

## Rwanda – Tables from Quibb survey 2003

### A - HEALTH AND HYGIENE INDICATORS

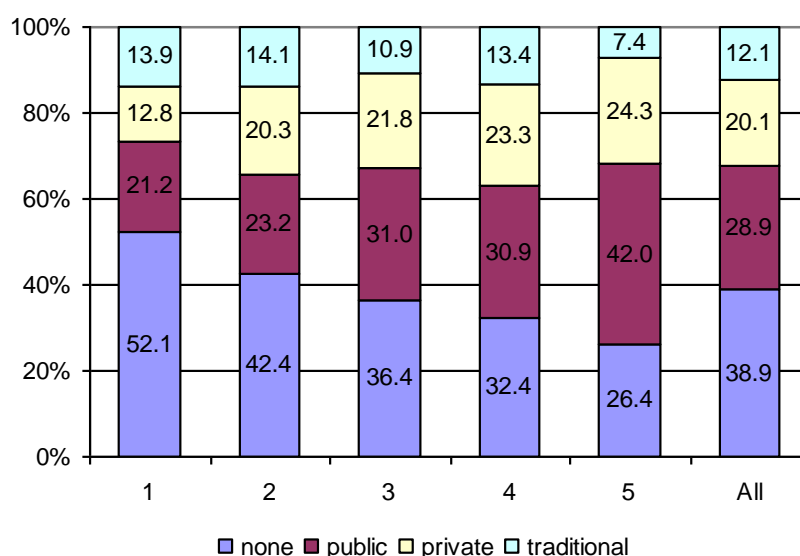
**Table 1 - Access to preventive care by asset quintile (% of individuals), 2003**

	1	2	3	4	5	All
<i>Bed-net ownership</i>						
Household owns at least 1 net	1.0	4.0	7.6	14.9	32.6	12.0
- Households with children < 5	1.3	5.3	8.6	16.0	35.4	13.3
<i>Access to prenatal care</i>	91.7	92.3	93.6	93.2	98.3	93.5

Access to prenatal care refers to women aged 13+

- Access to bed-nets is extremely limited, in particular in the lowest quintiles
- Households including children below 5 are essentially no more likely to have a bed-net.
- Access to pre-natal care is high, even if there is a correlation between access and level of well-being.

**Figure 1 - Access to doctor and type of doctor used, by asset quintile**

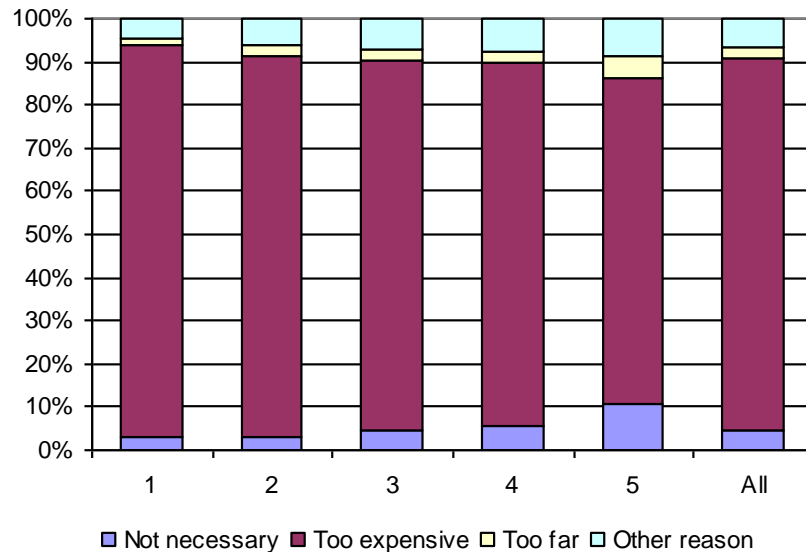


% of individuals with any kind of temporary illness in the 4 weeks preceding the interview.  
 Public: public hospital and public health center; private: church hospital, private doctor or dentist, and pharmacy; traditional: traditional doctor and others.

