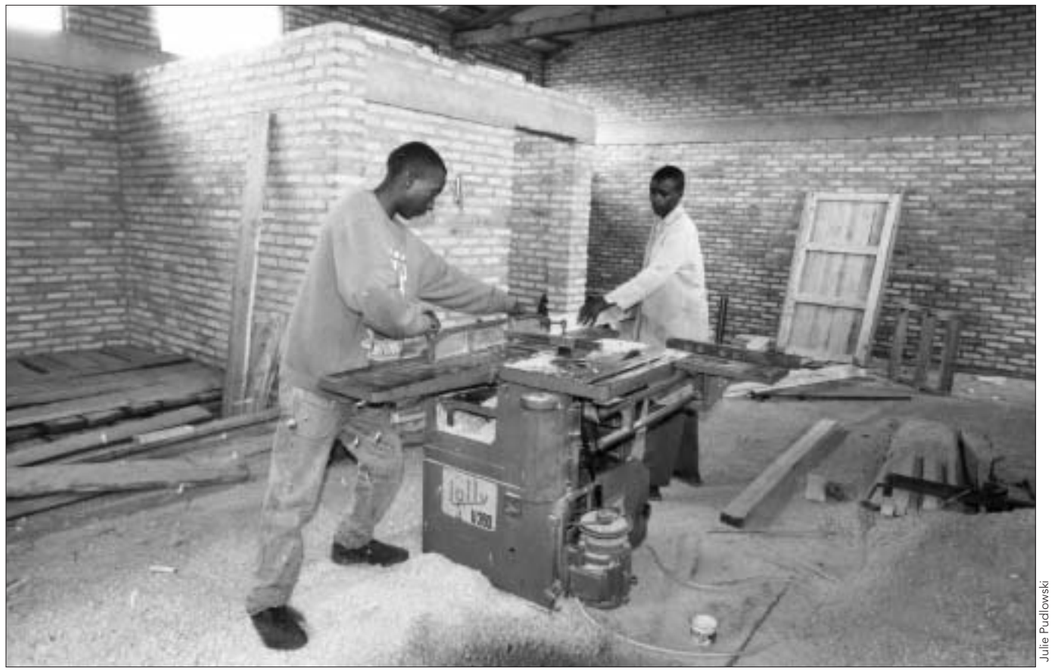
Acronyms and Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
ARV	Anti-Retroviral
CBO	Community Based Organization
CCA	Common Country Assessment
CNLS	Commission Nationale de Lutte Contre le VIH/SIDA (National AIDS Commission)
CWIQ	Core Welfare Indicator Questionnaire
DOTS	Directly Observed Treatment Short Course
EICV	Household Living Conditions Survey
GoR	Government of Rwanda
HDR 2003	Human Development Report 2003
HIPC	Highly Indebted Poor Countries
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information Service
ICT	Information and Communication Technology
IEC	Information, Education & Communication
IMF	International Monetary Fund
IMR	Infant Mortality Rate
LDCs	Least Developed Countries
MDGs	Millennium Development Goals
MIGEPROFE	Ministry of Gender and Women's Development
MINAGRI	Ministry of Agriculture, Animal Resources, and Forestry
MINECOFIN	Ministry of Finance and Economic Planning
MINEDUC	Ministry of Education
MININFRA	Ministry of Infrastructure
MINISANTE	Ministry of Health
MINITERE	Ministry of Lands, Human Resettlement and Environmental Protection
MIS	Management Information Systems
PMTCT	Prevention of Mother to Child Transmission
NGO	Non-Governmental Organizations
PLWHA	People Living With AIDS
PRSP	Poverty Reduction Strategy Paper
RH	Reproductive Health
SSA	Sub-Saharan Africa
STDs	Sexually Transmitted Diseases
TRAC	Treatment and Research AIDS Centre
U5MR	Under 5 Mortality Rate
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNECA	United Nations Economic Commission for Africa
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNIDO	United Nations Industrial Development Organization
UNIFEM	United Nations Development Fund for Women
UPE	Universal Primary Education
VCT	Voluntary Counseling and Treatment Centre
WB	World Bank
WFP	World Food Programme
WHO	World Health Organization



Julie Pudlowski

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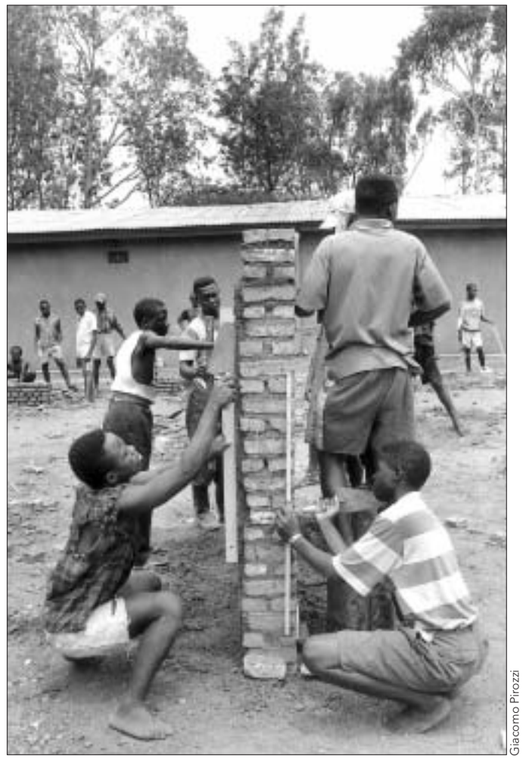

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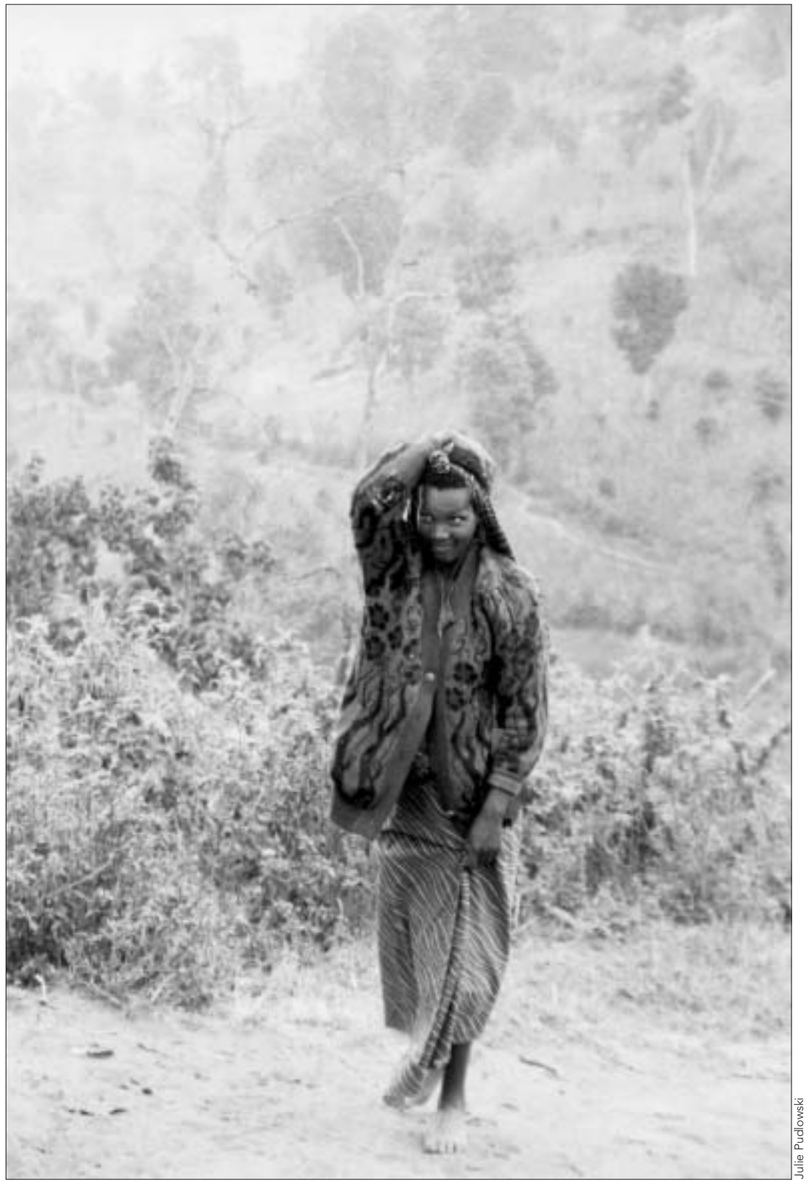
The Millennium Development Goals

No	MDG	No	TARGET
1	ERADICATE EXTREME POVERTY AND HUNGER	1	Halve the proportion of people living in poverty between 1990 and 2015
		2	Halve by 2015 the proportion of people who suffer from hunger
2	ACHIEVE UNIVERSAL PRIMARY EDUCATION	3	Ensure that by 2015 all children (boys and girls) will be able to complete primary education
3	PROMOTE GENDER EQUALITY AND EMPOWER WOMEN	4	Eliminate gender disparity in primary and secondary education by 2005 and at all levels of education by 2015
4	REDUCE CHILD MORTALITY	5	Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate
5	IMPROVE MATERNAL HEALTH	6	Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio
6	COMBAT HIV/AIDS, MALARIA, AND OTHER DISEASES	7	Have halted by 2015 and begun to reverse the spread of HIV/AIDS
		8	Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases
7	ENSURE ENVIRONMENTAL SUSTAINABILITY	9	Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources
		10	Halve by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation
		11	By 2020, to have achieved a significant improvement in the housing of all Rwandans
8	DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT	12	Formulate and apply strategies to provide the youth with decent employment
		13.	Make essential drugs available and affordable to all who need them
		14	Ensure that the advantages of Information and Communication Technologies are available to all



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The Special Context of Rwanda in Achieving the MDGs

Rwanda presents a unique case in development and in the progress towards achieving the MDGs. Whereas many countries were on course to implement the MDGs during the 1990s, Rwanda has been recovering from the tragic and devastating civil war and genocide of 1994. The legacy and trauma of 1994 worsened pre-existing complex social and economic problems and destroyed many of them. The main challenge for Rwanda, therefore, has been to stabilize the country through unity and reconciliation, reintegration of the survivors and returnee refugees, and rebuilding the socio-economic structures. Rwanda therefore falls into the special category of countries emerging from conflict.

