REPUBLIC OF RWANDA

Millennium Development Goals

Towards sustainable social and economic growth

Country Report 2007

National Institute of Statistics of Rwanda

This report was prepared by a team of national consultants in partnership with the National Institute of Statistics staff, and an international consultant with funding from the United Nations Development Program (UNDP). The National Institute of Statistics further acknowledges support of DFID and EC through UNDP.

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Millennium Development Goals

Towards sustainable social and economic growth
First Edition

Country Report 2007

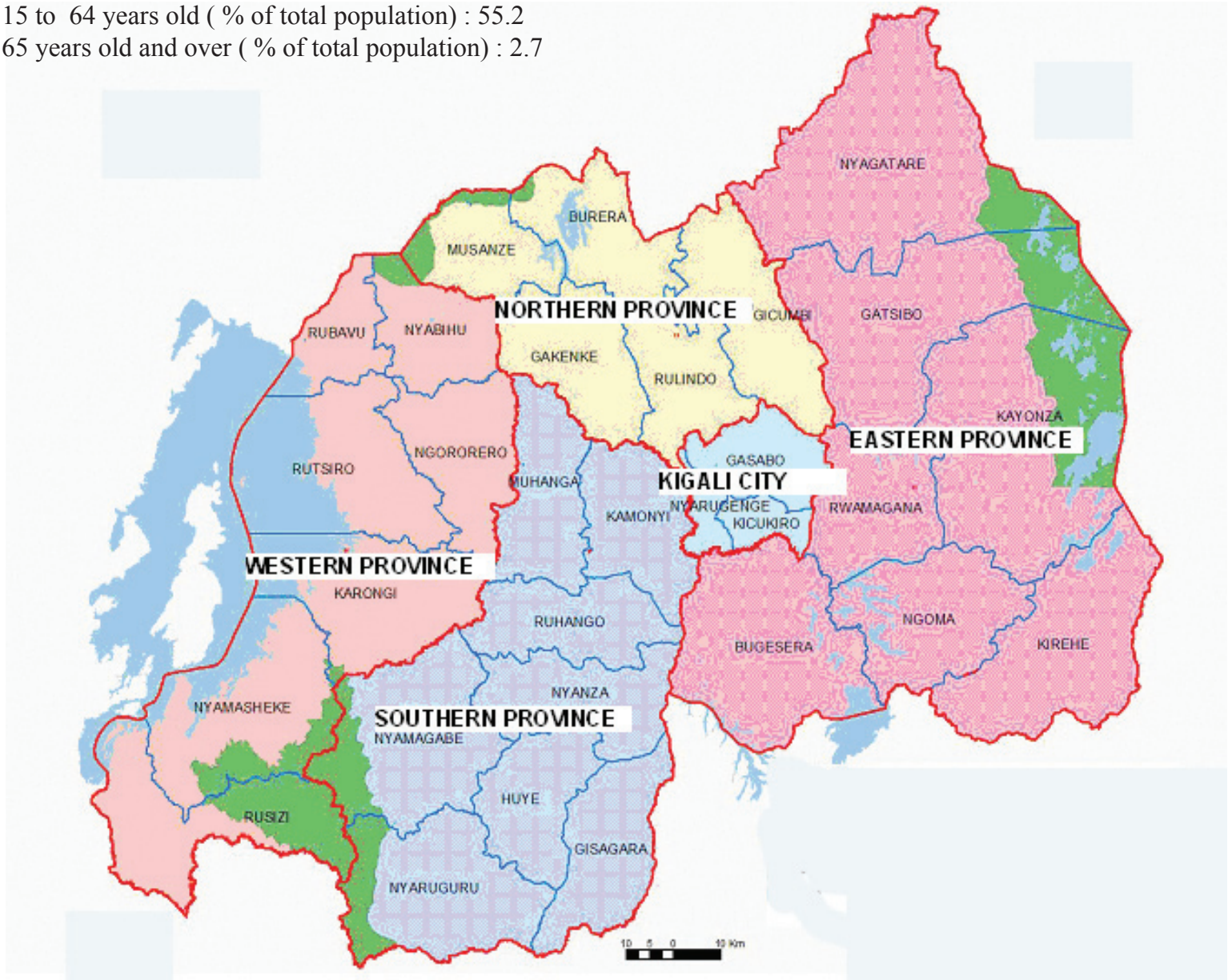
Designed by Aimable TWAHIRWA,
National Institute of Statistics of Rwanda (NISR)

Rwanda, November 2007

GENERAL INFORMATION

Demographic Indicators

Population (mid 2006) : 9.058.392
Population Density (per sq. Km) : 344
Under 5 years old (% of total population) : 16.3
Under 15 years old (% of total population) : 42.1
15 to 64 years old (% of total population) : 55.2
65 years old and over (% of total population) : 2.7



Area: 26.338 Km2
Capital City: Kigali
Official languages: Kinyarwanda, English, French

Source: National Institute of Statistics of Rwanda
P.O Box 6139 Kigali, Rwanda

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Abbreviations & Acronyms

ABC	-	Abstinence, Be faithful, use Condoms
ADF	-	African Development Fund
AfDB	-	African Development Bank
AIDS	-	Acquired Immunodeficiency Syndrome
ANC	-	Antenatal Clinic
APELAS	-	Association du Privé et des Entreprises dans la Lutte anti-SIDA (Association of Private and Parastatal in the Fight Against AIDS)
ART	-	Anti-retro viral Therapy
ARV	-	Anti-Retroviral
BSHG	-	Budget Support Harmonisation Group
CBO	-	Community Based Organization
CCA	-	Common Country Assessment
CFC	-	Chlorofluorocarbon
CNLS	-	Commission Nationale de Lutte Contre le VIH/SIDA
CFSVA	-	Comprehensive Food Security and Vulnerability Assessment
CWIQ	-	Core Welfare Indicator Questionnaire
DHS	-	Demographic and Health Survey
DOTS	-	Directly Observed Treatment Short Course
DPCP	-	Development Partners Coordination Group
ECCD	-	Early Childhood Care and Development
EDPRS	-	Economic Development and Poverty Reduction Strategy
EICV 1 & 2	-	Enquête Intégrale sur les Conditions de Vie des Ménages 1 & 2 (Household Living Conditions Survey 1 & 2)
ESSP	-	Education Sector Strategic Plan
FRSP	-	Fédération Rwandaise du Secteur Privé (Private Sector Federation of Rwanda)
GHG	-	Green House Gases
GoR	-	Government of Rwanda
HDR	-	Human Development Report
HIPC	-	Highly Indebted Poor Countries
HIV	-	Human Immunodeficiency Virus
HMIS	-	Health Management Information Service
ICT	-	Information and Communication Technologies
IEC	-	Information, Education, and Communication
IMF	-	International Monetary Fund
IMR	-	Infant Mortality Rate
ITN	-	Insecticide-Treated Nets
LDCs	-	Least Developed Countries
MDG	-	Millennium Development Goals
MIGEPROFE	-	Ministry of Gender and Women's Development
MINADEF	-	Ministry of Defense (Ministère de la Defense)
MINAGRI	-	Ministry of Agriculture, Animal Resources, and Forestry
MINECOFIN	-	Ministry of Finance and Economic Planning
MINEDUC	-	Ministry of Education, Science Technology and

		Scientific Research
MININFRA	-	Ministry of Infrastructure
MINISANTE	-	Ministère de la Santé (Ministry of Health)
MINITERE	-	Ministry of Lands, Human Resettlement and Environmental Protection
MIS	-	Malaria Indicator Survey
MMR	-	Maternity Mortality Ratio
MRTB	-	Multi-drug resistant tuberculosis
NEC	-	National Electoral Commission
NER	-	Net Enrolment Ratio
NGO	-	Non-Governmental Organizations
NHDR	-	National Human Development Report
NISR	-	National Institute of Statistics of Rwanda
ONE UN	-	One UN system
ORTPN	-	Office Rwandais du Tourisrme et des Parcs Nationaux (Rwandan Office for Tourism and National Parks)
OVC	-	Orphans and Vulnerable Children
PLWHA	-	People Living with HIV/AIDS
PMTCT	-	Prevention of Mother to Child Transmission
PNILP	-	Programme National Intégré de Lutte contre le Paludisme (National Malaria Control Program)
PNILT	-	Programme National Intégré de Lutte contre la Tuberculose et la Lèpre (National Program to Fight TB and Leprosy)
PRSP	-	Poverty Reduction Strategy Paper
PTB+	-	smear positive Pulmonary Tuberculosis
REMA	-	Rwanda Environment Management Authority
RGPH	-	Recensement Général de la Population et de l'Habitat (General Population and Housing Census)
RH	-	Reproductive Health
RRP+	-	Le Réseau Rwandais des Personnes Vivant avec le V.I.H. (Network of Rwandese Living with HIV)
RWF	-	Rwandan Franc
SSA	-	Sub-Sahara Africa
STI	-	Sexually Transmitted Infections
STDs	-	Sexually Transmitted Diseases
TB	-	Tuberculosis
TPM+	-	Positive Microscope Pulmonary Tuberculosis
TRAC	-	Treatment and Research AIDS Center
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 Testing
VUP	-	Vision 2020 Umumrenge
WB	-	World Bank
WFP	-	World Food Programme
WHO	-	World Health Organization

Acknowledgements

The process of developing the maiden Millennium Development Goals Report (MDGR) for Rwanda started in June 2006.

A broad range of stakeholders participated to ensure national ownership and relevance of the country report.

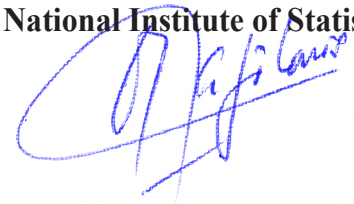
The individuals who participated in this process, and to whom due credit should be given, are too many to enumerate by name.

They are the men and women from government departments, civil society organizations and development partner institutions, who worked in the eight theme groups and members of the United Nations Task Force on the MDG Report.

Due recognition also goes to the facilitating team from UNDP-NISR coordinating the basic research towards the preparation of the document and pooled the various inputs into a coherent document.

The MDGR effort is as successful as it ultimately is because of able leadership from the National Institute of Statistics of Rwanda, the UN Resident Coordinator, and financial support from the UNDP Office and the overall support from the Ministry of Finance and Economic Planning.

Dr Ir Louis MUNYAKAZI
Director General
National Institute of Statistics of Rwanda



The MDGs represent a major step toward improving the effectiveness of national and international development efforts. They provide a way to measure progress in achieving a set of public goods essential to improving the welfare and cohesion of a society. Regular monitoring and reporting of development outcomes measured by the MDG targets require transparency and accountability among all development actors—on the part of state and its people and on the part of programme countries and development partners.

The summit of the 2002 UN Session was a landmark occasion that brought together an unprecedented number of nations to form a global consensus on the challenges facing humanity and, more importantly, on what needs to be done to overcome these challenges. The resulting Millennium Declaration, subsequently signed by all UN member states including Rwanda, says:

"We will spare no effort to free our fellow men, women and children from the abject and dehumanizing conditions of extreme poverty, to which more than a billion of them are currently subjected. We are committed to making the right to development a reality for everyone and to freeing the entire human race from want."

The finalization of this second report on Rwanda's national progress towards the Millennium Development Goals (MDGs) coincides with the mid-term of 2015 MDGs, the launching of second generation of poverty reduction strategy, the EDPRS, which will guide us towards a future of prosperity, harmony, peace and political stability.

The MDGs form a critical part of our nation's efforts to monitor progress towards the realization of this Vision. This report shows that since the last MDG country report in 2003, Rwanda has made great achievements; in providing education and healthcare, water and sanitation, and managing national economic and natural resources.

Nonetheless, many challenges remain in the fight against poverty, hunger and above all, in combating the HIV\AIDS pandemic. As this report fully documents, the greatest challenge in meeting the MDGs in Rwanda is to win the war against poverty.

The Vision 2020, the EDPRS therefore and the Millennium Declaration are built on the spirit of partnership. I call on all Rwandese, and on all partners to rally behind the country Vision, build on the existing excellent governance and make the dream of a peaceful and prosperous Rwanda tomorrow come a reality.

James MUSONI
Minister of Finance and Economic Planning

Preface

This is the second progress report on the Millennium Development Goals (MDGs) for Rwanda. The report recapitulates human development and poverty reduction as the overall development goals for the country.

This report sets out the national progress in achieving the eight MDGs based on national targets tailored to Rwanda's development circumstances.

It reflects our commitment to working towards achieving all the goals in order to eliminate world poverty, and to cooperate with other governments and international institutions as part of a broader global campaign.

The report highlights the progress made and the challenges faced in meeting the MDGs, which are directly linked to our Vision 2020.

These results will feed into the review of the Economic Development and Poverty Reduction Strategy (EDPRS) which are the strategic instruments that will take us towards further progress in achieving the objectives of Vision 2020 and the Millennium Declaration.

The findings of the report give ground for both concern and high optimism. Sustainable progress has been made in providing access to health care especially in the fight against malaria, education and other basic needs, as well as promoting sustainable development.

If we are to make continued progress towards the MDGs and beyond, we must succeed in turning the tide against poverty. It is our hope and conviction that with determination, political and social stability, and hard work, in addition to institutional good governance prevailing in Rwanda since the genocide, we can continue to build a prosperous and peaceful future for all Rwandese.

Lastly, I would like to acknowledge with thanks the support from government ministries, civil society organizations, the One UN and other development partners throughout the preparation of this report especially during the consultative meeting with senior government officials, and the validation workshop.

Moustapha Soumaré
UN Resident Coordinator /
UNDP Resident Representative

The special context of Rwanda in achieving the MDGs

Rwanda is a country that continues to defy the odds. Since the devastating 1994 genocide, and related conflicts of 1996 – 2000, the country has aligned to the rest of the world to achieve the Millennium Development Goals. In addition, the legacy and trauma of the genocide worsened many pre-existing complex socio-economic problems. The main preoccupation after the genocide and related conflicts was the stabilization of the country, the integration of returnees, and re-building of structures.

Starting from a very low base after the genocide and associated conflicts, the economy registered a significant recovery, with the real GDP growing at an-nual rate of over 10%. The economy then stabilized between 2001 and 2006, and growth declined to an annual rate of around 6.4%. Similarly, fiscal performance improved, with revenue increasing to around 13% of GDP in 2006, although the fiscal deficit increased to 6% of the GDP in 2006. The country has also registered a strong growth of exports, which averaged 12.5% per annum since 2001.

Rwanda has registered significant strides toward the attainment of the MDGs. Since the country's first national MDG report in 2003, more progress has been made toward the MDGs. For example, while the country was of course with regards to the hunger and maternal mortality targets in 2003, it is now on course on both indicators. Similarly, the country recently completed the Economic Development and Poverty Reduction Strategy (EDPRS) paper, the development framework for poverty reduction, the attainment of the MDGs, and realization of Rwanda Vision 2020. The country is thus solidly positioned from a policy and strategy perspective to scale even higher heights in the future, and bring development and better the lives of its citizen.

The maintenance of regional peace and stability is also very important to Rwanda. For this reason, the country continues to play a significant role in regional and continental peace-keeping programs. In addition, Rwanda continues to forge stronger economic ties with countries in the sub-region to bring prosperity and development to the area. Thus, the current national MDG report comes out at a most opportune moment for Rwanda to showcase the progress toward the MDGs, the challenges it faces, its policy responses, and expectations of its development partners. This report Rwanda once again reminds the rest of the world that although the country experienced severe and extreme hardships in 1994, a combination of the determination, mixed with sound policies, and visionary leadership is bringing out a sustainable justice, democracy, and economic growth toward the MDGs.