- About 40% of all individuals who declared having had a temporary illness in the 4 weeks preceding the interview did not consult any doctor. This percentage decreases with level of well-being and is twice as big in the first quintile (52%) than in the top quintile (26%)
- The use of public services is higher than the one of private services – this is true in every quintile (within the public, the public hospital and the public health center are almost equally used, with a slightly higher percentage for the public hospital. Within the private sector, pharmacies are by far the type of health provision most commonly used, followed by the church hospitals, while the use of a private doctor or dentist is negligible.

- The use of a traditional doctor is more common in the bottom quintiles, albeit even in the top quintiles is not at negligible levels.

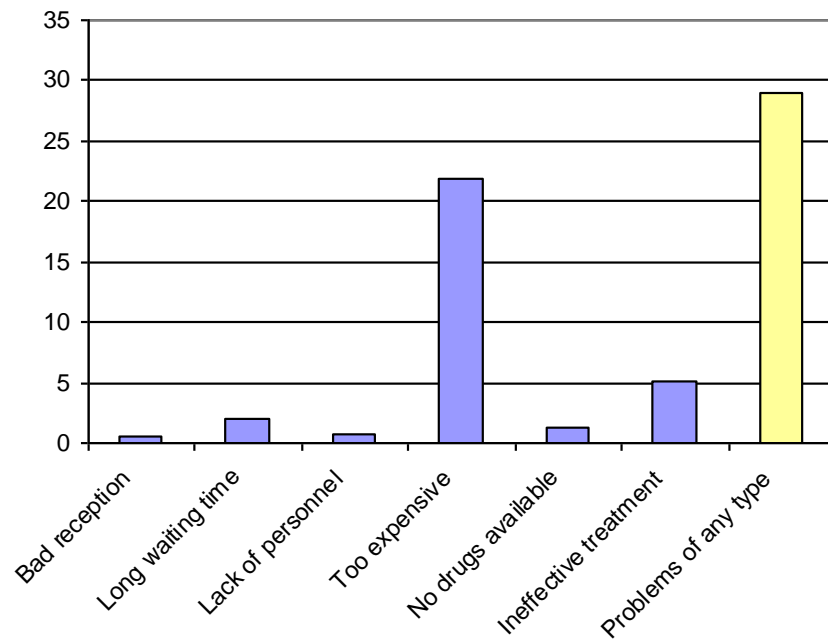
**Figure 2 - Reasons for not going to the doctor by asset quintile**



% of individuals with any kind of temporary illness in the 4 weeks preceding the interview who did not go to the doctor. Public: public hospital and public health center; private: church hospital, private doctor or dentist, and pharmacy; traditional: traditional doctor and others.

- Among those who do not go to the doctor (a group that, as previously shown, is bigger in the bottom than in the top quintiles) the prevailing reason is by far that “it is too expensive”. As expected, this reason is more important in the bottom (92%) than in the top quintile (78%), but it is still very relevant in the top of the distribution
- A higher percentage of those in the top quintiles say that they did not go to the doctor because it was not necessary – but remember that a higher % of people went to the doctor in the top quintile, so that among those who are left out the % that consider it to be unnecessary is likely to be proportionally higher
- Distance to the doctor does not seem to be a crucial factor for not going. However, because only one answer was possible, the interpretation could be that the cost is simply more important than the distance or other reason, not that these other reasons are not relevant

**Figure 3 - Problems with medical visit**



% of individuals declaring of having had problems with their visit to the doctor. Multiple answers are allowed so the sum of all different types of problems is higher than the % of individual declaring of having had any problem (last bar).

- Among those who went to the doctor, about 30% declare of having had problems of some kind;
- The most common problem is the cost of the visit (about 22%), followed by “ineffective treatment” (about 5%)
- Table A3 shows that the percentage of those lamenting problems is higher in the bottom of the asset distribution (37% in the bottom quintile) and lower in the top (23% in the top quintile). The decrease in the level of dissatisfaction with welfare occurs for all types of illnesses, except for teeth problems
- For all types of illnesses the larger majority of individual complain about the cost of the visit. The second most relevant problem (the treatment was not effective) is indicated by a much lower percentage of individuals than the financial problem. It is relatively more important in the case of skin problems and other problems.
- Although there is some negative correlation between dissatisfaction due to ineffective treatment and level of welfare, this correlation appears to be much weaker than the one between dissatisfaction due to high cost of the visit and level of welfare.