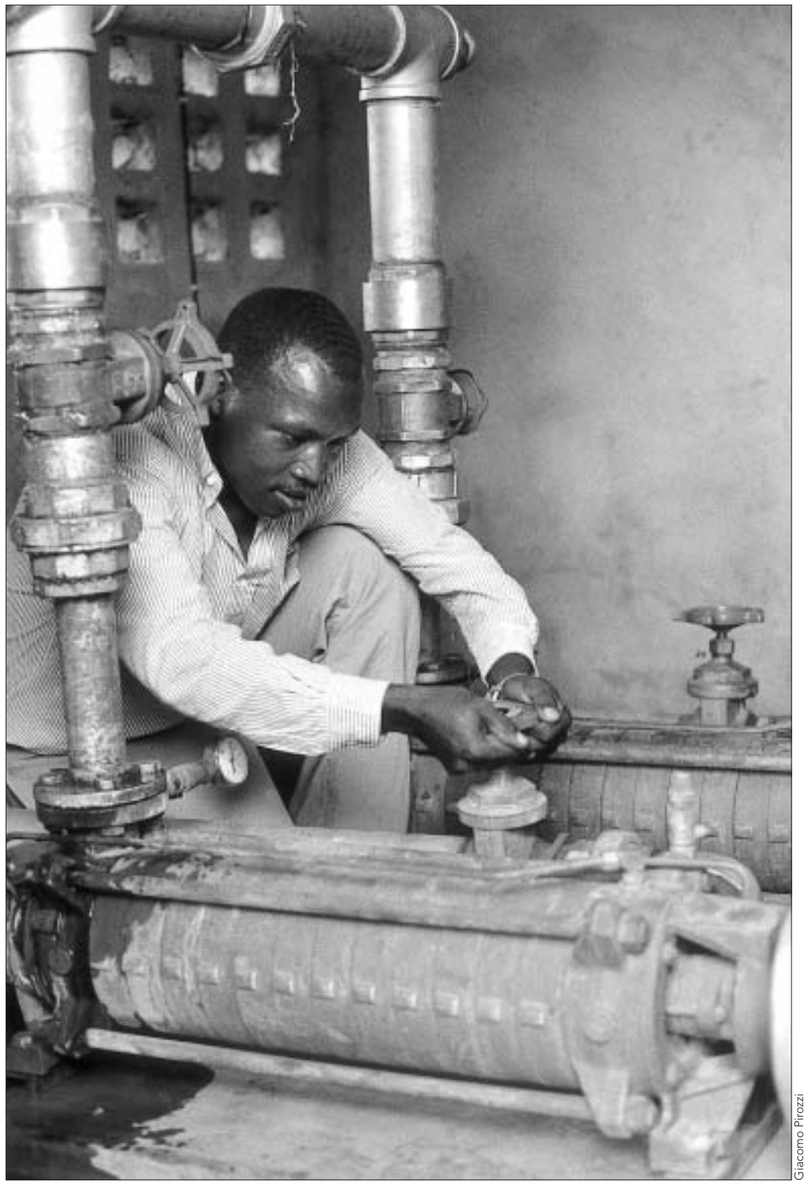
All the MDG indicators in Rwanda were actually dramatically reversed during the 1994 genocide and fell way below 1990 levels. This means Rwanda is beginning from behind the "starting line" in trying to achieve the MDGs. This reversal of development indicators was compounded by the already existing structural constraints of a landlocked country, a low natural resource base, high transport costs, limited land availability, a high population growth rate (2.7%), and as yet limited human resource development. This situation puts Rwanda in a state of continuous deficits, while the growing need for additional resources in the future means Rwanda will find it difficult to meet the HIPC eligibility requirements for debt sustainability and acceptable deficit levels. This makes Rwanda a case for particular attention from donors beyond the HIPC "one jacket fits all" approach.

Despite these impediments, Rwanda has achieved impressive progress over the past nine years and has put in place crucial policies for pro-poor growth. Rwanda has posted real GDP growth of 6% to 10% over the past three years and tax revenue collection has improved and was 12.2% of GDP in 2002. Rwanda is also diversifying its exports from the traditional tea and coffee to other non-traditional exports such as pyrethrum, hides and skins, textiles, and specialty coffee. Rwanda is also aggressively pursuing a privatization policy and encouraging more investments (foreign and local) in the country through the Privatization Secretariat and the Rwanda Investment Promotion Authority (RIPA) respectively.

In the political arena, Rwanda has also made great strides. It recently conducted democratic and peaceful elections for the Presidency and the parliament as well as a referendum on a new constitution. This is the first time in the history of Rwanda that free and fair elections have been held. The new constitution guarantees a minimum of 30% of parliamentary seats and other leadership positions to women. This policy is demonstrated by the fact that the Rwandan parliament is now composed of 49% women, the highest proportion of women parliamentarians in the world.

At the international level, Rwanda is also making great progress. The President of Rwanda, H.E. Paul Kagame, was recently elected to be the Vice President of the African Union while the candidate elected to become Vice President of the African Union Secretariat is also Rwandan. Within a year, Rwanda is also set to join the East African Community.

Although the 1994 genocide was devastating for Rwanda and will make it very difficult to achieve the MDGs, the determination of Rwandans and the sound policies that have been adopted are laying the foundation for sustainable and reliable justice, democracy, and economic growth as preconditions for attaining many of the MDGs.



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Status at a Glance

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Rwanda's Progress Towards the Millennium Development Goals

GOALS/TARGETS	WILL THE GOAL/TARGET BE MET?				STATE OF SUPPORTIVE ENVIRONMENT			
	Probably	Potentially	Unlikely	No data	Strong	Fair	Weak but Improving	Weak
Goal 1a: EXTREME POVERTY *Halve the proportion of people living below the national poverty line by 2015*								
		→				→		
Goal 1b: HUNGER *Halve the proportion of underweight among under-five year olds by 2015*								
		→				→		
Goal 2: UNIVERSAL PRIMARY EDUCATION *Achieve universal primary education by 2015*								
		↑				↑		
Goal 3: GENDER EQUALITY *Achieve equal access for boys and girls to primary and secondary schooling by 2005*								
		↑				↑		
Goal 4: CHILD MORTALITY *Reduce under-five mortality by two-thirds by 2015*								
		↓					↗	
Goal 5: MATERNAL HEALTH *Reduce maternal mortality ratio by three-quarters by 2015*								
		→				→		
Goal 6: COMBAT HIV/AIDS and MALARIA *Halt and reverse the spread of HIV/AIDS by 2015*								
		→				↑		
Goal 7: ENVIRONMENTAL SUSTAINABILITY *Reverse loss of environmental resources by 2015*								
		↓					↗	
Goal 8: GLOBAL PARTNERSHIP FOR DEVELOPMENT								

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GOAL 1A

Eradicate Extreme Poverty

Target 1: **Between 1990 and 2015, halve the proportion of people living below the poverty line**
Indicator 1: Proportion of population living below the poverty line
Indicator 2: Poverty gap ratio (incidence x depth of poverty)
Indicator 3: Poorest quintile's share of national consumption (%)

Status at a glance:

Will target of reducing poverty be achieved? **Potentially**
State of supportive environment: **Fair**

1.1a Status of progress to date

Rwanda has decided to use a national poverty line that differs slightly from the international one defined by "the proportion of the population living on less than $1 a day". The Rwandan national poverty line (represented by the cost of a basket of basic goods and services) and the extreme poverty line (represented by the cost of a basic food basket only), have been derived from the EICV survey of 2000. These were calculated respectively at 64,000 FRw[1] and 45,000 FRw per annum per adult equivalent. This definition of the poverty line will be used as a baseline for measuring changes in poverty in the future.

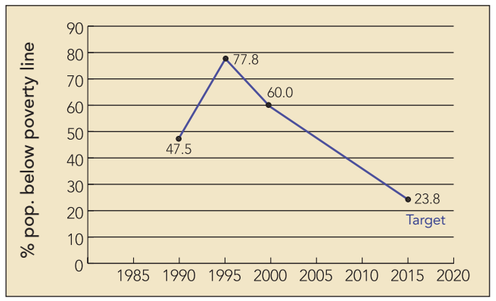
The survey established that 60% of the adult equivalent population lived in poverty and 42% in extreme poverty. Using households as the unit, 57% live below the poverty line. When one considers gender disparities, 62% of female-headed households lie below the poverty line as opposed to 54% of male-headed households. Poverty rates in Rwanda increased in the late 1980s and early 1990s and stood at 47.5%[2] in 1990. The poverty rate rose dramatically in 1994 due to the genocide and reached 78%. Since then the rate has been falling steadily every year but remains much higher than before the genocide.

The CWIQ survey conducted in 2001 confirms the falling poverty rate. Just over half (51%) of households felt the economic situation had improved over the previous year whereas only about a third (33%) thought it had deteriorated.

It should be noted however that 7% thought things had got much worse whereas only 2% thought things had got much better, and that in urban areas more people felt that things had deteriorated rather than improved. The incidence of poverty is much higher in rural areas (66%) than in urban areas (12% in Kigali and 19% in other urban areas). The EICV survey shows that the provinces with the highest poverty rates are Gikongoro (77%), Butare (74%), Kibuye (72%), Kigali Rural (71%), and Ruhengeri (70%).