STATUS AT A GLANCE

MDG	VISION 2020 AND MDG INDICATORS	2000 BASELINE	TARGETS MDG 2015	LATEST VALUE (2005 &2006)
MDG 1: Eradicate extreme poverty and hunger	Poverty (% below national poverty line)	60.4	30.2	56.9
	Child malnutrition (% of under-5s underweight)	24.5	14.5	22.5
	Proportion (%) of the population below minimum level of dietary energy consumption	41.3	20.7	36.0
MDG 2 Achieve universal primary education	Literacy level (% of 15 - 24 year olds)	57.4	100.0	76.8
	Primary school net enrolment (%)	72.0	100.0	95.0
	Primary school completion rate (%)	22.0	100.0	51.7
	Gender gap in primary education (%)	0.0	0.0	0.0
MDG 3 Promote gender equality	Gender gap in literacy (%)	10.0	0.0	0.1
	Seats held by females in parliament (% of seats)		50.0	48.8
MDG 4 Reduce child mortality	Children immunised against measles (% of 11-23 month-old)		100.0	84
	Under 5 mortality rate (per 1,000 births)	196.0	50.0	152.0
	Infant mortality rate (per 1,000 births)	107.0	28.0	86.0
MDG 5 Improve maternal health	Maternal mortality rate (per 100,000 births)	1,071.0	268.0	750.0
	Births attended by skilled health personnel (% of births)			28.0
MDG 6 Combat AIDS, malaria and other diseases	HIV prevalence (%)	13.9		3.5
	Modern contraception (condom use) prevalence among 15 -24 year-olds (%)	4.0		39.0
	Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDs (%)			54.0
	Ratio of school attendance of orphans to school attendance of non-orphans			0.92
	Proportion of population with advance HIV infection with access to ARVs			
	Prevalence of Malaria (%)			2.4 to 4.9
	Specific mortality associated with malaria (%)	51.0		37.7
	Proportion of children under 5 sleeping under insecticide-treated bednets (%)			59.7
	Prevalence and death rates associated with tuberculosis (%)			6.0
	Proportion of tuberculosis cases detected and cured under directly-observed treatment short courses			
MDG 7 Ensure environmental sustainability	Forested land as percentage of land area (%)		25.0	
	Ratio of Area Protected to Maintain Biological Diversity to Surface Area (%)		10.0	12.0
	Proportion of the Population with Sustainable Access to an Improved Water Source (%)		82.0	64.0
	Proportion of the Population with Access to Improved Sanitation.			8.0
MDG 8 Develop a global partnership for development	Proportion of ODA to basic social services (basic education, primary health care, nutrition, safe water and sanitation);			
	Proportion of official bilateral HIPC debt cancelled			
	Debt Service as a Percentage of Exports of Goods and Services			10.6
	Telephone Lines and Cellular Subscribers per 100 Population			2.3
	Personal Computers in Use and Internet Users per 100 Population			0.6

Very likely to achieve goals | Likely to achieve goals | Unconclusive | Unlikely

Goal No 1

Eradicate Extreme Poverty and Hunger

Target 1

Reduce by half the population of people living on less than one dollar a day

Indicators:

- Proportion of Population Below $1 (purchasing power parity) per day;
- Poverty Gap Ratio, $1 per day;
- Share of Poorest Quintile in National Income or Consumption

Status and Trends.

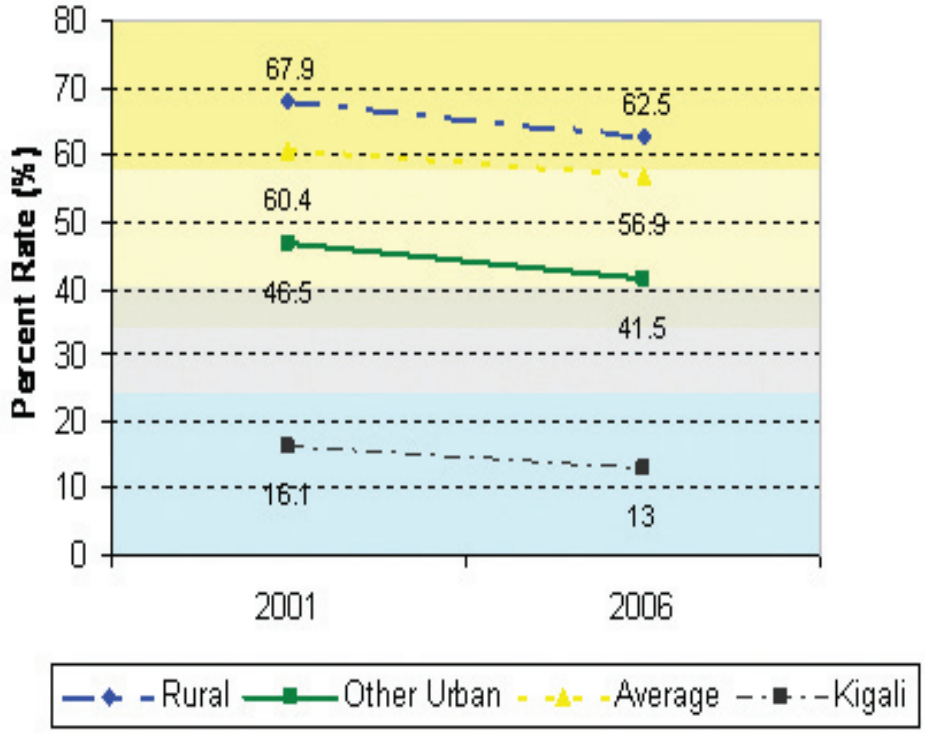
Status and Trends

Poverty line is based on some consumption aggregates used for poverty analysis such as expenditure on education, regular health expenses, lodging: rent and utilities, employer provided benefits in kind, non-food expenses, food purchases, consumption of own produced food, Transfers paid out, Other consumption expenses

Poverty in Rwanda is measured using a *poverty line* which represents the cost of an adult's basic needs: enough food to provide 2,500 calories per day, and some basic non-food items. While the poverty line was 175 Rwandan Francs (RWF) per day in January 2001 prices, it increased to RWF 250 per day in January 2006 prices. Any person who consumes less than this amount is classified as poor. Similarly, extreme poverty line covers food costs only, and varied from RWF 123 per day in 2001 to RWF 175 per day in 2006.

Poverty reduction is an important national development objective for Rwanda, and embodied in the MDGs, Vision 2020, and the EDPRS. At the national level the poverty rate defined as the proportion of the population identified as poor consistently decreased since 2001, from a national weighted average of 60.4% to a national weighted average of 56.9% in 2006 (Figure 1). From high poverty rates, the reduction were higher in rural (5.4%) and other urban (5.0%) than in Kigali (3.1%). It is important to recognise that, parallel to the above reduction, the population has grown rapidly at an estimated growth rate of 3% annually. The demographic and health survey indicated that on the average a Rwandese woman has 6.1 children. This implies that although the poverty rate decreased, the number of people living in poverty is estimated to have increased from around 4.8 million in 2001 to 5.4 million in 2006 (Table 1). This indicates that, even in light with the current significant progress in the fight against poverty, continuous effort for greater improvement of living conditions is required. Therefore the rate of reduction needs to be increased if the 2015 MDG targets are to be met. The poverty rate and the related reduction in poverty have not been spread evenly throughout the country. Poverty remains disproportionately a rural phenomenon. It is estimated that approximately 83% of the population live in rural area. The disparity is reflective of the relatively high level of inequality in the country, as measured by the *Gini coefficient*, which increased from 0.47 to 0.51 between 2001 and 2006. The largest reduction in poverty was in Eastern Province, where the poverty rate significantly dropped from 62% to 50% in the last five years. Northern Province and the Province of the City of Kigali have also seen some reduction in poverty, while the Western Province saw little change. In contrast, the poverty rate increased slightly in the Southern Province. In all Provinces there are local variations in poverty rates.

Figure 1: Changes in poverty rate in Rwanda



For those below the poverty line, it is desirable to evaluate how far below the line they are. The average distance below the line is a measure of the depth of poverty. In Rwanda, the average poor has a consumption level of 40% below the poverty line, which means that much has to be done to attain the poverty line threshold. In the City of Kigali and Eastern Province the depth of poverty is slightly less, while in Southern Province it is a little more.

An estimated 37% of people cannot afford basic food needs, even with zero spending on non-food items. As such they are extremely poor. However, this extreme poverty rate represents a significant decline from the 2001 rate of 41.3% (Table 2). The same table suggests a population increase Again, the high popu - lation growth rate means that the 0.19 million between 2001 and 2006. As expected, extreme poverty rates are much higher in rural than urban areas.

Vulnerable population such as women-headed and child-headed households are generally more at risk of being poor than other groups. Almost 25% of households are headed by women in 2006 and 0.7% of households are headed by children (Table 2). Declines in poverty rates are registered in households headed by women from 66% in 2001 to 60% in 2006. The drop of 6% represents 3 times the decline of males. Furthermore a remarkable 8% decline poverty is observed among widow-headed households. This suggests that not only the poli - cies aimed at addressing poverty in these vulnerable groups have been effective but they also must be reinforced and encouraged. Although the level of poverty in women-headed households is still higher than the national average of 57%, the decline in poverty in the last five years has been much better than in the population as a whole.

There is a big difference in the level of consumption of food and non-food by the poor and the wealthy in Rwanda. In 2001 the poorest 20% of the population consumed 5% while the wealthiest 20% spent 10 times as much, i.e. 54% of the total. In 2006 the wealthiest group had increased their share to 57% of the total while the share for the poorest people was unchanged. As a consequence, the wealthiest people are now spending nearly 12 times as much as the poorest.

Table 1: Poverty headcount (share of population and number)

	Poverty headcount (% of population)		Number of poor (millions)	
	2000/01	2005/06	2000/01	2005/06
Poor				
Kigali	16.1	13.0	0.11	**0.09**
Other urban	46.5	41.5	0.29	**0.36**
Rural	66.1	62.5	4.43	**4.93**
National	**60.4**	**56.9**	**4.82**	5.38
Extremely Poor				
Kigali	8.4	6.3	0.06	**0.04**
Other urban	28.5	25.3	0.18	**0.22**
Rural	45.7	40.9	3.06	**3.23**
National	41.3	36.9	3.30	3.49

The consumption pattern around different parts of the country gives another picture of the differences in equality. Nearly three-quarters of the population of Kigali is in the richest group, the wealthiest 20% of the population. In contrast the rural areas form a disproportionately large fraction of the poorest group of the population. Similarly, large differences at the level of the Provinces are observed. The proportion of people in the Southern and Western provinces that are in the poorest 20% of the population increased sharply over the period while the opposite is true in Eastern Province

Child-headed household is one that is headed by a person under the age of 21 years of age

Table 2: Population share and poverty rates (%) among vulnerable households

Household Type	2000/01		2005/06	
	% of Population	Poverty Rate (%)	% of Population	Poverty Rate (%)
Female-headed	27.6	**66.3**	23.8	**60.2**
Widow-headed	22.0	**67.7**	18.7	**59.9**
Child-headed	1.3	**60.1**	0.7	**56.9**
All Households	100	60.4	100	56.9

Challenges

Rwanda has made remarkable progress since the devastating genocide of 1994. The country is now one of the top performing countries in Africa, with the annual GDP growth increasing from 5.3% in 2004, to 7.2% in 2005. However, as indicated by the poverty rates, such stellar growth is yet to be fully translated to reduced poverty, because of a variety of reasons. A number of challenges have been identified for the attainment of the MDG targets.

Among these are:

- Low utilization of agriculture inputs such as fertilizers and seeds to increase productivity
- Control the current high population growth rate to a manageable level
- Reducing inequality across social, demographic, and gender divide
- Additional challenges are:

 Fear of taking risks, and lack of entrepreneurship among rural populations
 Lack of land, poor soils, and low agricultural productivity
 Massive soil erosion; 40% of the arable lands are too fragile for cultivation and more than 2/3 of the soil need protection measures
 Dependence on rain fed agriculture, even though Rwanda has enough water
 Insufficient financing of agriculture (the engine of the Rwandan economy) farmers have limited access to credit, and low investment in rural areas
 Inequalities between rural and urban areas.

Policy Environment

Rwanda recently articulated its poverty reduction strategy in its Economic Development and Poverty Reduction Strategy (EDPRs) paper. The EDPRS paper is a medium-term framework for achieving Rwanda's long term development aspirations embodied in Rwanda Vision 2020, as well as the five year Government of Rwanda (GoR) programme, and the MDGS. Toward this end, a number of targets, flagship programs, and complementary initiatives have been defined. The flagship programs help the prioritization of GoR actions to achieve the MDGs and Rwanda Vision 2020. In all, three flagship programs have been identified, namely:

- Growth for jobs and exports – a program to turn Rwanda into the most competitive business environment in the region, and build a strong private sector-led growth
- Vision 2020 Umurenge programme which is aimed at eradicating extreme poverty by 2020
- Governance program - seeks to improve governance in several areas, e.g. maintaining peace and security, and building strong external relations, and promoting unity and reconciliation among Rwandans

Priorities for Development Cooperation

The following are important priorities for development cooperation in the fight against poverty:

- Increase investment (especially investment in skills development, in infrastrcture and in agriculture) for equitable economic growth
- Increase agriculture productivity and ensure food security
- Provide all necessary inputs (e.g. fertilizers, seeds) to increase agricultural productivity
- Strengthen and emphasize family planning in the fight against poverty
- Promote demand driven participatory research
- Establish and equip regional research centres with appropriate technology
- Disseminate appropriate technologies

Target 2

Between 1990 and 2015 halve the proportion of people who suffer from hunger

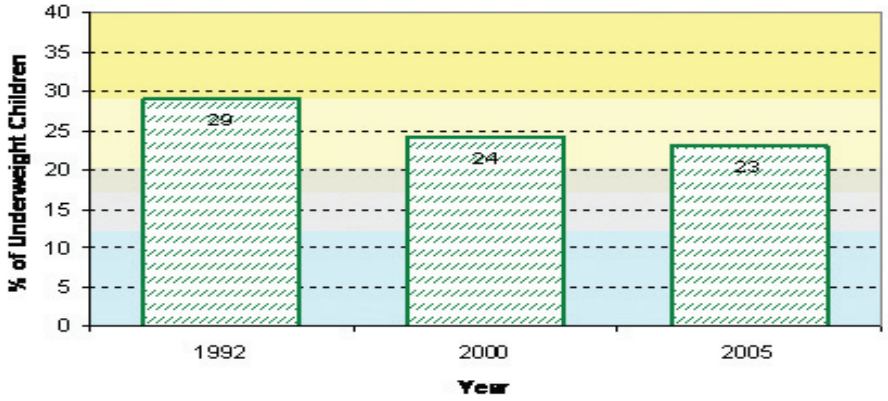
Indicators:

- Prevalence of Underweight Children Under Five Years of Age
- Proportion of the Population below Minimum Level of Dietary Energy Consumption

Status and Trends

The proportion of people who suffer from hunger is measured by two indicators, namely, the prevalence of underweight children under five years of age, and the proportion of the population below the minimum level of dietary energy consumption. Although the proportion of underweight children declined from 29% in 1992 to 24% in 2000, the proportion in 2005 was, at 22.5%, nearly the same as it was five years earlier (Figure 2). This means that malnutrition of children under five continues to present challenges. Furthermore, a rural-urban divide persists, with rural and urban areas having underweight rates of 23.5%, and 16.2%, respectively. Other important factors that affected underweight rates include the level of education of mothers, and income level. The percentage of underweight children was greater for the poor and the least educated mothers.

Figure 2: Percentage of under weight under five children (1992-2005)



Most of Rwanda is dependent on rainfed agriculture, and hence, the proportion of undernourished people is equally weather-dependent. Despite this, the percentage of the national food requirement satisfied by domestic food production increased from 63% in 1990 to 84% in 2002. Similarly, the incidence of consumption poverty, measured by the extreme poverty line, has fallen since 2001. The extreme poverty line represents the level of expenditure needed to provide minimum food requirements of 2,500 kcal per adult per day. Current trend in consumption poverty shows a significant decrease from 41.3% in 2001 to 36.9% in 2006. The decrease is higher in rural area (44% between the two periods).