**Table 2 - Availability and use of drinkable water, by asset quintile**

	Quintile					Total
	1 (lowest)	2	3	4	5 (highest)	
<i>Households where people drink drinkable water</i>						
	45.6	52.7	60.6	59.1	56.9	55.3
<i>Precautions taken when water is not drinkable</i>						
None	70.7	66.7	60.1	52.9	43.9	58.7
Let water settle	7.4	5.7	3.1	6.7	5.1	5.7
Boil water	21.8	26.7	35.5	36.9	48.1	33.9
Filter water	0.1	0.7	0.0	0.2	0.0	0.2
Disinfect water	0.0	0.2	1.4	3.4	2.9	1.6
<i>Devices used to collect water</i>						
Shaft	85.9	90.0	91.8	94.5	92.8	91.2
Tank	0.0	0.2	0.0	0.0	1.6	0.4
Jug	12.0	8.2	6.9	4.6	3.7	6.8
Other	1.6	1.3	1.1	0.5	0.8	1.1
Not needed	0.0	0.0	0.0	0.3	0.7	0.2
None	0.6	0.3	0.2	0.1	0.3	0.3

The figures represent % of individuals living in households with the stated characteristics (population weights).

- About 55% of individuals live in households where the water they drink is drinkable. This is a very low percentage – almost half of the population has non-drinkable water to drink;
- In the bottom two quintiles the percentage of people drinking drinkable water is lower, but the difference along the welfare distribution is not substantial;
- The majority of those who do not have drinkable water to drink do not take any precaution before drinking it. This percentage is substantially higher in the bottom of the distribution (71% in the bottom quintile) than in the upper part (44% in the top quintile);
- Otherwise the most common strategy is to boil the water, which is increasingly adopted as we move up the asset distribution;
- The large majority of individuals live in households where water is stored in shafts; the second most important device is storing it in jugs (more common for poor households, but overall much less common than using shafts).

**Table 3 - Hygiene indicators, by asset quintile**

	1	2	3	4	5	Total
Each member could take a bath every day	62.4	59.4	62.6	66.9	67.8	64.0
Each member owns a toothbrush	1.5	5.3	11.4	16.9	30.2	14.0
Each member owns at least a pair of shoes	7.8	16.7	26.0	36.9	59.3	31.0
At least one member contributes to a health insurance	7.0	8.6	11.2	14.0	25.1	13.8
Somebody is affected by a chronic illness	31.3	27.5	25.8	27.7	29.1	28.3
The household received a visit from the health inspector over the past year	21.7	22.7	21.9	23.3	22.7	22.5

- The percentage of individuals living in households where there is enough water for each member to have a bath per day is surprisingly high – but probably the type of “bath” varies along the asset distribution;
- Toothbrushes are not a very common tool. In the bottom quintile only 1.5 % of individuals have a personal toothbrush, but even in the top quintile less than a third of people has one;
- In the bottom quintile only 8% of the people live in households where everybody has a pair of shoes; this percentage is much higher but still less than 60% in the top quintile;
- Health insurance is also very uncommon (in the bottom quintile only 7% of the population live in households where at least one member has one – this means that the number of individuals with a health insurance is much less! – while the corresponding percentage in the top quintile is 25%)
- Almost 30% of the population live in households where somebody is affected by a chronic illness. This percentage changes very little with welfare;
- Also the probability of having received a visit by a health inspector (animateur sanitaire) is not very sensitive to welfare. It is about 21-23% in all quintiles.