The poorest quintile (poorest 20% of the population) enjoy only 4% of national consumption, while the poorest 40% account for just 10% of national consumption. The Gini coefficient for consumption is 0.451.

Fig. 1: Poverty Rate in Rwanda



Source: PRSP and EICV

1.2a Major challenges

The reduction of poverty is not a distinct objective in itself, but would result from the achievement of many other objectives. The goal calls for the reduction in the number of people living below the poverty line to 23.8% over the next 12 years – this would be half the 1990 level. The challenges will be to:

- Create a framework for economic growth and transformation, despite high external current account deficits (16%). Prioritize public expenditure in a coherent programme (Medium Term Expenditure Framework - MTEF) and its Public Investment Programme (PIP).
- Develop sectoral strategies which will identify the

[1] The average exchange rate for 2000 was 1U$ = FRw 390.

[2] 1990 data refers to % of households under the poverty line whereas 2000 data refers to individuals.

priorities within each sector.

• Decentralize participatory structures at the provincial, district, and local levels.

• Establish principles, indicators and institutional mechanisms for development, while monitoring and matching the rate of population growth with available resources. This would involve assessing the impact of population growth and its links with poverty at the micro-level.

• Provide an enabling environment of good governance and security to attract investors as well as promoting privatization, land management policies and the resolution of regional conflicts. Economic development and other social programmes are not possible unless Rwandans and non-Rwandans feel secure.

•Invest in rural growth thereby increasing the ability of the poor to raise their purchasing power. This in turn would increase the demand for both agricultural and non-agricultural goods and services produced for the local market. Over 80% of the population is based in rural areas and about 90% of the population is dependent on agriculture for its livelihood (agriculture accounts for 41% of GDP).

• Invest in human resources through education, capacity building, vocational training, skills development, reproductive health services, combating HIV/AIDS and malaria.

1.3a Requirements of domestic and external resources

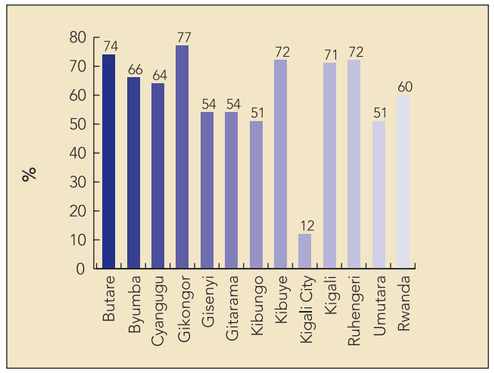
Domestic resource requirements are great and face major uncertainties such as unpredictable revenue growth/collection and the effect of a fluctuating foreign exchange rate on the domestic value of goods. The wholesale collapse of the economic system following the genocide means a comprehensive approach to poverty reduction is needed. The challenge is daunting and without substantial assistance from donors, the country is unlikely to achieve the MDGs. It therefore requires donor countries and agencies to enact policy changes that dismantle discriminatory trade barriers and simplify transaction procedures, coupled with more flexibility in their disbursements for poverty reduction programmes.

Box 1: Rwandan Definitions of Poverty

Poverty Definitions set by the GoR Poverty Profile Survey

The poorest group, *umutindi nyakujya*, are those who have nothing, not even 'a fingernail to scratch their heads with', with nothing to hope for other than death. The next group, the umutindi, have little, and together these two categories made up on average 10-20% of a community. The *umukene*, the poor, and the *umukene wifashije*, the resourceful poor, make up the majority of most communities. The richest two categories commonly described and making up 5-10% of most communities were the *umukungu*, food rich, and *umukire*, money rich, who can buy everything they want other than life.

Fig. 2: Poverty Index by Province



Source: EICV

1.4a Supporting environment and priorities for development assistance

Since last year several important steps have been taken by the government in developing strategies to combat poverty:

• The development of a much stronger information data base on poverty in Rwanda; the execution and use of a major participatory exercise that informs national priorities and policies; the development of a methodology for grassroots action planning and problem-solving (known as *ubudehe mu kurwanya ubukene* – communal work/planning to fight poverty) and the costing of priority budget programmes for public expenditure.

• The development of more fully articulated policies in several key sectors.

• Rapid progress on decentralization.

• The development of an improved macroeconomic framework that includes deeper analysis of the likely sources and rate of future economic growth.

Among the priorities for development assistance is greater support from the international community for the government, significantly above that provided under HIPC debt relief. Further, it is critical that there are sufficient resources to meet the goals laid out in the Poverty Reduction Strategy (PRS).

GOAL 1B

Eradicate Extreme Hunger – End Malnutrition and Hunger

Target 2: **Between 1990 and 2015, halve the proportion of people who suffer from hunger**

Indicator 4: Prevalence of underweight children (under-five years of age)

Indicator 5: Proportion of population (adult equivalent) consuming less than the minimum food requirements (2100 calories)

Status at a glance:

Can target be achieved? **Potentially**

State of supportive environment: **Fair**

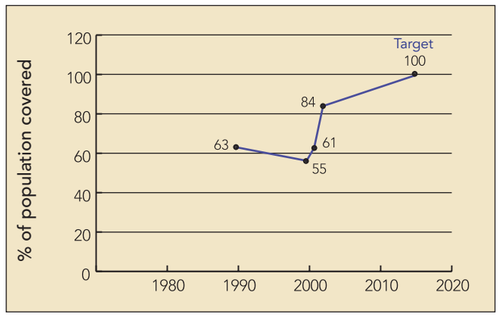
1.1b Progress to date

In 2002, agricultural production grew by 34% on the previous year and the high food deficit that has always existed was wiped out. The significant growth in production in that year was the result of exceptionally good climatic conditions (especially good rains) which followed two consecutive years of very poor rains. This trend underscores how Rwandan agriculture is still very dependent on the climate (especially rainfall). Commercial importation of food crops in 2002 dropped to 5% on 2001 levels.

The proportion of undernourished people fluctuates depending on rainfall and hence agricultural production. In 1990, domestic food production could satisfy 63% of the recommended national minimum food requirements (2100 Kcal per person per day). This figure dropped to 55% in 2000 but increased significantly to 84% in 2002 due to the good rains that year. The fact that domestic production was sufficient to cover 84% of the population's nutritional needs does not mean that 84% of the population received the minimum dietary requirements. This is a national figure and does not take into account the geographic distribution of production and consumption. Therefore there are some regions that had a surplus and some that experienced pockets of hunger. The low levels of production in some years has been mainly caused by natural calamities (mainly droughts).

Rwanda has made little progress in improving the state of children's nutrition over time. The proportion of underweight children in 2000 was 24% as opposed to 29% in 1992. The incidence of underweight children in rural areas (26%) is almost double that of urban areas (15%). This rural-urban disparity is also observed in the rates for chronic malnutrition. 48% of children in rural areas suffer from chronic malnutrition as opposed to 28% in urban areas. There are also disparities among provinces with the highest rates of chronic malnutrition appearing in Gikongoro (50%), Kibuye and Butare (48%), and Byumba (47%). Stunting remains the most prevalent result of malnutrition among children under five. Underlying causes include low birth weight, micronutrient deficiencies (particularly vitamin A and iron) and inadequate weaning practices.

Fig 3: Domestic Food Production (Kcal)



Source: MINAGRI (FSRP/DSA)

1.2b Major challenges

Low income is one of the main causes of inadequate food consumption or hunger. Therefore, the major challenge is to increase average incomes and reduce extreme poverty to allow for better nutrition. Malnutrition in children is caused by an inadequate diet that does not meet the body's minimum needs. Added to this is the problem of diets that lack essential nutrients (particularly vitamin A and iron), illnesses that deplete those nutrients and undernourished mothers who give birth to underweight children.

Additional but direct challenges include:

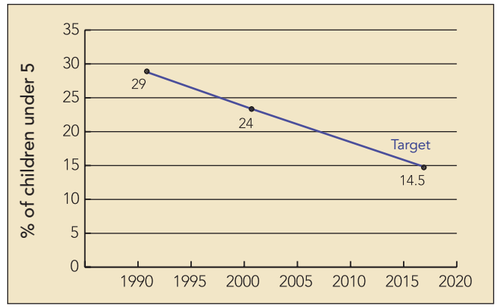
• *Improving agricultural production and productivity:* the main way to eradicate extreme hunger is to introduce improvements to the agricultural sector. This involves using more and improved inputs

(fertilizer and seed) to increase productivity as well as developing a viable commercial agricultural sector through marketing, an improved infrastructure and processing. The current trend of increasing farm fragmentation will also have to be reversed. The average farm size in Rwanda is 0.84 Ha with 43% of the population possessing farms that are less than 0.5 Ha and 72% of the population with farms that are less than 1 Ha.

• *Improving nutrition:* this can be achieved through measures such as nutritional education and micronutrient supplement and fortification. Often, carers and mothers are unable to assess the nutritional status of their children and do not have adequate information on maintaining a hygienic environment, good weaning and nutritional practices as well as the basic management of childhood illnesses.

• *Improving the status and education of women:* besides food security, one of the main causes of children's inadequate nutritional status is the limited capacity and decision-making abilities of women in caring for infants/children. The DHS survey showed that children whose mothers have no education are almost twice as likely (48%) to be affected by stunting than those whose mothers have secondary education or higher (26%). Also, the heavy workload women shoulder, often during pregnancy, to provide additional productivity and income, leads to health problems for both women and children. This is compounded by men's lack of involvement in childcare. All these factors give rise to problems of low birth weight, complications with deliveries, breastfeeding, and inadequate childcare provision.