According to the 2006 Comprehensive Food Security and Vulnerability (CFSVA), 52% of households are food insecure or vulnerable. Food insecurity is found across the country but tends to be concentrated in Western and Southern Provinces. It is highest among agricultural labourers, those with 'marginal livelihoods' and female-headed households. The conclusion is not generalizable as the CFSVA was conducted during a drought, and therefore have overestimated food insecurity. The general poverty reduction framework developed by the GoR, including broad economic development, micro-credit and strengthening of the health and education sectors, was identified as crucial for reducing food insecurity and poverty.

Challenges

The major challenges in the fight against hunger are:

- Increasing income of poor people
- Increasing agricultural production and productivity
- Improving child nutrition
- Improving the status and education of women
  (The GoR has implemented a number of policies and initiatives against hunger)
- Increasing awareness of the importance of nutrition and child care
- Promotion of food storage systems around the country
- Promotion of high value nutrition products and processing
  (soya beans, sorghum, maize, and dairy products)

Priorities for Development Cooperation

The priorities for development cooperation in the fight against hunger are:

- Address the problem in a concerted holistic manner across key sectors
  (agriculture, health, education, water and sanitation, environment, etc.)
- Help develop information systems to collect reliable data and identify food insecure and vulnerable groups as well as setting up a comprehensive national initiative of food and nutrition surveillance system.
- Establish an Early Warning System to forecast adverse climatic conditions, and address their effects
- Support investment in small agri-businesses through enhanced agricultural research and support services
- Reinforce the capacity of communities to provide basic social services that support, care for, 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

- Invest in sanitation, improved water quality, and food safety
- Implement appropriate and effective population and development programmes

Goal No 2

Achieve Universal Basic Education

Target 3

Ensure that all boys and girls complete a full course of primary schooling

Indicators

- Net Enrolment Ratio in Primary Education
- Proportion of Pupils Starting Grade 1 Who Reach Grade 6
- Literacy Rate of 15-24 year-olds

Status and Trends

Rwanda is continuing to increase access to primary education for children of schooling-going age by providing free and mandatory primary education for all children, and by sensitization campaigns for parents to send their children to school. In addition, the number of primary schools increased from 2,203 in 2003 to 2,323 in 2006, an increase of 120 schools over a 4-year period.

Similarly, the number of classrooms increased from 28,822 to 30,433. The number of teachers is currently estimated at 37,500 in 2007, up from 27,319 in 2003; representing a 11.4% increase over the four years.

Primary school enrolment increased from 1,636,563 pupils in 2003 to 2,019,991 pupils in 2006. This represents more than 7% annual increase in primary school enrolement.

The net enrolment ratio (NER) in primary education has improved in past 4 years, from 87% in 2003 to 95% in 2006, representing an 8 % increase over the period under consideration. *This figure (95%) is higher than 86% NER derived from Household Living Condition Survey of the same year.*

NER is the the ratio between pupils aged 7-12 years enrolled in primary school and the population of school age

Figure 3 shows that the NER is consistently higher for girls than for boys. The current NER of 95% at the primary level shows that Rwanda has already reached in 2006 the 2012 objective of a 94% NER, as set in the MDG. This value is very close to the 2010 target of 100% set by the Government of Rwanda, and the MDG target for 2015. If the current trend continues, universal primary education will be achieved within a year or two.

Completion rate defined as the ratio between the population of newly-registered pupils in the sixth year of primary school and the population of 12-year olds, increased between 2001, and 2006 from 24.2% to reach 51.7% (Figure 4).

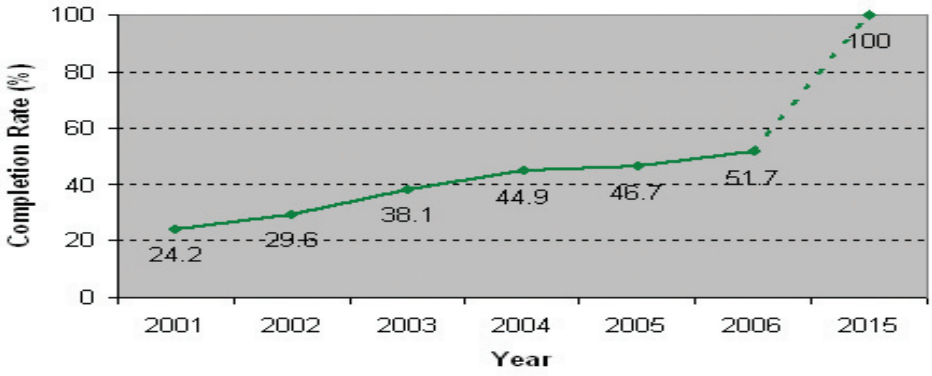
The 2006 completion rate is greater than the GoR target of 42% for 2006, indicating that the country is on track toward its MDGs. On the other hand, drop outs and repeat rates are a concern that needs to be addressed to ensure a continued improvement in the primary education system especially given the adverse effects that a high drop out rate has on adult literacy rates.

Table 3: Net Enrolment Ratios (NER) 2003-2006

	2003	2004	2005	2006
Boys	85.8	90.5	91.1	92.9
Girls	87.8	93.7	93.7	97
Total	86.8	92.1	92.4	95

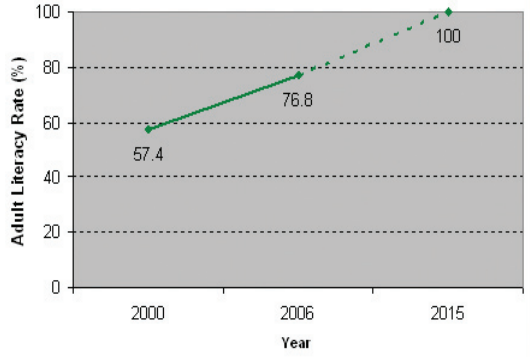
Increasing the adult literacy rate is an important development objective, both in terms of the MDGs, the EDPRS, and Rwanda Vision 2020. The literacy rate of young adults aged 15-24 years increased from 57.4% in 2000, to 76.8% in 2006; an increase of 19 % in five years (Figure 5). Furthermore, men and women have practically the same level of literacy: 76.9% for men Vs. 76.8% for women.

Figure 3: Completion rate (%) 2001 and 2006



Rwanda continues to make impressive progress toward its "*Education for All*" objectives in the provision of adequate education for all, with a high literacy rate characterized by zero gender gap. If present trends continue, the government objective of a literacy rate of 78% among the young adults aged 15-24 years in 2006 is reached between 2009 and 2010. Hence, the country is on solid course to achieving the MDG target for adult literacy rate.

Figure 4: Adult literacy rates (15-24 year)



Challenges

Not withstanding the efforts of the GoR in providing education for all, the education system should address the following challenges:

- Improving access to school by cancelling or substantially reducing all expenses households related to the education of poor children (expenses for school manuals, the cost of the uniform, contributions of parents, etc.)
- Sensitizing parents to send their children to school
- Improving the quality of the education (by improving infrastructure)

- Reducing the number of children in classes
- Reducing drop outs and repeat rates
- Improving the non-formal education system
- Improving the living conditions, and addressing the shortage (quantitatively and qualitatively) of teachers
- Rehabilitating destroyed or defective infrastructure in some parts of the country (including the replacement of furniture, equipment and educational materials destroyed during the war and genocide);
- Providing adequate supplies of textbooks and relevant educational material in schools
- Improving internal efficiency (rate of failure, repetition, drop out and insufficiently developed systems to recoup those who are excluded)
- Improving external efficiency (poor performance of leavers)
- Increasing the budget for education of which the majority is absorbed by salaries, and managing changing donor support as Rwanda moves out of emergency into development and building its capacity to meet the norms of planning.

Policy Environment

The GoR has formulated a variety of education policies such as:

- Extending the provision of Early Childhood Care and Development
- Providing quality education on an equitable basis to all Rwandese
- Maintaining regular inspection of all institutions and personnel
- Ensuring effective decentralization, community ownership and participation in education provision
- Developing, monitoring, and reviewing of an outcome-oriented and streamlined Basic Education curriculum
- Providing life-skills awareness programs for all educators, communities and pupils
- Promoting practical and entrepreneurial skills at all levels of the basic education system, including vocational training for out-of-school girls and boys, men and women.

Priorities for Development Cooperation

The priorities for development cooperation toward the attainment of the education and literacy MDGs in Rwanda are to:

- Improve access to school by providing budgetary support for subsidizing the education of poor children
- Increase sensitization programs to encourage parents to send their children to school
- Improve the quality of the education (infrastructure, enough teachers, in service training of teachers, improvement of teaching programmes)
- Reduce drop outs and repeat rates
- Improve the non-formal education system
- Improve the living conditions of the teachers
- Provide an adequate supply of textbooks and relevant educational materials in schools.

Goal No 3

Promote Gender Equality and Empower Women

Target 4

Eliminate gender disparity in primary and secondary education preferably by 2005, and at all levels by 2015

Indicators:

- Ratio of Girls to Boys in Primary Education
- Ratio of Literate Women to Men 15-24 years old
- Proportion of Seats Held by Women in National Parliaments
- Share of Women in Wage Employment in the Non-Agricultural Sector

Status and Trends

Rwanda's approach to achieving gender equality and women's empowerment is based on three major pillars: a) established political will and support; b) appropriate mechanisms within government and society at large; and c) existence of a strong autonomous women's movement/NGOs.

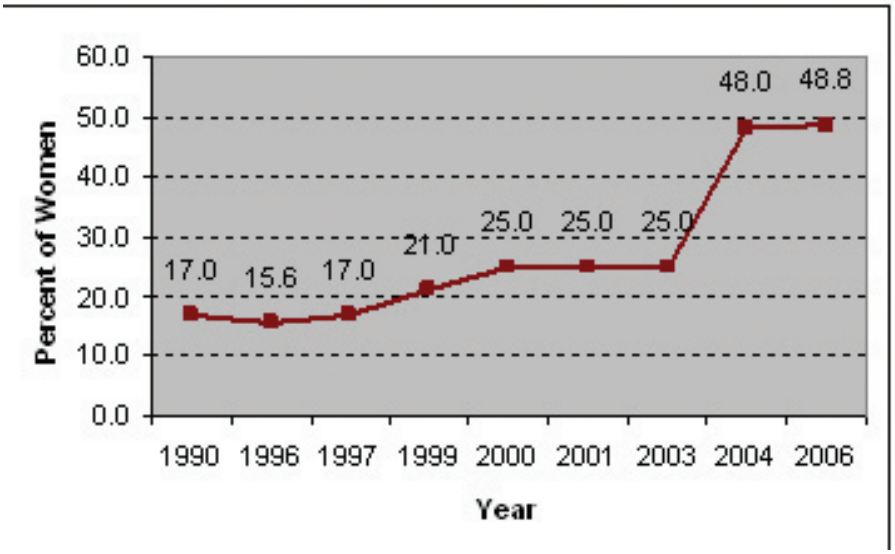
Rwanda achieved female and male enrolment parity at the primary level since 2000, meaning that this MDG target has been met 15 years ahead of schedule. As a result of universal access to education, female gross enrolment rate at primary school level has now exceeded male enrolment. Indeed, there are consistently more female than male pupils at almost all stages.

"The United Nations Development Programme commends the efforts by the Government of Rwanda on gender equality and the promotion of women, as its leadership in this field is exemplary. ... The Millennium Development Goals can only be achieved through an equal distribution of benefits and responsibilities between men and women. A genuine commitment to gender equality is needed from the leaders of every country to make development for all possible. The Government of Rwanda has clearly understood this reality" - Moustapha Soumaré, UNDP Resident Representative Rwanda 2007

The literacy rate of the 15 - 24 year age group is a core MDG indicator that is used as a proxy for the effectiveness of primary education, and socio-economic progress. With regards to the 15-24 years age group, gender parity in literacy rate has, as of today, practically been achieved. In 2005, the literacy rate of 15-24 year old females was 76.8%, compared to a literacy rate of 76.9% for males in the same age group. Despite having achieved parity at primary school level, the economic and social constraints have contributed to drop-out and low enrolment by girls at upper secondary and higher levels of education. The increased number of government and private tertiary institutions, technical schools, and universities has increased the access of women to university education.

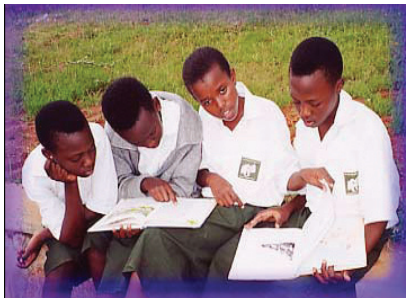
The GoR has made gender parity in the legislature a top priority. Thus, the government set a target of women constituting at least 30% of representatives in the 2003 Parliamentary elections, in line with the provisions of the 2003 Constitution of Rwanda. Consequently, the Lower Chamber of Parliament now has thirty nine women (48.8% of the total number of deputies), and nine women (34.6% of the total number) serve in the Upper Chamber of Parliament (Figure 6). In the same vein, women's participation in local governments improved dramatically from 28.0% in 2003 to 40.2% in 2006. Although technical offices continue to suffer gender imbalance, the political positions have seen a great number of women. In both Advisory council and council committees women have surpassed 30% and in a few areas women are more than men.

Figure 5: Proportion of women representatives in Parliament



The number of women in politics and decision-making is growing at a commendable rate in Rwanda. Not only in Parliament, but also in other areas of leadership, the GoR has attained the constitutional requirement of 30% allocation for women at all decision-making levels. This can be portrayed by the number of women in both the Executive and in most positions of the Judiciary . These figures indicate that Rwanda is making significant progress toward attaining the MDG target on gender parity in the legislature, and is on top of other countries in terms of promoting women in the legislative branch. Given that the next elections are scheduled for 2008, there is a distinct possibility that Rwanda will achieve this MDG target well ahead of schedule.

Although women in the paid labor force in Rwanda primarily work in agriculture and the informal sectors, female employment rate in Rwanda is slowly increasing, with the growing recognition of the central role women play in economic and social development. Thus, the proportion of women employed in the non-agricultural sector has shown significant improvements in the past few years. Although the proportion of professional positions occupied by women remained constant at 1.5% between 2001 and 2006, their proportion in commercial and sales positions increased from 2.3% to 5.4% in the same period. These numbers are not very high, but encouraging, even if the MDG target for gender parity will most likely not be achieved. Furthermore, there is still a lot a do because disparities persist in career development, employment status, pay, and the fact that women are severely constrained by the limited change in the gender division of labor in the household.



The issue of gender parity has profound effects on other MDGs. For example, the unequal participation in the labor force has contributed to the feminization of poverty. A significant number of women in Rwanda who are employed in the non farm jobs continue to be employed in “female” jobs that pay lower wages and require a lower level of skills. Gender inequity also has effects on educational attainment, as well as health. Thus, women are not only more vulnerable to contracting HIV/AIDS, they also bear a disproportionate share of the burden of having HIV/AIDS.

Challenges

Rwanda has made impressive strides toward the attainment of the gender parity MDGs. The gains made in the areas of female representation in the legislature, as well as in gender parity in enrolment, literacy rates, and employment in the non-agriculture sector are all testimony to the efforts being made toward these ends. However, there persist a number of challenges which can delay, or even derail, the achievement of the MDGs.

Among these challenges are:

- Lack of gender disaggregated data. Gender disaggregated data is needed to ensure effective implementation of policies and programs that benefit women and men

- Formulation of sector policies on gender parity.All sectors should formulate and implement policies to address the empowerment of women.

