Nutrition at a Glance

**Country Context**

- HDI ranking: 167th out of 182 countries
- Life expectancy: 50 years
- Lifetime risk of maternal death: 1 in 16
- Under-five mortality rate: 112 per 1,000 live births
- Global ranking of stunting prevalence: 8th highest out of 136 countries

**Technical Notes**

- Stunting is low height for age.
- Underweight is low weight for age.
- Wasting is low weight for height.
- Current stunting, underweight, and wasting estimates are based on comparison of the most recent survey data with the WHO Child Growth Standards, released in 2006. They are not directly comparable to the wealth quintile data shown in Figure 2, which are calculated according to the previously-used NCHS/WHO reference population.
- Low birth weight is a birth weight less than 2500g.
- The methodology for calculating nationwide costs of vitamin and mineral deficiencies, and interventions included in the cost of scaling up, can be found at: www.worldbank.org/nutrition/profiles

**The Costs of Undernutrition**

- Globally, over one-third of child deaths are due to undernutrition, mostly from increased severity of disease.
- Children who are undernourished between conception and age two are at high risk for impaired cognitive development, which adversely affects the country’s productivity and growth.

**Where Does Rwanda Stand?**

- 52% of children under the age of five are stunted, 16% are underweight, and 5% are wasted.
- 6% of infants are born with a low birth weight.
- Rwanda’s progress over the past two decades has not improved to meet MDG 1c (halving 1990 rates of child underweight by 2015) with business as usual.

As seen in Figure 1, Rwanda performs worse than countries in its region and income group. Countries with lower per capita incomes, such as Togo and DRC exhibit reduced rates of child stunting.

**FIGURE 1** Rwanda has Higher Rates of Stunting than Lower-Income Peers

![Graph showing stunting rates among children under 5 for various countries](image)

### Source:
Stunting rates were obtained from WHO Global Database on Child Growth and Malnutrition (figures based on WHO child growth standards). GNI data were obtained from the World Bank’s World Development Indicators.

**Undernutrition is not just a problem of poverty. As Figure 2 shows, children are undernourished in close to one-third of even the richest households. This is not typically an issue of food access, but of caring practices and disease.**

**FIGURE 2** Undernutrition Affects all Wealth Quintiles – Poor Infant Feeding Practices and Disease are Major Causes

![Graph showing prevalence of stunting among children under 5 for various wealth quintiles](image)

### Source:
DHS 2005 (figures based on NCHS/WHO reference population).

**Vitamin and Mineral Deficiencies Cause Hidden Hunger**

Although they may not be visible to the naked eye, micronutrient deficiencies are widespread in Rwanda, as shown in Figure 3.

- Iron: Current rates of anemia among preschool aged children and pregnant women are 42% and 11% respectively. Provision of multiple micronutrient supplements to infants and young children,
Poor Infant Feeding Practices

- 59% of all newborns do not receive breast milk within one hour of birth.²
- 1 out of 8 infants under six months are not exclusively breastfed.²
- During the important transition period to a mix of breast milk and solid foods between six and nine months of age, almost 1 in 3 infants are not fed appropriately with both breast milk and other foods.²

Solution: Support women and their families to practice optimal breastfeeding and ensure timely and adequate complementary feeding. Breast milk fulfills all nutritional needs of infants up to six months of age, boosts their immunity, and reduces exposure to infections. In high HIV settings, follow WHO 2009 HIV and infant feeding revised principles and recommendations.⁸

High Disease Burden

- Undernutrition increases the likelihood of falling sick and severity of disease.
- Undernourished children who fall sick are much more likely to die from illness than well-nourished children.
- Parasitic infestation diverts nutrients from the body and can cause blood loss and anemia.

Solution: Prevent and treat childhood infection and other disease. Hand-washing, deworming, zinc supplements during and after diarrhea, and continued feeding during illness are important.

Limited Access to Nutritious Food

- 40% of households are food insecure as defined as per capita access to calories.¹ Many more households likely lack access to diverse diets year round.
- Achieving food security means ensuring quality and continuity of food access, in addition to quantity, for all household members.
- Adequate calories and micronutrients are essential for child growth and development. These can be provided by diverse diets.

Solution: Involve multiple sectors including agriculture, education, transport, gender, the food industry, health and other sectors, to ensure that diverse, nutritious diets are available and accessible to all household members.

References