Fig. 4: Proportion of Underweight Children (under 5)



Source: DHS Survey, 2000

1.3b Requirements of domestic and external resources

Domestic resources are required to improve the agricultural sector through extension services and infrastructure. External assistance should include financial and technical support to train farmers, livestock breeders, and fishermen in appropriate farming techniques. Development partners could facilitate Rwanda's progress in reducing the level of food insecurity and malnutrition by supporting programmes that:

• Address the problem th rough a holistic approach and promote collaboration and coordination among different key sectors (agriculture, health, education, water and sanitation, environment, etc.) and partners.

• Include the development of adequate information systems to collect reliable data and identify food insecure and vulnerable groups. This could also provide useful information for targeted activities.

• Establish an Early Warning System to forecast and address the consequences of adverse climatic conditions such as low rainfall/droughts and promote strategic approaches to reach vulnerable groups in areas with a high prevalence of malnutrition.

• Stimulate investment in small agri-businesses through enhanced agricultural research and support services (i.e. training, credit, marketing facilities, rural cooperatives and other community-based organizations etc.).

• Reinforce the capacity of communities to provide basic social services that support, care, and provide safety nets for vulnerable groups, particularly children and women.

• Invest in sanitation, improved water quality, and food safety.

• Implement appropriate and effective population and development programmes.

1.4b Supporting environment and priorities for development assistance

The GoR has stepped up its activities in developing and promoting agricultural and livestock production through:

• Intensification of the use of inputs and introduction of modern techniques in crop production and animal husbandry; prudent use of land and water; commercialisation of the agricultural sector; strengthening of research capacity and extension services.

• Conducting studies and research into various areas of population growth and its relationship to development.

• Promoting IEC to encourage behavioural changes within the population including encouraging Rwandans to have smaller and healthier families (for example through family planning education).

GOAL 2

Achieve Universal Primary Education

Target 3: **Ensure that by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling.**

Indicator 6: Net enrolment ratio in primary education

Indicator 7: Proportion of pupils starting grade 1 who reach grade 5

Indicator 8: Literacy rate of 15 to 24-year-olds

Status at a glance:

Can target be achieved? **Probably**

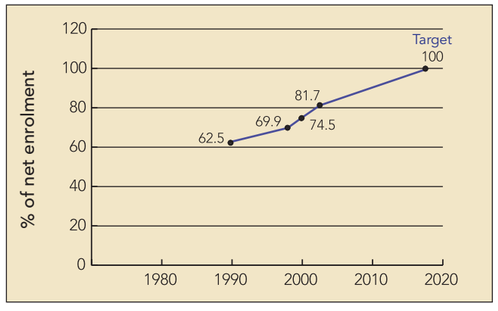
State of supportive environment: **Strong**

2.1 Progress to date

There are currently slightly more than 2,000 primary schools in Rwanda serving some 1.5 million children. The private sector provides only 1.5% of schools and accounts for 0.7% of enrolments.

The gross and net primary enrolment ratios in Rwanda have improved dramatically over the last few years. The gross enrolment ratio in 2002 was 103.7% while the net enrolment ratio was 74.5% (expected to increase to 81.7% in 2003). Rwanda could reach full enrolment by 2010 if current trends persist. The proportion of girls in primary schools is 50.2%. Data also shows that the rate of entry into grade one is 88% and the ratio of students to teachers in primary school is 59:1.

Fig 5: Net Enrolment Ratio in Primary Schooling



Source: Education Sector Strategic Plan

Whereas gross and net enrolment ratios have been improving, retention indicators have not been increasing at the same rate. Current data indicates sizeable gaps between reported enrolment, attendance and completion rates. Drop-out rates and repetition rates are still high at 14.2% and 31.8% respectively. Both these rates are generally higher for girls and the performance rate at the end of the primary cycle of education is higher for boys. In 2001 only 77% of the children starting grade 1 reached grade 5. These figures underscore the present low quality of primary education. To achieve goal 2, schools must first enrol all school age children and then keep them in school for the full course of primary education.

The rate of literacy among Rwandans aged between 15 and 24 years is estimated at 84%, with hardly any gender disparity. This rate is much higher than that of SSA (77%) and the equivalent rate for LDC (66.3%). Literacy is one of the fundamental tools for greater access to information and knowledge and wider communication. It is a key exit strategy from poverty.

2.2 Major challenges

Since the tragic events of 1994, education and training in Rwanda has developed significantly. But this sector still faces many challenges particularly in retaining children, especially girls, for the full course of primary education (in 2001, school completion rates at this level were 73%). The challenges for education include:

• Acquiring adequate numbers of suitably qualified teachers at all levels, as well as recruiting qualified personnel into central and provincial administration who have the skills to be able to undertake planning.

• Accelerating measures aimed at systematically seeking out and enroling children who are not in school (in effect the poorest and most vulnerable members of society). Ensuring they complete primary education and graduate to secondary school.

• Increasing the authority and responsibility of the school director, teachers and parent committees over

the management of the school and increasing their decision-making powers over matters affecting the school's development. Providing sufficient incentives for teachers.

• Replacing and rehabilitating school infrastructure, furniture, equipment, and educational materials destroyed during the war and genocide of 1994.

• Increasing the primary education budget for quality education. Primary education receives only about 45% of the current education budget. In contrast, higher education receives nearly 40% (although this sector currently serves only 2% of the relevant population producing a predictably inequitable result).

• Transforming the inspection process in a way that is participative and empowers teachers and school directors, while ensuring a quality education.

• Providing an adequate supply of textbooks and relevant educational materials in schools.

• Correcting the weak internal efficiency (high rate of failure, repetition, drop outs and lack of a system to recover those who are excluded) and weak external efficiency (poor performance of leavers). This would be achieved by introducing a more learner-centred system of assessing performance, introducing a system of guidance and counseling in schools and strengthening community participation, including developing the capacity of parent-teacher associations to facilitate ownership of primary education by the local community.

• Supporting popular education and functional alphabetization to reach the most vulnerable and to reduce female illiteracy rates.

2.3 Requirements of domestic and external resources

The inputs necessary to enable the education and training sector to contribute substantially to the development of Rwanda and its population are very large in comparison with the current economic capacity and skills base of the country. A reallocation of resources away from higher education and towards primary education might substantially increase the quality of, and access to, primary education, which is a fundamental poverty reduction strategy.

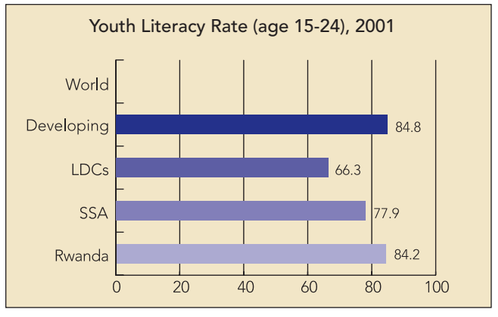
The GoR should consider education holistically and use a Sector Wide Approach (SWAP) to manage the system. There should also be a balance in access, quality, and relevance with special emphasis on a curriculum that is outcome-oriented and offers the skills and values necessary for development. The issue of gender should also be considered to ensure high levels of achievement of girls and allow access to education for women, especially in rural areas. Development partners should work closely with the GoR using the MTEF as a tool to ensure that educational proposals are set within the parameters of national fiscal planning and that there is close monitoring and regular evaluation.

2.4 Supporting environment and priorities for development assistance

The government has demonstrated its political will and commitment to reconstruct the education system after the tragic events of 1994 using a variety of initiatives. Public spending on education in Rwanda is at an all-time high of 5.5% of GDP (2001). The GoR has also finalized a crucial document, the Education Sector Strategic Plan (ESSP) 2003-2008, which is based on declared targets and indicators. This document was produced through discussions and consultations between all the stakeholders (GoR, development partners, NGOs, etc.) and has been developed within the MTEF framework. Rwanda is also one the first countries to complete its Education for All (EFA) action plan.

The Ministry of Education has also established 11 Teacher Training Colleges (TTCs) to train primary school teachers as well as centres for in-service training of teachers (CFP). Since 1997, it has also produced, for planning purposes, annual statistics on primary and secondary schools. It has also broadened partnerships at the national and international levels and in both the public and the private sectors with the aim of reducing gender and geographic disparities in education. Further, the ministry has made judicious use of double-shifting, decentralization and decentralisation of the education system to strengthen management and administration at all levels.

Fig. 6: Comparison of Youth Literacy Rates



Source: HDR 2003

GOAL 3

Promote Gender Equality and Empower Women

Target 4: **Eliminate gender disparity in primary and secondary education preferably by 2005 and at all levels of education no later than 2015**

Indicator 9: Ratio of girls to boys in primary, secondary, and tertiary education

Indicator 10: Ratio of literate females to males among 15 to 24 year olds

Indicator 11: Share of women in wage employment in the non-agricultural sector

Indicator 12: Proportion of seats held by women in national parliament

Status at a glance:

Can target be achieved? **Probably**

State of supportive environment: **Strong**

3.1 Progress to date

At the national level, Rwanda has achieved gender parity in primary and secondary enrolment but disparities persist in performance and school completion rates. In Rwanda, unlike most other low-income countries, the gap between girls' and boys' school enrolment is almost non-existent. However, there is considerable disparity in the ratio of girls to boys in tertiary level education with girls making up only 34% of students.

In 2000, the percentage of women in wage employment in the non-agricultural sector was 33% – barely any change from 1995 when this figure stood at 32.4%. Currently, there is still a higher proportion of men employed in the non-agricultural sector.

Although women are still under-represented in decision-making and leadership posts, we have seen a great improvement in the numbers of women in parliament. Following recent elections, women now hold 47.5% of parliamentary seats (the highest proportion in the world), 30% of seats in the Senate, and 32% of the cabinet ministers are women. This shows progressive improvement from 1996 when women held only 16% of the seats in parliament. The newly-adopted Constitution mandates that women should hold a minimum of 30% of the seats in parliament and in other leadership position.