- Sensitizing leaders about gender equity. The challenge is how to make all leaders gender knowledgeable and sensitive to be able to articulate issues that impact on women's lives.

- Poverty, and its effects. The feminization of poverty, education costs and special girls' needs, lack of carrier guidance, and traditional gender roles in families and communities are barriers to achieving universal basic education. These factors affects the most poor and rural communities.

- Traditional perceptions about gender parity. The perceived traditional roles of men and women have affected the process of gender equality in education.

- Teachers lack gender training. Teachers often cannot address gender issues that cause many female students to drop-out. They should thus be trained on gender issues, both during training at college/university and in continuing education programs when they join the teaching profession.

- Achieving gender parity in the private sector. Despite these positive trends in participation by women in decision-making, there is still gender imbalance in the top echelons of the private sector and in the labor market

- Unfriendly work environment for women. The working environment is still unfriendly to women both in terms of work, and social context due to gender stereotype and patriarchal structures. Women leaders and professionals still have traditional roles, and have to meet work/professional expectations.

Policy Environment

The GoR has demonstrated a commitment to the attainment of achieving gender parity, as illustrated by:

- Adoption of a universal basic education policy that addressed one of the major obstacles hindering girls from attending school where parents

preferred boys' to girls' education in case they could not afford education for all their children.

• Putting in place special programs for girl's education. This program has enormously contributed to the great increase of girls in primary and secondary schools.

• Improving and increasing the space for CSO, especially women's organizations, participation in efforts to promote gender parity.

• Formulation of National Gender Policy (2004) that highlights key intervention areas for all sectors.

• Legal and constitutional guarantees for women's rights

Priorities for Development Cooperation.

There is need to consolidate and improve upon the enormous progress Rwanda has made toward gender parity MDG targets. In view of resource, capacity, and various other constraints, there is need for the development partners to continue to support Rwanda achieve gender parity by, for example, mitigating the impact of the many challenges highlighted above. In particular, development cooperation should be in the following areas:

• Collection of gender disaggregated data for better decision-making, as well as planning, monitoring and evaluation
• Sensitize leaders and the public in general about gender equity
• Provide gender training to teachers and other stakeholders
• Promote the achievement of gender parity in the private sector
• Capacity building for women leaders especially at local government level
• Provide gender and women studies at high levels of education.

Goal No 4

Reduce Child Mortality

Target 5

Reduce by two thirds the mortality rate among children under five

Indicators:

- Under-Five Mortality Rate
- Infant Mortality Rate
- Proportion of 1 year-old Children Immunised Against Measles

Status and Trends

Since the tragic genocide of 1994, the GoR remains committed to putting in place efficient measures to reduce *under-five child mortality rate* (U5MR). Although infant mortality has declined since 1980, the 1994 genocide complicated the situation such that the country can experience difficulty in reaching the infant mortality MDG target by 2015. Changes in U5MR since 1975-80, and projections to 2015 are as shown in Figure 7.

A 22.4% reduction in U5MR was achieved between 2000 and 2005. At an estimated rate of decrease of 6 per thousand a year since 1994, the U5MR target will likely be reached on or slightly before 2015.

Infant mortality rate increased from 85 deaths per 1,000 live births in 1992 to 107 deaths per 1,000 live births in 2000 (Figure 8). This increase, however, is mostly due to the terrible tragedy of 1994 and its aftermath. By 2005, the situation had improved, and the infant mortality rate dropped to 86 deaths per 1,000 live births a level equivalent to that ot 1992. It is quite likely that a combination of antinatal and postnatal care, improved family planning may lead to a near-miss of the MDG target of 28 deaths for 1,000 live births.

Over 84% of children between 11 and 23 months of age received vaccination against measles in 2005 (Figure 9). Although this is an impressive coverage rate, it represents a decline from previous rates, due in large part to a combination of population growth (3% annually), and the negative effects of conflict on health care delivery. The present coverage is high enough that Rwanda should be able to bounce back upwards to achieve 100% coverage by 2012. To reach these objectives, it is imperative that priority be given to effective mobilization and organizing immunization campaigns to vaccinate every child against the disease.

Figure 6: Under 5 Mortality Rates

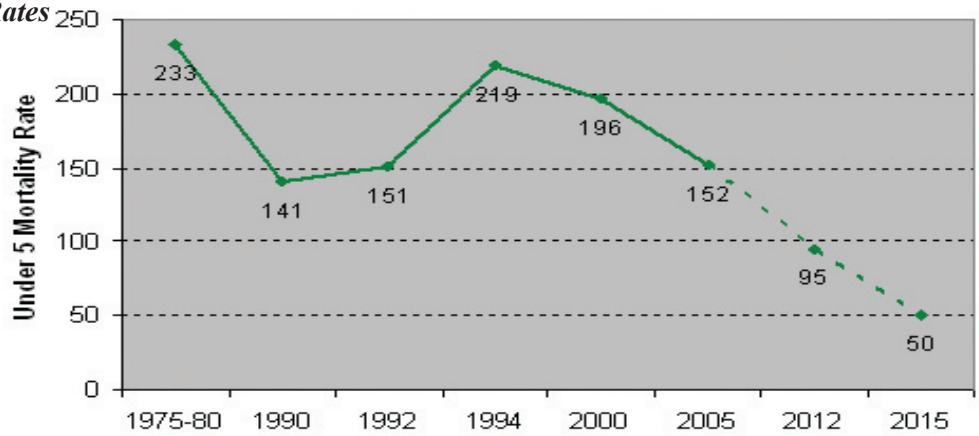


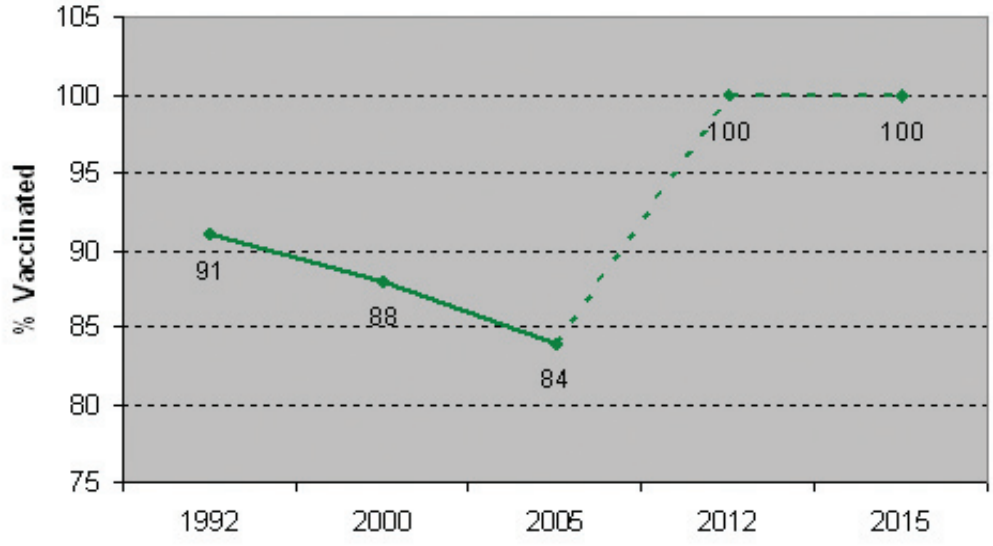
Figure 7: Infant Mortality Rates

Challenges

The main challenges in efforts to reduce child mortality are:

- Strengthening strategies for reducing poverty, especially by increasing equitable access of rural populations to healthy food
- Reducing population growth rate to levels that will enable the country meet the MDG targets and Vision 2020 goals
- Increasing public awareness about the importance of health insurance
- Providing child health services to communities
- Lack of completeness of the basic child health care package
- Reducing population growth rate by increasing family planning uptake
- Limited human resource capacity for child health services delivery

Figure 8: Percentage of children (11 – 23 months) vaccinated against measles



Policy Environment

Rwanda is working towards reducing child mortality. To this end, the Ministry of Health has put in place various policies and strategies. Among these are:

- Creating a special child health unit at the Ministry of Health
- Initiating a National Malaria Control program (PNILP), creating an HIV/AIDS research center (TRAC), and CNLS, the national agency leading the fight against HIV/AIDS in the country
- Initiating a community-based nutrition program so health officials can monitor the nutritional status of children
- Free distribution of insecticide-treated nets to children under five during measles mass campaign vaccination and routine vaccination in integrated EPI programs
- Integrating HIV/AIDS and PMTCT care and treatment programs in all health centers
- Starting a public awareness program about hygiene
- Setting up a community service for the IMCI-C (Integrated Management of Childhood illness) program
- Sensitizing the rural population to join to health insurance programs
- Developing a school children de-worming program
- Sustain and improve high coverage of immunization by outreach programs
- Developing performance-based financing (PBF)/Imihigo
- Community health insurance schemes (mutuelle)
- Scaling up paediatric HIV/AIDS care and treatment
- Providing home-based care, and indoor residual spraying (IRS) to control malaria
- Tailoring, orienting, and increasing donor funding for MDGs
- Decentralizing and community involvement Priorities for Development Cooperation

Priorities for Development Cooperation

- Improve community healt care
- Develop strategies for reducing poverty in the context of reproductive health policies
- Develop a monitoring and evaluation system for all child health indicators
- Strengthen the institutional capacities of the Ministry of Health (MOH) and other agencies with responsibility for health
- Support 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.
- Provide adequate funding and support to primary health care (PHC) and service delivery, especially with regards to community-based PHC services

Goal No 5

Improve Maternal Health

Target 6

Reduce by three quarters the maternal mortality ratio

Indicators:

- Maternal Mortality Ratio
- Proportion of Births Attended by Skilled Health Personnel Status and Trends

Improved maternal health can reduce the risks and complications that occur during delivery or that can take human lives. For this reason, a major MDG target is to improve maternal health by reducing the *maternal mortality rate* (MMR), i.e. the number of maternal deaths per 100,000 live births.

Specifically, the aim is to reduce the MMR by three quarters, from 611 per 100,000 live births in 1990 to 153 in 2015. MMRs increased from 500 in 1992 to 1,071 in 2000 as a consequence of the 1994 genocide (Figure 10). By 2005 however, the MMR declined to 750 per 100,000 live births a reduction of nearly 30%.

This reduction in MMR is in line with, and a direct result of the general decline in adult mortality. Assuming current trends continue, it is likely that the MDG-MMR target will be met by 2015.

Another important MDG indicator with regards to maternal health is the proportion of births attended by skilled attendants. On this score, Rwanda is making good progress given the current increase of assisted mothers during delivery from 26% in 1992 to 39% in 2005. Similarly, there has been a slight increase in birth delivery at the health facilities from 25% in 1992 to 28% in 2005 (Table 3) . In light of the above results, progress toward the target on the proportion of births attended by a trained attendant is not yet fast enough to ensure that the target will be met in 2015.

Factors affecting the likelihood of a woman being assisted by a trained attendant during delivery are education, the number of prior deliveries, and wealth. The percentage of mothers assisted during delivery is inversely proportional to their level of education and the rank of the birth. Similarly, the greater the number of prior deliveries a woman had, the less likely she seeks antenatal care. However, this tendency was countered by a sensitization campaign which helped reduce the percentage of women with six births or over who did not receive antenatal care to drop from 8.1% in 2000 to 6.7% in 2005.

The percentage of mothers that did not use ANC services declined from 7.1% in 2000 to 5.4% in 2005, while those that received more than four ANC visits, as recommended by the WHO, increased by 3%. However, there is a prevalent rural-urban divide in the number of ANC visits. The proportion of women making four ANC visits is 18% in urban areas and 13% in rural areas.

Figure 9: Maternal Mortality Rates 1990-2005

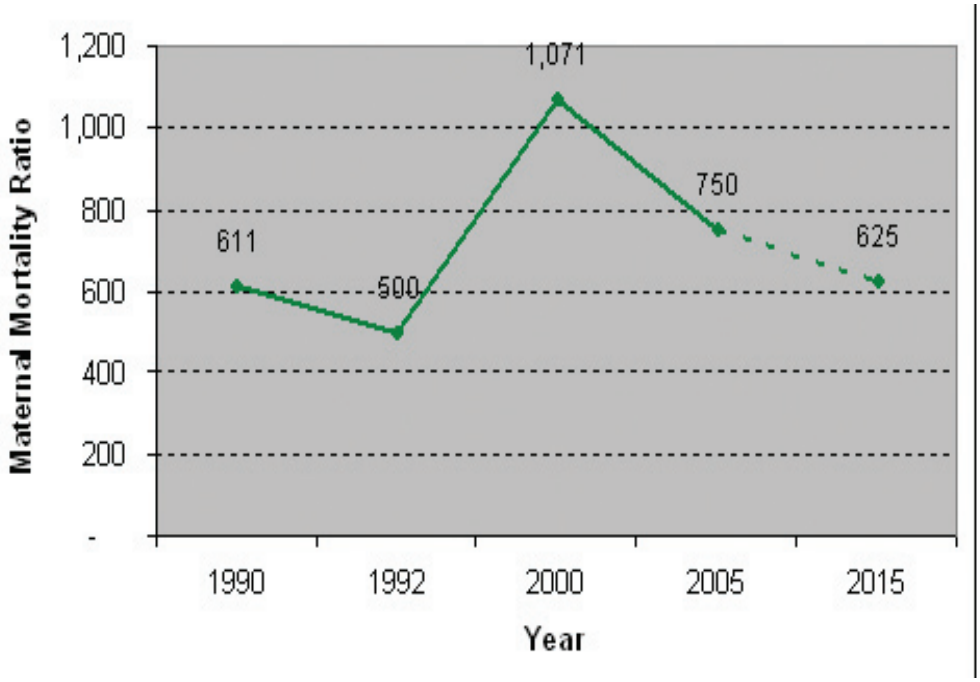


Table 4: Percent of women receiving assistance at birth and births at health facilities

	YEAR		
	1992	2000	2005
Births at health facilities (%)	25	27	28
Assistance during delivery (%)	26	31	39

Wealth has significant effects on the likelihood of having attended births. Some 66% of the wealthiest quintile of women interviewed were attended to during birth compared to 40% for the fourth wealthiest quintile, and only 27% for the poorest quintile. This finding shows the strong inter-relationships between the MDGs with poverty (Goal 1) playing an important part in maternal health (Goal 5).

Challenges

The major challenges in meeting and maintaining the MDG targets on maternal health are as follows:

- Reducing a number of women who deliver at home
- Reducing and stabilizing the birth rate which remains a threat to sustainable development
- Encouraging pre-natal and post-natal consultation services
- Providing health services to all
- Increasing the number of skilled birth attendants, as well as nurses and mid-wives
- Increasing prenatal services and visits (at least 4 visits)
- Poor health services access and utilization
- Integrating maternal health services at the facility and program level
- Shortage of midwives
- Disparity between urban and rural areas in their health professional to patient ratio

Policy Environment

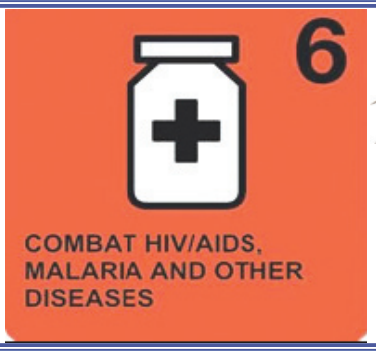
The GoR has developed a number of policies aimed at improving maternal health. Among these policies are:

- Increasing the number of doctors and nurses to improve health services, and provide health professionals to rural areas and the poorer areas of the country. The number of people per doctor was reduced from about 67,000 to 50,000 between 1998, and 2005, respectively. Similarly, the number of people per nurse was decreased from 9,500 in 1998 to 3,900 in 2005.
- Adapting and updating a human resources development plan
- Providing incentives to encourage health professional at work
- Increasing the financial support of the community-based health insurance scheme. For this reason, the enrolment rate in the health care mutual fund program has increased from 7% in 2003, to 73% in 2006
- Improving access to health care by reducing the cost of services for the poor
- Distributing information on health services at community level.

