Republic of Rwanda

NISR
NATIONAL INSTITUTE OF STATISTICS OF RWANDA

Rwanda VITAL STATISTICS Report 2025

Rwanda Vital Statistics Report 2025 is produced by the National Institute of Statistics of Rwanda (NISR).

Additional information about this report may be obtained from NISR

P.O. Box 6139, Kigali, Rwanda;

Telephone: +250 788 383103;

E-mail: info@statistics.gov.rw

Website: http://www.statistics.gov.rw

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I Foreword

This report is produced based on data collected through the Civil Registration and Vital statistics system in 2025 to monitor progress toward attaining the targets outlined in the Sustainable Development Goals (SDGs), National strategy for transformation (NST2) and other Sector Strategic Plans. It will therefore be a useful tool to inform relevant policies and decisions to guide strategic interventions aimed at improving the CRVS system in Rwanda.

Vital statistics play a crucial role in generating fundamental demographic and epidemiological measures required for national planning across various sectors including population, education, and health. They are also indispensable for a wide range of government activities such as population registers, socio-economic systems and other administrative registers, as well as commercial enterprises including life insurance, telecommunications, banking operations and product marketing.

The data used in this report were extracted from the National Centralized and Integrated Civil Registration and Vital Statistics (NCI-CRVS) system, a digitalized system established for the official registration of all legally recognized vital events in Rwanda. The system is fully operational at all the five categories of registration offices namely: health facilities, cells, sectors, districts, and Rwandan embassies in foreign countries.

The NCI-CRVS system captures detailed information on births, deaths, marriages, divorces, annulments of marriages, adoptions, guardianships, child recognitions, and child legitimations, which are the nine vital events provided for by the law No 71/2024 governing Persons and Families in Rwanda.

To ensure reliability of the results, the outputs were compared with census and survey-based data, including data from the Rwanda Demographic and Health Survey (RDHS) and the Rwanda Population and Housing Census (RPHC).

The report compilation was primarily performed by the staff of National Institute of Statistics of Rwanda (NISR) in charge of monitoring CRVS data collection. They collaborated with technical staff from the National Identification Agency (NIDA), Rwanda Biomedical Centre (RBC) and the Ministry of Health (MoH) to produce the first draft. The report production process also engaged other CRVS stakeholders for review and validation.

The current report provides information on births, deaths, causes of death, marriages, divorces and other vital events registered in 2025. It is Rwanda's seventh vital statistics report, expected to serve as a valuable resource on the status of vital events registration in Rwanda and a key reference for future publications within the same scope.

MURENZI Ivan

Director General

II Acknowledgments

The successful compilation of this report is a result of joint efforts of various staff members from different institutions and organizations. The National Institute of Statistics of Rwanda (NISR) wishes to acknowledge the contributions of all individuals and entities who played a role in strengthening Rwanda's civil registration and vital statistics (CRVS) system, ultimately leading to the production of this 2025 Vital Statistics Report.

First, we extend our gratitude to the Government of Rwanda, the world bank group, the United Nations Population Fund (UNFPA), the Bloomberg Philanthropies Data for Health Initiative, Vital Strategies, the World Bank group, the World Health Organization, the United Nations Economic Commission for Africa, The East African Community Secretariat, and the United Nations Children's Fund (UNICEF) for their technical and financial support, which has been instrumental in strengthening the CRVS system in Rwanda.

We are also thankful to all the CRVS coordination structures, particularly the CRVS Social cluster of Ministers, Steering Committee and the CRVS Technical Working Group, for endorsing strategic decisions that guide the operationalization of the CRVS system and overseeing its implementation in Rwanda.

A special word of appreciation goes to the key CRVS stakeholders, namely: MINALOC, MoH, MINIJUST, MIGEPROF, MINICT, NIDA, and RBC, for their sustained contribution to the development of the CRVS system in Rwanda.

We extend our deepest appreciation to all civil registrars, particularly hospital directors of nursing and midwives, heads of health centers, sector executive secretaries, and cell executive secretaries, as well as other supporting CRVS actors, including health facility data managers and sector civil registration officers. Their daily efforts have been invaluable. Additionally, we recognize the district statisticians, IT officers and district directors of good governance for their role in coordinating civil registration data collection at district level.

Finally, a special word of appreciation goes to NISR's CRVS technical team members and technical staff from key stakeholder institutions, who dedicated their expertise and efforts to compiling and producing this report. Their commitment and collaboration have been essential to the successful completion of this report.

To all the above, we say thank you.

III Contents

IV Acronyms and abbreviations

APAI-CRVS	African Programme for Accelerated Improvement of civil Registration and Vital Statistics
ASFR	Age-Specific Fertility Rate
ASMR	Age-Specific Mortality Rate
CBR	Crude Birth Rate
CDR	Crude Death Rate
CoD	Cause of Death
CR	Civil Registrar
CRO	Civil Registration Officer
CRVS	Civil Registration and Vital Statistics
D4H	Data for Health
DHIS2	District Health Information Software 2
ENMR	Early Neonatal Mortality Rate
GFR	General Fertility Rate
HMIS	Health Management Information System
ICD-10	International Classification of Causes of Deaths, Version 10
IECMS	Integrated Electronic Case Management System
LNMR	Late Neonatal Mortality Rate
MAS2	Second Mortality Assessment Survey
MCCoD	Medical Certification of Cause of Death
MIGEPROF	Ministère du Genre at de la Promotion de la Famille (Ministry of Gender and Family Promotion)
MINALOC	Ministère de Administration Locale (Ministry of Local Government)
MINIJUST	Ministry of Justice
MoH	Ministry of Health
NGO	Non-Governmental Organizations
NIDA	National Identification Agency
NISR	National Institute of Statistics of Rwanda
NMR	Neonatal Mortality Rate
NSDS	National Strategy for Development of Statistics
RBC	Rwanda Biomedical Centre
RPHC	Rwanda Population and Housing Census
TFR	Total Fertility Rate
UN	United Nations
UNECA	United Nations Economic Commission for Africa
UNICEF	United Nations Children's Fund
VS	Vital Statistics
WHO	World Health Organization
EICV	Enquête Intégrale sur les conditions de vie des ménages
RDHS	Rwanda Demographic and health survey
NCI-CRVS	National Centralized and Integrated Civil Registration and Vital statistics System
VA	Verbal Autopsy

V Definitions of key concepts

Age-Specific Fertility Rate (ASFR): The annual number of births to women of a specified age or age group per 1,000 women in that age group.

Age-Specific Mortality Rate (ASMR): A mortality rate limited to a particular age group. The numerator is the number of deaths in that age group; the denominator is the number of persons in that age group in the population.

Cause of death: All those diseases, morbid conditions or injuries which either resulted in or contributed to death and the circumstances of the accident or violence which produced any such injuries.

Child Mortality Rate: The probability (expressed as a rate per 1,000 live births) of dying between the first and the fifth birthday.

Civil Registration: UN defines civil registration as "the continuous, permanent, compulsory and universal recording of the occurrence and characteristics of vital events pertaining to the population as provided through decree or regulation in accordance with the legal requirements of a country. This process establishes and provides legal documentation for such events.

Completeness of registration: The proportion of vital events that are registered. It is the number of registered vital events divided by the 'actual' number of vital events that occurred in the same population during a specific period.

Crude Birth Rate (CBR): The number of live births relative to the size of that population during a given period, usually one year. It is expressed in numbers of births per 1,000 population per year.

Crude marriage rate: The crude marriage rate is the ratio of the number of marriages in a population during a reference period over the person-years lived by the population during the same period. It is expressed as marriages per 1,000 population.

Crude Death Rate (CDR): The number of deaths relative to the size of the population during a given period, usually one year. It is expressed in numbers of deaths per 1,000 population per year.

Death: The permanent disappearance of all evidence of life at any time after live birth has taken place (postnatal cessation of vital functions without capability of resuscitation). This definition excludes fetal deaths, which are defined separately.

Delayed registration: is a registration that arrives too late for inclusion in the annual (or monthly or quarterly) statistics; after one year of occurrence of the event, according to the law of the country.

Divorce: Is the permanent legal dissolution of a marriage by a competent court, which terminates the marital relationship and all legal obligations between spouses.

Ill-defined cause of death: Any code that cannot or should not be used for the underlying cause of death (generally referring to 'R codes' in the International Classification of Diseases). For instance, a 'mode of death' such as heart failure or kidney failure; symptoms such as back pain or depression; and risk factors such as high blood pressure, are all uninformative codes for public health purposes.

Infant Mortality Rate (IMR): Probability (expressed as a rate per 1,000 live births) of a child born in a specific year or period dying before reaching the age of one, if subject to age-specific mortality rates of that period.

Late registration: are vital events that are registered after the deadline for registration according to the law of the country, but before exceeding one year.

Life expectancy at birth: The average number of years that a newborn could expect to live if he or she were to pass through life exposed to the sex- and age-specific death rates prevailing at the time of his or her birth, for a specific year, in a given country, territory, or geographic area.

Live birth: The complete expulsion or extraction from the mother of a product of conception, irrespective of the duration of pregnancy, which, after such separation, breathes or shows any other evidence of life, such as beating of the heart, pulsation of the umbilical cord or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached; each product of such a birth is considered live born (all live-born infants should be registered and counted as such, irrespective of gestational age or whether alive or dead at the time of registration, and if they die at any time following birth, they should also be registered and counted as deaths).

Low Birth Weight (LBW) refers to the weight at birth of fewer than 2,500 grams (5.5 lbs.) as per World Health Organization definition.

Marriage is a special contract of permanent union between a man and a woman entered into in accordance with law for the establishment of conjugal and family life.

Neonatal Mortality Rate (NMR): Number of deaths during the first 28 completed days of life per 1,000 live births each year or period.

Sex ratio at birth: The number of male births for a specific area and during a specified period divided by the number of female births for the same area and period.

The General Fertility Rate (GFR) is the number of resident live births for a specific area during a specified period divided by the female population age between 15 and 49 years (usually estimated at mid-year) for the same area and period multiplied by 1,000.

Timely registration: is the registration effected within the time stipulated by the law (30 days for births and death in Rwanda).

Total Fertility Rate (TFR): The sum of age-specific fertility rates for females aged between 15 and 49 years during a specified period, usually one year. It is an estimate of the average number of children a cohort of women would bear if they went through their child-bearing years experiencing the same age-specific fertility rates.

Under-five mortality rate (U-5MR): Is the probability for a newborn to die before his/her fifth anniversary. Under-five mortality rate is the probability of dying between birth and exactly 5 years of age, expressed per 1,000 live births.

Underlying cause of death: The cause of death to be used for primary statistical tabulation purposes has been designated as the underlying cause of death. The underlying cause of death is defined as "(a) the disease or injury which initiated the train of events leading directly to death, or (b) the circumstances of the accident or violence which produced the fatal injury" (ibid., sect. 4.1.2).

Vital statistics system: A vital statistics system is defined as the total process of (a) collecting information by civil registration or enumeration on the frequency of occurrence of specified and defined vital events, as well as relevant characteristics of the events themselves and the person or persons concerned, and (b) compiling, processing, analyzing, evaluating, presenting, and disseminating theses data in statistical form.

VI Executive summary

The National Institute of Statistics of Rwanda (NISR) under the fourth National Strategy for Development of Statistics (NSDS4), which is being implemented from 2024/25 to 2028/29, has identified the strengthening of administrative data collection systems including the Civil Registration and Vital Statistics System (CRVS) as a top priority. This initiative aims to complement official statistics derived from surveys and censuses in Rwanda.

To simplify registration services and ease their accessibility, the National Centralized and Integrated CRVS (NCI-CRVS) system was launched and has been operational since August 2020. The system was further decentralized to cells and health facilities to move services closer to citizens and boost timely registration.

The seventh Rwanda vital statistics report was compiled from civil registration data collected from January to December 2025. It is structured within 10 chapters as follows:

1. Introduction and methodology
2. Civil registration system in Rwanda
3. Data quality, timeliness and completeness of registration
4. Birth statistics
5. Death statistics
6. Cause of death statistics
7. Marriage statistics
8. Divorces statistics
9. Other registered vital events
10. Summary tables

To ensure reliability of the findings, a comparative analysis involving data from other sources was performed.