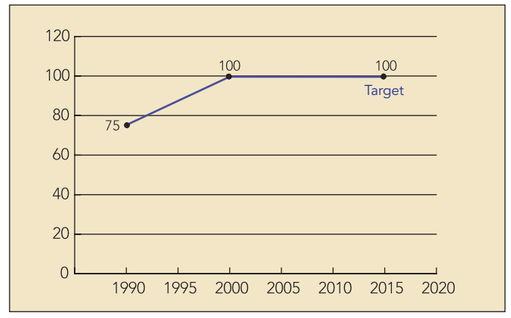
3.2 Major challenges

Some of the major challenges pertaining to gender equality and empowerment of women include:

• Developing capacity within the government for designing sector policies and programmes that are gender sensitive.

• Designing and delivering programmes that address the needs of diverse categories of Rwandan women and girls. This should be done bearing in mind the institutionalized gender roles that limit the full enjoyment of rights by both males and females and other factors such as globalization and the prevalence of HIV/AIDS, as well as the unique situation of Rwanda with its high proportion of widows and widowers, orphaned children and child-headed households and the inadequate involvement of males in childcare.

Fig. 7: Ratio of Girls to Boys in Primary and Secondary Education (%)



Source: Rwanda Development Indicators, 2002

• Transforming existing relations of gender inequality that are defined by accepted cultural beliefs and practices. There is a gap at all levels of decision-making between the acceptance of prevailing inequalities and actions to redress them.

• Developing institutional mechanisms and technical capacities, as well as collecting adequate gender analysis and data to be able to integrate gender equality into national and sector development programmes.

• Institutionalizing a process for development and application of gender equality into policies. Monitoring gender within the context of poverty and

other socio-economic areas (62% of female headed households live below the poverty line as opposed to 54% for male headed households).
• Reallocating of resources to promote gender equality and women's empowerment and advancement programmes in the face of pervasive poverty, under-production and the need to ensure equal access to resources.
• Establishing and implementing an effective multi-pronged and multi-sectoral strategy for gender equality.
• Addressing the problem of low contraceptive use (only 7.9% of women use any type of contraceptive in Rwanda) and high unmet contraceptive needs that do not allow women to regulate their pregnancy rate.

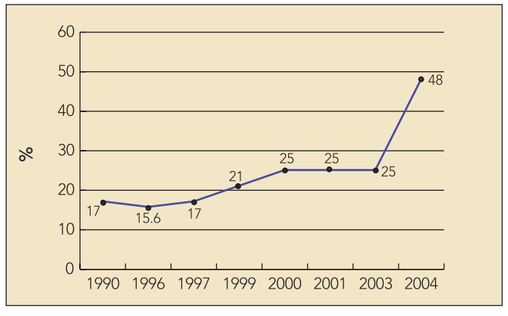
3.3 Requirements of domestic and external resources

Development partners will need to provide technical and financial support in implementing, monitoring and evaluating the National Gender Policy. To enhance coordination, multilateral and bilateral organizations should develop mechanisms of collaboration between themselves and with the Government to mainstream gender into their interventions in Rwanda. The donor community could support GoR's efforts to achieve its goals by working with it in the following areas:
• *The use of a rights-based approach* to programming to systematically address prevailing inequalities.
• *Poverty Reduction:* integration of women's, men's and children's rights, constraints, options, incentives and needs throughout the National Poverty Reduction Strategy to ensure equal access to and control over economic opportunities such as employment and credit.
• *Agriculture and Food Security:* integration of a gender dimension into the land law, agricultural policies and programmes to ensure equal access to and control over agricultural inputs.
• *HIV/AIDS:* ensuring that the fight against HIV/AIDS considers gender differentials and that all women and girls have access to HIV/AIDS education in a timely manner and that prevailing gender disparities in HIV prevalence are addressed as part of a broader HIV prevention strategy.
• *Education and Professional Training:* promotion of girls' education at primary, secondary and tertiary levels to ensure completion of education and improve performance; ensuring that methodologies for Science and Technology are gender sensitive; eliminating gender disparities in adult literacy by ensuring greater relevance of literacy programmes to the lives of women and girls.
• *Governance and Decision-making:* ensuring equal and effective representation and participation of women and men in decision making at all levels and promoting affirmative action for women to close the gender gap emanating from cultural and historical factors.
• *Information and Communication Technology:* encouraging and ensuring the development of a gender-sensitive media and ICT strategy that integrates women's rights, needs, interests, and priorities for advancement.

3.4 Supporting environment and priorities for development

The Government has demonstrated its commitment to the promotion of gender equality in all areas of life and all critical domains. This is illustrated by the following:
• Establishment of the Ministry of Gender and Women's Empowerment with a clear mission to promote gender.
• Adoption of the Beijing Plan of Action and establishment of the Beijing Permanent Secretariat whose mandate is to follow up the Beijing Plan.
• Review and reform of social policies and laws which impact negatively on the education, protection and development of the girl child and other vulnerable groups.
• Enactment of a law on succession and matrimonial regimes.
• Finalization of the National Gender Policy and strategic plan that would guide effective promotion of gender equality and equity at all levels and throughout the development process.
• Collecting and reporting gender disaggregated data for decision-making.

Fig. 8: Proportion of Women Parliamentarians



Source: CCA and personal information

GOAL 4

Reduce Child Mortality

Target 5: **Between 1990 and 2015, reduce the under-five mortality rate by two-thirds**
Indicator 13: Under-five mortality rate (per 1000)
Indicator 14: Infant mortality rate (per 1000 live births)
Indicator 15: Proportion of one-year-old children immunized against measles

Status at a glance:

Can target be achieved? **Unlikely**
State of supportive environment: **Weak but Improving**

4.1 Progress to date

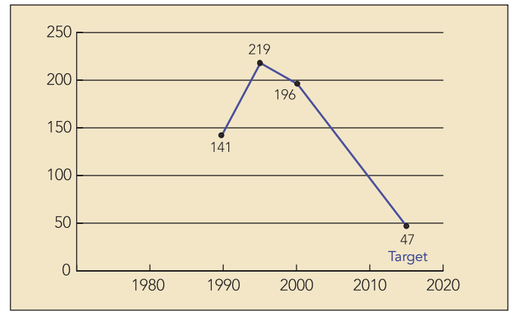
During the 1980s and up to the early 1990s, the Infant Mortality Rate (IMR) decreased but thereafter rose sharply. The same was true of the Under-five Mortality Rate (U5MR) which fell from 233 during 1975-80 to 141 in 1990 and then rose very sharply to 219 during the genocide. These increases in 1994 were a result of many factors but particularly attributable to the genocide which caused a dramatic deterioration in Rwanda's human development indicators. The rates for IMR and U5MR have since fallen to 107 and 196 respectively - which is still very high. Other data may differ slightly but they all demonstrate the same trend and are consistent in showing that the IMR and U5MR have been declining recently. While the trend may be cause for optimism, the rates are still amongst the highest in Sub-Saharan Africa.

Child immunization coverage has returned to an acceptable level of over 70%. After the events of 1994, the vaccination campaign was restarted in 1995 with coverage of close to 70% by 1997. By 1999 it had dropped to less than 50%, mainly due to reduced supervision and monitoring efforts. Alarmed by the sudden rise in reported cases of measles and with donor financial assistance, coverage increased to over 70% in 2000 and has since remained above that level. The current rate of one year-olds immunized against measles is 60%.

4.2 Major challenges

Malaria is the major cause of morbidity and mortality in children followed by acute respiratory infections, diarrhoeal diseases and injuries. Peri-natal conditions also account for a large number of infant deaths. Malnutrition and micro-nutrient deficiencies are serious problems in Rwanda (see goal 1b) and significant causes of child mortality. Below are some of the challenges the GoR will have to overcome for the country to meet its targets by 2015.
• *Reducing poverty:* Widespread poverty affects all aspects of children's health and survival by limiting access to food, basic amenities and health services. Many of the leading causes of mortality and morbidity are closely related to poverty, which suggests that as well as targeting these major causes directly, policy must be focused on ensuring more Rwandans can afford to access the health care system.

Fig. 9: Under-Five Mortality Rate (per 1000)



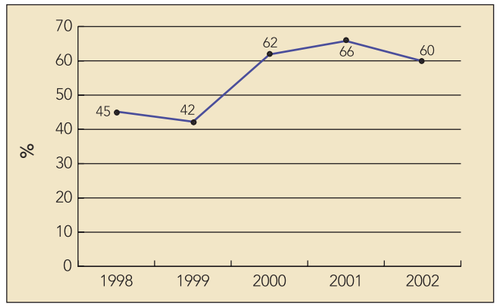
Source: DHS 2000 and PRSP

• *Improving sanitation and hygiene as well as providing safe drinking water.* The problems of inadequate sanitation, unsafe drinking water, and poor hygiene result in diarrhoeal diseases, parasitic infestations, and skin diseases. Improving access to safe water for the poor could lead to substantive improvements in the U5MR and IMR.
• *Providing adequate financing for health:* financing from the government has increased from 2.2% of the current national budget in 1997 to 4.1% in 2000. However, this is still much lower than the Sub-Saharan average (SSA) and needs to be increased. When one

observes that finance by government amounts to only about US$1 per capita per year, the financial limitations of the system are even more apparent.

• *Spreading knowledge of childcare practices at the family level:* Households are ineffective in applying basic hygiene, health and nutrition practices crucial to child survival, growth, and development. Knowledge about childcare and particularly children's nutritional needs is inadequate and this results in poor feeding habits.

Fig. 10: One-Year Olds Immunized Against Measles



Source: MINSANTE (HMIS)

4.3 Requirements of domestic and external resources

In recent years, due to significant reductions in donor support, the GoR has come under immense pressure financing activities that were previously funded by donors. Development partners could usefully support programmes and strategies put in place by the GoR which address the MDGs. This would also include measures in the areas of human and technical resources.