Priorities for Development Cooperation

- Strengthen national policies on health by decentralizing and enhancing aid coordination, and increasing budget allocated to the health sector
- Decentralize the treatment of, and care for people living with HIV/AIDS, and malaria
- Improve the management information system to improve the capacity of collecting and analyzing data in health sector
- Sensitize mothers about the necessity and benefits of antenatal and postnatal care
- Establish a Maternal Health Unit at the Ministry of Health
- Sustain and improve high attendance of ANC services
- Increase focalised ANCS with integrated package to prevent Malaria in pregnancy: IPT, subsidized ITNs, Mebendazole for deworming and iron folic
- Strengthen community-based interventions (e.g. nutrition programs), and increase the number of community-based health workers
- Strengthen the Performance Based Financing (PBF)/Imihigo
- Expand the community health insurance schemes (mutuelle)
- Scale up pediatric HIV/AIDS care and treatment
- Tailor and increase donor funding toward the attainment of the MDGs
- Increase decentralization and community involvement in providing maternal health services
- Involve women associations in reproductive health and family planning programs

Goal No 6



Combat HIV/AIDS, Malaria and other Diseases

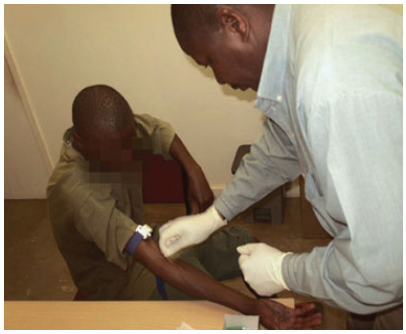
Target 7 A

Halt and begin to reverse the spread of HIV/AIDS

Indicators:

- HIV prevalence among population aged 15 - 24 years
- Condom use at last high-risk sex
- Proportion of population aged 15 - 24 years with comprehensive correct knowledge of HIV/AIDS
- Contraceptive prevalence rate among 15-24 year olds
- Ratio of school attendance of orphans to school attendance of non-orphans aged 10 - 14 years

Status and Trends



In 1988, Rwanda established a HIV surveillance system specifically designed for women receiving antenatal consultation and care (ANC). Every year, a great deal of information is collected from such a surveillance system. The prevalence rates of HIV/AIDS among women of 15-24 years of age were high in the early stage of the surveillance but have since stabilized around 4.2%. It was estimated at 4.6% in 2002, 4.5% in 2003, and 3.5% in 2005. The ANC rates are known to be slightly higher than those observed in the general population. The country average HIV prevalence rate is around 3.0% but is much lower (2.1%) in the same age group. In addition, a comparison with estimated values in the other age groups, the prevalence of 15-24 years of age is the lowest of all. The decrease in prevalence rates between 2002 and 2005 is due to a number of factors among them a strong and relentless campaign on HIV prevention by various organizations specifically geared to young adults around the country. This campaign coupled with the increase in the number of people under ARV treatment and centers of treatment can jointly decrease the overall prevalence of HIV. However, the HIV prevalence within the 15-24 year olds should be measured as such but supplemented by an actual measure the incidence rate (new cases) instead of using the former (prevalence) as a proxy for the latter (incidence).

Table 5. Prevalence rates from HIV Surveillance System

Year	2000	2002	2003	2005
Rate	13.9	4.6	4.5	3.5

A survey of young women revealed that 5% had sexual intercourse during 12 months prior to being interviewed. Among them, 25% used condoms during their sexual intercourse. Among the single young men of 15-24 years of age, nearly 9% declared having had sexual intercourse during the last 12 months preceding the survey, 39% of them having used condom during the same period. In the absence of data on previous condom use rates in this age group, it is too early to tell whether or not the MDG target on condom use will be met. Young people of 15-24 years of age represent more than 20% of the population of Rwanda, and 70% of them live in rural areas. Almost 51% of single young girls of 15-24 years of age have enough knowledge of HIV/AIDS prevention and its means of transmission, compared with 53.6% of boys of the same age group.

With regards to knowledge of HIV/AIDS prevention, there are significant differences between rural and urban settings. In rural areas, 63.3% of girls know how HIV/AIDS can be prevented and how it is transmitted whereas such knowledge is limited to 48.1% for girls in rural areas. Data for boys showed similar disparities between rural and urban areas. Data for boys showed similar disparities between rural abd urban areas.

Access by orphans and vulnerable children (OVC) to education is an essential service given that the school attendance for children of 10-14 years of age is influenced by the survival of the parents. In particular, only 82% of the OVC are enrolled, against 89% of non OVC. The ratio OVC/non OVC enrolment is 0.92 which means that the orphans and the OVC are at a relative disadvantage in attending school compared to other children. However, the ratio is high enough that in all likelihood, Rwanda might meet the MDG target.

Challenges

The challenges in the fight against HIV/AIDS are:

- Low VCT of men with multiple partners
- Cultural constraints to communication between parents and children about sexuality
- Low coverage of VCT and PMTCT services
- Low use of HIV/AIDS services by youths
- Low participation by men in PMTCT/VCT services
- Poor Integration of HIV/AIDS services in Health services provision
- Lack of youth-friendly services/approaches
- Low Peer educator services

Policy Environment

Rwanda has demonstrated a political willingness in the fight against HIV/AIDS by:

- Creating the National Committee to Fight AIDS (CNLS), and district's committees to fight against AIDS
- Developing a multi-sectoral approach on HIV/AIDS and the national strategic plan on the prevention of HIV/AIDS for 2005-2009
- Initiating HIV/AIDS prevention programs in all public institutions and agencies
- The promotion of HIV/AIDS prevention by the Private Sector Federation of Rwanda (FRSP) in partnership with the Association of Private and Parastatal in the Fight Against AIDS (APELAS)
- Allowing the participation of PLWHAs (e.g. Rwanda Network of People Living with HIV/AIDS (RRP+)) in the fight against HIV/AIDS at the community level.
- Developing policies for HIV prevention in work places
- Strengthening of the coordination of the fight against, creating the Treatment and Research on AIDS Center (TRAC).

Priorities for Development Cooperation

The following are priority areas for cooperation between Rwanda and her development partners:

- Interventions with female prostitutes and their male clients must be made on a wide scale, if the number of the persons infected with HIV is to be reduced
- Strengthen information, education and communication programs for changing risky sexual behaviour, especially among young people
- Strengthen the participation of the community, including orphans and the vulnerable, and PLWHAs in the prevention and the treatment of HIV/AIDS
- Increase the VCT centers and encourage voluntary testing
- Promote the ABC (abstinence, be faithful, and condoms) strategy for fighting HIV/AIDS
- Increase the access to and distribution of condoms
- Strengthen reproductive health education programs for youths
- Increase the number of people who know their HIV status
- Increase the knowledge of health personnel about reducing sexually transmitted infections (STI) and HIV/AIDS
- Promote the precautions that can be used in health establishments to prevent HIV/AIDS
- Promote early testing for STIs
- Promote safety measures in blood transfusions
- Reduce HIV infections by use of prophylactic medicines
- Encourage breastfeeding mothers and their partners to use the PMTCT services, and increase the accessibility of high quality PMTCT services
- Provide prophylactic medication to rape victims, and health workers that have been accidentally exposed
- Strengthen the HIV/AIDS surveillance measures
- Guarantee quality HIV/AIDS services
- Strengthen the culture of research on HIV/AIDS
- Increase the number of sites offering HIV/AIDS treatment and care services

Target 7 B

Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it

Indicator:

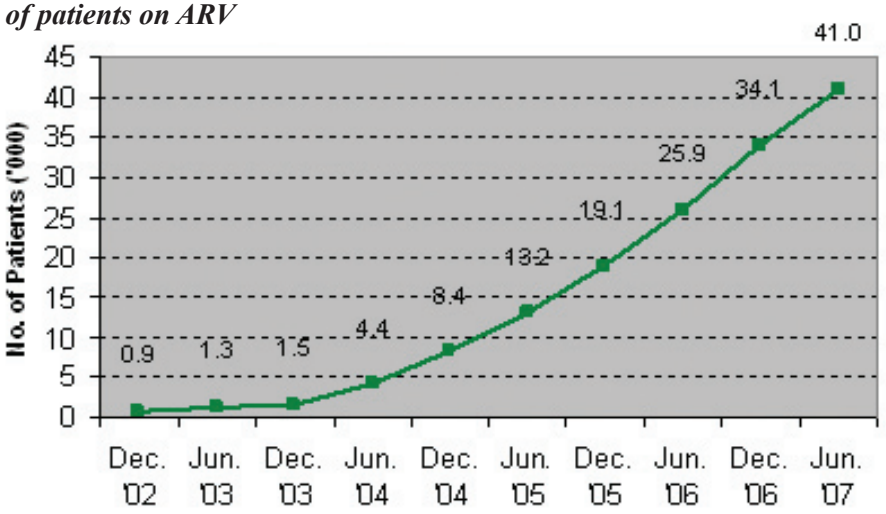
- Proportion of population with advanced HIV infection with access to antiretroviral drugs.

Status and Trends

Rwanda is spreading the use of ARVs more and more in the fight against HIV/AIDS. To that end, there has been a exponential increase in the number of patients on ARVs, as well as the number of ARV treatment centers in the country (Figure 11). The number of patients on ARVs has increased almost 50-fold from 870 patients in 2002 to almost 41 thousand patients in June, 2007 (Figure 11). The total number of patients under ARV treatment could reach 86,500 in 2012, which represents 80% of the estimated total number of patients with HIV in the

country. The increase in the coverage of HIV/AIDS patients needing ARVs has been driven by an increase in the number of ARV sites in the country. The number of ARV centers have increased almost 40-fold from 4 sites in 2002 to 150 sites as of June 2007. Given the projected increase in HIV/AIDS infections and patients, even more ARV centers must be opened in the near future. In light of the above, indications are that Rwanda will be very close to 100% coverage of HIV/AIDS patients needing ARVs by 2015, and hence will likely achieve the MDG target on ARV availability and use.

Figure 10: Number of patients on ARV



Challenges

The major challenges in providing ARVs to needy HIV+ patients are:

- Poverty of HIV/AIDS patients taking ARVs
- Preventing secondary infections by PLWHAs on ARVs, and reproductive health risks
- Preventing of risky sexual behavior among young PLWHAs
- Emergence of HIV resistance to ARVs and toxicity
- Early diagnosis of children of HIV+ mothers

Policy Environment

Examples of policy initiatives aimed at improving ARV availability to meet patients needs are:

- Decentralization of HIV/AIDS services
- Comprehensive treatment and care of ARVs, opportunistic infections, and STIs
- Integration of HIV/AIDS in all health services

Priorities for Development Cooperation

The priorities for development cooperation with Rwanda in providing ARVs to needy patients are:

- Increase the ART sites
- Increase the number of patients under ART
- Provide ARVs for needy PLWHAs
- Provide training on ARVs to health workers
- Decentralize ARV treatment
- Strengthen universal access services

Halt and begin to reverse the incidence of malaria and other diseases

Indicators:

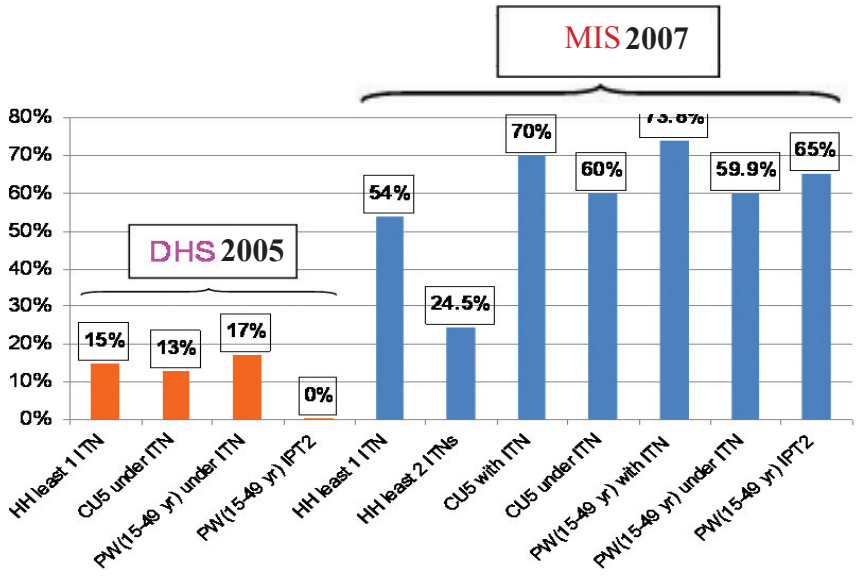
- Prevalence and Death Rates Associated with Malaria
- Proportion of children under 5 sleeping under insecticide-treated bednets
- Prevalence and Death Rates Associated with Tuberculosis
- Proportion of Tuberculosis Cases Detected and Cured Under Directly-Observed Treatment Short Courses

Status and Trends

Malaria has, in the last 10 years, become the leading cause of morbidity and mortality in Rwanda. Around 1 million malaria cases per annum have been reported for the past five years, which makes malaria one of the leading causes of consultations in Rwanda.

Children under 5 years of age accounted for 35% of all mortalities from reported malaria cases in 2005. However the malaria case fatality rate has declined from 9.3% in 2001 to 2.9% in 2006 in the general population, and in children under five from 10.1 (2001) to 2% in 2006 (Figure 12). Rwanda has made significant gains in reducing its malaria burden over the last few years (Figure 11).

Figure 11: Roll Back Malaria Indicators



Data show a reduction incidence and mortality and dramatically increase coverage of key interventions

This is a huge drop, and is attributable to a number of interventions. First among these was the establishment by the GoR, of the National Malaria Control Program, or PNILP, whose strategies and activities were focused on malarial illnesses, malaria prevention, epidemiological surveillance, and health education.

For the past years, the Ministry of Health (MOH) has mobilised funds for

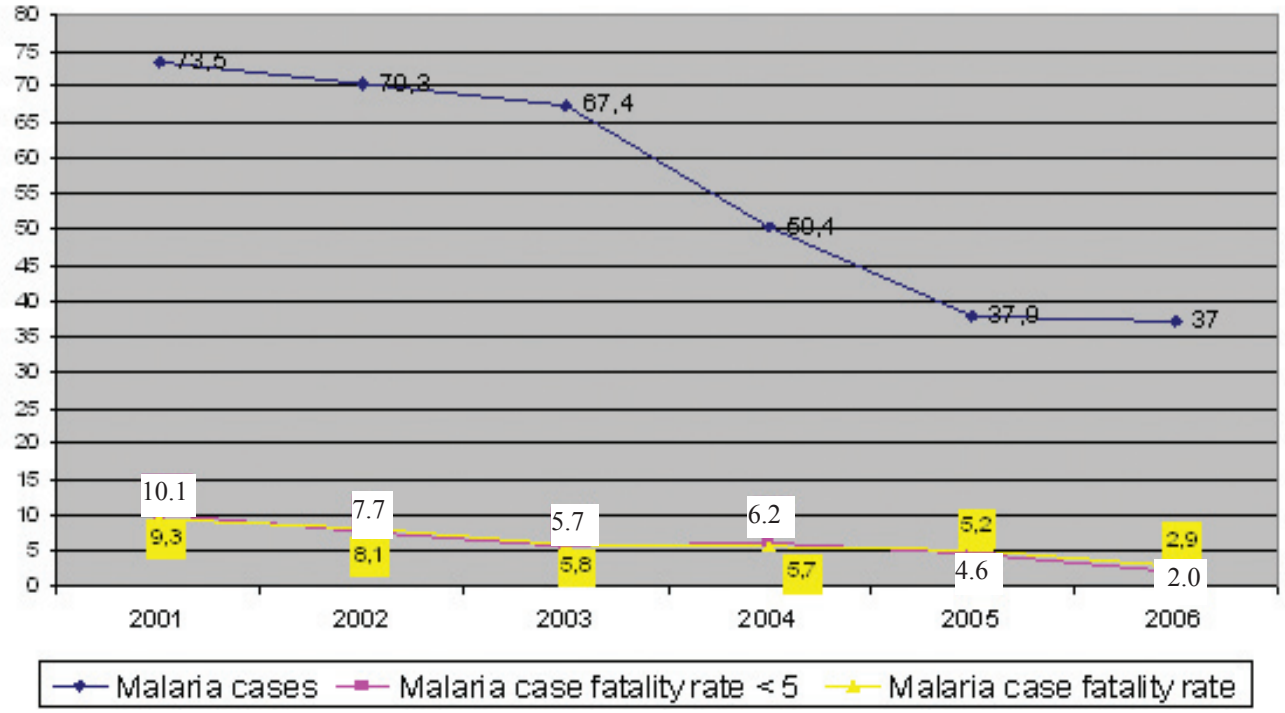
New Treatment policy for home-based management of fever/malaria in children under 5 using ACTs.

subsidised ITNs especially for vulnerable groups namely children under five and pregnant women.

