



RWANDA

PREVENTING CHILD AND MATERNAL DEATHS

October 2024



USAID envisions a world where all women, newborns, and children survive, are healthy, and are able to develop and reach their full potential, contributing to the development of their communities and countries.

OVER THE LAST 20 YEARS, MORTALITY HAS FALLEN IN RWANDA BY:

↓ **60%** NEWBORN mortality rate

↓ **79%** CHILD mortality rate

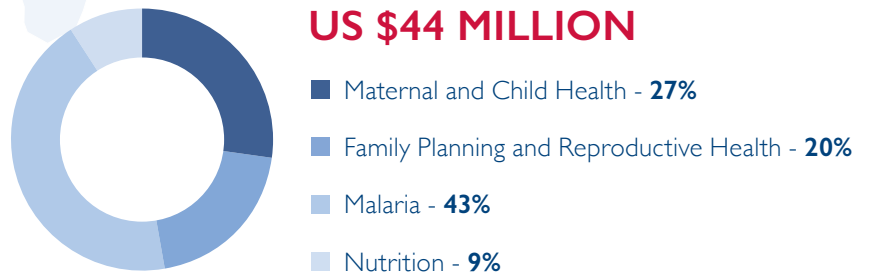
↓ **74%** MATERNAL mortality ratio

Source: Interagency Group for Child Mortality Estimation (IGME) and United Nations Maternal Mortality Estimation Inter-agency Group (MMEIG).

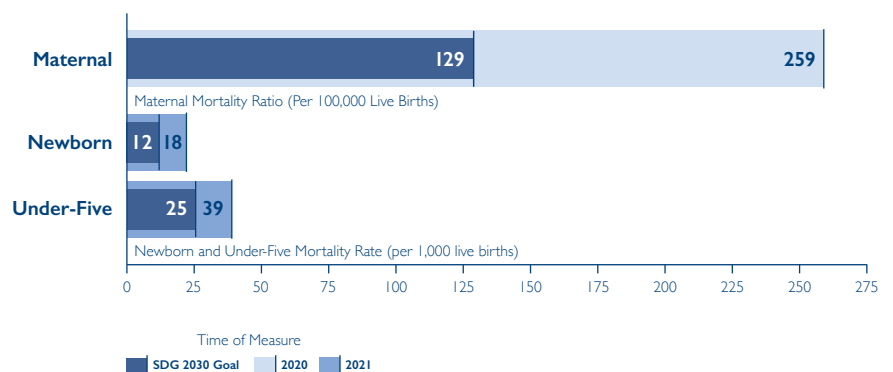
Total Population (2022):
13.8 MILLION PEOPLE

Total Fertility Rate (2022):
3.7 BIRTHS PER WOMAN

FISCAL YEAR 2022 USAID BUDGET ALLOCATION TO PREVENT CHILD AND MATERNAL DEATHS:



MORTALITY PROGRESS AND PROJECTIONS



USAID DELIVERS ESSENTIAL, LIFESAVING CARE FOR CHILDREN AND WOMEN

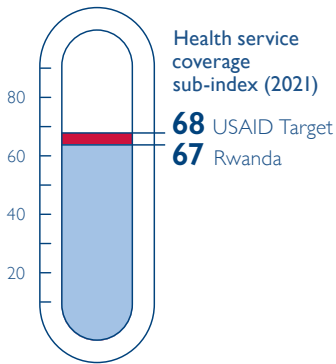
In Rwanda in 2023, USAID:

-  Provided **683,000 couple-years of protection** through voluntary family planning programs.
-  Supported **155,000 newborns** with postnatal care within two days of birth.
-  Reached **498,000 children under age five** with nutrition programs.
-  Treated **149,000 cases** of diarrhea in children.
-  Delivered **1.6 million insecticide-treated mosquito nets**.
-  Helped **159,000 women** to give birth in health facilities receiving U.S. government support.

IN RWANDA, 22% OF ALL DEATHS ARE PREVENTABLE CHILD AND MATERNAL DEATHS

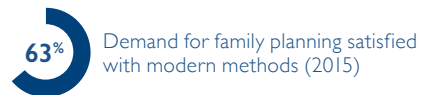
USAID is working with our partners to reduce preventable child and maternal deaths to **12% of total deaths, or lower**, across priority countries by 2030.

Source: United Nations World Population Prospects 2022.

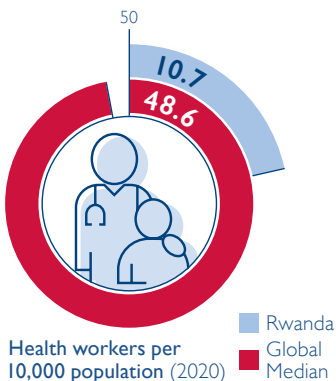


COVERAGE: Expanding coverage of lifesaving interventions is essential to save more lives.

Rwanda measures at 67 on the reproductive, maternal, neonatal, and child health service coverage sub-index from WHO (2021). This sub-index captures priority interventions proven to reduce mortality among mothers, newborns, or children, such as the demand for family planning satisfied with modern methods of family planning and proportion of infants who received DTP3 vaccination by one year of age. Interventions included in the sub-index are considered feasible for universal implementation in low-income countries. USAID is working with our partners to reach an average measure of 68 on the sub-index across our priority countries by 2030.



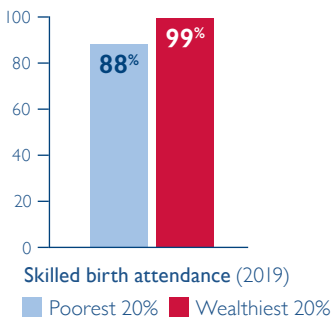
Source: WHO Universal Health Coverage Service Coverage Sub-Index on Reproductive, Maternal, Newborn, and Child Health and Countdown to 2030 Equity Profiles.



QUALITY: Increasing the number of healthcare workers can improve the quality of healthcare services.

The number of health workers in Rwanda falls well below the global median of 48.6 health workers per 10,000 people. This shortage of health workers limits the country's ability to reach its growing population with essential health care services. Sustained improvements in maternal and child survival require increasing the quantity and equitable distribution of health workers with the critical skills needed to provide quality, respectful care.

Source: WHO National Health Workforce Accounts Data Portal.



EQUITY: Reducing inequity in healthcare can help reach more women and children.

Many families in Rwanda do not have equitable access to health services. Beyond income inequality, social determinants including residence, ethnic or religious group, age, or disability can also lead to inequities in use of health services and in health outcomes. To increase child and maternal survival, there must be a continued focus on interventions and strategies that reach poor, marginalized, or vulnerable women and children.

Source: Countdown to 2030 Equity Profiles.



[Learn more](#) about USAID's Maternal and Child Survival Programs