Birth statistics:

The system shows 356,838 births that occurred and registered in 2025. The comparison of registered births with estimated live births shows 2.6 percentage points increase in birth registration completeness rate at national level, from 90.3% in 2024 to 92.9% in 2025. On the other side, the proportion of births registered within 30 days remained 99.1%, the same in 2025 as in 2024.

Births statistics show minor changes in fertility indicators where Crude Birth Rate (CBR) decreased to 27.2‰ from 27.4‰ in 2024, the General Fertility decreased to 103.0‰ from 103.7‰ in 2024 and total fertility rate (TFR) decreased to 3.5 from 3.6 in 2024.

The 2025 results are close to the findings from 2025 Census projections indicating a TFR equivalent to 3.6. a GFR equivalent to 105.5‰ and CBR of 27.8‰.

Further analysis of CRVS data shows an average weight at birth equivalent to 3,070 grams in 2025 which is close to 3,084 grams obtained in the previous year. The rate of low-birth-weight changed by 0.3 percentage points, from 7.8% in 2024 to 8.1% in 2025. The sex ratio at birth for registered births was 102.7 male births per 100 female births, slightly close to 102.3 obtained in 2024.

Death statistics:

The findings show a total of 39,355 deaths occurred and registered in 2025, of which 55.9% occurred outside health facilities (in communities). The comparison of registered deaths with expected deaths gives 50.5% death registration completeness rate in 2025, highlighting 4.4 percentage points increase when compared to 46.1% obtained in 2024. Mortality statistics show a high number of registered deaths among males compared to females with a sex ratio of 127.4 registered males per 100 females. Further analysis shows that in urban areas, the proportion of registered deaths occurring at health facilities is more than community deaths (58.6% Vs 41.4%) while in rural areas, community deaths are more than deaths occurring in health facilities (61.3% Vs 38.7%).

Causes of death:

The CRVS system collects information on causes of death occurring at health facilities and outside health facilities. Community causes of death are collected through Verbal Autopsy while at health facilities, cause of death information is provided by medical doctors who certify death by filling a standard Medical Certificate of Cause of Death (MCCoD).

The findings show improvement in the quality of cause of death certified by health facilities, from 64.7% in 2024 to 82.3% in 2025, while in community, the quality remained slightly stable (84.0%). The results also show that in both health facilities and in community, non-communicable diseases group is the most represented category, killing 49.5% and 58.8% respectively. The proportion of deaths due to external causes or injuries is high among deaths occurring in community (14.3%) compared to deaths occurring in health facilities (10.5%), while communicable diseases are more frequent among deaths occurring in health facilities (40%) compared to deaths occurring in community (26.9%).

Marriage statistics:

Marriage statistics are based on legal marriages registered in 2025 where the data show a slight decrease from 52,878 marriages registered in 2024 to 50,256 marriages registered in 2025. Among males, marriages are more frequent among those aged 25-29 while among females, they are more frequent among those aged 21-24.

Divorce statistics:

Divorce statistics are based on divorces registered into the NCI_CRVS system in 2025. In total, 4,479 divorce cases were registered, of which 2,629 were granted by courts in 2025. The high number of divorces was observed Kigali City (1,119) followed by the Eastern Province (1,011) while the low number was observed in the Northern Province (529).

VII Infographics

Birth stastics

Birth registration & completeness in 2025

Births registered
356,838

Births registration completeness
92.9%
90.3% in 2024

Birth registred within 30 days
99.1%
99.1% in 2024

Fertility indicator 2025

Crude birth rate
27.2‰
27.4‰ in 2024

General Fertility rate
103.0‰
103.7‰ in 2024

Total Fertility rate
3.5
3.6 in 2024

Sex ratio & Weight at birth (2025)

Average weight at birth
3,070 g
3,084 g in 2024

Low-birth-weight rate
8.1%
7.8% in 2024

Sex ratio at birth
102.7 Males per 100 Females

Fertility indicators as per census projections

CBR : 27.8‰
27.4 in 2024

TFR: 3.6
3.6 in 2024

GFR : 105.5‰
105.5 in 2024

Death stastics

RIP

39,355
Total deaths occurred and registered

Death registration completeness

46.1% → 50.5%
2024 2025

Place of death occurrence 2025

Urban

58.6% Inside health facilities
41.4% Community

Rural

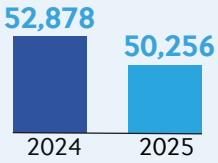
38.7% Inside health
61.3% Community

Sex ratio of registered deaths 2025

127.4 males per 100 females

Marriage statistics

Marriages Registered



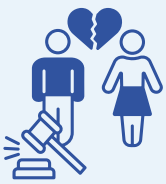
Age group with high number of Marriages

25-29 Men

21-24 Women

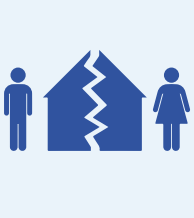
Divorces statistics

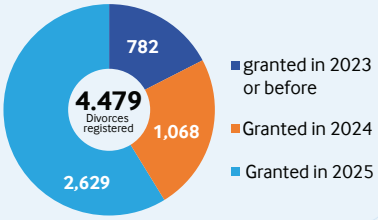
Registered while granted by courts in 2025



2,629
Divorces registered

Total number of registered divorces in 2025





Chapter

1 INTRODUCTION AND METHODOLOGY

1.1. Introduction

An effective civil registration and vital statistics system provide essential measures for planning and promoting wellbeing of the citizens. The data collected from vital events registration are essential for social development interventions, including the public health measures on maternal and childcare, social security, education, housing and economic development. Detailed and precise vital statistics derived from civil registration enable the comparisons and evaluation of disparities across regions, districts, and internationally among different countries. It also serves to support mapping of community needs, labour market evaluation and community outreach programs.

Death records are particularly important in public health by identifying the distribution of major disease patterns, epidemics surveillance and providing essential information for medical research on major causes of cancer and heart diseases.

As source of vital statistics, civil registration has multiple benefits for individuals, societies and government in general. For individuals, it provides registration records used as legal documents for evidentiary purposes. For society, it avails information needed for administrative services such as national identity and electoral polling. It also serves as the starting point for several operational programs, particularly in health sector, historical demography, genetic studies and so forth.

The establishment of vital events registration system is in-line with national development plan of Rwanda. Civil registration has administrative and legal purpose on one hand, statistical and epidemiological use on the other side. Vital statistics provide precise measurements of demographic changes and trends but also primary data sources for health and mortality studies.

The global 2030 development agenda implicitly recognizes and underlines the importance of individual and aggregate records on birth and death in realization of basic human and civil rights. The Sustainable Development Goals (SDGs), anchored on the vision of eradicating extreme poverty by the year 2030, in its transformative shifts "Leave no one behind." They emphasize the need to ensure that no person is excluded from universal human rights and access to basic economic opportunities which require data from civil registration to measure progress. The domestication of SDGs in Rwanda re-emphasized the crucial role of CRVS data and vital statistics reporting on continuous and timely basis for monitoring and measuring achievements. Despite that, an efficiently working CRVS system enables a continuous supply of reliable data like the need of reliable information on causes of death for solid basis to determine major impacts of disease to the population.

The production of this report adopted the vital statistics report template version I jointly developed by Vital Strategies, United Nations Economic Commission for Africa, United Nations Economic and Social Commission for Asia and the Pacific, and Statistics Norway (2020). The template serves as a comprehensive document which provides detailed background information that is useful and recommended by the UN charter.

Vital events that are covered in this report are births, deaths, marriages and divorces that took place between January and December 2025, reported via the NCI_CRVS system. The annual vital statistics report presents a great opportunity to learn from experience in terms of registrations and evaluate the quality of data at country level. This report is also expected to be a benchmark reference source for further publications in the same scope.

1.2. Objectives, Scope and organization of the report

1.2.1. Objectives

The main objective of producing this vital statistics report is to present the current status of vital events registration and providing critical insights to inform policies and decisions making.

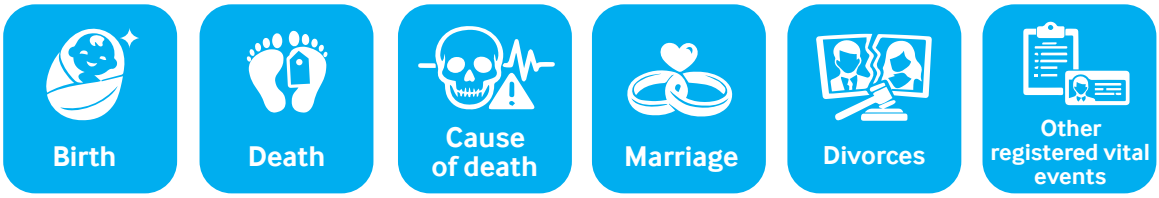
1.2.2. Specific objectives:

i. To assess the completeness, patterns and trends of birth and death registration
ii. To highlight data limitations in terms of accuracy, availability timeliness and completeness
iii. To highlight the areas of improvement within civil registration system of Rwanda

1.2.3. Scope of the report

The United Nations recommends that countries should register and collect information on the following vital events: birth; death; foetal death; marriage; divorce; annulment; judicial separation; adoption; legitimization (acknowledgment); and recognition (judicial declarations of paternity) (UN, 2014).

In line with UN principles and recommendations, following the provisions of the law governing persons and family in Rwanda, and taking into account the recommendation from the African Ministers responsible for civil registration, the 2025 Rwanda Vital Statistics Report showcases detailed information on the following event:



1.2.4. Organization of the report

The report is structured into ten chapters:

Chapter 1: Introduction and methodology: presents general overview of the role of vital statistics, objectives, scope and report organization.

Chapter 2: Civil registration system in Rwanda: describes Rwanda's civil registration system including history, legal background, administrative structure; organizational structure, registration process and information flows; organization of vital statistics production and dissemination plan.

Chapter 3: Data quality, timeliness, and completeness of registration; describes the quality, coverage and completeness of civil registration data.

Chapter 4: Births statistics; give statistical data on births, disaggregated in accordance with various aspects and explanatory narratives.

Chapter 5: Deaths statistics; give disaggregated statistics on deaths with explanatory narratives.

Chapter 6: Cause of deaths statistics; gives summarized statistics on causes of deaths.