**Table A1 - Access to doctor and type of doctor used, by type of temporary illness and asset quintile**

	1	2	3	4	5	All
<i>Malaria</i>						
No doctor	52.0	37.9	32.3	30.7	22.8	36.0
Public	23.3	27.2	33.7	34.0	45.1	32.0
Private	17.1	26.0	29.6	29.7	29.9	26.0
Traditional	7.6	9.0	4.4	5.6	2.2	6.0
<i>Diarrhea</i>						
No doctor	48.7	44.5	37.7	32.1	30.6	40.4
Public	20.1	19.0	33.3	32.2	36.4	26.7
Private	13.0	19.8	12.0	20.1	18.7	16.4
Traditional	18.2	16.7	17.0	15.6	14.3	16.6
<i>Accident</i>						
No doctor	47.1	37.2	28.2	31.1	23.2	33.8
Public	26.3	22.6	27.1	35.2	48.3	31.0
Private	10.5	20.3	23.4	15.0	17.6	17.4
Traditional	16.1	19.9	21.3	18.7	10.9	17.7
<i>Teeth problem</i>						
No doctor	59.8	54.2	43.0	49.1	31.7	47.9
Public	15.6	13.3	34.7	40.4	38.2	26.6
Private	12.3	17.9	5.1	10.6	27.3	14.9
Traditional	12.3	14.6	17.3	0.0	2.8	10.6
<i>Skin problem</i>						
No doctor	48.0	44.7	41.8	31.7	31.0	40.1
Public	23.4	14.7	21.4	23.0	29.8	22.5
Private	6.9	13.7	9.2	21.0	13.8	12.5
Traditional	21.8	27.0	27.7	24.4	25.4	24.9
<i>Eye problem</i>						
No doctor	77.2	63.5	44.8	22.9	37.7	53.0
Public	13.4	12.9	19.5	35.9	38.6	21.8
Private	2.5	16.0	22.3	15.3	22.2	15.1
Traditional	6.9	7.6	13.4	25.9	1.5	10.1
<i>Ear problem</i>						
No doctor	54.6	46.1	42.9	32.2	32.8	42.7
Public	16.9	21.6	26.3	25.6	38.8	24.8
Private	8.8	11.5	12.9	20.4	19.6	14.1
Traditional	19.8	20.9	17.9	21.9	8.9	18.4
<i>Other illness</i>						
No doctor	47.1	41.3	38.7	34.9	29.3	39.1
Public	20.7	22.0	30.9	29.0	38.3	27.3
Private	9.9	14.9	13.6	12.5	16.6	13.3
Traditional	22.3	21.9	16.8	23.5	15.9	20.4

% of individuals with listed temporary illnesses in the 4 weeks preceding the interview. Public: public hospital and public health center; private: church hospital, private doctor or dentist, and pharmacy; traditional: traditional doctor and others.

**Table A2 - Reasons for not going to the doctor, by type of temporary illness and asset quintile**

	1	2	3	4	5	All
<i>Malaria</i>						
Not necessary	1.7	1.6	2.6	2.6	3.7	2.2
Too expensive	93.3	93.5	92	86.5	84.7	91.1
Too far	2.1	2.4	2.8	2.7	5.7	2.8
Other reason	4.2	4.2	3.8	8.8	10	5.5
<i>Diarrhea</i>						
Not necessary	2.9	1.9	3.6	6.9	13.4	4.4
Too expensive	87.7	88.7	90.7	83.3	82.8	87.4
Too far	1.7	1.8	4.3	1.4	6.2	2.6
Other reason	9	7.6	5.7	8.4	4.6	7.5
<i>Accident</i>						
Not necessary	0	12.9	3.4	6.3	45.8	9.7
Too expensive	93.9	85	74.5	83.5	49.2	81.4
Too far	0	2.5	0	10.2	0	2.4
Other reason	6.1	0	22.1	0	4.9	6.6
<i>Teeth problem</i>						
Not necessary	0	3.9	6.8	0	31.3	6.5
Too expensive	90.7	89.7	93.2	91.3	53.3	86
Too far	0	0	0	0	15.4	2
Other reason	9.3	6.5	0	8.7	0	5.4
<i>Skin problem</i>						
Not necessary	6.7	0	0	9.3	9.1	4.8
Too expensive	89.3	91.3	83.7	90.7	74.9	86.9
Too far	0	11.2	0	0	5.5	3.3
Other reason	4.3	0	16.3	0	10.6	5.7
<i>Eye problem</i>						
Not necessary	5.9	3.1	0	11.4	10	4.9
Too expensive	92.5	89.1	78.7	88.6	80.8	87.8
Too far	1.6	1.8	0	0	9.5	2.3
Other reason	1.6	7.9	21.3	0	9.2	7.4
<i>Ear problem</i>						
Not necessary	6.3	6.6	10	10.4	28.3	10.4
Too expensive	89.3	82.2	83	81.3	64.6	82.3
Too far	1.5	3.3	5.5	3.2	0	2.7
Other reason	4.5	11.3	8.5	5.1	9.5	7.5
<i>Other illness</i>						
Not necessary	5.1	2.3	7.5	7.8	6.6	5.5
Too expensive	89.9	87.3	82.1	73.6	75.9	83.4
Too far	1.7	2.4	2	1.6	5.2	2.3
Other reason	5.1	10.5	8.4	18.6	14.5	10.5

