

# Rwanda

## DEMOGRAPHIC AND ECONOMIC ESTIMATES

<b>Population (2012)<sup>a</sup></b>	<b>11.46 M</b>
<b>Urban population (2012)<sup>a</sup></b>	<b>2.22 M</b>
<b>Rural population (2012)<sup>a</sup></b>	<b>9.24 M</b>
<b>Population growth rate (2012)<sup>a</sup></b>	<b>2.76%</b>
<b>Gross domestic product USD (2012)<sup>b</sup></b>	<b>7.10 billion</b>

<sup>a</sup> World Population Prospects: The 2012 Revision, UNDESA 2013.

<sup>b</sup> World Development Indicators, World Bank 2013.

## HEALTH ESTIMATES

<b>Infant mortality / 1,000 live births (2012)<sup>c</sup></b>	<b>38.8</b>
<b>Under 5 mortality / 1,000 live births (2012)<sup>c</sup></b>	<b>55</b>
<b>Life expectancy at birth (2012)<sup>d</sup></b>	<b>65 yrs</b>
<b>Diarrhoea deaths attributable to WASH (2012)<sup>e</sup></b>	<b>2119</b>

<sup>c</sup> Levels & Trends in Child Mortality. Report 2013, UNICEF 2013.

<sup>d</sup> World Health Statistics, WHO 2014.

<sup>e</sup> Preventing diarrhoea through better water, sanitation and hygiene, WHO 2014.

## SANITATION AND DRINKING-WATER ESTIMATES

<b>Use of improved sanitation facilities (2012)<sup>f</sup></b>	<b>74.5%</b>
<b>Use of drinking-water from improved sources (2012)<sup>f</sup></b>	<b>74.1%</b>

<sup>f</sup> Progress on Drinking-Water and Sanitation – 2014 Update, WHO/UNICEF 2014.

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## Sanitation, drinking-water and hygiene status overview\*

The long term Vision 2020 of the Government of Rwanda has been converted into a series of medium term strategic plans. The first phase of the vision, the Economic Development and Poverty Reduction Strategy (EDPRS I), covered the period of 2008-2012 and has marked a distinct change in the approach to development. Priority was given to accelerating economic growth, creating employment and generating exports. During that period, remarkable socioeconomic progress has been made. Rwandans have benefited from rapid economic growth, reduced poverty, more equality and increased access to services delivery. In the water and sanitation sector specifically, people with access to clean drinking-water increased from 68% in 2006 to 74.1% in 2012. People with access to hygienic sanitation increased from 38% in 2006 to 74.5% in 2012.

These main achievements are the ones considered while preparing the 2014 GLAAS report. Other key achievements include the review and update of the existing Water Supply and Sanitation Strategy; data reconciliation within the sector in order to harmonize the concept and definition of water supply and sanitation; and finally the sector has started to establish a Sector Wide Approach (SWAp) Secretariat whose structure has been agreed upon by all the partners and the next step will be its operationalization. The Secretariat will play a big role in sector coordination.

Apart from the above mentioned achievements, the sector is facing a number of challenges, including funding gaps for increasing access, particularly in unplanned and scattered settlements in difficult hilly terrain; depleting water resources resulting in high costs for service provision; gaps in human resource capacity in areas of planning, project management and operation and maintenance; and a low level of sustainability of WASH services in rural areas.

Based on the success of EDPRS I, the Government of Rwanda has launched the second phase of EDPRS, which will last until 2018.

The EDPRS II has an overall goal of “accelerating progress to middle income status and better quality of life for all Rwandans through sustained economic growth of 11.5% and accelerated reduction of poverty to less than 30% of the population” under four thematic areas: 1) economic transformation for rapid growth; 2) rural development; 3) productivity and youth employment creation; and 4) accountable governance. EDPRS II has set a target of ensuring universal access to water and sanitation by 2020.

\* Sanitation, drinking-water and hygiene status overview provided and interpreted by national focal point based on GLAAS results.

# Highlights based on country reported GLAAS 2013/2014 data<sup>1</sup>

## I. Governance

The Ministry of Infrastructure has lead responsibilities for both sanitation and drinking-water. The Ministry of Health leads hygiene promotion initiatives and has a number of responsibilities in sanitation and water.