Chapter 7: Marriages statistics; give disaggregated statistics on marriages with explanatory narratives

Chapter 8: Divorces statistics; give disaggregated statistics on divorces with explanatory narratives

Chapter 9: Other registered vital events: Displays a summary of registered events, other than birth, death, marriage and divorce

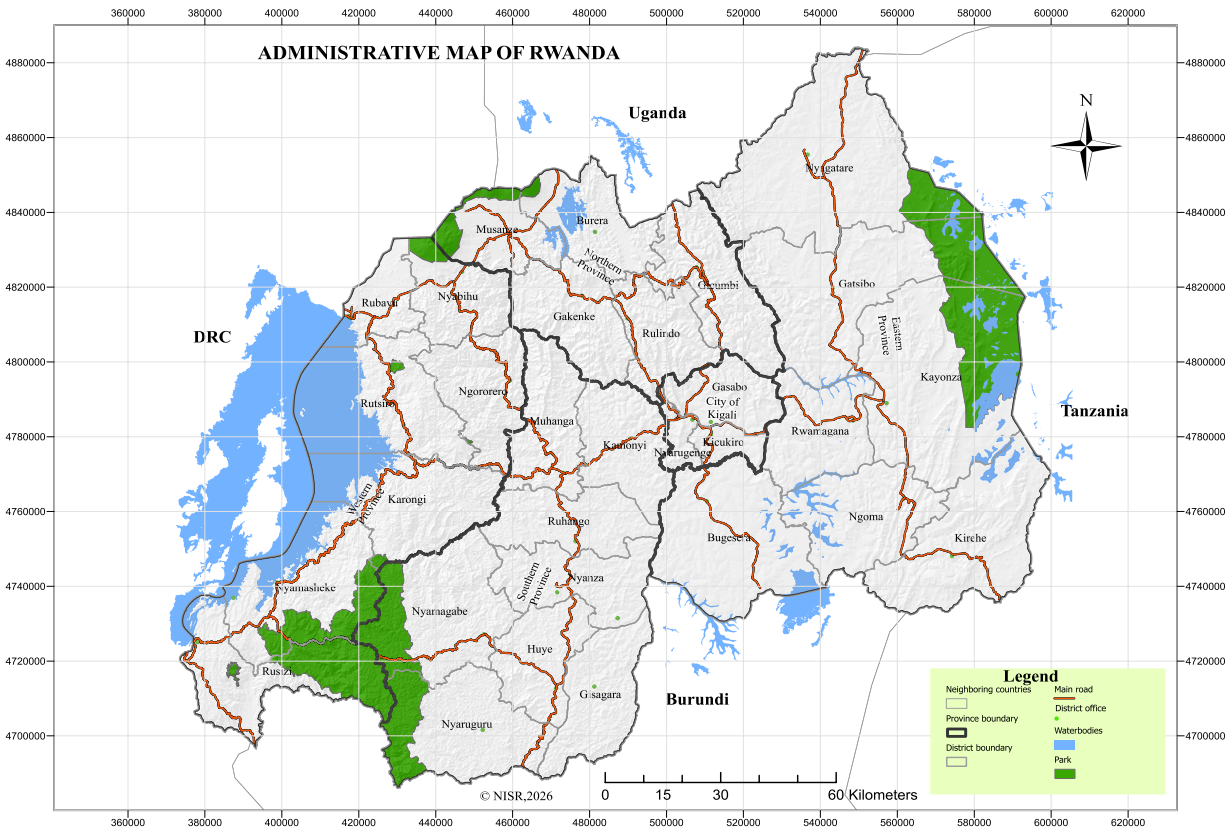
Chapter 10: Summary tables; include summarized tables produced using the civil registration and vital statistics system-generated data based on the principles and recommendations.

Finally, the appendix showcases references and other informative attachments that are meaningful to the process of vital statistics data compilation.

1.3. Country profile

1.3.1. Geography

Figure 0: Map of Rwanda by administrative divisions



1.3.2. Economic performance

Rwanda's economy has tremendously recovered over the last two decades. Rwanda's Gross Domestic Product (GDP) has risen from 19,918 billion in 2024 to 23,387 billion in 2025.

Services contributed 52 percent to GDP; agriculture contributed 20 percent while industry contributed 22 percent. Net direct taxes accounted for 5 percent. (NISR, 2026).

In 2025, GDP grew by 9.4%. This is a result of a continuous growth through the year where GDP grew by 6.5% in the first quarter, 7.8% in the second quarter, 11.8% in the third quarter and 11.2% in the fourth quarter.

The country registered an average GDP growth of around 8 percent per year over the last two decades. In the year 2025, the GDP growth was 9.4 percent In 2025, GDP per head in current US Dollars was estimated at 1,156 from 1,091 in 2024.

1.3.3. Country demographic and social profile

The fifth Rwanda Population and Housing Census population projection for 2025 indicates that Rwanda's population is 14,108,217 of which 48.7% are male, and 51.3% are female.

According to census estimates history, the natural growth rate was 2.3% between 2012 and 2022 and 3.1% between 1978 and 1991.The current population density is 536 inhabitants per square kilometer in 2025 and is expected to increase to 903 (medium scenario) at the end of the projection period in 2052.

The population is largely rural. The ratio of Rwandan urban-rural population indicates that there are approximately three urban residents (i.e. 30.7%) for every seven rural residents (69.3%).

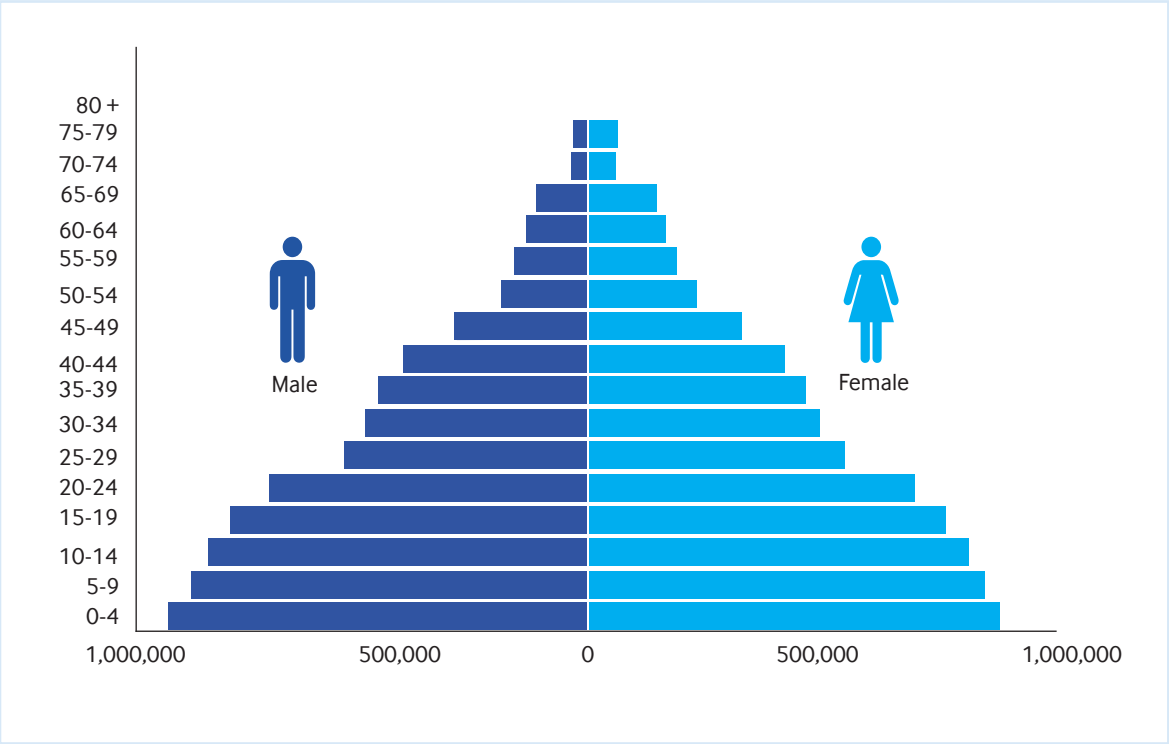
The 2025 Census projection indicate that the Rwandan population is essentially young, with a large number of population (around 45%) of all Rwandans underage of 24 years followed by youth aged 16-30 years.

The elderly population aged 60 and above represent small proportion of the population.

Approximately all Rwandans speak the same language, Kinyarwanda, which is the country's official first language, followed by English, French and Kiswahili generally spoken in some areas bordering with the Democratic Republic of the Congo and Tanzania.

The seventh Rwanda Demographic Health Survey (RDHS) has shown that maternal mortality ratio has declined significantly from 203 in 2020 to 149 deaths per 100,000 live births in 2025 while under-five mortality dropped from 45 to 36 deaths per 1000.

Figure 1: Rwanda population pyramid in 2025



Source: *NISR, 5th PHC population projection 2025*

1.4. Data Sources and Methodology

1.4.1. Data sources

This report utilized data from the NCI-CRVS system, covering all events registered in 2025. Population census projections were employed as denominators for the computation of indicators. To account for the impact of a low completeness rate, CRVS data were adjusted, enabling the calculation of demographic indicators on births and deaths. The computed indicators were compared with census and survey findings (mainly Rwanda demographic and health surveys and Rwanda population and housing census) to evaluate the level of reliability. The analysis of community deaths used data from the Verbal Autopsy system, which is also integrated with the CRVS system and is currently operational countrywide.

It is important to emphasize that the registration of vital events is free of charge. Events occurring within Rwanda are registered at health facilities, cells, sectors, or districts, depending on the location where they occurred. For events taking place abroad, registration is done through embassies.

1.4.2. Methodology

The analysis of births and deaths data was conducted based on 752,272 births and 57,067 deaths registered in the NCI-CRVS system from January 2025 to the end of January 2026. In accordance with the law allowing a 30 days period for the timely registration of births and deaths, data extraction process was extended by an additional month to ensure comprehensive coverage.

However, the calculation of completeness and other indicators only considered 356,838 births and 39,355 deaths that occurred in 2025, implying a combination of only timely and late registrations. Delayed registrations were excluded from the numerator during the calculation of the completeness rate. Data cleaning, table generation, and map production were carried out using R, Excel and QGIS.

Apart from births and deaths, data extraction for other events was carried out taking into consideration a registration period spanning from January to December 2025.

Some data limitations were encountered including missing values for variables such as the residence of deceased, individuals with unknown identities, duplicated birth records, and anomalies in mothers 'age, child height, or child weight, among others.

The process of compiling this report was preceded by consulting available documents such as vital statistics reports from other countries, as well as other guiding documents. The compilation adopted the previous versions of Rwanda vital statistics reports and EAC guidelines for the production of vital statistics.

Whenever a suspected erroneous record was identified, Civil registration staff were contacted via phone calls to clarify or otherwise make corrections, based on the source documents of the recorded information. The general observation revealed that most errors were related to typographical mistakes during data entry and were therefore corrected prior to data analysis.

Chapter

2 CIVIL REGISTRATION SYSTEM OF RWANDA

2.1. History and Legal Background

In Rwanda, as in most African countries, registration of vital events started during the colonial period. However, the registration laws were only for the nationals of the colonial powers. The laws which were regulating civil registration in Rwanda evolved in connection with the stages of its political and administrative history. During the colonial period, from 1931 up to the end of 1961, under the decree of 4th May 1895, on the civil code of persons-book one, all Rwandans aged 18 years and above were issued identity cards known as identity booklet or "Ibuku". This card was written in Dutch and Kinyarwanda languages. Information entered into the booklet was a set of characteristics such as names, approximate date of birth, parent's names, sex, marital status, height, names of descendants, profession and ethnic or clan affiliation.

In the early days of independence, the registration of the civil status of the population in Rwanda was governed by the order issued by the Belgian Governor on the 25th July 1961. This order continued to be used after independence in 1962 with few amendments such as assigning the civil registration responsibilities to the Ministry of Internal Security. From the 27th of October 1988, the order was repealed and replaced by Law N° 42/1988 which instituted the preliminary title and book one of the civil code. This law mandated the compulsory registration of vital events within Rwandan territory and abroad in embassies remained effective until 28th August 2016, when the new law No 32/2016 governing persons and family was enacted.