% of individuals with listed temporary illnesses in the 4 weeks preceding the interview who did not go to the doctor. Public: public hospital and public health center; private: church hospital, private doctor or dentist, and pharmacy; traditional: traditional doctor and others.

**Table A3 - Problems with medical visit, by type of temporary illness and asset quintile**

	1	2	3	4	5	All
<i>Any type of illness</i>						
Bad reception	0.5	0.7	0.8	0.8	0.2	0.6
Long waiting time	2.4	3.2	1.9	1.5	1.2	2.0
Lack of personnel	1.1	0.5	0.6	0.4	1.3	0.8
Too expensive	28.7	23.2	23.8	18.9	16.1	21.9
No drugs available	1.1	1.4	1.2	0.9	1.4	1.2
Ineffective treatment	7.9	5.8	4.6	4.3	3.3	5.1
Problems of any type	36.6	31.6	30.7	24.8	22.4	29.0
<i>Malaria</i>						
Bad reception	0.4	0.7	0.7	0.8	0.1	0.5
Long waiting time	1.9	3.4	2.0	1.1	1.1	1.9
Lack of personnel	0.8	0.5	0.4	0.2	0.8	0.5
Too expensive	30.9	24.8	27.4	22.2	18.7	24.5
No drugs available	1.0	0.9	1.1	0.1	1.5	0.9
Ineffective treatment	6.3	3.5	3.9	2.5	0.9	3.3
Problems of any type	36.2	30.1	32.2	26.4	22.1	29.1
<i>Diarrhea</i>						
Bad reception	1.6	1.4	0.0	0.0	0.0	0.7
Long waiting time	3.4	1.5	3.7	0.8	0.0	2.0
Lack of personnel	1.8	0.0	0.6	0.0	3.1	1.1
Too expensive	30.5	19.3	17.6	17.4	18.9	21.3
No drugs available	0.7	1.2	0.0	1.4	2.1	1.0
Ineffective treatment	5.1	7.4	1.6	2.3	9.2	5.0
Problems of any type	37.6	30.6	23.3	19.7	28.5	28.4
<i>Accident</i>						
Bad reception	0.0	0.0	0.0	0.0	0.0	0.0
Long waiting time	0.0	1.7	0.9	0.0	0.0	0.6
Lack of personnel	0.0	2.4	1.5	0.0	2.9	1.4
Too expensive	37.5	12.2	24.6	21.5	12.8	21.5
No drugs available	0.0	0.0	3.4	0.0	4.0	1.6
Ineffective treatment	11.1	1.4	1.9	5.0	4.4	4.5
Problems of any type	45.9	16.3	31.0	26.5	19.7	27.6
<i>Teeth problems</i>						
Bad reception	0.0	0.0	7.8	0.0	0.0	1.8
Long waiting time	0.0	0.0	0.0	14.0	3.7	2.5
Lack of personnel	0.0	0.0	0.0	14.0	10.3	4.2
Too expensive	28.2	12.5	23.2	28.0	15.9	20.6
No drugs available	0.0	0.0	0.0	14.0	0.0	1.6
Ineffective treatment	0.0	0.0	0.0	0.0	3.0	0.8
Problems of any type	28.2	18.3	23.2	28.0	29.2	25.2
<i>Skin problems</i>						
Bad reception	2.7	0.0	0.0	1.6	0.0	1.0
Long waiting time	7.0	0.0	10.8	1.6	0.0	3.6
Lack of personnel	2.7	0.0	0.0	0.0	0.0	0.6
Too expensive	33.6	18.4	18.9	18.9	18.2	22.1
No drugs available	0.0	0.0	0.0	3.1	1.5	1.0