• *Strengthening the institutional capacities of the Ministry of Health (MOH) and other agencies with responsibility for health:* particular emphasis should be placed on planning and policy-making capacities at all levels to support effective leadership and health sector reform.

• *Supporting reforms in health financing:* given the need for the poor and near-poor to have access to health services, sound approaches to widen health coverage should be developed.

• *Strengthening primary health care (PHC) and service delivery:* adequate funding for PHC, including at the district level; extension of community-based PHC services and improvements in the quality of health services with greater responsiveness to the needs of the poor as well as increased health promotion are all essential.

4.4 Supporting environment and priorities for development assistance

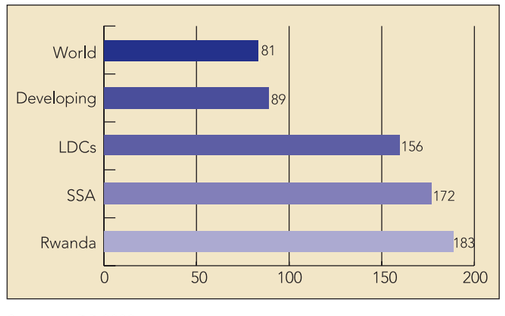
With the support of multilateral and bilateral donors, the GoR has taken a series of measures aimed at decreasing infant and maternal mortality rates. The "Politique Nationale en Matiere de Sante 2000", the "Vision 2020" and the PRSP highlight the issue of child health. In these documents the Government has signaled its intention to pursue policies and programmes to reduce under-five mortality. The main approaches to reach these targets include: universal nutritional education, reducing malnutrition and micro-nutrient deficiencies in children, increasing financial access to health care through the development of health insurance schemes, improving Primary Health Care (PHC)/community-based services through new management methods and the deployment of qualified health-workers, strengthening preventive care and health promotion, and developing pro-poor health strategies. Specific efforts include:

• *Improved integration and coordination* between various disease-orientated programmes which deal with child health. This makes it easier to develop comprehensive and resource-based plans of action.

• *Free provision of vaccinations administered to all infants under the age of one:* BCGs (against tuberculosis), vaccination against measles, three doses of vaccine against polio, and three doses of DTCoq (diphtheria, tetanus and whooping cough). An aggressive vaccination programme, the spread of oral re-hydration therapy, wider availability of antibiotics to treat pneumonia, use of non-reusable syringes, and improved economic and social conditions have reversed the deteriorating situation.

• *Development of policies that support family planning:* programmes that promote increased contraceptive use, the postponing of first pregnancy and which favour child spacing.

Fig. 11: Under-Five Mortality Rate (per 1000 live births), 2001



Source: HDR 2003

GOAL 5

Improve Maternal Health

Target 6: Between 1990 and 2015, reduce the maternal mortality ratio by three-quarters
Indicator 16: Maternal mortality ratio (per 100,000 live births)
Indicator 17: Proportion of births attended by skilled health personnel

Status at a glance:

Can target be achieved? **Potentially**
State of supportive environment: **Fair**

5.1 Progress to date

While the health infrastructure is broadly satisfactory, the majority of health indicators for Rwanda are significantly worse than the Sub-Saharan average. Malaria, HIV/AIDS, tuberculosis, acute respiratory infections, intestinal parasites, diarrhoeal ailments, malnutrition and diseases related to reproductive health are the major causes of morbidity and mortality in the country. Maternal mortality rates of 1071[3] per 100,000 (while much lower than during the genocide – 2300[4] per 100,000), are still far higher than fifteen years ago.

92% of pregnant women have used the services of a skilled health worker at least once and 73% of births in the past five years were at home (79% of home births were in rural areas). The use of assisted birth services by qualified personnel is only 35% (up from 25% in 1992). Although this rate is similar to that of LDCs it is still lower than the SSA rate of 38% and much lower than that of developing countries where the figure is 56%. Throughout their fertile life, women in Rwanda give birth to an average of six children, a rate that is higher than in many other African Countries. Levels of modern contraceptive use among women have declined from 9% in 1992 to only 4% in 2000.

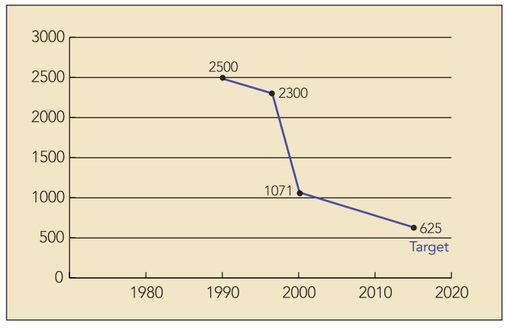
5.2 Major challenges

Reproductive health has a considerable impact on a number of cross-cutting issues essential to poverty reduction such as HIV/AIDS, gender equality and equity. The GoR is aware that reproductive health seems to have declined and is therefore intensifying its efforts to address the issue. However, it still has a number of challenges ahead:

• Providing and improving basic healthcare services to women e.g. supporting mutuelles (community health insurance) for births and reinforcing the health animators/outreach programme.

• Training health personnel on "Safe Motherhood" and antenatal care and delivery priorities in the area of family planning.

Fig. 12: Maternal Mortality Ratio (per 100,000 live births)



Source: DHS 2000 and African Dev. Indicators

• Developing pre-natal and post-natal consultation services which would include encouraging male participation in reproductive health sessions.

• Financing the supply of reproductive health care services especially contraceptive products.

• Developing financial mechanisms and the health infrastructure: presently, too many Rwandans cannot afford to use even basic health care services. Indeed, a 2001 health survey showed that 79% of women identified the cost of medical services as a barrier to their use and 41% mentioned distance to the health centre as an obstacle. Mutuelles are an essential innovation but must be supported if they are to succeed and have a significant impact.

• Making health services accessible to all and reversing the deteriorating quality of health services: the use of health services in Rwanda is low and has fallen in

[3] Data from 2000 DHS survey.

[4] Data from 2003 African Development Indicators. The large difference between these two figures suggests the reporting methodology may be different.

the last few years from 0.34 new cases per inhabitant per year in 1998 to 0.26 in 2000. This is most likely due to the cost of health care, rather than lack of physical access to health care (as the CWIQ survey demonstrates). Indeed, only 22% of women and 21% of men consult health personnel when they fall ill. The poor and near-poor are less likely to utilize public health facilities and are more likely to find that health services are unresponsive to their needs.

• Improving the management of services: there is a need to improve accountability, monitoring and evaluation to ensure optimal performance. In addition, health personnel are not adequately paid relative to their qualifications, experience, and mission. Consequently, personnel move to the private sector and to non-governmental organizations, especially in Kigali.

• Improving coordination: presently there is insufficient coordination between different actors in the field of health. However a round table on the health sector will soon begin to clarify the activities of the various actors. This should reduce duplication and encourage closer working relationships between actors intervening in similar areas of health.

• Investigating major factors and causes of maternal morbidity and mortality through empirical research in order to address them.

5.3 Requirements of domestic and external resources

Financial and human resources are needed to support the GoR's efforts to reduce the level of MMR through support for programmes that:

• Address problems through a holistic approach and promote collaboration and coordination among donor agencies and development partners.

• Include training at both the central and decentralized levels. A coherent plan detailing the most important capacity shortages must be designed, taking into account gender disparities.

Development partners could contribute by:

• Assisting the GoR to build capacity to implement its Reproductive Health (RH) strategy in general, and the safe motherhood component in particular. Assistance should be provided to cover all areas mentioned in the strategy in order to improve access, use and quality of RH services as well as service delivery, research, training, financing, management, monitoring, assessment and planning.

• Providing assistance to ensure the effective implementation of the GoR's population strategy including access to reproductive services and products including contraceptives.

• Providing assistance to improve GoR's capacity to analyze, monitor and utilize health sector data on reproductive health. The HMIS must be reinforced to ensure optimal use of a comprehensive epidemiological and resource-use database.

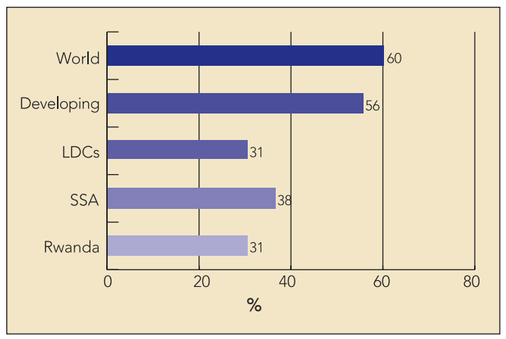
5.4 Supporting environment and priorities for development assistance

The GoR has put considerable effort into approving the "Politique Nationale en Matière de Population et de Développement Durable" and the "Politique Nationale de la Santé de la Reproduction." Both programmes aim at enhancing the overall coordination and effectiveness of the population and reproductive health sectors respectively. Other supportive actions contributing to the success in meeting the target include:

• The GoR's promotion of appropriate action to break out of the high fertility-high mortality poverty trap.

• The development of an up-to-date Health Management Information System (HMIS) improving GoR's capacity to gather, analyze and utilize high-quality data in the health sector including MMR.