Due to increase drug resistance of parasite shown in in vivo and in-vitro drugs efficacy conducted by the PNILP, the MOH has changed his treatment policy in 2006 to Artemisinin-based Combination (ACTs). Other strategies include increasing community participation in the fight against malaria such as the home-based strategy for management of fever/Malaria for children under five by community health workers using ACTs in 15 malaria endemic Districts as well as operational research.

Assuming this rate of decline in infant mortality is maintained, Rwanda will attain its MDG target on reducing infant mortality from malaria by 2015.

Figure 12: Malaria situation in Rwanda (2001- 2006)



Insecticide-treated nets (ITNs) are a highly effective protection against malaria. Rwanda has made significant progress in this regard, given that the number of children under 5 years old sleeping under a mosquito net increased from 4.1% in 2001 to 15.8% in 2005. Furthermore, most of the mosquito nets were ITNs, thus providing even more effective protection.

In 2006, more than 1.3 millions of LLINs were distributed for free to children under five during the integrated measles campaign, thus increasing the use of ITNs in this group from 15.8% to 70%, however this survey showed that only 59.7% of children under five has slept under an ITN the night before.

In Rwanda, an integrated capproach to reducing the impact of malaria during the antenatal period is based on a focused-antenatal care package and involves the consistent use of insecticide-treated mosquito nets and the intermittent preventive treatement of malaria in pregnancy (IPTp).

The World Health Organization (WHO) recommends administration of IPTp with two doses of the sulphadoxine-pyrimethamine (SP) after quickening, a strategy that Rwanda's National Malaria Control Program has successfully introduced.

Almost seventy four percent (73.8%) of pregnant women are using ITNs and 59.9% slept under ITNs the night before. This increase in the use of mosquito nets is encouraging, and Rwanda might achieve the MDG target on the use of ITNs by 2015. It must be pointed out that although 53.8% of household own at least one ITN, that the rural-urban divide still exists, with 65% of household with ITNs in urban areas in 2007 compared to 51.4% of households in rural areas. Almost sixty one percent (60.5%) of people interviewed know modes of transmission of malaria and 58.9% know means of prevention of malaria. Since 2006, pregnant women receive the full package of intermittent preventive during pregnancy using SP (Sulfadoxine - Pyrimethamine), Mebendanzole and Iron Folic. This intervention has increased from 0.3 in 2005 to 65% in 2007.

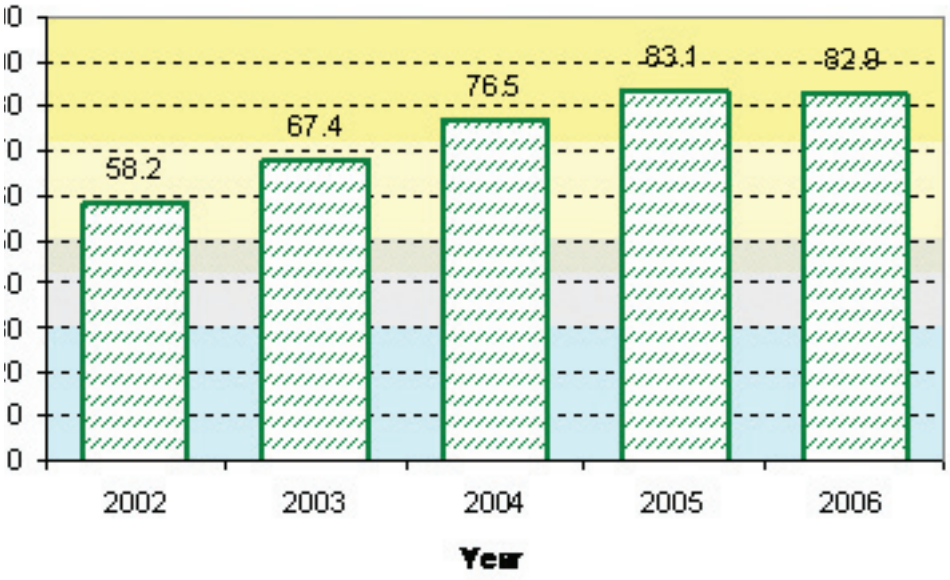
Tuberculosis (TB) is a serious problem in Rwanda. The number of cases of tuberculosis increased from 7,720 in 2005 to 8,283 in 2006, an increase of 7% for all the cases and only 1.5% for new cases of TPM+ . In 2006, testing of tuberculosis sufferers reached 76.3% (against 69.3% in 2005) for all tuberculars. These efforts are paying off, given the increase in therapeutic success which went from 67.4% in 2003 to 76.5% and 82.9% in 2004 and 2006 respectively (Figure 13).16 The mortality rate among the new PTB+ cases exceeded 7.3% in 2002, but declined to 6.2% in 2003, and 6% in 2004. However, the mortality rate stabilized between 2005 and 2006 (6.3% and 6.4% respectively). This decrease in mortality rates was a result of effective medical supervision of patients, and diligent follow-up of transferred patients. Given the aggressive TB treatment campaign underway, it is safe to assume that Rwanda will attain the MDG target on TB mortality. With regards to increasing the detection of patients and treatmentthem using the directly observed treatment short course (DOTS), PNILT initiated a DOTS strategy that should be in place in all health districts before the year 2009. In 2006, the community DOTS approach was used in 6 health districts. A total of 2,774 persons have been sensitized on the community DOTS, with the majority of them becoming the health coordinators and opinion leaders. Forty one percent of tuberculars tested were HIV+ and were referred to appropriate services to receive a preventive treatment against opportunist infections and if necessary, were given ARVs. It is thus evident that while significant gains are being made in increasing DOTS use, the spread of HIV/AIDS threatens this success. The proportion of co-infected patients who received the Cotrimoxazole and the ARVs were 43.9% and 30.8% respectively. The notification rate of TB cases per 100,000 inhabitants increased from 73.2% in 2003 to 80.1% in 2004 to 88.8% in 2005 and 94.3% in 2005, and 2006.

Challenges

Challenges in the fight against malaria are:

- Increasing the use of mosquito nets by vulnerable groups, the poorest of the poor, to protect themselves against malaria
- Low uptake of preventive measures against malaria for adults
- Development of drug resistance by the malaria parasites
- Development of insecticide resistance by anopheles
- Vector control program (mosquito and larva control)

Figure 13: Treatment success rates (%) for new cases of tuberculosis



Challenges

The major challenges faced in the fight against tuberculosis are:

- Strengthening of the involvement of the districts
- Increasing screening with a better involvement of all service providers including the private sector
- Mobilization of community health coordinators and the extension of the DOTS strategy at the overall rural districts
- Mass screening of HIV within all health centers where the tuberculosis diagnostic is done
- Conducting systematic screening of PLWHAs for TB
- Expansion of free medical services against multi-resistant TB (MRTB)
- Providing prevention and free medication for leprosy complications
- Coordination and integration of donor partners, and the integrated execution of PNILT projects
- Increasing the number of people tested for TB
- Providing care and support for people with MRTG

Policy Environment

With regards to malaria, the GoR has the following policy initiatives:

- Setting up of a National Malaria Control Program by developing strategic plans, mobilizing resources, and advocacy programs
- Develop a strategic plan for 2005-2010 to achieve global malaria prevention goals, and reduce malaria in Rwanda
- Implement operational plans for activities to fight malaria at the district level
- Put in place a community-based approach for treatment of malaria/fever among children under 5 years
- Develop a malaria early warning system for epidemics prevention and management

• Supplying medicines and supplies stipulated in the malaria policies to public and private health facilities

Policy Environment

With regards to tuberculosis, the GOR has the following policy initiatives:

• Putting place, by the Ministry of Health, of the National Programme Against Tuberculosis (PNILT) with the responsibility of formulating the national policy, funds mobilization, national supervision and advocacy
• Creating a national working group in charge of joint TB/HIV activities, e.g. surveillance on HIV prevalence to tuberculosis patients
• Reducing tuberculosis morbidity related to HIV/AIDS by intensifying the screening of tuberculosis cases and by neutralizing the TB infections within the health services and collective facilities.
• Reducing morbidity related to TB infections of HIV/AIDS by ensuring the counselling and the screening of HIV, and using preventive methods against HIV
• Developing a strategic plan, as well as a monitoring and evaluation plan
• Developing a community-based DOTS manual.
• Providing training programs on treatment and care of TB patients, and those with multi-resistant TB (MRTB).

Priorities for Development Cooperation

Malaria

• Promote the use of ITNs, and increase their affordability
• Strengthen malaria treatment and prevention programs by providing good quality medicines to the population
• Strengthen the capacity of communities to correctly handle simple cases of malaria
• Strengthen IEC programs to change behaviours
• Monitor drug and insecticide resistance
• Coordination of malaria control activities at national and regional level
• Sustainability of malaria control interventions through mutuelles, revolving funds, etc...

Tuberculosis

• Reduce tuberculosis morbidity related among PLWHAs by intensifying the screening of tuberculosis cases and by neutralizing the TB infections within the health services and collective facilities.
• Reduce the morbidity related charges due to the HIV infection to tuberculosis patients by ensuring the counselling and the screening of HIV, by applying preventive methods against HIV, by putting in place

Goal No 7

Ensure Environmental Sustainability

Target 9

Integrate the principles of sustainable development into country policies and programmes; reverse loss of environmental resources

Indicators:

- Forested land as percentage of land area
- Ratio of Area Protected to Maintain Biological Diversity to Surface Area
- Carbon Dioxide Emissions (per capita) and Consumption of Ozone-Depleting CFCs (OD tons)

Status and Trends

Currently, natural resources contribute substantially to the Rwandan economy. Based on the *Office Rwandais du Tourisrme et des Parcs Nationaux* (ORTPN) current records, there is a rapidly growing stream of revenues (2001 – 2005) from tourism. For the year 2005 the contribution to national revenue constituted about 0.2 percent of GDP. With over 87% of the population dependent on subsistence agriculture for its livelihood and more than 94% using fuelwood as their primary source of domestic and industrial energy consumption, environmental sustainability is a key contributor to national economic development and the achievement of MDDGs, in particular MDG 1 and 7.

However, increasing population is putting pressure on land and forest resources and as result, there is growing encroachment on fragile areas, including wetlands. This situation has potentially serious implications for national food security as well as energy supplies, owing to the decline in wetland water levels. The degradation of Rugezi wetland as a hydro-electric power source has already led to electricity supply shortages with consequent high fuel cost required to run generators to compensate for electricity supply to the national power grid. The cost to the national economy is estimated at US$65,000 per day.

The unsustainable spiral of growing population, decreasing per capita food supplies, and worsening environmental degradation has been attributed to the loss of about 50.2 % of its forest and woodland habitat, with heavy consequences on biodiversity from 1990 to 2005. This rapid deforestation was due to the 1990-1994 war and genocide and the subsequent massive human re-settlements schemes that followed the war. On a positive note, however, there is now a massive reforestation programme in the country, and already, there are reforestation efforts for rehabilitation of Gishwati forest. Forest areas in Rwanda have been undergoing dramatic expansion since the end of the brutal civil war in the 1990s. The national reforestation effort increased overall forest cover by an average of 8% per year between 2000 and 2005 . At this rate it is projected that the forest cover will increase by more than three-fold by 2015, and as such, Rwanda is well positioned to meet this MDG target.

In April, 2004, Rugezi-Bulera-Ruhondo wetland complex became a protected area under the RAMSAR Convention thus becoming a wetland complex of international importance. In addition, five wetlands have been described as crucial for the protection of bird life. These wetlands support a number of globally threatened species and restricted range of species, such as water turtles, crocodile, monitors, snakes and a big number of water birds. Wetlands outside the main national reserves are poorly protected and therefore, lack proper management. Most of wetlands are disappearing due to planned and unplanned conversion into agricultural land. It is estimated that some 94,000 Ha of this has already been exploited for agriculture and livestock. Given these circumstances, and increasing population pressures, Rwanda would not be able to meet its MDG target on the area protected to maintain biological diversity. It must be pointed out, however, that even without development activities, many marshlands are threatened by siltation and reduced water retention due to continued land degradation through vegetation loss, soil erosion, and the pressure of more people practicing unsustainable land use on elevated lands and hills adjacent to the wetlands.

There are initiatives towards environmental interventions that include the rehabilitation of degraded wetlands and other protected areas to ensure the preservation of biological diversity. Currently, the proportion of protected areas that are considered sensitive to loss in biological diversity relative to the national land surface area is 8% which is above average on a global scale and measures are in place to ensure that the target of 10% national coverage of protected areas is achieved by 2015.

Target 10

Reduce by half the proportion of people without sustainable access to safe drinking water

Indicators

- Proportion of the Population with Sustainable Access to an Improved Water Source
- Proportion of the Population with Access to Improved Sanitation Status and Trends

Status and Trends

Access to safe water is an important precondition for environmental health given that over 80% of diseases that afflict Rwandans are waterborne. Although the number of people with access to safe water increased to about 900,000 people between 2000 and 2005, the proportion of households having access to safe water remained unchanged at 64%. Whereas access to safe water has increased in Kigali, many people still use boreholes and unprotected springs because of the water user fees. This was also noticed in rural areas where people avoid paying high cost of safe drinking water and walk long distances to fetch water from unclean sources.

Almost 92% of people have access to a latrine. The proportion has not changed over 5 years but there is a considerable increase of people using enclosed latrines as opposed to open latrines; almost 60% of households in 2006 used enclosed

pit latrines. However, waste management is a major problem facing urban centers. The Rwandan total urban population including the City of Kigali has reached 16.5% of total Rwandan population. While this is a very small proportion of the population compared to the international standards, it is a challenge for Rwandan urban planners. Only 15% of liquid waste in Kigali is managed by the city council and about 55% of households in urban areas have no facilities for treating solid waste. As the urban population continues to grow, challenges to waste management will escalate unless serious measures are undertaken by urban decision makers to address sanitation issues.

During the EDPRS period, the sector has set as its aims to increase the proportion of the population accessing safe water from 64% to 86%, and the proportion with sanitation services from 38% to 65%. It is also planned to increase the proportion of the rural population living within 500m of an improved water source from 64% to 85%, and to raise the proportion of the urban population residing within 200m of an improved water source from 69% to 100%. The number of boreholes with hand pumps which will be constructed or rehabilitated will rise from 120 to 350. Additionally, a series of actions are planned to improve access to safe water for domestic use. Initiatives will be taken to provide, supply and repair water infrastructure, such as boreholes with hand pumps.