Ineffective treatment	18.1	19.5	9.6	9.9	4.6	12.3
Problems of any type	47.8	37.9	37.6	31.9	24.2	35.9

*Eye problem*

Bad reception	0.0	3.0	0.0	2.2	0.0	1.3
Long waiting time	0.0	0.0	0.0	2.2	0.0	0.5
Lack of personnel	6.1	0.0	0.0	0.0	0.0	0.5
Too expensive	32.2	14.6	12.4	21.7	7.3	16.1
No drugs available	0.0	0.0	0.0	0.0	0.0	0.0
Ineffective treatment	13.4	4.8	16.5	5.3	2.8	7.4
Problems of any type	27.8	19.4	22.7	27.0	10.1	20.6

*Ear problem*

Bad reception	0.4	0.0	0.6	1.5	0.7	0.7
Long waiting time	5.5	6.5	3.0	1.5	3.6	3.9
Lack of personnel	3.4	0.0	1.0	0.0	1.0	1.0
Too expensive	22.4	20.3	23.4	14.3	10.1	17.9
No drugs available	1.6	6.4	1.5	0.4	1.5	2.2
Ineffective treatment	12.3	8.2	4.4	1.6	5.8	6.3
Problems of any type	36.6	36.3	31.1	16.3	20.0	27.7

*Other problem*

Bad reception	0.0	0.8	1.6	0.0	0.4	0.5
Long waiting time	0.7	2.0	0.4	1.7	0.4	1.1
Lack of personnel	0.7	0.8	1.1	0.9	1.8	1.0
Too expensive	32.2	31.3	24.7	16.1	16.1	24.3
No drugs available	3.1	0.0	1.8	2.1	0.4	1.5
Ineffective treatment	10.6	11.1	12.5	11.7	7.7	10.7
Problems of any type	43.8	42.4	41.4	30.7	28.1	37.3

% of individuals declaring of having had problems with their visit to the doctor. Multiple answers are allowed so the sum of all different types of problems is higher than the % of individual declaring of having had any problem (last row).

## B - AGRICULTURE

**Table 4 – Participation in agriculture, by asset quintile and urban and rural areas**

Asset quintile	All		Urban		Rural	
	% of agricultural households	% of individuals living in agricultural households	% of agricultural households	% of individuals living in agricultural households	% of agricultural households	% of individuals living in agricultural households
1 (lowest)	95.2	96.6	88.2	92.2	96.1	97.3
2	92.2	92.8	52.3	57.2	97.4	98.1
3	90.9	91.4	32.5	37.6	99.1	99.3
4	89.0	89.0	16.8	20.2	98.9	99.2
5 (highest)	88.6	88.2	24.2	27.1	96.9	97.2
All	91.4	91.6	45.2	46.9	97.6	98.2
% of households in agriculture	100.0		5.9		94.1	
% of individuals in agricultural households	100.0		6.6		93.4	

Agricultural households are those where at least one member cultivated at least one field in the 12 months before the interview.

- Agriculture absorbs a large part of the population. In Rwanda, over 90% of households have at least one member involved in agriculture (about the same percentage of individuals live in these households).
- Agriculture is obviously much more important in rural than in urban areas. Almost 95% of all households with at least one member working in agriculture are located in rural areas.
- Still, more than 45% of all households living in urban areas are involved in agriculture; this percentage is higher in the bottom quintile of the asset distribution (about 88% of all urban households in this percentile) and decreases rapidly along the distribution, down to 17% in the 4<sup>th</sup> and 24% in the top quintile.
- By contrast, almost all households living in rural areas are involved in agriculture – around 98%. This percentage does not vary by asset quintile.
- NB: because almost all rural activity is concentrated in rural areas, in the next tables statistics are shown at the national level without distinguishing between rural and urban areas.

**Table 5 – Evolution of the land surface with respect to previous year**

	Smaller	Same	Bigger
1 (lowest)	8.3	89.2	2.5
2	9.2	88.1	2.7
3	8.2	88.4	3.4
4	7.6	87.5	4.9
5 (highest)	6.9	87.7	5.4
All	8.1	88.2	3.6

The statistics refer to the land owned by the household

- The large majority of households did not have any variation in the surface of the land with respect to previous year
- A minority (about 4%) had an increase in the amount of land; this increase is larger in the top than in the bottom of the asset distribution;
- Bigger is the % of those who had a decrease in land (about 8%). This has been more likely in the bottom than in the top of the asset distribution.