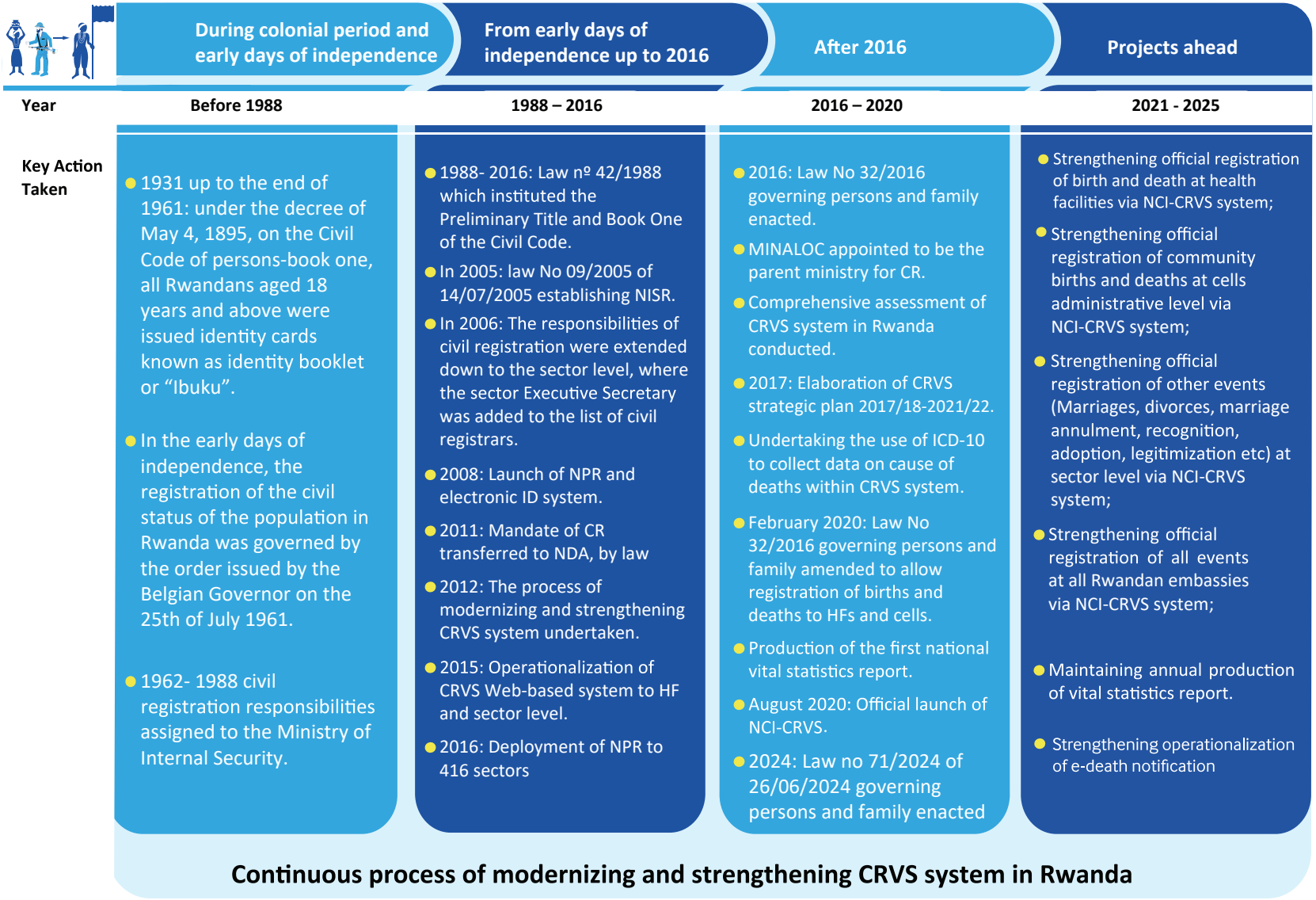
The law No 001/2020 of 02/02/2020 amending law No 32/2016 of 28/08/2016 governing persons and family was amended on 17th February 2020.

The amended law allowed for the registration of births and deaths at the place of occurrence. The two orders were enacted namely: Presidential Order No 092/01 of 21/09/2020 determining responsibilities of the Executive Secretary of Cell which adds registration of community births and deaths in cell duties and Ministerial Order N° 001/07.01 of 27/07/2020 determining the officer of the health facility with powers of civil registrar.

Currently, the Civil registration system is regulated by law No 71/2024 of 26/06/2024 governing persons and family. This law provides for ministerial orders determining modalities for late and delayed birth registration and an order determining an officer in charge of civil status in a health care facility, but the orders are not yet enacted.

From December 2025, an innovative solution using mobile phone technology to notify occurrence of deaths from village level was initiated.

Figure 2:CRVS System improvement timeline and key actions



2.2. Legal and Administrative Issues

Rwanda has a decentralized system of governance with 4 provinces and the City of Kigali, 30 districts; 416 sectors; 2,148 cells and 14,837 villages. From independence until 2006 the lowest office for registration was District. With the second phase of the decentralization process in 2006, the responsibilities of civil registration were extended down to the sector level, where the sector Executive Secretary was added to the list of civil registrars in the country to bring most needed services closer to the population.

From 2020, Presidential order added registration of community births and deaths to the responsibilities of Cell executive secretary. Also, a Ministerial order determining the civil registrar for birth and death at health facilities was issued.

As described in the earlier sections, the United Nations recommends that countries should register and collect information for a number of events for civil registration and vital statistics purposes: birth; death; fetal death; marriage; divorce; annulment; judicial separation; adoption; legitimation (acknowledgment); and recognition (judicial declarations of paternity) (UN, 2014). However, though the law catered for some of the legal issues, one the of the persisting legal issues is that the law No 71/2024 of 26/06/2024 governing persons and family did not provide for the registration of fetal deaths as recommended by UN. Following such law, only nine events (birth, deaths, marriages, divorces, adoption, recognition, guardianship, legitimization and marriage annulment) are declared to the civil registrar (art. 62). Second, though the registration of vital events is free of charge, the certificate is paid for and is provided on demand. This makes low the rate of certification of registered events. Third, the law provides for 30 days for timely birth and death registration, but it lacks provisions for penalties in cases of non-compliance with the legally mandated registration timeline.

2.3. Coordination structure

The success of the CRVS system in a large measure would hinge on systematic and active coordination among all Ministries and organizations that directly or indirectly support or benefit from the system. Coordination of activities must be built into the CRVS systems from the start.

While coordination at the national level is crucial for smooth management and operations of the CRVS system in a country, coordination at various other levels of administration is also important for efficient maintenance of the system.

In Rwanda, the National Identification Agency (NIDA) currently under the Ministry of ICT is mandated to supervise and coordinate the civil registration system at the national level while the National Institute of Statistics of Rwanda (NISR) is concerned with coordinating the collection of vital statistics data and is one of the major beneficiaries of the CRVS system.

Table 0 below shows the coordination mechanisms of the CRVS system at different administrative levels that provides details of the composition of the committees and their main functions.

Table 0 CRVS organization and coordination mechanism in Rwanda, 2025

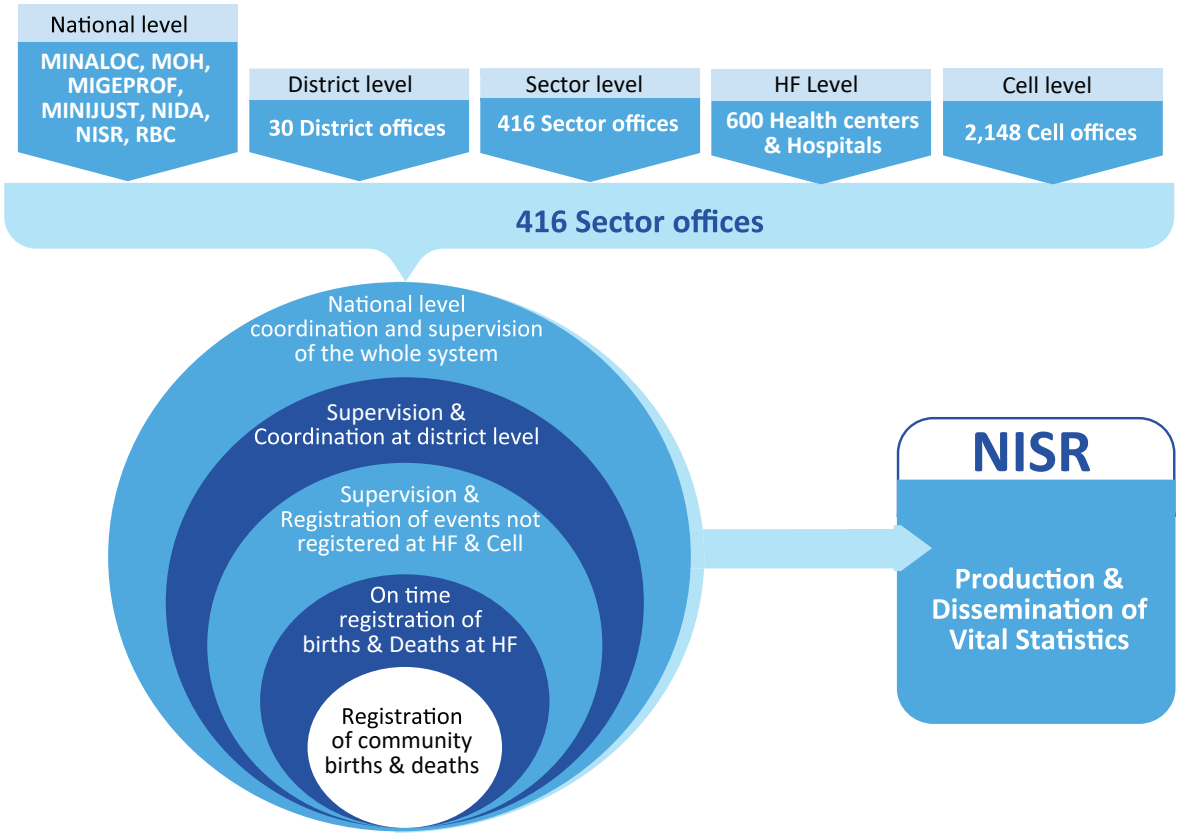
Coordination committee	Composition of the committee	Main functions
High-level Coordination Committee on Civil Registration and Vital Statistics To meet once a year	Chaired by Minister of Local Government Members: Minister of Health, Minister of Finance and Planning, Minister of Justice, Ministry of gender and family promotion	Provide oversight and policy guidance to the work of civil registration and vital statistics
National CRVS Steering Committee To meet once every Quarter	Chaired by Permanent Secretary of Local Government Members: PS Ministry of health, PS Ministry of justice, PS Ministry of gender and family promotion, DG/NIDA, DG/NISR, DG/RBC, ES/NCDA and special invitees depending on the nature of the meeting	Resource mobilization, Organize and conduct annual development partners meeting and approve reports from CRVS Core Technical Team.
CRVS Core Technical Team	Technicians in charge of civil registration and vital statistics from MINALOC, MINIJUST, MOH, MIGEPROF, DGIE, NIDA, NISR, RBC, NCDA, and special invitees depending on the nature of the meeting.	Coordinate the implementation of all policies related to CRVS and advise the CRVS steering committee on all matters related to CRVS.
National mortality technical committee	Chaired by Director General of Clinical and Public Health services in the MoH and Co-Chaired by Chairman of Rwanda Medical and Dental Council. Members: MoH, RBC Heads of programs, RBC Epidemiologists, NISR, NIDA, MINALOC, Senior clinicians from Referral hospitals, WHO, CDC, Epidemiologists from Universities, Rwanda National Police, National Forensic Laboratory of Rwanda.	Coordinate all mortality activities and review mortality reports and ensure high quality of causes of death statistics are reported in compliance with global standards.

Source: *NISR, National strategic plan, 2017/18-2021/22*

2.4. The state of CRVS system in Rwanda as is in 2025

The status of the CRVS system in 2025 is characterized by an effort to raise the completeness of birth and death, and sustain operationalization of NCI-CRVS system. E-death notification system was initiated as an innovative approach tailored to improve the completeness of death registration. Apart from raising the completeness, efforts are being made to address data quality issues, and make systems integration operational in a smooth way. Currently, the following nine events are registered through the NCI-CRVS system are: births, deaths, marriages, divorces, annulment of marriage, recognition of a child born out of wedlock, adoption, guardianship, and legitimization. It is imperative to note that each module corresponds to the electronic register of a particular event. Following the full digitalization of the CRVS system, the paper-based system has been entirely phased out.

Figure 2:Coordination and supervisory procedures of CRVS system



2.4.1. National Centralized and Integrated Civil Registration and Vital Statistics (NCI-CRVS) system

One of the major recommendations from the first National CRVS Strategic Plan elaborated in 2017 was to develop a national centralized and integrated CRVS system that responds to the needs of various institutions in CRVS data collection to cater for the existence of multiple systems working in silos and therefore reduce a duplication of effort. Thus, to enforce the implementation of the strategic plan, a new system (NCI-CRVS) was developed and launched in 2020. This system has indeed the benefit of capturing vital events information at real-time, directly at the site of the event where official registration takes place. It reduces the multiple recording of the same events into different systems as it provides for a single data entry point taking into consideration the requirements of other existing systems. The same system was linked to other legacy systems including the national population registry (NPR) for the backup of national identity production; CRVS web-based system for vital statistics production; the Rwanda Health Management Information System (R-HMIS) for public health and epidemiological-related needs; Verbal Autopsy for determination of community cause of death; and Irembo for issuance of certificates. The NCI-CRVS was officially launched on August 10th, 2020, within all public and private health facilities with an incremental scale up plan.