Fig. 13: Births Attended by Skilled Health Personnel (1995-2001)



Source: HDR 2003

GOAL 6

Combat HIV/AIDS, Malaria, and Other Diseases

Target 7: By 2015, to have halted and begun to reverse the spread of HIV/AIDS
Indicator 18: Prevalence of HIV among 15 - 24 year-old pregnant women
Indicator 19: Rate of contraceptive use
Indicator 20: Number of children orphaned by HIV/AIDS
Target 8: By 2015, to have halted and begun to reverse the incidence of malaria and other major diseases
Indicator 21: Prevalence of and death rates associated with malaria
Indicator 22: Proportion of population in malaria-risk areas taking effective malaria-prevention measures and treatment
Indicator 23: Prevalence of and death rates associated with tuberculosis
Indicator 24: Proportion of TB cases detected and cured under DOTS

Status at a glance:

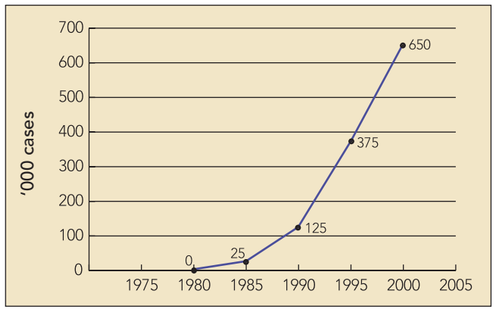
Can target on AIDS be achieved? **Potentially**
Can target on malaria and other major diseases be achieved? **Potentially**
State of supportive environment: **Strong**

6.1 Progress to date

A comprehensive survey in 1997 revealed an overall HIV/AIDS infection rate of 11.1%. Recent government sources suggest a sero-prevalence rate of 13.7%. A 2002 survey in antenatal clinic attendees found that the prevalence of HIV/AIDS in urban areas varies from 3.6% to 13.7% and ranges from 1.1% to 5.1% in rural areas. There is no reliable data available on the trend in infection rates. However, because of the war and widespread poverty, the impact of HIV/AIDS on vulnerable populations (orphans, child headed households, widows, victims of systematic rape during the war, refugees etc.) has increased. The current goal for the GoR is to stabilize the spread of HIV/AIDS during the period 2002 to 2006.

Malaria is the leading cause of outpatient attendance (40% of all health center visits are due to malaria) and it is the principal cause of morbidity and mortality in every province in Rwanda. In 2000, Malaria-related mortality was 200 per 100,000 people and for children under 5 it was 1,049. In 2001, throughout the country there were 976,182 new cases of malaria (presumed or confirmed) and of these 33% were children under five. During the period 1999–2002, the percentage of children under 5 with insecticide-treated mosquito nets was only 5%. The provinces of Byumba, Butare, Umutara, and Gitarama are particularly affected by malaria. The tuberculosis mortality rate in 2001 was 46 per 100,000 people and total number of TB cases was 188 per 100,000 people.

Fig. 14: Cumulative HIV/AIDS Cases



Source: Rwanda Dev. Indicators, 2002

6.2 Major challenges

The key challenges threatening the fight against HIV/AIDS include:

• Prevention and Behavioural Change: the challenge is to eradicate poverty and increase the level of awareness about the disease within the population, especially among those out-of-school and the illiterate.

• There is a need to enhance access to RH services and to promote contraceptive use with a particular emphasis on the dual protection function of barrier methods. The rate of condom use is still very low (only 2.4% of the population use condoms).

• The small number and low use of VCTs. (currently only 34 in the country): there are a number of reasons for low testing rates. These include the stigma

associated with the disease and the fact that the poor do not have the money to get tested. The use of VCTs helps in early and correct diagnosis. Using resources from the Global Fund, the number of VCT sites is expected to increase to 117 over the next three years.

- One of the most easily preventable transmission routes for HIV is from an HIV-infected mother to her child. Therefore, there is an urgent need to expand PMTCT services through capacity-building, increased government support and awareness- building among women themselves.
- Care for PLWHA: given the tight budget and widespread poverty, the cost of treatment for HIV/AIDS and related opportunistic diseases, is a huge challenge for the government. Although a national association of PLWHA was recently created, there is little coordination among the various PLWHA associations and little external support.
- Although the price of ARVs has fallen considerably from FRw 400,000 per month in 1998 to FRw 30,000 in 2003, this is still too expensive for the majority of Rwandans and needs to be reduced further. Less than two percent of PLWHA have access to ARVs. Given the expense, patients often resort to traditional treatments or are simply cared for within the family.
- Hiring and training health district workers, improving the HIV/AIDS drug distribution mechanism and increasing laboratory services are important as part of the development of the health care system and in educating the population to recognize the symptoms of AIDS and diagnosing it correctly.

6.3 Requirements of domestic and external resources

The government's overall approach as outlined in its strategic plan is sound, but a vast amount of resources will be required from donor partners to operationalise, implement, and sustain the specific elements of the plan. Overall, the Government is placing HIV/AIDS at the centre of its agenda for development and poverty reduction as evidenced by speeches made by the President and other government officials. Furthermore, the first lady's office has taken on the fight against HIV/AIDS and in May 2001, convened the first HIV/AIDS forum for First Ladies in Africa. A sub-regional conference for First Ladies was also held in June 2003 to fight the stigma associated with HIV/AIDS and discrimination against PLWHA. In addition, the budget allocation for HIV/AIDS programmes has steadily increased.

Various donors, agencies, and associations have supported prevention activities targeting specific areas and groups including advocacy, research, orphan care and support, public awareness education, medical care, HIV-testing, counseling, condom distribution, capacity- building, blood safety, and reduction of sexually transmitted diseases (STDs).

6.4 Supporting environment and priorities for development assistance

After realizing that HIV/AIDS is not only a health problem but a development problem, the PNLS was transformed into the CNLS (National AIDS Commission) and moved from the Ministry of Health to the Office of the President. The Treatment and Research Aids Centre (TRAC) was also created to define treatment and care standards as well as to provide training and certification in HIV/AIDS care provision. The CNLS has released the fourth National Strategic Plan for HIV/AIDS for 2002-2006 as well as a National Multi-sectoral Plan for 2002-2006 which are built around five main pillars. Overall, the plans seek to strengthen and reinforce health and support services and strategies in the areas of awareness-raising, prevention, testing, counseling and services for PLWHA; to enhance management and coordination and to reduce the prevalence of the virus among particularly vulnerable groups including: the military, women, truck drivers, commercial sex workers, school youths and unaccompanied children, people compelled to sell sex to survive, people engaging in unprotected sex and babies born to mothers with HIV/AIDS. The CNLS and the government are supported by significant funds from the Global Fund and the World Bank's Multi-Country HIV/AIDS programme, (MAP) and a number of international donors.

Priorities for development assistance would be:

- Better coordination of donor activities in the fight against HIV/AIDS and stronger capacity to monitor its spread as well as that of other sexually transmitted diseases and tuberculosis.
- Supporting multi-sectoral action to improve environmental sanitation as this significantly reduces the prevalence of malaria. Subsidizing preventive care and financial support for medication and mosquito nets. Numerous studies have shown that treated mosquito nets are a cost-effective way to significantly reduce the burden of malaria.

GOAL 7

Ensure Environmental Sustainability

Target 9: **By 2015, integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources**
Indicator 25: Proportion of land area covered by forest
Indicator 26: Land area protected to maintain biological diversity
Indicator 27: GDP per unit of energy use (as proxy for energy efficiency)
Indicator 28: Carbon dioxide emissions (Kg. of CO^2 per capita)
Target 10: **By 2015, halve the proportion of people without sustainable access to safe drinking water**
Indicator 29: Proportion of population with sustainable access to an improved water source
Target 11: **By 2020, achieve a significant improvement in the lives of slum dwellers**
Indicator 30: Proportion of population with access to improved sanitation
Indicator 31: Proportion of population with access to secure tenure of housing

Status at a glance:

Will targets be achieved? **Unlikely for all 3 targets**
State of supportive environment: **Weak but improving for all 3 targets**

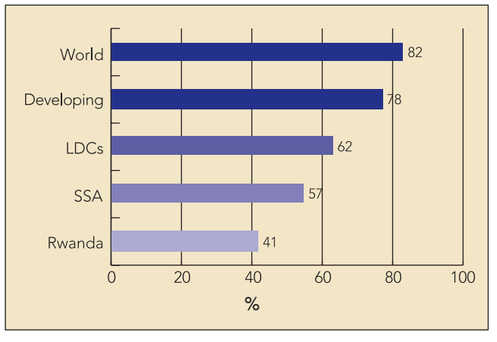
7.1 Progress to date

Since 1995 Rwanda has experienced massive movements of refugee and returnees, with far reaching consequences. This has been coupled with large internal displacement of people, resulting in increased vulnerability for sections of the population. The GoR was forced to suspend its concern for the environment in the face of such urgent and pressing challenges. But more recently, it has stepped up its efforts in this field by developing a number of environmental strategies and action plans notably "Programme visant la gestion durable de l'environment et l'amelioration des conditions de vie au Rwanda" (The National Environmental Action Plan). While the overall policy framework is improving and the concept of sustainable development is gaining ground, the environment continues to come under enormous pressure.

About 41% of the population has access to a safe water supply – this is a prerequisite for any type of development. This figure is much lower than the SSA figure of 57% and that of LDCs at 62%. This national figure of 41% conceals urban-rural disparities in the country. While 73% of the urban households have access to a safe water supply, only 16% of rural households have access to safe drinking water sources. In terms of sanitation, EICV results show that 53.6% of Rwandans use protected latrines, 39.5% non-protected latrines, 4.5% have no latrines, and only 1.2% have flush toilets.

There has also been widespread development of slums in urban areas due to increased levels of rural-urban migration. Although Rwanda's level of urbanization is comparatively low, it has increased rapidly from approximately 5% before 1994 to approximately 16% in 2002. Urban waste and sanitation have therefore been negatively affected due to pressure from a growing population resulting in poor waste management and increased water pollution.

