In Rwanda, 80% of households have access to an improved water source, with urban households having much better access (96%) than rural households (77%).

The most common sources of drinking water in urban households are water piped into the household’s dwelling, yard, plot, or neighbor yard (50%) and public taps or standpipes (26%). Rural households obtain their drinking water mainly from protected wells or springs (36%) and public taps or standpipes (31%).

Sanitation

Nearly three quarters (72%) of households in Rwanda have access to an improved sanitation facility, although access to such facilities is higher in urban (88%) than rural (69%) areas; 25% of households use unimproved sanitation facilities. Nearly two-thirds (64%) of households use a pit latrine with a slab (an improved facility), and 23% use a pit latrine without a slab or an open pit.

Nearly all households in Rwanda with a toilet/latrine facility use a facility that is not in their dwelling but is either in the yard/plot of the dwelling (60%) or elsewhere (37%).

Infant and child mortality

The infant mortality rate was 33 deaths per 1,000 live births for the 5 years preceding the survey. The child mortality rate was 13 deaths per 1,000 live births, while the under-5 mortality rate was 45 deaths per 1,000 live births. This implies that about 1 in 22 children in Rwanda die before their 5th birthday.

With respect to other early childhood mortality rates, the neonatal mortality rate was 19 deaths per 1,000 live births and the post neonatal mortality rate was 14 deaths per 1,000.

Overall, boys are slightly more likely than girls to die in childhood. For example, the under-5 mortality rate among boys is 47 deaths per 1,000 live births, as compared with 43 deaths per 1,000 live births among girls

Nutrition

At least 33% of Rwandan children age 6-59 months are stunted (short for their age), 1% are wasted (thin for their height), 8% are underweight (thin for their age), and 6% are overweight (heavy for their height).

Breastfeeding: Nearly all (99%) children born in the 2 years before the survey were breastfed at some point; 81% of children under age 6 months are exclusively breastfed.

Minimum acceptable diet: Only 22% of children age 6-23 months were fed a minimum acceptable diet during the previous day.

Anemia: 37% of children age 6-59 months and 13% of women age 15-49 are anemic.

Nutritional status of women: 6% of women age 15-49 are thin (a body mass index [BMI] below 18.5), while 26% are overweight or obese (BMI ≥ 25.0).

Food security

Results from the 2022 CFSVA have indicated that 20.6 percent of the population in Rwanda is food insecure, of which 18.8 percent are moderately food insecure and 1.8 percent are severely food insecure. National stunting rates have significantly decreased from 34.9 percent in 2018 to 32.4 percent in 2021. Out of this 24.0 percent of children under 5 years of age are moderately stunted and 8.4 percent are severely stunted.

In Rwanda, food insecurity and malnutrition are mainly caused by limited consumption of nutritionally diverse foods. Only 19.5 percent of children aged between 6 to 23 months receive a minimum acceptable diet (an increase of 2.5 percent compared to 2018), 32.8 percent reach the minimum meal frequency and 42.3 percent obtain the minimum dietary diversity of four food groups consumed.

The Food Balance Sheets (FBS)

In 2024, Rwanda’s Dietary Energy Supply (DES) reached 2,328.9 kcal per capita per day, up from 2,289.6 kcal in 2023, representing an increase of approximately 1.7% and reflecting a steady improvement in national food energy availability.

Data sources

Rwanda Food Balance Sheets (FBS) - 2023-24

Comprehensive Food Security & Vulnerability Analysis (CFSVA) - 2024

Demographic and Health Survey (2019/20)

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