Currently, the system is operational at all categories of registration points including hospitals, health centers, clinics, and polyclinics; both public and private, administrative Cells, Sectors, District and Rwandan embassies abroad.

2.4.2. National Population Registry

The national population registry (NPR) was developed by NIDA to facilitate the issuance of the national identity card with 2D technology to those aged 16 years and above as well as hosting electronic population registration forms: first registration, change of marital status, change of address and death registration. Since 2015, the National Population Registry has been decentralized up to the Sector level where all 416 Civil Registration Officers (CROs) access and use it to serve people who need different population registration-related services and capture vital events mentioned above. This system also helps in validating and authenticating identification of recorded people. With the development of NCI-CRVS, NPR was linked to the civil registration system where each event registered is instantly captured in NPR.

2.4.3. Rwanda Health Management Information System (R-HMIS)

The Rwanda Health Management Information System (HMIS) operates countrywide under the management of the Ministry of Health (MoH) to collect routine health information for epidemiological and other health related use. With the introduction of NCI-CRVS, HMIS continued capturing aggregated information on births and deaths to provide denominators for counter verification of NCI-CRVS registered births and deaths. This facilitates the monitoring and improvement of systems' performance.

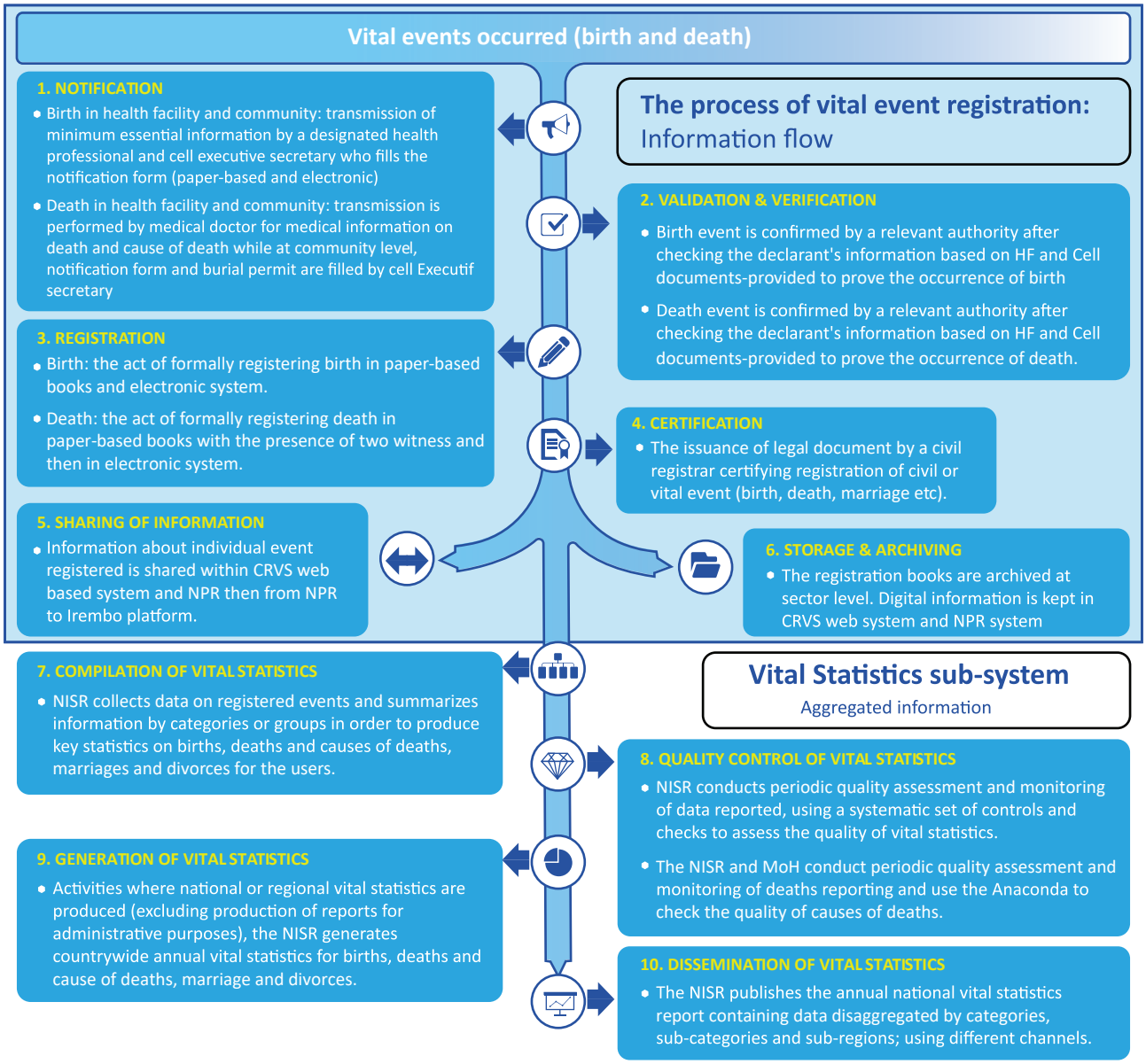
2.4.4. CRVS web-based application

In Rwanda, reliable vital statistics have been derived from the national census and other periodic demographic and health surveys. Recognizing the importance of timely vital statistics and aligning with the objectives of the second and third National Strategy for the Development of Statistics (NSDS II & III), which prioritized the strengthening of administrative data production, particular emphasis was placed on enhancing the civil registration system as a source of vital statistics. As part of this strategic objective, the NISR initiated a web-based system in 2015 to facilitate the collection and storage of vital events registration data and enable the production of vital statistics reports. After the full operationalization of all modules of NCI-CRVS system, the CRVS web-based system was linked to NCI-CRVS establishing it as a single data entry point for vital events.

2.5. Registration processes and information flows

Figure 5 below summarizes registration process and information flow, taking into consideration the 10 milestones[1]

Figure 4:Ten CRVS Milestones' framework with a working definition of each milestone

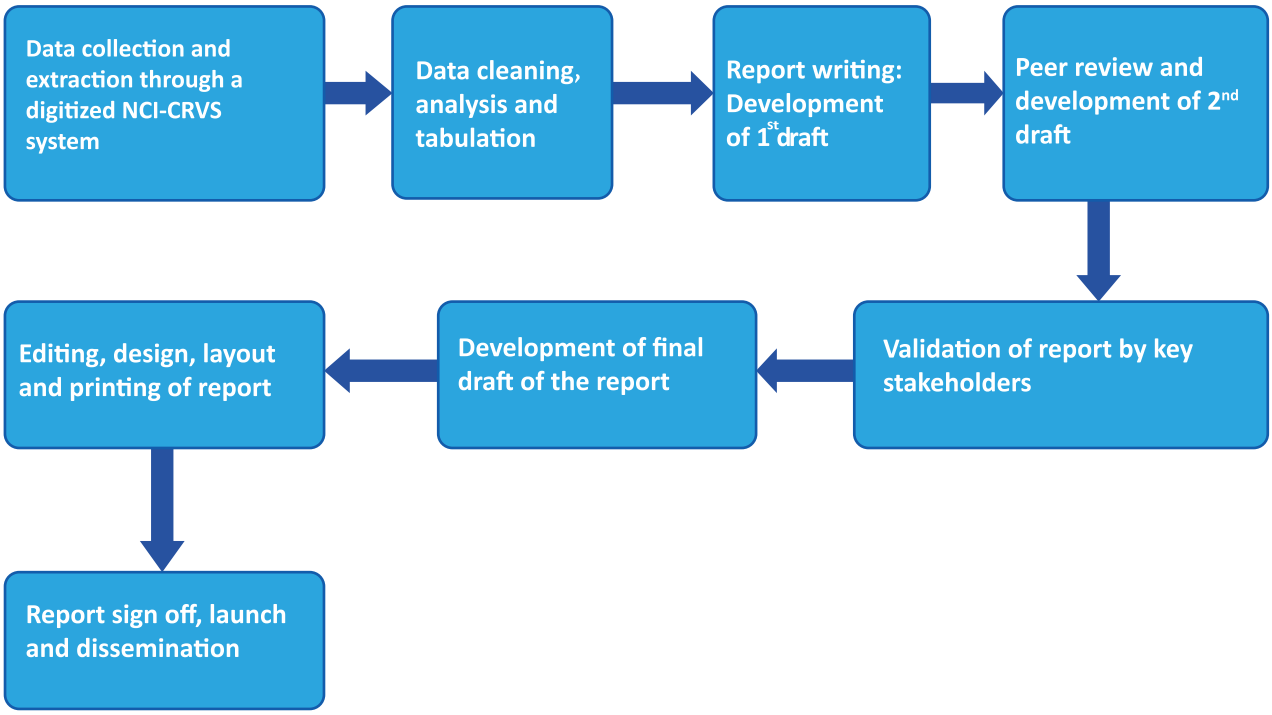


2.6. Organization of vital statistics production and dissemination

In Rwanda vital statistics are regularly collected via the recording of registered vital events (births, deaths, marriage etc) in a digitalized CRVS system. Each year (starting by 2019), a countrywide vital statistics report is produced and disseminated through the NISR website and other platforms. More information on CRVS system coordination and implementation with involved stakeholders are displayed in Figure 6 below.

[1] Refer to: https://gh.bmj.com/content/bmjgh/3/2/e000673.full.pdf for more information

Figure 5: Organization process of vital statistics report production and dissemination



Source: *NISR 2025*

Chapter

3 DATA QUALITY, TIMELINESS AND COMPLETENESS OF REGISTRATION

3.1. Data accuracy

According to the United Nations principles and recommendations of 2014, "the quality of vital statistics is measured according to completeness, accuracy, availability and timeliness". Consequently, quality control measures must be implemented to address these four dimensions of data quality.

In this report, data accuracy issues observed included duplicates, typing errors in date of occurrence of events when compared to the registration dates, as well as erroneous or missing information, especially regarding causes of death etc.

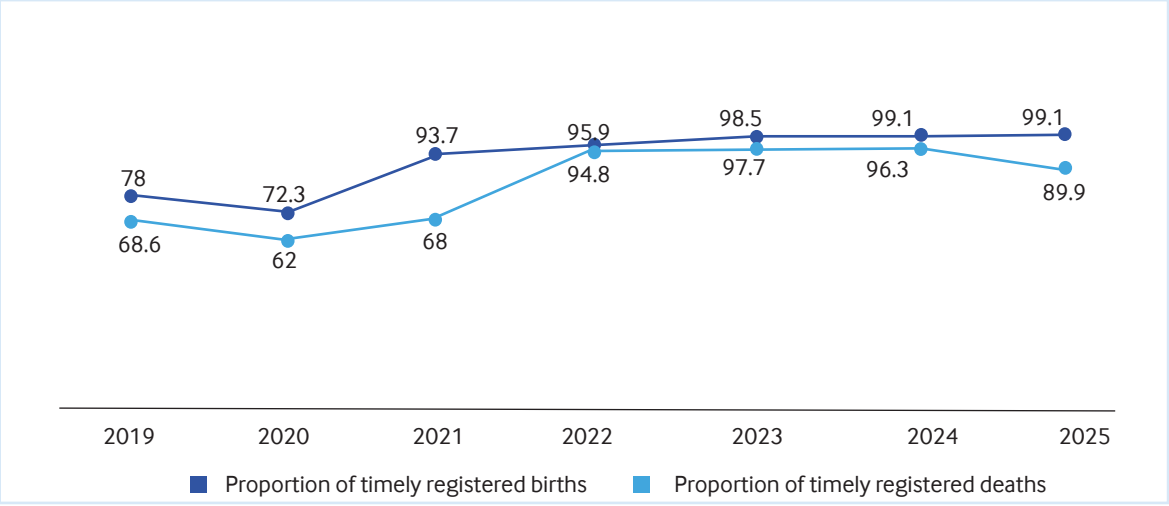
Duplicate entries for births were identified using mother's ID number or the child's unique ID. Across all datasets, the respective unique identifier was used to check duplicated records. While some duplicates were obvious and easy to detect, others were more challenging to detect.