Plans are also in place to improve access to sanitation services that meet hygienic standards. Measures will be taken to increase the proportion of schools, health centres and rural households with latrines. The collection and processing of solid waste will be extended to more households and institutions. Overall improvements in environmental health and hygiene for Rwandans will be achieved by increasing access to potable water to prevent water-borne diseases. Through improvements in environmental sanitation, promotion of safer methods of waste disposal at community and health facilities will lead to overall improvements and register progress towards the achievement of MDGs and specifically MDG 7. All these measures and strategies are envisaged to ensure that MDG targets are achieved in the areas of sustainable access to clean water and improved sanitation.

Challenges

The main challenges facing Rwanda are:

- *Rapidly growing population density*: Rwanda's population is growing at an annual rate of 2.6% (EDPRS, 2007). This means the population of Rwanda will double every 25 years, posing an extreme challenge to environmental sustainability.

- *Land degradation which adversely affects agricultural productivity*: Rwanda has a hilly topography and most of the arable land is prone to soil erosion and fertility losses. This is exacerbated by extremely high population density (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. All these factors have a bearing on declining agricultural production which increases poverty levels.

- *Deforestation for fuel wood, settlement and farming*: Rwanda has been and continues to be caught in a vicious circle whereby increased pres sure for land and domestic and industrial demands for fuel wood results in high levels of deforestation land cover losses and the consequent envi ronmental degradation. The long-term losses caused by deforestation are both high and irreversible and in turn foster decline in agricultural productivity and increased poverty.
- *Rural-urban migration*: As rural resources become scarce and land size available for cultivation reduces, young people, who are more productive, move from rural areas. This rural-urban migration puts heavy stress on already poor urban infrastructure and scarce housing facilities with heavy consequences on urban environment. This is significantly responsible for increasing challenges to access to clean water and improved sanitation which are typical issues for urban slum populations.
- *Lack of environment-related data:* Although the National Bureau of Statistics provides macroeconomic indicators and other statistics, it is difficult to find environmental related data, and monitor progress toward the MDGs.
- *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.

Additional challenges include:

- Lack of resources (human, technical and financial) for effective pollution management and control.

Policy Environment

The GoR has already put in place a number of policies and programs to help Rwanda attain the MDG 7 targets. Examples of such initiatives include:

- Preparation of a National Policy on the Environment, a National Environmental Action Plan (NEAP).
- Development of a National Strategy and Plan of Action on Biodiversity (BSAP), which sets the national targets and priorities in line with other global recommendations.
- The 2005 organic law on land tenure which, among other things, prohibits discrimination in terms of access to land and the enjoyment of land rights and it grants equal landed property rights to both men and women.
- The overall land reform process will put in place a national land Master Plan that will promote proper land use planning and management and this is likely to have positive impact in reducing the extent of land degradation and contribute to environmental sustainability.
- Preparation of land expropriation and valuation laws to create incentives for more land conservation and protection.
- Enactment of the environmental law and formulation of an environmental policy in 2005.
- Creation of Rwanda Environmental Management Authority (REMA) in charge of policy implementation and environmental law enforcement.

- Distribution of the major environmental protection responsibilities

to eight ministries, including the ministry in charge of environmental protection.
- Restructuring of the office in charge of tourism and national parks, the Office Rwandais du Tourisrme et des Parcs Nationaux (ORTPN) into tourism and wildlife departments conservation for better management of Rwandan conservation areas.
- Signing and ratification of many international conventions related to environment.
- Enactment of laws and formulation of policies on agriculture, biodiversity protection and water resources management.
- Involvement in international watersheds management related to Nile River and Lake Victoria.
- Designation of Nyungwe forest in 2005 as a 1,013 Km2 National Park, Africa's largest remaining block of lower mountain forest, species-rich and the nation's primary water catchment. This increased the area of the country's gazetted protected areas to 8% of the national territory, with a striking diversity of habitats.
- Emphasis of environmental protection in the decentralization of institutions. Each District has an Environmental officer who, among other things, coordinates environmental programmes at the District level. In the District Development Planning Plans for 2008-2012, environmental protection is clearly identified.

Priorities for Development Cooperation

The attainment of MDG 7 will require a strengthening and deepening of the cooperation between Rwanda and her development partners. The priority areas of cooperation are:

- *Strengthen environmental institutions*: Government agencies should be provided more help to monitor environmental conditions and regulate sources of pollution, and degradation, especially in light of the serious gaps in environmental data. An environmental database should be created at REMA to monitor progress toward the MDGs.
- *Capacity-building for communities*: Communities should be provided extensive training and support to enable them manage, operate, and maintain their water supply infrastructure and natural resources in their area
- *Population and development*: Given Rwanda's high population growth rate and density, population issues should be integrated into environmental policies and programs. In particular, support should be provided to improve rural livelihoods, and reduce rural-urban migration, and its attendant detriments to the environment
- *Development and promotion of appropriate energy-saving technologies*: Rwanda has abundant alternative energy sources such as methane gas and peat, estimated at 40 million tonnes, and 155 million tonnes, respectively. The research, development and promotion of these sources of energy, and use of improved stoves with a view toward reducing fuel wood use and deforestation should be supported.
- *Funding to implement laws, policies, and regulations*: In order to have effective implementation of laws, policies and other regulations, more funds and capacity building are needed. This can only happen when environment is taken into account as a mainstream in policy development.

Goal No 8

Develop a Global Partnership for Development

Target 13

Address the special needs of the Least Developed Countries (LDC)

Indicators:

- Proportion of ODA to basic social services (basic education, primary health care, nutrition, safe water and sanitation).

Status and Trends

One way for rich countries to transfer resources to developing countries is through aid, which can be the most effective way to reduce poverty when it goes to poor countries with good policies and sound governance. Rwanda has historically relied on development assistance to finance its development programs. Although Rwanda intends to ultimately reduce its dependence on external aid there will, in the medium term, be need for large aid inflows to help the implementation of the EDPRS. Against this background, Rwanda is firmly committed to building a strong partnership with its donors, and increasing the effectiveness of the aid it receives.

"The world wants no new promises. It is imperative that all stakeholders meet, in their entirety, the commitments already made in the Millennium Declaration, the 2002 Monterrey Conference on Financing for Development, and the 2005 World Summit. In particular, the lack of any significant increase in official development assistance since 2004 makes it impossible, even for well-governed countries, to meet the MDG." - Ban Ki-moon, Secretary-General, United Nations Foreword to The Millennium

The highlight of the aid profile of Rwanda in the past decade or so is the sharp increase in ODA inflows after the 1994 genocide. In particular, total ODA increased from slightly less than $400 million in 1990, to almost $900 million in 1994 (Figure 14). Furthermore, a good part (about $300 million) of the aid in 1994 was for emergency humanitarian and food aid. Since then both the total and emergency assistance has declined precipitously. Thus, total aid flow declined to about $450 million and $497 million in 2004 and 2005, respectively.

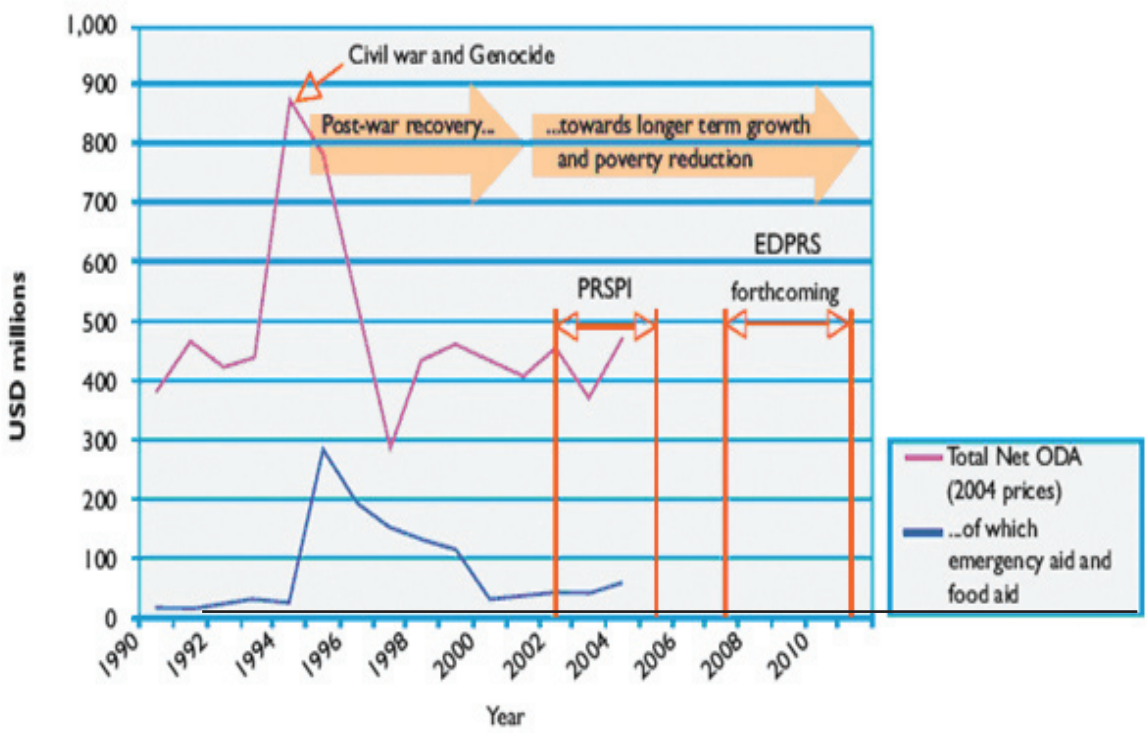
ODA to Rwanda is from various sources, but multilateral donors and consortia (World Bank Group, European Commission, African Development Bank, UN Agencies and the Global Fund) accounted for the largest share (58%), with the remainder coming from bilateral donors. Forty one percent of the total aid received in 2005 (about $203 million) was spent on general budget support.

It is thus encouraging that the GoR has consistently increased spending on health in the past five or so years. The share of the national budget allocated to the health sector has thus increased from 8% in 2002 to 12% in 2006. Similarly, the per capita health budget has increased from FRW 832 in 2002 to FRW 1,973 in 2006.

Looking ahead, Rwanda will continue to strengthen its partnership with existing donors, and seek new donors, especially bilateral donors. In addition, Rwanda is keen to forge new partnerships with countries of particular de-

velopment interest, such as East Asian countries that have recorded rapid economic growth in a relatively short time. With the recent launching of EDPRS by the GoR, effective donor participation in the country's development efforts are more important than ever. This is especially so given the decline in ODA to Rwanda, contrary to the MDG indicator for increased donor assistance.

Figure 14: ODA to Rwanda: 1990-2004



Policy Environment

Rwanda's aid policy is aimed at achieving mutual accountability, increased relevance to national priorities, and better coordination. This way, it is hoped that greater aid effectiveness and stronger development partnership can be achieved. Toward this end, the aid policy:

- Is in line with the Paris Declaration on Aid Effectiveness
- Sets a number of areas in which progress (in terms of donor policies, practices and behaviors, as well as governments role in the management and execution of projects) will be sought
- Seeks to align donor assistance with government's priorities, particularly the EDPRS and the MDGs
- Will extend the use of the sector-wide approach (SWAP) to other sectors, besides education
- Seeks for donors to harmonize their missions and analytical work to reduce transaction costs, and increase joint understanding of development issues
- Sets mutually-agreed aid effectiveness indicators

Furthermore, these policy stipulations are underlain by institutional arrangements such as:

- Development Partners Coordination Group (DPCG) – a high level forum for dialog between GoR and development partner organizations and founded in 2002
- Budget Support Harmonisation Group (BSHG) – a forum for discussing and negotiating budget support issues, and increasing harmonization to reduce transaction costs
- Clusters and Sector Working Groups – for in-depth dialog on sector-specific issues, and to undertake joint annual sector reviews to assess performance against the EDPRS targets

Challenges

The following are some challenges faced in the working toward the MDG targets on ODA:

- Expansion of the SWAP program to other ministries besides Education
- Management of post-HIPC completion debt
- Resource mobilization and use for the implementation of the EDPRS
- Scaling up of aid and its management.

Priorities for Development Cooperation

The priorities for development cooperation in the area of ODA are:

- Increase bilateral ODA, as per the Monterrey Agreement
- Provide ODA in a predictable manner to allow for effective use of the help
- ODA from different donors should be coordinated and aligned with EDPRS and MDG requirements
- Mobilizing enough resources to implement EDPRS and attain the MDGs

Target 15

Deal comprehensively with LDC debt and make debt sustainable in the long term

Indicators:

- Proportion of official bilateral HIPC debt cancelled
- Debt Service as a Percentage of Exports of Goods and Services

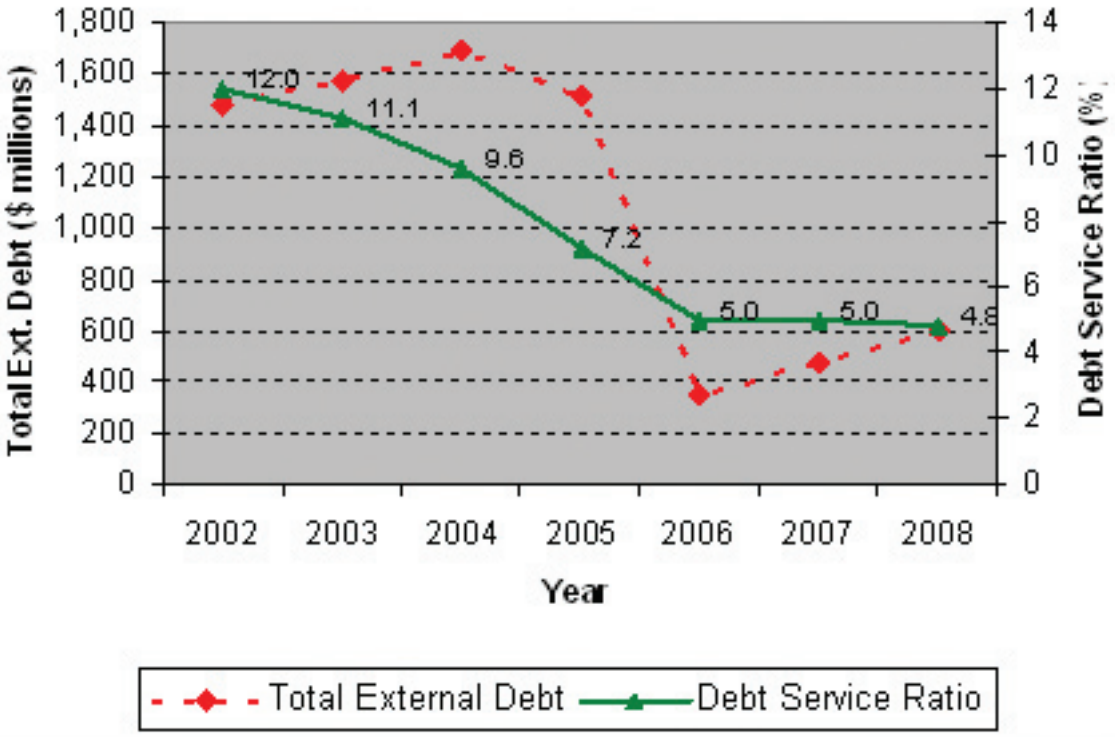
Status and Trends

Rwanda's heavy indebtedness has been caused by a variety of factors

such as collapse of commodity prices, and conflicts. Thus, the collapse of coffee prices drastically reduced government earnings in the early '90s. Consequently, government loan payments declined, and external debt more than doubled from $400 million in 1985, to over $1 billion in 1997. This trend continued up to 2004, when public debt peaked at $1,685 million (Figure 15).