**Table 6 – Type and relevance of crops**

	% of households	% of farmers
Banana (for cooking)	10.8	11.9
Banana (for beer)	19.7	21.5
Banana (fruit)	1.1	1.2
Corn	20.8	22.7
Sorghum	25.3	27.5
Rice	0.7	0.8
Wheat	2.8	3.1
Beans	82.6	90.1
Peas	5.6	6.0
Peanut	5.6	6.2
Soya	6.7	7.3
Potato	11.2	12.3
Manioc	35.2	38.3
Taro (malanga)	4.4	4.8
Sweet potato	48.0	52.4
Onions	0.5	0.6
Cabbage	2.0	2.2
Dodo/lenga lenga	1.2	1.4
Tomato	1.3	1.4
Carrot	0.2	0.2
Salad	0.1	0.1
Other vegetable	1.4	1.6
Mushrooms	0.0	0.0
Maracuja	0.3	0.3
Pineapple	0.2	0.2
Flowers	0.0	0.0
Tobacco	0.1	0.2

- Table 6 shows the % of households (first column) and of farmers (second column) cultivating each of the listed crop. The most popular crop is represented by the beans (about 90% of the farmers), followed by sweet potato (52%) and manioc (38%). As it will be shown, all these crops are mainly for self-consumption.
- The few commercial crops (tobacco, vegetables, flowers) are grown by a very tiny % of the farmers.

**Table 7 – Type of seeds and type of fertilizer used, by type of crop**

	Type of seeds			Type of fertilizer		
	Traditional	Improved locally	Improved import	Compost	Chemical	?
Banana (for cooking)	90.6	8.7	0.7	74.5	0.0	25.5
Banana (for beer)	93.8	6.0	0.2	69.0	0.3	30.8
Banana (fruit)	82.5	16.2	1.3	65.2	1.4	33.4
Corn	80.3	17.6	2.2	62.0	0.9	37.1
Sorghum	92.4	7.6	0.0	55.2	0.4	44.4
Rice	25.8	25.8	48.4	22.1	60.9	17.0
Wheat	73.0	26.7	0.4	39.3	8.1	52.7
Beans	83.7	16.0	0.3	70.0	0.4	29.6
Peas	91.1	8.1	0.8	61.4	2.7	35.9
Peanut	90.8	8.5	0.7	46.0	0.2	53.8
Soya	83.3	15.0	1.7	70.6	0.4	29.0
Potato	73.9	24.1	2.0	53.6	12.0	34.3
Manioc	93.2	6.7	0.2	36.3	0.3	63.4
Taro (malanga)	95.6	3.4	1.1	65.3	0.0	34.7
Sweet potato	92.9	7.0	0.1	45.3	0.4	54.3
Onions	51.9	24.6	23.4	67.6	4.7	27.7
Cabbage	41.4	30.0	28.6	78.6	11.5	9.9
Dodo/lenga lenga	90.4	7.9	1.7	69.5	1.6	29.0
Tomato	54.4	26.7	18.9	70.8	16.7	12.5
Carrot	21.4	25.6	53.0	68.0	5.2	26.8
Salad	33.5	0.0	66.5	19.5	80.5	0.0
Other vegetable	71.1	19.6	9.3	76.7	8.4	15.0
Mushrooms	100.0	0.0	0.0	100.0	0.0	0.0
Maracuja	76.3	23.7	0.0	72.5	0.0	27.5
Pineapple	74.0	15.7	10.3	87.1	0.0	12.9
Flowers	0.0	100.0	0.0	100.0	0.0	0.0
Tobacco	100.0	0.0	0.0	83.7	0.0	16.3
All	87.1	11.9	1.1	58.3	1.3	40.3

- The large majority of farmers use traditional seeds (87%). Only 12 % uses seeds improved locally and 1% improved imported seeds.
- Improved seeds (either local or imported) are used more frequently for rice and vegetables such as salad, carrots, onions, cabbage, and tomatoes.
- Only 1% of the farmers use chemical fertilizer, while the majority (58%) use compost. [NB. There is no label attached to the third option].
- The crops where chemical fertilizers are more frequently used are those for which improved seeds are also used: rice, salad, and – to a much lesser extent – tomatoes, cabbage, and potatoes.