Fig. 20: Populaton with Sustainable Access to an Improved Water Source (2000)



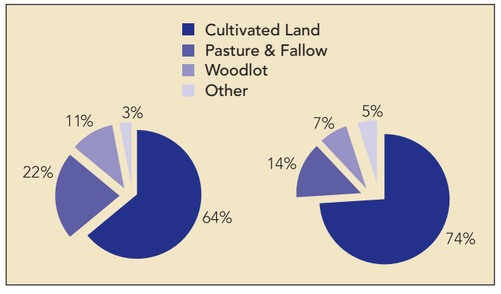
Source: HDR 2003

7.2 Major challenges

Land continues to be used unsustainably which contributes to soil erosion and the depletion of nutrients. The effective implementation of Government strategies and action plans to reverse this situation may be compromised by a number of factors including:

• *Population growth:* according to recent estimates the population growth rate is currently 2.9%. This means the population of Rwanda will double every 25 years. The Statistics Department projects that by 2015, the population will be 12 million, with the urban share growing to 27-29% of the total population.
• *Weaknesses in implementing the environmental strategy:* while the GoR has made commendable progress in identifying and prioritizing environmental concerns, there is limited capacity and resources for implementing Rwanda's environmental priorities.
• *Population pressure on agricultural productivity:* Rwanda is one of the most densely populated countries in the world (310 people/km2 and up to 500 people/km2 on arable land in some areas of the country). With an increasing population, more and more land is brought into cultivation at the expense of pasture, fallow land and forests.
• *Deforestation for fuel wood, settlement and farming:* currently over 96% of Rwandans depend on wood for domestic energy. This, combined with settlement and farming activities have resulted in considerable deforestation. At the turn of the century, Rwanda's natural forests comprised 30% of the country's total land area. That figure presently stands at only 7%. Statistics from the 1980s indicate that Rwanda's consumption of wood outstripped its production by 2.3 million cubic metres annually. Overall, Rwanda has been and continues to be caught in a vicious circle whereby increased pressure for land and fuel wood results in high levels of environmental degradation. This in turn fosters a decline in agricultural productivity. The long-term losses caused by deforestation are both high and irreversible.

Fig. 21: Land Use in Rwanda (1990 and 2002)



Source: MINAGRI (FSRP/DSA)

• *Soil fertility, erosion and water table management:* the decline in soil fertility throughout the country has been identified in both participative and statistical studies. This trend is compounded by soil erosion and in some areas, a lowering of the water table, particularly where marshes have been cultivated without proper management. Hence increased agricultural activity must be accompanied by environmental actions to manage water flows, control soil erosion and improve soil composition.

7.3 Requirements for domestic and external resources

The implementation of the National Environmental Action Plan and the Rural Water Supply and Environmental Sanitation Strategy (WSS) will require technical and financial resources and will need to be integrated into sectoral programmes.

Environmental Institution strengthening: more support is needed to build the capacity of government entities to monitor environmental conditions and regulate sources of pollution. In particular the Department of Water and Sanitation (DEA) in the MININFRA needs to be strengthened and restructured to perform its task of decentralizing responsibility. It should become the coordinator and facilitator rather than the provider of services.

Community participation: extensive training and support will be needed to ensure communities are capable of managing, operating, and maintaining their water supply infrastructure.

Population issues: would need to be integrated into the formulation, implementation, monitoring and evaluation of policies and programmes relating to sustainable development.

7.4 Supporting environment and priorities for development assistance

The National Policy on the Environment and the National Environmental Action Plan have been finalized and endorsed by the government. The GoR has also elaborated a National Strategy and Plan of Action on Biodiversity (BSAP), setting national targets and priorities in line with other global recommendations.

A national policy paper on water has been produced and endorsed as a legal framework. Assistance in this sector should focus on reducing the widening urban-rural gap and programmes and projects working in this sector should adopt a programmatic sector-wide strategy and investment plan to achieve overall, sustainable improvements.

In terms of raising public awareness, the government continues to organize an annual "environment week". Numerous activities take place throughout the week, including radio and television broadcasts and special events/activities.

Annex 1: Capacity for Monitoring and Reporting MDG Progress

Goal	Quantity and Regularity of Survey Information			Quality of Survey Information			Statistical Analysis			Statistics in Policy-Making			Reporting and Dissemination of Information		
	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak
Poverty and Hunger		→			→			→			→		↑		
Universal Primary Education	↑			↑			↑			↑			↑		
Gender Equality	↑			↑				→		↑				→	
Child Mortality	↑			↑				→			→			→	
Maternal Health		→			→				↓			↓		→	
Water and Sanitation			↓			↓			↓			↓			↓
HIV/AIDS			↓		→			→			→		↑		
Malaria Control			↓		→			→				↓		→	
Environmental Sustainability		→				↓			↓		→			→	

Giacomo Pirozzi

Annex 2: Indicator Tracking Table

	1990	1992	1995	1996	1997	1998	1999	2000	2001	2002	2003	2015
Goal 1: Eradicate Extreme Poverty and Hunger												
Target 1: Between 1990 and 2015, halve the proportion of people living below the poverty line												
Indicator 1: Proportion of population living below the poverty line	47.5 ✦		77.8 ✦					60 ★				*23.7*
Indicator 2: Poverty gap ratio												
Indicator 3: Poorest quintile's share of national consumption								3.5 ★				
Target 2: Between 1990 and 2015, halve the prop. of people who suffer from hunger												
Indicator 4: Prevalence of underweight children (under-five)		29 ✤						24 ✤				*14.5*
Indicator 5: Proportion of population consuming less than the minimal nutritional requirements												
Indicator 5a: Proxy – Population covered by domestic food production	63 ✱							55 ✱	61 ✱	84 ✱		*100*
Goal 2: Achieve Universal Primary Education												
Target 3: Ensure that by 2015, children everywhere, boys and girls, will be able to complete a full course of primary schooling												
Indicator 6: Net enrolment ratio in primary education	65.9 ❖					69.9 ❖	72.2 ❖	74.3 ✚	73.3 ▲	74.5 ▲	81.7 ✚	*100*
Indicator 7: Proportion of pupils starting grade 1 who reach grade 5		53 ▲							77 ▲			
Indicator 8: Literacy rate of 15-24 year olds								84.2 ❊				
Goal 3: Promote Gender Equality and Empower Women												
Target 4: Eliminate gender disparity in primary and secondary education by 2005 and at all levels of education by 2015												
Indicator 9: Ratio of girls to boys in primary and secondary	75							100 ✚	100 ✚			*100*
Indicator 9a: Ratio of girls to boys in tertiary education									34 ✚			*100*
Indicator 10: Ratio of literate females to males among 15-24 year olds	86 ❖							94.7 ❖	95.4 ❖			
Indicator 11: % of women in wage employment in the non-agricultural sector			32.4					33 ★				
Indicator 12: Proportion of seats held by women in parliament	17 ✖			15.6 ✖	17 ✖	21 ✖		25 ✖			47.5	
Goal 4: Reduce Child Mortality												
Target 5: Between 1990 and 2015, reduce the under-five mortality rate by two-thirds												
Indicator 13: Under-five mortality rate (per 1000)	141 ✤	150 ✤	219 ✦					196 ✤	183 ❊			*47*
Indicator 14: Infant mortality rate (per 1000 live births)	86 ✤	85 ✤	129 ✦					107 ✤	96 ❊			
Indicator 15: Proportion of one-year-olds immunized against measles		91 ✤				45 ⭘	42 ⭘	62 ⭘	66 ⭘	60 ⭘		
Goal 5: Improve Maternal Health												
Target 6: Between 1990 and 2015, reduce the maternal mortality ratio by three-quarters												
Indicator 16: Maternal mortality ratio (per 100,000 live births)	2500 ◈		2300 ◈					1071 ✤				*625*
Indicator 17: Proportion of births attended by skilled health personnel	22 ✤	26 ✤						31 ✤				
Goal 6: Combat HIV/AIDS, Malaria, and Other Diseases												
Target 7: By 2015, to have halted and begun to reverse the spread of HIV/AIDS												
Indicator 18: Prevalence of HIV among 15-24 year old pregnant women					11.1✪						13.7 ✪	
Indicator 19: Rate of contraceptive use												
Indicator 20: Number of children orphaned by HIV/AIDS												
Target 8: By 2015, to have halted and begun to reverse the incidence of malaria and other major diseases												
Indicator 21: Prevalence of malaria (cases per 100,000 people)								6510 ❊				
Indicator 22: Proportion of population in malaria-risk areas using effective malaria prevention and treatment measures												
Indicator 22a: Proportion of children under 5 with insecticide treated bed nets (99-02)										5 ❊		
Indicator 22b: Proportion of children under 5 with fever, treated with anti-malarial drugs (99-02)										12.6 ❊		
Indicator 23: Prevalence of tuberculosis (per 100,000 people)									188 ❊			
Indicator 24: Tuberculosis cases cured under DOTS								61 ❊				
Goal 7: Ensure Environmental Sustainability												
Target 9: By 2015, integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources												
Indicator 25: Proportion of land covered by forest										7 ✖		
Indicator 26: Land area protected to maintain biological diversity												
Indicator 27: GDP per unit of energy use												
Indicator 28: Carbon dioxide emissions												
Target 10: By 201, halve the proportion of people without sustainable access to safe drinking water												
Indicator 29: Proportion of population with sustainable access to an improved water source								41 ❊				
Target 11: By 2020 achieve a significant improvement in the lives of slum dwellers												
Indicator 30: Proportion of pop. with access to improved sanitation												
Indicator 31: Proportion of pop. with access to secure tenure of housing												

✦ PRSP ★ EICV ✤ Demographic and Health Surveys (1992 & 2000) ✱ MINAGRI/FSRP ❖ Rwanda Development Indicators, 2002 ▲ World Bank Education Report, 2003 ❊ Human Development Report, 2003 ⭘ Ministry of Health ✖ Common Country Assessment ✚ ESSP, 2003-2008 (Education Sector Strategic Plan) ✪UNAIDS ◈ African Development Indicators, 2003

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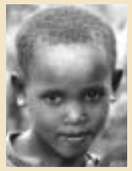

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