LEAD INSTITUTIONS	SANITATION	DRINKING-WATER	HYGIENE PROMOTION
Ministry of Infrastructure	✓	✓	
Ministry of Health			✓

Number of ministries and national institutions with responsibilities in WASH: **10**

Coordination between WASH actors includes: ✓ All ministries and government agencies  
 ✓ Nongovernmental agencies  
 ✓ Evidence supported decisions based on national plan and documentation of process

PLAN AND TARGETS FOR IMPROVED SERVICES	INCLUDED IN PLAN	COVERAGE TARGET (%)	YEAR
Urban sanitation	✓	100	2017
Rural sanitation	✓	100	2017
Sanitation in schools	✓	100	2017
Sanitation in health facilities	✓	100	2017
Urban drinking-water supply	✓	100	2017
Rural drinking-water supply	✓	100	2017
Drinking-water in schools	✓	100	2017
Drinking-water in health facilities	✓	100	2017
Hygiene promotion	✓	100	2018
Hygiene promotion in schools	✓	100	2017
Hygiene promotion in health facilities	✓	100	

There are specific plans implemented addressing the issues of improving and sustaining services including the reliability/continuity of urban water supply and ensuring drinking-water quality meets national standards.

### SPECIFIC PLANS FOR IMPROVING AND SUSTAINING SERVICES<sup>a</sup>

	EXISTENCE AND LEVEL OF IMPLEMENTATION OF MEASURES
Keep rural water supply functioning over long-term	Low → High
Improve reliability/continuity of urban water supply	Low → High
To rehabilitate broken public latrines	Low → High
Safely empty or replace latrines when full	Low → High
Reuse of wastewater or septage	Low → High
Ensure DWQ meets national standards	Low → High
Address resilience to climate change	Low → High

<sup>a</sup> Including implementation.

<sup>1</sup> All data represented in this country highlight document is based on country responses to GLAAS 2013/2014 survey unless otherwise stated.

## II. Monitoring

There is a high level of data availability reported for policy-making and response to WASH related disease outbreak.

MONITORING	SANITATION		DRINKING-WATER		HYGIENE
<b>Latest national assessment</b>	2012		2012		2012
<b>Use of performance indicators<sup>a</sup></b>	✗		●		
<b>Data availability for decision-making<sup>a</sup></b>					Health sector
Policy and strategy making	✓		✓		✓
Resource allocation	✓		✓		NA
National standards	NA		✓		NA
Response to WASH related disease outbreak	NA		NA		✓
<b>Surveillance<sup>b</sup></b>	Urban	Rural	Urban	Rural	
Independent testing WQ against national standards	NA	NA	✓	✓	
Independent auditing management procedures with verification	NA	NA	✓	✓	
Internal monitoring of formal service providers	✓	✓	✓	✓	
<b>Communication<sup>a</sup></b>					
Performance reviews made public	✓	✓	✓	✓	
Customer satisfaction reviews made public	✓	✓	✓	✓	

<sup>a</sup> ✗ Few. ● Some. ✓ Most.

<sup>b</sup> ✗ Not reported. ● Not used. ✓ Used and informs corrective action.

NA: Not applicable.

## III. Human resources

Human resource strategies are developed for sanitation and drinking-water though some gaps and follow up actions have not been identified. The most important constraints identified are attracting skilled workers to rural areas and the lack of financial resources.

HUMAN RESOURCES	SANITATION		DRINKING-WATER		HYGIENE
<b>Human resource strategy developed<sup>a</sup></b>	✓		✓		✓
<b>Strategy defines gaps and actions needed to improve<sup>a</sup></b>	✓		✓		✓
<b>Human resource constraints for WASH<sup>b</sup></b>					
Availability of financial resources for staff costs	●		●		●
Availability of education/training organisations	✓		✓		✓
Skilled graduates	✓		✓		✓
Preference by skilled graduates to work in other sectors	●		●		●
Emigration of skilled workers abroad	✓		✓		✓
Skilled workers do not want to live and work in rural areas	✗		✗		✗
Recruitment practices	✓		✓		✓
Other					

<sup>a</sup> ✗ No. ● In development. ✓ Yes.

<sup>b</sup> ✗ Severe constraint. ● Moderate constraint. ✓ Low or no constraint.

## IV. Financing

A financing plan is in place and used for most WASH areas, however, there are reported difficulties in absorption of donor commitments. There is also an insufficiency of funds to meet MDG targets.

