

# Multidimensional Child Poverty in Rwanda

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## POLICY BRIEF



# 1. INTRODUCTION

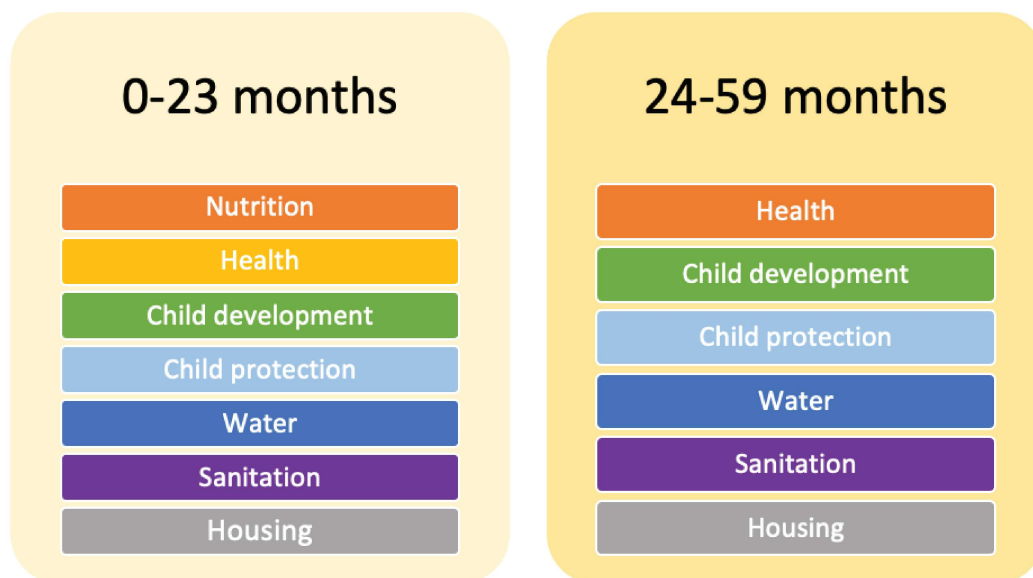
Over the last decade, Rwanda has shown considerable progress in monitoring and improving child well-being at the national level. The country's strong economic growth accompanied by significant improvements in living standards led to a two-thirds drop in child mortality<sup>1</sup> and near-universal primary school enrolment<sup>2</sup>. However, like most countries in the world, Rwanda has not been spared by the COVID-19 crisis. Given that the COVID pandemic is likely to reverse the progress in child poverty, it is now more important than ever to continue monitoring the situation of children.

In 2018, Rwanda published its first comprehensive MODA report<sup>3</sup> on child poverty using data from the Demographic and Health Survey (DHS) 2014/15 (for children under 5 years) and the Integrated Household Living Condition Survey (EICV) 2013/14 (for children aged 5-17 years). The present Multidimensional Overlapping Deprivation Analysis (MODA) is a follow-up to measure the country's progress in addressing multidimensional poverty for children aged under 5 years<sup>4</sup> using the Demographic and Health Survey 2019/2020. In addition, a trend analysis has been carried out based on evidence from DHS 2014/15 and DHS 2019/20.<sup>5</sup>

The analytical results presented in this brief are based on UNICEF's Multiple Overlapping Deprivation Analysis (MODA) methodology. Multidimensional poverty among children is measured by the following dimensions of child well-being: nutrition, health, development (cognitive), child protection, water, sanitation and housing (Figure 1). Each of the afore-mentioned dimensions of well-being is composed by a set of indicators (see Annex 1 in full report). The choice of parameters is embedded within the empirical framework of DHS data, relies on the Convention on the Rights of the Child (CRC) and SDGs as international guidelines, and follows the importance of measuring the specific needs of children in the context of Rwanda. The final selection of dimensions and indicators for this study was done in common agreement with the NISR and UNICEF during a workshop in November 2021 in Kigali.

Considering the life-cycle approach, the dimensions are disaggregated into two age groups (0-23 months and 24-59 months) to better reflect the needs of children and their development at different stages of the childhood.

Figure 1: List of dimensions measuring multidimensional child poverty in Rwanda



# 2. KEY FINDINGS

## 2.1 Multidimensional Child Poverty in Rwanda

A child is considered to be multidimensionally poor in Rwanda if he/she suffers simultaneously from deprivation in at least three dimensions of wellbeing. Based on this definition, **multidimensional poverty** affected **65.8%** of all children in the country in 2019/20. The disaggregation of results by age groups shows that 70.3% of children aged 0-23 months and 62.6% of children aged 24-59 months are multidimensionally poor (Figure 2).