In the same vein, the debt service ratio declined from 12% in 2002 to a projected 5% in 2006, and 4.8% in 2008 (Figure 15). There can be no doubt that such a trend will have a significant and positive impact on government's development spending.

Figure 15: Rwanda debt indicators: 2002-2008 (*)



(*) Data for 2005 are estimates, while data for 2006-2008 are projections.

The public debt remains characterized by the predominance of the external debt which accounted for 87.9%, and 89.2% in 2004 and 2005 respectively. The remainder consists of domestic debt. The external public debt has noticeably declined, mostly because of the cancellation of 100% of the stock of the Club de Paris debt in May 2005 under MDRI framework.

The current situation started in 1998 when the Club de Paris permitted Rwanda to benefit from a relief of 67% of its bilateral debt. In addition, the setting up of multilateral assistance fund in 1999 helped Rwanda respect its commitments toward its most important creditors, namely the International Development Association (IDA) of the World Bank, and the African Development Fund (ADF).

The nominal external debt at the end of 2005 reached $1,573 million, divided into three main categories: multilateral, bilateral, and debt outside

the Club de Paris. Multilateral debt remains the most important with an outstanding amount of $1,483.2 million, or 82.8% of total debt.

The main creditors are IDA (55.9% of the total outstanding and 67,3% of the multilateral debt), the African Development Bank (AfDB) group (15.6% of the total outstanding debt and 18.8% of the multilateral debt) and the IMF.

On the other hand, bilateral debt of the Club de Paris fell to a negligible $3 million, or 0.19% of the total external debt, following the May 2005 debt cancellation. The non-Club de Paris debt amounted to $83.3 million, and accounted for by loans from the People's Republic of China, Kuwaiti Fund for Economic Development and the Saudi Fund for Development.

Against this background, it is worth noting that Rwanda still faces significant financial constraints that might have negative impacts on the attainment of the MDGs. For a start, some conditionalities and restrictions imposed after the HIPC completion will constrain the country's ability to raise more debt, just when this might be needed to finance the implementation of the EDPRS.

Challenges

Among the challenges Rwanda faces in managing its debt are:

- Funding the implementation of the EDPRS and MDGs without going in debt unsustainability
- Mobilizing ODA, especially grants, to off set the post-MDRI restrictions on raising debt (constraints on the level of concessionality)
- Maintaining debt sustainability

Policy Environment

The GoR has a number of policy initiatives aimed at managing its debt. Among these are:

- Increasing efforts to reduce its debt burden through debt restructuring, expenditure management, improved domestic resource mobilization and the pursuit of stable price and exchange rate policies

- Reducing domestic debt (as percent of GDP) from was 20.1% in 2003 to 10.2% in 2004 and 9% in 2005. The noticeable decline of this ratio is expressed by the budgetary deficit which was lower than the required financing.

- Meeting the MDRI requirements.

Priorities for Development Cooperation

The priorities for development cooperation are the following:

- Providing enough funds for the implementation of the EDPRS and MDGs

- Increasing the proportion of ODA accounted for by grants and increasing budget support component of ODA.
- Increase spending of debt relief funds on poverty reduction and social sectors

Target 18

In cooperation with the private sector, make available the benefits of new technologies, especially information and communications

Indicators:

- Telephone Lines and Cellular Subscribers per 100 Population
- Personal Computers in Use and Internet Users per 100 Population.

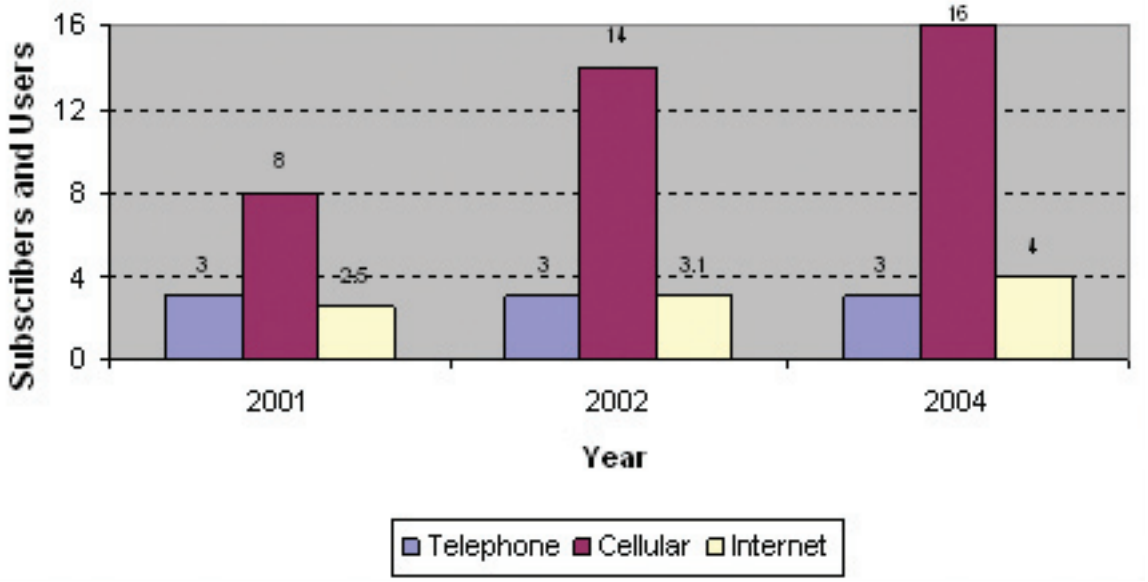
Status and Trends

The long-term development aspirations of Rwanda, as embodied in Rwanda Vision 2020, gives high priority to the development of information and communication technologies (ICTs). Toward this end, Rwanda has made tremendous strides in ICT development, especially in terms of Internet and mobile phone usage, as well as infrastructural development and human resource development.

In the area of telephony, Rwanda, along the lines of developments in other African countries, have had a spectacular growth in the number of mobile phone subscribers. In particular, the number of mobile phone users per 1,000 people increased from 3 in 2001 to 14 in 2002 and 16 in 2004 (Figure 16). In contrast, the number of fixed telephone lines per 1,000 people remained relatively constant between 2001 and 2004, reflecting the relative difficulty and high cost of increasing the number of fixed telephone lines. Since the introduction of the Internet in Rwanda in 1997, its usage has grown tremendously. The number of Internet users per 1,000 people increased from 2.5 in 2001, to 3.1 and 4, in 2002, and 2004, respectively (Figure 16).

While computer use is increasing in the Rwanda, the usage is by no means uniform (Table 6). The highest usage of computers was found among UN system staff, 85% of whom use computers intensively. In contrast, 50% of private sector staff, 59% of public sector staff, and 68% of non-governmental organizations' (NGOs) staff use computers intensively. In contrast, 50% of private sector staff, 59% of public sector staff, and 68% of non governemntal organizations (NGOs) staff use computers intensively.

Figure 16: Telephone and cellular phone subscribers and Internet users (per 1,000 people)



Internet usage data show similar trends as computer usage date (Table 7). Again, UN system staff have the highest use of the Internet, with 100% of them using the Internet intensively, followed by NGO staff, 45% of whom said they used the Internet intensively. In contrast, only 23% of private sector staff, and 26% of public sector staff reported intensive usage of the Internet. In all likelihood, the relatively high usage of the Internet by NGO staff is attributable to the fact that many of them are local branches of international NGOs.

Table 16: Computer usage by staff of various sectors and institutions

Sectors/Institutions	Low	Medium	Intensive	
	0 -25 %	50 %	75 %	100%
Public sector	30	11	22	37
Private sector	35	15	23	27
NGOs	9	23	26	42
UN system	14	0	14	71
Overall	**29**	**14**	**23**	**34**

Table 7: Internet usage by staff of various sectors and institutions in Rwanda

Sectors/Institutions	Low	Medium	Intensive	
	0 -25 %	50%	75%	100%
Public sector	69	5	14	12
Private sector	71	6	9	14
NGOs	42	14	19	26
UN system	0	0	0	100
Overall	**65**	**7**	**12**	**17**

On the whole, the MDG ICT indicators for Rwanda are impressive. These figures are especially significant, given that they have increased, despite Rwanda's relatively high population growth rate, and low access to computers. There is reason to believe that at this rate of growth, and assuming the country manages to curb its high population growth rate, the country will continue to increase ICT penetration and achieve the MDGs. It must be pointed out, however, that Rwanda still underperforms the Sub-Saharan Africa average for mobile phone subscribers and Internet users per 1,000 people. While Rwanda registered 16 mobile phone subscribers and 4 Internet users per 1,000 people in 2004, the SSA averages were 77, and 19, respectively.

Challenges

The main challenges in ICT development in Rwanda are:

- Lack of indicators e.g. on training
- Building a hardware and software development
- Rolling out of telecenters across the country
- Increasing investment and incentives in ICT infrastructure
- The relatively high cost of, and low accessibility of ICT
- Improving the quality of the delivery service in ICT
- Increasing ICT penetration, especially to rural areas, and underprivileged groups

Policy Environment

As pointed out earlier, Rwanda has, in the past decade or so, placed top priority on ICT development. Examples of the demonstration of this commitment at the policy level are:

- Rwanda Vision 2020
- Inclusion of clearly defined ICT targets (in terms of human resource development, infrastructure, and access) in EDPRS
- Allocation of third largest share of public spending between 2008 and 2012 to transport and ICT

• National Information and Communications Infrastructure (NICI) plans – two NICI plans have already been developed, including an implementation plan based on 11 pillars

Priorities for Development Cooperation

The priorities for development cooperation in the area of ICT are:

- Improve the base of indicators used to measure progress in ICT
- Support the development and growth of a local hardware and software development industry
- Facilitate the rolling out of telecenters around the country
- Increasing investment and incentives in ICT infrastructure
- Subsidize needy people and communities to provide them access to ICT products and services
- Support efforts to improve the quality of service in the ICT sector
- Help build the ICT human resource base
- Support the rollout of ICT to rural areas, and underprivileged groups
- No taxation to ICT imported equipment.

Overall Assessment and Recommendations

Rwanda has made significant strides toward the attainment of the MDGs, despite the tragic genocide it suffered in 1994, and the related conflicts that followed from 1996-2000. In addition, the country is also disadvantaged in being landlocked, with few natural resources, as well as high population density, and population growth rate. This mix of circumstances would ordinarily cripple many badly managed and governed countries but Rwanda, instead, has achieved a lot that it can be genuinely proud of.

With regards to MDG 1, the reduction of poverty and hunger, Rwanda has made significant progress. Thus, the child malnutrition declined from 24% in 2000 to 22.5% in 2006. Similary, hunger was reduced from 41% to 36% between 2000 and 2006. Rwanda is unlikely to meeting these MDG targets. Similary, the poverty rate however, did not fall fast enough because of the high population growth rate.

Rwanda has also done well in providing education to its citizens, as indicated by the MDG 2 indicators. Thus, the literacy rate for 15-24 year olds increased from 74% in 2000 to about 77% in 2006, while the net enrolment rate at the primary school level increased dramatically from 72% in 2000 to 95% in 2006. Indeed, at current rates, Rwanda will achieve its primary school enrolment MDGs well ahead of 2015.

Another area in which Rwanda is doing well is the promotion of gender equality, as measured by MDG 3 indicators. The gender gap in primary education reached zero in 2005, right on the target year. Similarly, the gender gaps in literacy as well as representation in parliament are close to being eliminated. Rwanda is now third in the world in terms of representation of females in parliament, with 49% of members of parliament being female.

Efforts to attain MDG 4, the reduction of child mortality has also yield positive results. Although the immunization rate of children against measles was cleary at almost 100% in 2005 and the target under 5 mortality rate is likely to be achieved. There remains a significant shortfalls in meeting the target on the infant mortality rate. The infant mortality rate in 2005 was 152 per 1,000 live births compared to the MDG target of 28. Thus it is high enough that the MDG target will not be met if present trends continue.

Rwanda continues to grapple with significant challenges to efforts to improve maternal health. For this reason, progress toward the attainment of MDG 5 targets has been mixed. Maternal mortality rate declined significantly from 1,071 per 100,000 live births in 2000 to 750 in 2005, indicating that Rwanda is on solid track to meeting this MDG target. In contrast, the number of births attended by a skilled attended is still relatively low, and as such, this MDG target will be missed if present trends continue.

HIV/AIDS is an important problem in Rwanda, and poses a significant development challenge. Although the HIV/AIDS prevalence rates was 4.6% in 2004, it has since decreased to 3.56% in 2005. It is thus evident that although progress has been made in the fight against HIV/AIDS in Rwanda, the battle is far from won. Second, many youths and women, do not have correct information and knowledge about HIV/AIDS. Despite these issues, Rwanda has a strong ART program in place, and many lives are being saved. In the same vein, Rwanda is on track to achieving the MDG targets on malaria, as well as tuberculosis.

Rwanda has among the highest population density in Africa, a relatively high population growth rate, and hence numerous environmental problems. Fortunately, a strong reforestation program is keeping the country on track to achieve the MDG target, even though the data on biodiversity, access to safe water, and improved sanitation are inconclusive.

With regards to developing a global partnership for development, MDG 8, Rwanda is doing its part in many areas. Thus, the country is building a strong culture of good governance and transparency. This certainly helps in aid management, and for this reason, Rwanda was the 18th country to achieve HIPC debt relief eligibility in 2005. Despite this, a lot remains to be done, especially in the areas of mobilizing ODA resources, and increasing ICT penetration and access in the country.

In light of the above, the following recommendations can be made:

1. Redouble efforts to attain MDGs

This is especially so in those areas where the country is not on track to achieve the Goals. Among these are poverty, infant mortality, and environmental sustainability. In addition, HIV/AIDS and maternal health are some Goals for which progress is expected to improve. For this reason, efforts should be made to reduce poverty, especially in rural areas by addressing its root causes. In the same vein, the fight against HIV/AIDS should be provided more support, and more attention given to vulnerable groups such as women, and those living in rural areas.

2. Reduce Inequalities

Better yet, eliminate the inequalities that exist across gender and rural-urban divides. Rural areas and women are generally disadvantaged, as shown by MDG indicators such as poverty, and knowledge about HIV/AIDS prevention. Such disparities are not only counterproductive in and of themselves, they also delay progress toward other MDGs, and hamper national development.

3. Mobilize Resources

With just under 7 years to reach 2015, the need for accelerating the pace of progress toward the MDGs is becoming more and more urgent. In addition, Rwanda continues to face serious resource constraints, despite the vision and dedication people have. It is for this reason that the importance of resource mobilization and use to the attainment of the MDGs cannot be overemphasized. An estimated $140 per capita per year is needed over the EDPRS period if Rwanda is to attain the MDGs. As a result, public investments would have to be scaled up to 50% of GDP. In light of the fact that the HIPC conditions severely restrict options for raising debt, it is imperative that Rwanda be provided adequate, predictable, and timely donor assistance if it will meet the MDGs.

4. Strengthen MDG Monitoring and Evaluation

An effective measurement of the MDGs is dependent on the availability of adequate and quality data on the various indicators. Now that EDPRS indicators are available and aligned with the MDG indicators, it is important that a joint monitoring and evaluation system be developed to ensure proper measurement of progress toward these objectives.

5. Localize the MDGs

This report has mainly focused on discussing MDG indicators at the national level. Despite this, indications are that there are significant variations between the various provinces, even within provinces. Given the on-going decentralization program, it would make perfect sense to develop MDG datasets for the various provinces, or even districts. Various local governments can then, in the future, prepare their own MDG reports, and monitor progress made toward the goals.

6. Strengthen link between the MDGs and EDPRS

The linkages have already been articulated enough in both the EDPRS and in other reports. What remains is to build a solid constituency in each key Ministry, district and relevant agency so that the MDGs are incorporated into development efforts not only at the policy level, but more importantly in practice.

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