All erroneous entries were addressed in accordance with the nature of the errors. For example, missing values were replaced with the term 'not stated' before conducting the analysis using statistical software.

3.2. Timeliness of registration

As per the Law n° 71/2024 of 26/06/2024 governing persons and family, a birth or death is said to be timely registered if its registration is done within 30 days of occurrence. The same law suggests a ministerial order for late and delayed birth registration, enacted in March 2025. Findings from different versions of Rwanda vital statistics report show improvement in shares of timely registered births and deaths since 2019 up to 2025. Figure 6 illustrates the percentages of births and deaths registered within the legally prescribed time frames, compared to the overall number of registered events spanning from 2019 to 2025. the same findings show a significant decrease in the proportion of timely registered deaths by 6.4 percentage points, from 96.3% in 2024 to 89.9% in 2025 which is the biggest downward shift observed since 2019.

Figure 6:Proportions of timely registered births and deaths in %, 2019 to 2025



Source: *CRVS system, 2019-2025*

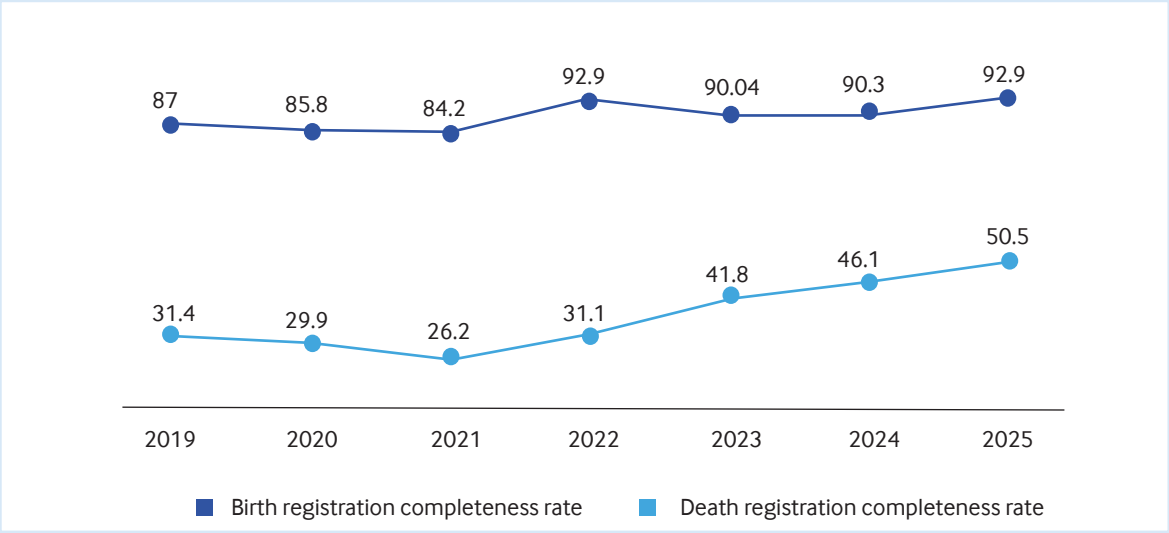
3.3. Data availability and completeness of registration

Calculating the completeness of registration can be used to monitor the performance of the CRVS system in capturing all vital events and allows for adjustment of incomplete data. Completeness is defined as the proportion of actual vital events in a population that are registered, divided by the estimated number of vital events that occurred in the same year

$$\text{Completeness} = \frac{(\text{Number of vital events registered})}{(\text{Estimated number of vital events})} \times 100$$

To compute birth and death registration completeness, the denominators were sourced from the population and housing census reports while the numerators were generated by CRVS system. Figure 7 shows changes in birth and death registration completeness rates since 2019. It is to be noted that, following the Sustainable Development Goals, indicator 17 and 19.2: "Proportion of countries that (a) have conducted at least one population and housing census in the last 10 years; and (b) have achieved 100 per cent birth registration and 80 per cent death registration". The fixed targets were to achieve 100% birth registration completeness rate and 80% death registration completeness rate.

Figure 7:Birth and death registration completeness rates (%), 2019 to 2024



Source: *CRVS system 2025*

3.4. Adjustment for incomplete registration

3.4.1. Fertility statistics

Achieving complete vital registration remains a challenge, especially for deaths. As indicated in Figure 7 above, birth registration completeness increased (90.3% in 2024 and 92.9 in 2025) at the national level. For the sake of minimizing the effect of incompleteness of birth registration on the resulting fertility indicators, the numbers of registered births were first adjusted before computation of indicators such as ASFR, TFR, GFR and CBR. Based on denominators sourced from 5-PHC projections that helped in finding birth registration completeness rate, adjusted birth numbers were obtained by dividing actual numbers by the completeness rate. The following table 1 demonstrates an example.

Table 1:Adjustment for fertility statistics

Mothers' age groups	Female population, 2025	Unadjusted numbers, 2025		Adjusted numbers, 2025	
		Number of registered births	ASFR per 1,000	Number of births	ASFR per 1,000
15-19	768,753	29,917	38.9	32,203	41.9
20-24	701,142	86,349	123.1	92,948	132.6
25-29	551,332	85,175	154.5	91,685	166.3
30-34	494,361	70,569	142.7	75,962	153.6
35-39	467,919	55,107	117.8	59,319	126.8
40-44	419,060	26,248	62.6	28,254	67.4
45-49	327,647	2,918	8.9	3,141	9.6

Source: *CRVS system and 5-PHC, 2025*

Considering the information provided in Table 2 above and having prior knowledge of denominators from the 5-PHC, where the total population is projected to be 14,108,217; and given the available information on the number of females aged 15-49 by 5 years age groups; adjusted TFR and GFR becomes 3.5 and 103.0 respectively (up from 3.2 and 95.7 when unadjusted) while adjusted CBR becomes 27.2 (up from 25.3).

3.4.2. Mortality statistics

There exist several methods used in determining total population estimates in the presence of under-reporting. When the number of registered events in a population is substantially underreported, mortality indicators may be inaccurate, leading to poor policies and decisions. Consequently, data adjustment may be necessary. However, there is no consensus among experts on the matter of when to adjust or not to adjust data. Some argue that data should not be adjusted if completeness is below 50 – 90 percent. Others are of the opinion that adjustment should always be performed. In our case, with death registration completeness rate equivalent to 50.5%, there is no doubt that mortality indicators computed directly from the system generated data is not suffificient and necessitates some adjustments. The adjusted number of deaths is found by dividing the registered number of deaths by the completeness rate. In this regard, the following formula was used to obtain reliable estimates of mortality indicators:

$$\textbf{Adjusted number of deaths} = \frac{\text{(Registered deaths)}}{\text{(Completeness rate)}}$$

Table 2 demonstrates the use of above-mentioned formula through the computation of crude death rate.

Table 2:Adjusted and unadjusted values of CDR, 2019-2025

Indicator	Population size	Registered deaths (number)	Adjusted number of deaths	Unadjusted CDR (per 1000)	Adjusted CDR (per 1000)
2019	12,374,397	23,771	70,518	1.9	5.9
2020	12,663,116	22,634	75,570	1.8	6
2021	12,955,763	19,797	75,561	1.5	5.8
2022	13,246,394	25,567	76,545	1.9	5.8
2023	13,499,066	32,853	79,164	2.4	5.9
2024	13,798,561	36,021	78,120	2.6	5.7
2025	14,108,217	39,355	77,822	2.8	5.5

Source: *CRVS system, 4th PHC Projections and 5-PHC Projections, 2025*

3.5. Comparison with data from other sources

As a way of assessing the reliability of CRVS data, the results were compared with indicators from other sources. Table 3 shows the comparisons for selected mortality indicators.

Table 3: Comparing CRVS death indicators (adjusted) with the results from other sources

Indicator	CRVS (adjusted)							RDHS 2025	5-RPHC (Proj.)
	2025	2024	2023	2022	2021	2020	2019		
Crude death rate	5.5	5.7	5.8	5.8	5.8	6	5.9	-	5.5
Neonatal (0-28 completed days)	18.7	19.2	20.3	25.4	23.7	23	23.5	17	-
Infant mortality rate (under 1 year)	28.3	28.2	30.0	34.3	31.6	30	31.5	27	28.3
Under five mortality rate	35.7	39.4	38.6	40.9	37.4	37.1	38.5	36	34.2

Source: *CRVS system, RDHS and PHC*

Chapter

4 BIRTH STATISTICS

Key findings

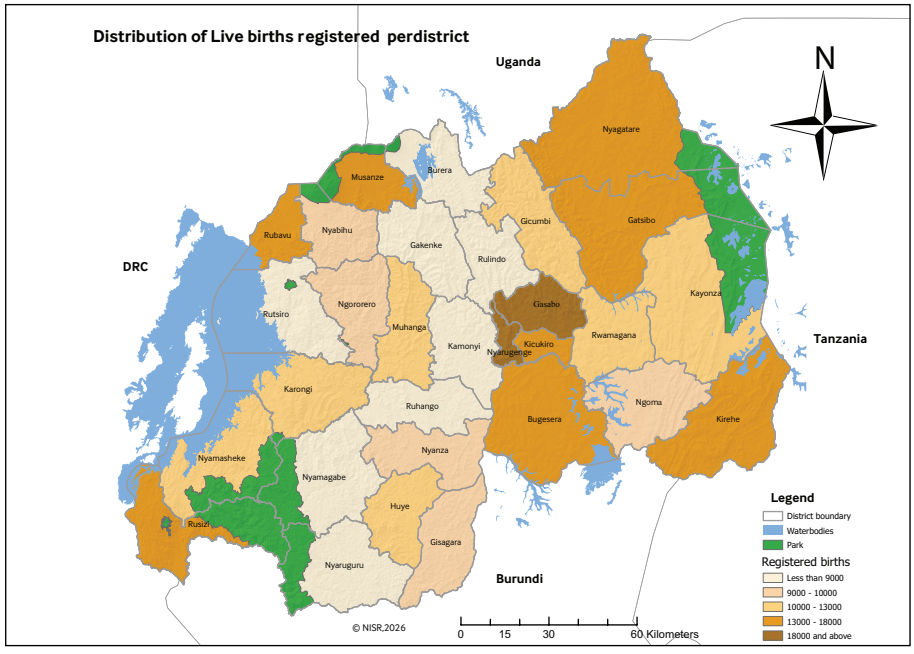
- A total of 356,838 live births that occurred in 2025 were registered in CRVS system
- The completeness of birth registration increased by 2.6 percentage points; from 90.3% in 2024 to 92.9% in 2025
- Roughly, 97.8% of registered live births occurred in health facilities
- 84.4% of births occurred within mothers' residence districts
- The sex ratio of registered live births stood at 102.7 males per 100 females in 2025
- Average weight at birth for both sexes stood at 3070.2 grams in 2025, slightly the same as of 2024.
- The largest share of registered births (24.2%) occurred from mothers aged 20-24 years
- The Total Fertility Rate decreased slightly, from 3.6 in 2024 to 3.5 in 2025.

4.1. Introduction

This chapter presents an analysis of births registered through the National Centralized and Integrated Civil Registration and Vital Statistics (NCI-CRVS) system in 2025. The analysis provides key indicators on birth registration and highlights trends in the performance of the civil registration system.

Overall, birth registration indicators show a progressive improvement in the performance of Civil Registration and Vital Statistics (CRVS) system over time, reflecting strengthened registration practices and increased coverage. The number of registered births including delayed registration changed from 417,972 in 2024 to 752,272 in 2025. However, the number of births that occurred and registered in these respective years changed from 341,029 to 356,838. Figure 8 shows the geographical distribution of registered live births by residence of mothers.