Almost all children in Rwanda (94.9%) suffer from at least one deprivation, while 84.0% experience at least two deprivations at the same time (Figure 2). Approximately 22.4% of children are simultaneously deprived in 5 or more dimensions<sup>6</sup>.

Figure 2: Multidimensional poverty by age group

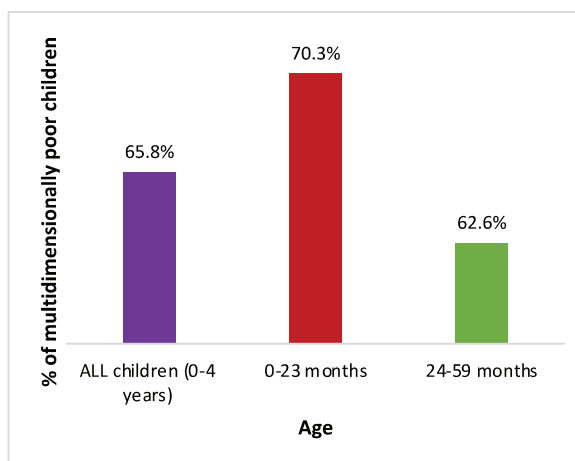
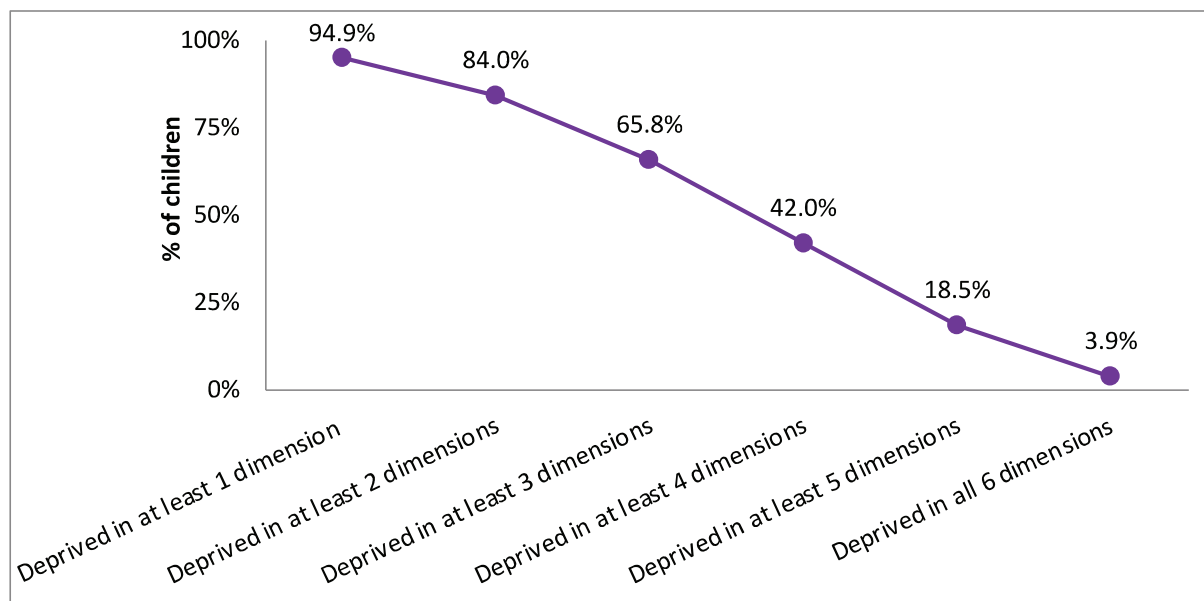


Figure 3: Percentage of children deprived in at least X number of deprivations



Source: Calculation based on Rwanda DHS 2019-20

<sup>6</sup> It is important to note that the number of total possible deprivations varies across age groups due to data availability. A total of 7 dimensions was included for children aged 0-23 months while 6 dimensions for children was used for children aged 24-59 months.

## 2.2 Profile of the multidimensional poor children

The disaggregation of child poverty amongst **rural and urban areas** shows major disparities in the country, where 70.4% of rural children are multidimensionally poor as compared to 43.4% of urban children. At the regional level, the highest child poverty rate is found among children in the **Western province** (72.1 per cent). Kigali has the lowest proportion of multidimensionally poor children (44.3 per cent).

The findings of the study show that multidimensional poor children tend to live in households with some particular features. Multidimensional poverty is higher amongst children living in **households with more members and/or children**. For instance, 74.4 per cent of children living in households with seven or more children are multidimensionally poor compared to 63.2 per cent of children living in households with one to three children. Furthermore, children living in **households where at least one child under five has died in the last five years** are more likely to be multidimensionally poor than children living in households where there was no case of under-five child mortality (75.9 per cent versus 65.5 per cent).

