



MATERNAL AND CHILD HEALTH

MATERNAL AND CHILD HEALTH IN RWANDA

In Rwanda, one child in ten does not live to the age of five. Mortality rates for infants and children under the age of five increased following the genocide in 1994. Since the 2005 Demographic and Health Survey (DHS), the under-five and infant mortality rates have decreased from 152 to 103 and from 86 to 62 per 1,000 live births respectively (Interim DHS 2008). The trend of decreasing maternal mortality between 2000 and 2005 was evident, decreasing from 1,071 to 750 per 100,000 live births. Despite these achievements, one woman in Rwanda dies every three hours due to pregnancy-related issues, and approximately half of all children are chronically malnourished.

RESPONSE

The U.S. Agency for International Development (USAID) trains health providers in the emergency care for pregnant women in order to improve maternal health in Rwanda.

Child health is being addressed through technical assistance for immunization, a roll out of facility and community-based integrated management of childhood illnesses in 24 of 30 districts across Rwanda, essential nutrition activities, water treatment and disinfection, and improved hygiene and sanitation. Child health programs also work to reduce the childhood illnesses and deaths due to malaria (this includes the distribution of long-lasting insecticide treated bed nets). Moreover, community health workers are trained in community case management of fever.

Rwanda has also been selected for the Safe Birth Africa Initiative, which aims to reduce maternal and neonatal deaths in three to five years through proven life-saving interventions such as skilled birth attendance, active management of third stage of labor, and essential newborn care.

In FY 2009, USAID supported communities, district and central governments, and civil society organizations in providing an integrated package of quality, high-impact maternal, neonatal and child health services in a sustainable manner, promoting good governance, and decentralized health service provision.

RESULTS

In 2009, USAID contributed to the first national child survival policy and strategy, and Rwanda was the first African country to introduce the pneumococcal vaccine as part of its national routine immunization program. The President of Rwanda launched an emergency program to address child malnutrition, and USAID introduced a monitoring and evaluation system for improved infant feeding practices.

USAID-supported in-service training resulted in an increased number of district level providers trained in nutrition, integrated management of neonatal and childhood illnesses (IMNCI) and home based management of child fever and diarrhea. Providers in all USAID-supported health centers received initial training to deliver clinical IMNCI, and more than 2,500 community health workers were trained in community IMNCI. Increased availability of trained providers meant that nearly 163 thousand children under 12 months of age received their third dose of DPT3 (Diphtheria-Pertussis-Tetanus) vaccine, and over 747 thousand children under five received vitamin A supplementation.

MATERNAL AND CHILD HEALTH AT A GLANCE

- Human Development Index ranking: 161 of 177 ^[1]
- Malnutrition prevalence (ages 0-5): 45 percent stunted; 23 percent underweight; 4 percent severely underweight ^[2]
- Births attended by skilled health personnel: 52 percent ^[3]

^[1] *United Nations Development Report 2007-2008;*

^[2] *Rwanda Demographic and Health Survey 2005;*

^[3] *Rwanda Interim Demographic and Health Survey 2007-2008*