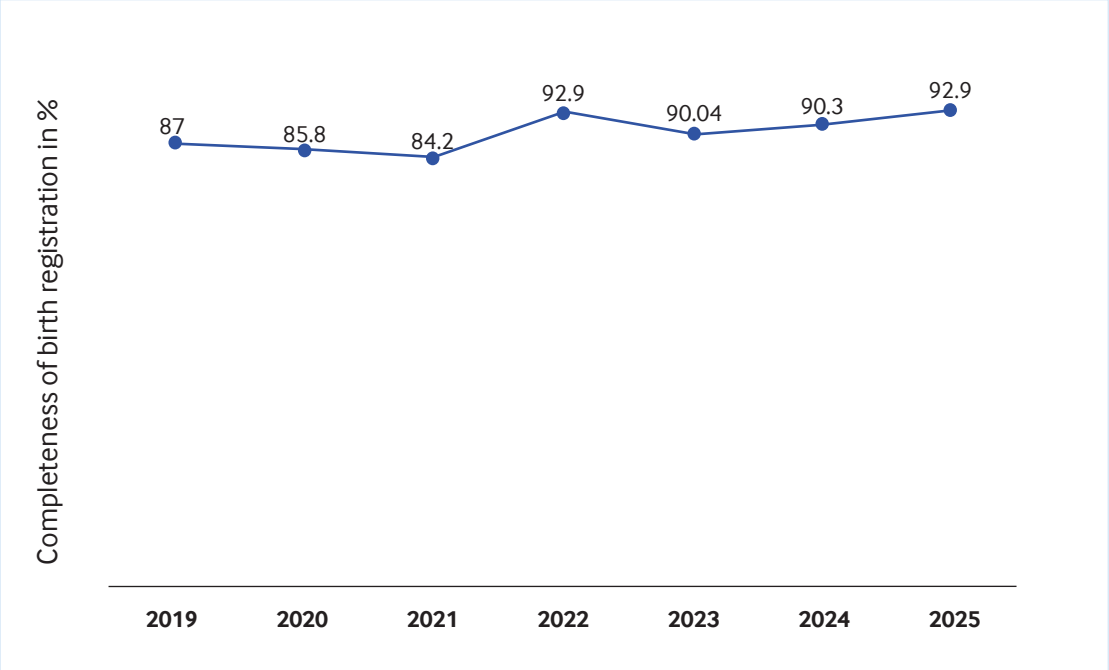
Figure 8:Geographical distribution of live births by mothers' residence districts



4.2. Completeness of birth registration

Birth registration completeness was measured by comparing officially registered births (numerator) with estimated live births from the 5th Rwanda Population and Housing Census projections (denominator). The resulting percentage shows a 2.6 percentage points increase, indicating a remarkable positive change in the birth registration completeness rate. It is imperative to mention here that delayed registrations are excluded from the numerator while computing the completeness rate. Figure 9 shows changes in birth registration completeness overtime.

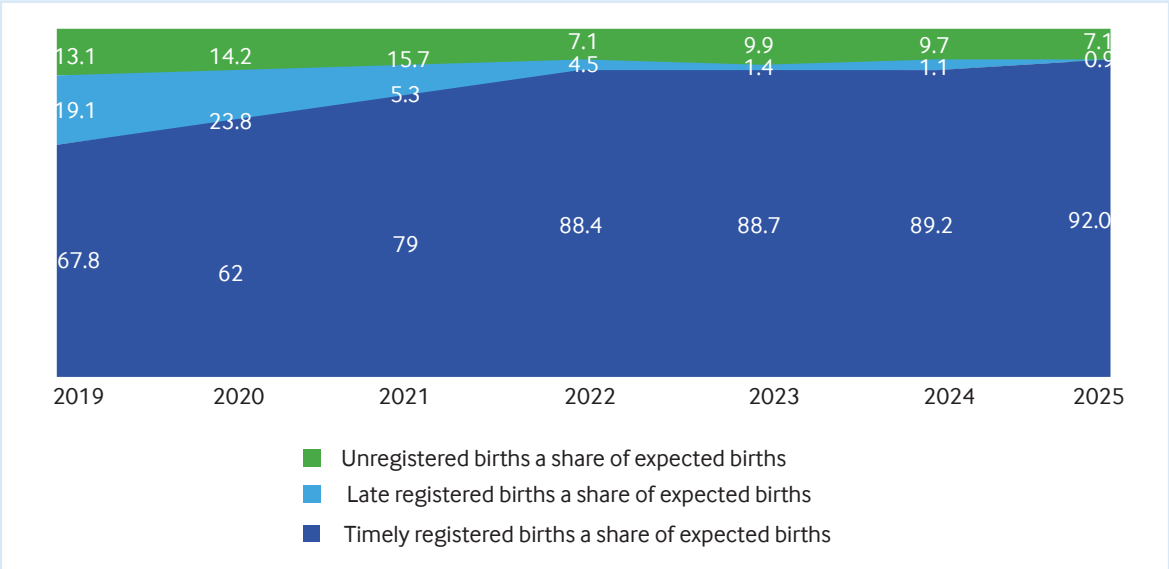
Figure 9: Evolution of birth registration completeness in %, 2019-2025



Source: *CRVS system, 2025*

Figure 10 below illustrates the overall completeness rates for birth registration, considering both timely and late registrations. Efforts are still required to achieve the SDGs 17.19.2.b which measures the proportion of countries that have achieved 100% birth registration among others. Figure 10 below shows areas to focus on to achieve universal registration of births. More focus needs to be put on establishing mechanisms to register 7.1% of live births that still remain unregistered in 2025.

Figure 10: Registered and unregistered births as shares (%) of expected births, 2025

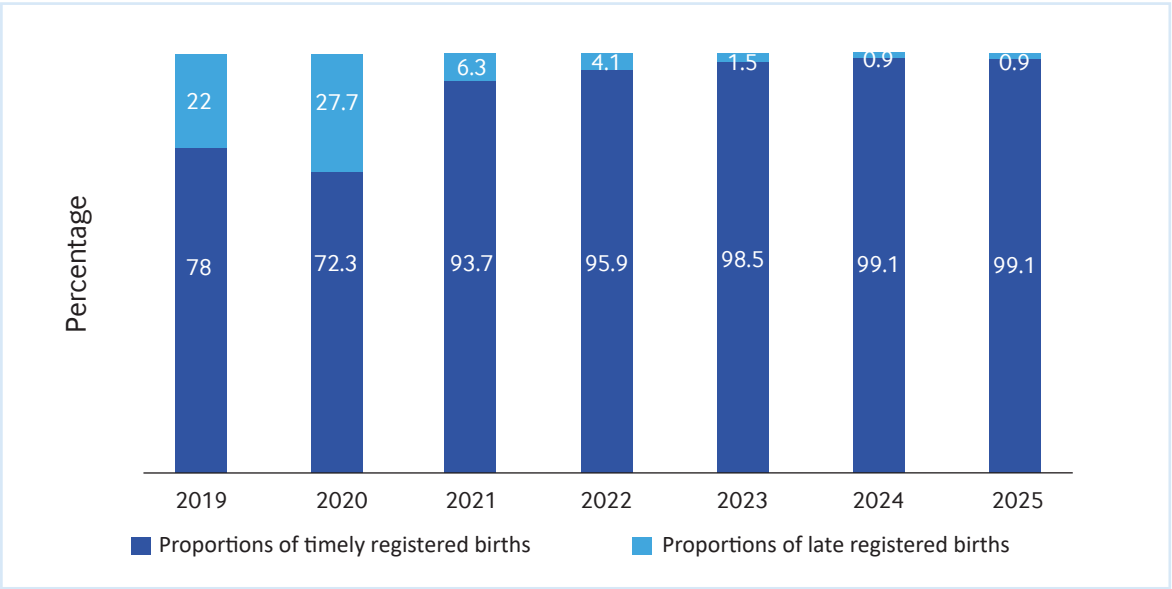


Source: *CRVS system, 2025*

4.3. Timeliness of birth registration

According to the law N° 71/2024 of 26/06/2024 governing persons and family, birth must be registered within 30 days of occurrence to be considered timely. For reporting purposes, this analysis considers births registered after 30 days but within one year as late registrations. Births registered beyond one year are considered delayed registrations and therefore excluded from the computation of the completeness rate. The trend in timely birth registration from 2019 to 2025, as shown in Figure 11, indicates a significant improvement. The proportion of timely registered births increased from 78.0% in 2019 to 99.1% in 2025, while late registrations declined from 22.0% in 2019 to 0.9% in 2025. The most significant improvement in the timeliness of birth registration started in 2021 where timely registered births increased to 93.7% from 72.3% in 2020.

Figure 11: Proportions of timely registered births in %, from 2019 to 2025



Source: *CRVS system, 2025*

4.4. Registered live births by place of delivery

Table 4 shows the number of registered live births following the place and sites of delivery. The findings show that 97.8% of registered births occurred at health facilities, while the proportion of community births is relatively small. The proportion of community births was high in Rutsiro (4.7%), Kamonyi (4.0%) and Nyamasheke (3.5%) while it is low in Ruhango, Nyarugenge and Kirehe (1.1%, each).

Table 4: Registered live births by place and site of delivery

Facility location district	Numbers			Percentages		
	Community	Health facility	Total	Community	Health facility	Total
All	7,731	349,014	356,838	2.2	97.8	100.0
Bugesera	356	16,489	16,845	2.1	97.9	100.0
Burera	174	7,639	7,813	2.2	97.8	100.0
Gakenke	130	8,461	8,591	1.5	98.5	100.0
Gasabo	509	22,862	23,371	2.2	97.8	100.0
Gatsibo	419	15,312	15,731	2.7	97.3	100.0
Gicumbi	172	11,706	11,878	1.4	98.6	100.0
Gisagara	130	9,856	9,986	1.3	98.7	100.0
Huye	199	11,345	11,544	1.7	98.3	100.0
Kamonyi	294	7,070	7,364	4.0	96.0	100.0
Karongi	225	10,327	10,552	2.1	97.9	100.0
Kayonza	395	12,581	12,976	3.0	97.0	100.0
Kicukiro	194	14,697	14,891	1.3	98.7	100.0
Kirehe	152	13,185	13,337	1.1	98.9	100.0
Muhanga	204	10,388	10,592	1.9	98.1	100.0
Musanze	304	14,945	15,249	2.0	98.0	100.0
Ngoma	147	9,842	9,989	1.5	98.5	100.0
Ngororero	196	8,807	9,003	2.2	97.8	100.0
Nyabihu	230	9,506	9,736	2.4	97.6	100.0
Nyagatare	496	16,874	17,370	2.9	97.1	100.0
Nyamagabe	207	8,390	8,597	2.4	97.6	100.0
Nyamasheke	361	9,850	10,211	3.5	96.5	100.0
Nyanza	147	9,116	9,263	1.6	98.4	100.0
Nyarugenge	208	18,366	18,574	1.1	98.9	100.0
Nyaruguru	213	7,051	7,264	2.9	97.1	100.0
Rubavu	466	15,952	16,418	2.8	97.2	100.0
Ruhango	99	8,795	8,894	1.1	98.9	100.0
Rulindo	159	7,875	8,034	2.0	98.0	100.0
Rusizi	271	12,751	13,022	2.1	97.9	100.0
Rutsiro	385	7,882	8,267	4.7	95.3	100.0
Rwamagana	289	11,094	11,383	2.5	97.5	100.0
Abraod		93	93	0.0	100.0	100.0

4.5. Live births registered by residence of mothers

As presented in table 5 below, the number of registered births varies significantly across districts of residence of mothers. Notably, the highest number of registered births were recorded in Gasabo (24,393), Nyagatare (18,741), Rubavu (17,457), and Bugesera (17,401) districts. In contrast, the districts with the lowest number are in Ngororero (8,390), Gakenke (8,310), and Nyaruguru (8,229).