**Table 8 – Use of the production, by crop**

	Sale	Transformation	Consumption	?
Banana (for cooking)	16.4	0.9	82.2	0.6
Banana (for beer)	32.5	46.4	20.2	0.8
Banana (fruit)	25.9	11.3	61.5	1.4
Corn	6.7	4.7	87.9	0.8
Sorghum	24.9	22.9	49.4	2.8
Rice	53.6	0.0	46.4	0.0
Wheat	23.8	26.8	49.4	0.0
Beans	5.2	0.1	94.1	0.6
Peas	8.0	1.3	90.2	0.6
Peanut	20.0	22.3	55.6	2.2
Soya	8.7	18.3	72.2	0.8
Potato	25.4	0.2	74.0	0.4
Manioc	9.5	22.2	64.0	4.3
Taro (malanga)	5.0	0.0	91.9	3.1
Sweet potato	4.6	0.0	94.3	1.2
Onions	79.5	0.0	20.5	0.0
Cabbage	49.9	0.0	49.1	1.0
Dodo/lenga lenga	16.3	0.0	83.7	0.0
Tomato	83.8	0.0	14.7	1.6
Carrot	42.7	0.0	57.3	0.0
Salad	80.5	0.0	19.5	0.0
Other vegetable	38.2	0.8	59.5	1.4
Mushrooms	100.0	0.0	0.0	0.0
Maracuja	58.6	0.0	41.4	0.0
Pineapple	79.3	0.0	20.7	0.0
Flowers	100.0	0.0	0.0	0.0
Tobacco	86.2	0.0	0.0	13.8
All	12.5	9.5	76.5	1.4

- Agriculture in Rwanda is mostly for self-consumption (77%), while only 13% of the production is for sale and less than 10% for transformation. [NB. A fourth category was non-labelled, so it is not clear what it is – but the percentages are small]
- Flowers, mushrooms, tobacco, pineapple, salad, tomatoes, and onions are mostly produced for sale, while banana (for the production of beer) is mostly transformed.
- With the above exceptions, all the other crops are mostly grown for the consumption of the household.

**Table 9 – Strategies to cope with insufficient agricultural production**

	1	2	3	4	5	All
Agricultural production sufficient	5.5	9.8	13.3	16.3	28.7	13.8
<i>Strategies when production insufficient</i>						
Make up with wage or savings	45.5	60.0	68.5	78.8	88.0	65.1
Work for food ( <i>guca inshuro</i> )	50.9	38.8	31.9	19.7	9.9	33.3
Sell household assets	0.5	0.4	0.6	0.7	0.0	0.4
Sell animals	0.0	0.3	0.8	1.2	1.3	0.6
Decrease number of meals	2.8	2.2	1.1	0.9	3.2	2.1
Food aid	2.6	0.4	0.7	0.4	0.0	1.0
Help from relatives	2.9	1.8	0.9	0.7	0.4	1.5
Food gifts	0.7	0.6	0.2	0.0	0.0	0.3

The percentages for the different strategies adopted sum up to more than 100 because multiple answers are possible.

- Only 14% of the households consider that the last agricultural campaign was sufficient to feed the household. This percentage is positively correlated with welfare – in the bottom quintile only less than 6% judges last agricultural campaign sufficient, while in the top quintile this percentage increases to 29% (even so, it is a very small percentage)
- The most common strategy to cope with insufficient agricultural production for self-consumption is to work for a wage or to use past savings (65%). This strategy is more likely to be adopted by more well-off households;
- The second most common strategy is to work for food (33%). This is actually the most common strategy among the poorest (51% in the bottom quintile).
- Alternative strategies are almost irrelevant at any point of the welfare distribution
- More than 2% of the households say that they will decrease the number of meals as a result of the insufficient agricultural production (almost 3% in the bottom quintile).