### FINANCING

Financing plan for WASH	SANITATION		DRINKING-WATER	
	Urban	Rural	Urban	Rural
Assessment of financing sources and strategies <sup>a</sup>	✓	✓	✓	✓
Use of available funding (absorption)				
Estimated % of domestic commitments used <sup>b</sup>	✓	✓	✓	✓
Estimated % of donor commitments used <sup>b</sup>	✓	✓	✓	✓
Sufficiency of finance				
WASH finance sufficient to meet MDG targets <sup>b</sup>	●	●	●	●

<sup>a</sup> ✗ No agreed financing plan. ● Plan in development or only used for some decisions. ✓ Plan/budget is agreed and consistently followed.

<sup>b</sup> ✗ Less than 50%. ● 50–75%. ✓ Over 75%.

### WASH VS. OTHER EXPENDITURE DATA

Total WASH expenditure <sup>1</sup>	
2010–2012	29.70 M.USD
Expenditure as a % GDP	
Education <sup>2</sup>	4.9
Health <sup>2</sup>	10.8
WASH <sup>3</sup>	0.42

<sup>1</sup> Reported WASH expenditure in GLAAS 2013/2014 converted using UN exchange rate 31/12/12.

<sup>2</sup> Expenditure as a % GDP – Average 2010–2012, sources UNESCO 2014, WHO 2014.

<sup>3</sup> WASH expenditure from country GLAAS 2013 response, GDP Average 2010–2012, World Development Indicators, World Bank 2013. NA: Not available.

## V. Equity

As a step towards addressing equality in access to WASH services, three disadvantaged groups are identified in WASH plans. Funds are reported to be largely directed to urban areas, however, the unserved are mainly in rural areas.

### EQUITY IN GOVERNANCE

Laws	SANITATION		DRINKING-WATER	
	Urban	Rural	Urban	Rural
Recognize human right in legislation	✓		✓	
Participation and reporting <sup>a</sup>	Urban	Rural	Urban	Rural
	✓	✓	✓	✓
	✓	✓	✓	✓
	✓	✓	✓	✓

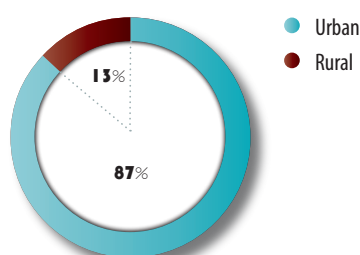
<sup>a</sup> ✗ Low/few. ● Moderate/some. ✓ High/most.

### DISADVANTAGED GROUPS IN WASH PLAN

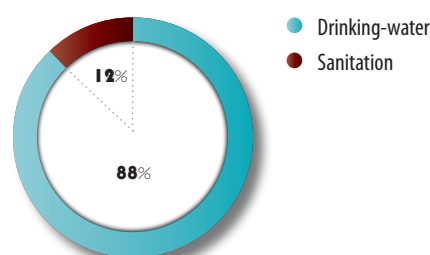
1. Poor populations
2. People living in slums or informal settlements
3. People with disabilities

### EQUITY IN FINANCE

**Figure 1.** Urban vs. rural WASH funding

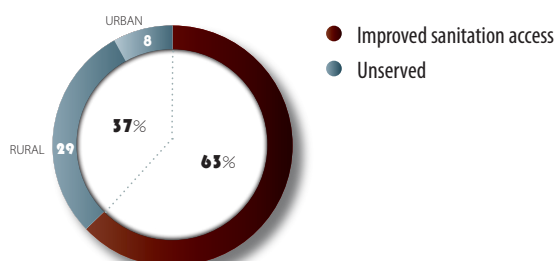


**Figure 2.** Disaggregated WASH expenditure

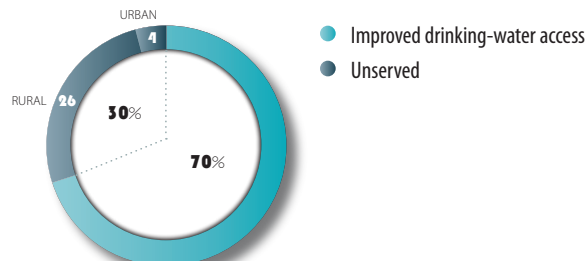


### EQUITY IN ACCESS<sup>1</sup>

**Figure 3.** Population with access to improved sanitation facilities



**Figure 4.** Population with access to improved drinking-water sources



<sup>1</sup> Progress on Drinking-Water and Sanitation – 2014 Update, WHO/UNICEF 2014.