Also, the **education level of the household head and/or the mother** has an important influence on the deprivation levels of children. More than twice as many children whose mother have no education are multidimensionally poor in comparison to children whose mother achieved secondary or higher education levels (84.3 per cent versus 40.1 per cent).

In addition, nearly seven out of ten **stunted children** (68.7 per cent) are multidimensionally

poor compared to 46.3 per cent of non-stunted children. **Underweight children** are more likely to experience multidimensional poverty as compared to those who are not underweight (70.1 per cent and 57.8 per cent). No significant differences are observed based on the **gender of the child**.

## 2.3 Trend in Child Poverty between 2014 and 2019

In 2018, a multidimensional poverty measure for children was constructed based on DHS 2014/15 data. In a sub-section of the current study, a trend analysis was conducted based on the DHS 2014/15 and DHS 2019/20 data using the exact same indicators and dimensions as in 2018 (see Annex 2 in full report). Results show that Rwanda made progress in reducing the multidimensional child poverty rate from 55.3% in 2014 to 49.3%<sup>7</sup> in 2019/20. The intensity of deprivation has also slightly decreased over time from 61.6% to 60.6%, indicating that children experienced deprivations in a lower number of dimensions in 2019/20 compared to 2014/15.

However, the progress in reducing child vulnerabilities varies across dimensions. For children aged 0-23 months, there has been a decrease in the deprivation rates for all dimensions with the exception of Health where an increase of around 4 per cent is recorded. For those aged 24-59 months, only the dimension of Development presents a slight increase in deprivation, from 26.7 per cent to 29.2 per cent while all the other dimensions recorded a decrease in deprivation. The most considerable decline in deprivation is observed for the dimensions of Sanitation and Protection.



# 3. RECOMMENDATIONS

Based on the findings of the study, four sets of recommendations are formulated:

- 1. Adopt a holistic approach for policies targeting children.** In Rwanda, the majority of children tend to suffer from multiple deprivations at the same time. To reduce vulnerabilities significantly and effectively amongst the children, there is a need to adopt an integrated framework with multi-sectoral solutions to plan, budget and monitor policy actions. Such approaches will lead to considerable decrease in the severity or depth of poverty and are also more efficient and cost-effective.
- 2. Target the most vulnerable children.** The study highlights that childbearing some specific characteristics tend to have a higher incidence of multidimensional poverty than other children. Particular attention should be given to rural children, children residing in the Western province, those living in households where the head/mother has low levels of education, those living in households with previous cases of child mortality, households with many members/children, and stunted and underweight children.
- 3. Address vulnerabilities in the sectors recording the highest level of deprivations,** more specifically the dimensions of Housing, Nutrition, Health and Sanitation. However, in the medium and long term, all vulnerabilities of the children should be addressed. While deprivations in some dimensions can be reduced by providing monetary or in-kind resources

to households (e.g. nutrition), others have to be addressed by improving the services available in the communities (e.g. physical access to schools, water and sanitation facilities). Social protection programmes with a “cash plus” component are examples of such interventions<sup>8</sup>, as they integrate complementary services targeting sectoral vulnerabilities.

- 4. Maintain policies aiming at improving the situation of children.** As shown by the trend analysis, there have been some improvements in several dimensions of children’s well-being between 2014/15 and 2019/20. Policies pertaining to those sectors should be maintained and enhanced since they are yielding good results.



<sup>1</sup> According to the Demographic and Health Survey 2019-20, under-five mortality declined from 196 deaths per 1,000 live births in 2000 to 45 deaths per 1,000 live births in 2019-20.

<sup>2</sup> In 2018, Rwanda achieved a net primary school enrollment of 94.8 per cent. Available at: <https://data.worldbank.org/indicator/SE.PRM.NENR?locations=RW>

<sup>3</sup> National Institute of Statistics in Rwanda (NISR) and UNICEF Rwanda (2018). Multidimensional Child Poverty in Rwanda: A Multiple Overlapping Deprivation Analysis (MODA). Available at: <https://www.unicef.org/esa/sites/unicef.org/esa/files/2018-09/UNICEF-Rwanda-2018-Child-Poverty.pdf>

<sup>4</sup> The current study focus only on children aged below 5 years. Upon availability of new EICV data, the same study will be conducted for children aged 5-17 years.

<sup>5</sup> A slightly different set of indicators has been used for the trend analysis to allow comparison between the 2014/15 and 2019/20 Demographic and Health Surveys (see Annex II of the main report). The deprivation and multidimensional poverty rates used in the trend analysis therefore deviate from the other sections.

<sup>7</sup> Note that the rate differs from the rest of the report because a slightly different set of indicators was used in the 2018 child poverty study.

<sup>8</sup> De Neubourg, Cebotari, and Karpati 2021.

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