



RW109- Human Development

Rwanda Development Challenges and UN Solutions

Holistic child, youth, and family development: In Rwanda, 44% of children under the age of five are malnourished. All Rwandan children and youth should grow up healthy, well-nourished, educated, protected against disease and violence, and able to develop to their full potential in a caring family environment. This requires a life-cycle approach to the development and well-being of children, youth, and their families with a particular focus on early years from 0-6 as the foundation for all future development and learning. Focusing on Early Childhood Development and Family, the UN and the Government will bring together multiple interventions, with the family at the heart of the approach. This includes pre-natal care and education, parental education, and child development, including early learning, health, nutrition, and hygiene. The UN and its partners will combat malnutrition with good maternal nutrition, behaviour change campaigns, and effective community health workers.

Health systems and population growth control: Rwanda's rapid population growth is a strong deterrent to national development. Population growth places pressure on the Accountable Governance economy and resources. It also increases human vulnerability to the impact of climate and natural or man-made disasters. All Rwandans should have sustained high access to and use of health services. Continuum of care is recognized as a cost-effective, results-oriented strategy that involves an integrated system of care. Interventions will ensure universal access to health services for maternal and child health, family planning, HIV/AIDS, control and prevention of NCDs and other infectious and epidemic diseases. This strategy will extend support to increase health-seeking behaviour and to address health risks related to environmental degradation and climate change, with a focus on key and vulnerable populations.

Sexual and gender-based violence (SGBV) and sexual and reproductive health: 48% of women and girls between ages 15-49 have suffered either physical or sexual violence. A woman's husband or partner is most likely to be the perpetrator of violence. While the number of women using contraceptive methods rose from 17% to 52% from 2005-2010, 19% of married women still report unmet family planning needs. The UN and its partners fight SGBV through the scaling up of the One Stop Centre model for SGBV treatment and response, and awareness-raising through anti-SGBV campaigns. Additionally, the UN will work to continue to increase access to family planning.

Response to HIV and AIDS: HIV prevalence is at 3% among the 15-49 years age group, or about 182,000 Rwandans. Regional variations in HIV prevalence exist with 7.1% in Kigali compared to 2.3% in the rural areas. Gender disparity is evident between women and men aged 15-49 with infection rates of 3.7% and 2.2% respectively. The infection rate is 51% among female sex workers. Progress has been made towards the elimination of mother-to-child transmission of HIV as 87% of HIV-positive pregnant women receive treatment to prevent infection of their new-borns. New HIV infections still occur due to the lack of use of prevention methods, such as condoms. The UN and its partners will work to empower key populations, especially youth and women, with knowledge on HIV prevention and through the integration of HIV and reproductive health services. Quality treatment and care services for all people living with HIV will be made more accessible.