Table 5:Registered live births by mothers' residence districts

Residence district	Number of live births			
	Female	Male	Both sexes	Sex ratio at birth
Total	176,043	180,795	356,838	102.7
Bugesera	8,521	8,880	17,401	104.2
Burera	4,877	4,960	9,837	101.7
Gakenke	4,134	4,176	8,310	101
Gasabo	12,053	12,340	24,393	102.4
Gatsibo	7,492	7,549	15,041	100.8
Gicumbi	5,748	5,568	11,316	96.9
Gisagara	5,303	5,451	10,754	102.8
Huye	4,852	5,108	9,960	105.3
Kamonyi	6,173	6,281	12,454	101.7
Karongi	4,327	4,351	8,678	100.6
Kayonza	6,558	6,954	13,512	106
Kicukiro	6,858	7,073	13,931	103.1
Kirehe	6,468	6,700	13,168	103.6
Muhanga	4,160	4,271	8,431	102.7
Musanze	6,675	6,839	13,514	102.5
Ngoma	5,035	5,157	10,192	102.4
Ngororero	4,191	4,199	8,390	100.2
Nyabihu	4,423	4,460	8,883	100.8
Nyagatare	9,172	9,569	18,741	104.3
Nyamagabe	4,384	4,373	8,757	99.7
Nyamasheke	5,229	5,209	10,438	99.6
Nyanza	4,847	4,902	9,749	101.1
Nyarugenge	5,017	5,335	10,352	106.3
Nyaruguru	4,035	4,194	8,229	103.9
Rubavu	8,577	8,880	17,457	103.5
Ruhango	4,171	4,256	8,427	102
Rulindo	4,263	4,437	8,700	104.1
Rusizi	6,442	7,046	13,488	109.4
Rutsiro	4,846	4,905	9,751	101.2
Rwamagana	7,063	7,245	14,308	102.6
Not stated	149	127	276	85.2

Source: *CRVS system, 2025*

4.5. Registered births by place of occurrence and usual residence of mothers

Table 6 highlights variations between the place of birth occurrence and the mothers' usual districts of residence. The results indicate that 84.4% of all registered births occurred within the same districts as the mothers' usual place of residence and 15.6% of registered births had their districts of delivery different from the district of residence. Significant proportions of births taking place outside the mothers' usual residence districts were observed in Kicukiro and Kamonyi districts (48.6% and 41.5% respectively), whereas minimal proportions were recorded in Kirehe and Karongi districts (2.6% and 1.9% respectively). Further details are provided in the table 6 below.

Table 6: Registered live births by place of occurrence and of usual residence of mothers, 2025

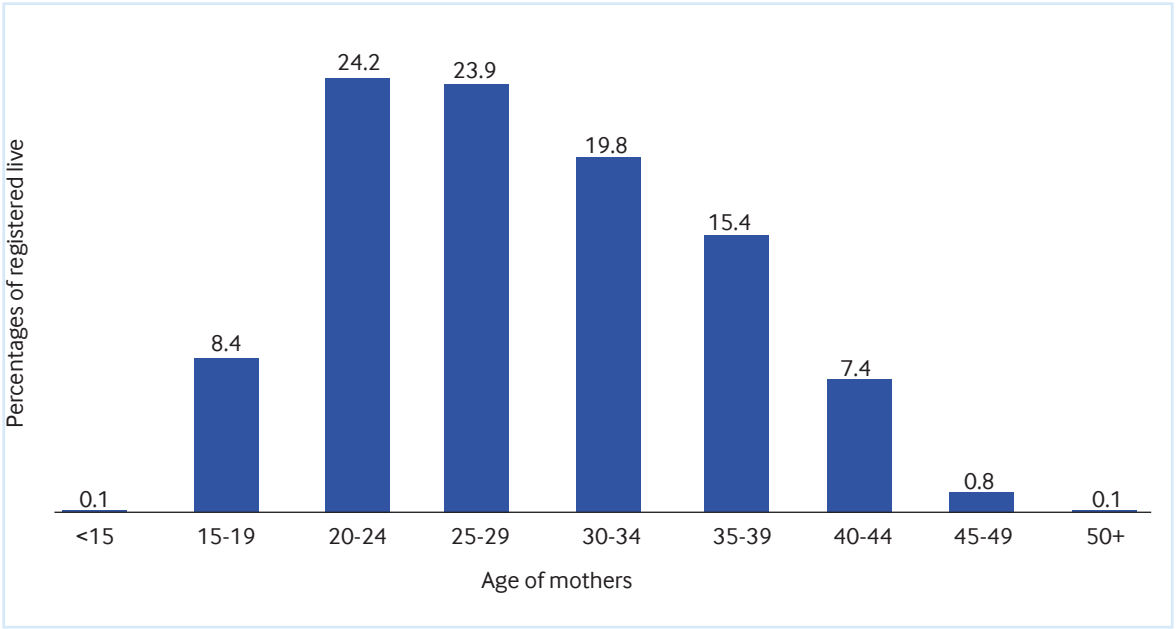
District of residence	Counts			Percentages		
	Same as district of usual residence	Another district	Total	Same as district of usual residence	Another district	Total
All	301,299	55,539	356,838	84.4	15.6	100
Bugesera	15,832	1,569	17,401	91	9	100
Burera	7,546	2,291	9,837	76.7	23.3	100
Gakenke	7,479	831	8,310	90	10	100
Gasabo	15,605	8,788	24,393	64	36	100
Gatsibo	14,300	741	15,041	95.1	4.9	100
Gicumbi	10,705	611	11,316	94.6	5.4	100
Gisagara	9,563	1,191	10,754	88.9	11.1	100
Huye	8,903	1,057	9,960	89.4	10.6	100
Kamonyi	7,287	5,167	12,454	58.5	41.5	100
Karongi	8,511	167	8,678	98.1	1.9	100
Kayonza	12,375	1,137	13,512	91.6	8.4	100
Kicukiro	7,155	6,776	13,931	51.4	48.6	100
Kirehe	12,827	341	13,168	97.4	2.6	100
Muhanga	7,683	748	8,431	91.1	8.9	100
Musanze	12,613	901	13,514	93.3	6.7	100
Ngoma	9,541	651	10,192	93.6	6.4	100
Ngororero	7,432	958	8,390	88.6	11.4	100
Nyabihu	6,512	2,371	8,883	73.3	26.7	100
Nyagatare	17,131	1,610	18,741	91.4	8.6	100
Nyamagabe	8,188	569	8,757	93.5	6.5	100
Nyamasheke	9,707	731	10,438	93	7	100
Nyanza	8,218	1,531	9,749	84.3	15.7	100
Nyarugenge	8,605	1,747	10,352	83.1	16.9	100
Nyaruguru	7,211	1,018	8,229	87.6	12.4	100
Rubavu	15,265	2,192	17,457	87.4	12.6	100
Ruhango	6,849	1,578	8,427	81.3	18.7	100
Rulindo	6,546	2,154	8,700	75.2	24.8	100
Rusizi	12,930	558	13,488	95.9	4.1	100
Rutsiro	8,023	1,728	9,751	82.3	17.7	100
Rwamagana	10,481	3,827	14,308	73.3	26.7	100
Not stated	276		276	100	0	100

Source: *CRVS system, 2025*

4.6. Registered live births by age group of mothers

Analysis of CRVS data indicates variations in the distribution of registered live births among different mothers' age groups. As illustrated in Figure 12, the largest share of registered births occurred among mothers aged 20-24 years (24.2%), followed closely by those aged 25-29 years (23.9%) and 30-34 years (19.8%). Together, these three age groups account for the majority of registered births. A decline is observed in birth registrations for mothers aged 35 years and above, with proportions decreasing to 15.4% for 35-39 age group, 7.4% for 40-44 age group, 0.8% for 45-49 and only 0.1% for 50+ age group. Additionally, birth registrations among adolescent mothers aged 15-19 years remain low at 0.1%. This pattern suggests that most births occur within the reproductive years (20-34) and fertility rates decline among old and young mothers.

Figure 12: Percentages of registered live births by age of mothers



Source: *CRVS system, 2025*

4.7. Registered live births by type of pregnancy

CRVS system-generated data were analyzed to find out the rate of multiple births, and the results revealed that out of 356,838 live births registered, Single births accounted for 97.3 percent while 9,534 (2.7%) were multiple births (twins, triplets, and high-order.)

Across age groups, the rate of multiple births is high for females aged 30-34 while the rate of single births is high for females aged 20-24.

Table 7: Percentages of registered live births by age of mothers and type of pregnancy

	Numbers			Percentages		
Age group	**Single births**	**Multiple births**	**Total**	**Single births %**	**Multiple births %**	**Total %**
<15	303	6	309	0.1	0.1	0.1
15-19	29,538	379	29917	8.5	4.0	8.4
20-24	84,825	1,524	86349	24.4	16.0	24.2
25-29	82,909	2,266	85175	23.9	23.8	23.9
30-34	68,145	2,424	70569	19.6	25.4	19.8
35-39	53,129	1,978	55107	15.3	20.7	15.4
40-44	25,381	867	26248	7.3	9.1	7.4
45-49	2,850	68	2918	0.8	0.7	0.8
50+	224	22	246	0.1	0.2	0.1
Total	**347,304**	**9,534**	**356,838**	**100.0**	**100.0**	**100.0**

Source: *CRVS system, 2025*

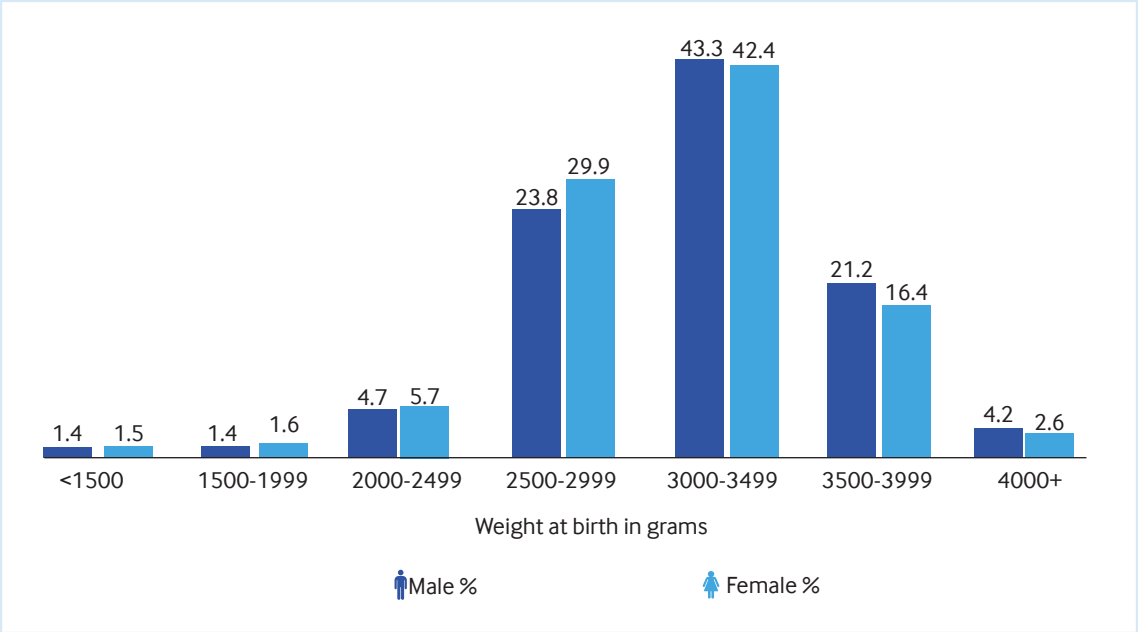
4.8. Registered live births by weight at birth

4.8.1. Live births by weight ranges

Weight at birth is a key indicator of a live-born infant's health status. Figure 13 illustrates the distribution of birth weights by ranges in 2025, with the highest concentration of births falling within the range of 3,000–3,499 grams. This range also corresponds to the overall average birth weight of 3,070.2 grams for both sexes. Further analysis indicates that in 2025, the average birth weight of female infants was slightly lower at 3,025.4 grams compared to male infants, who averaged 3,113.8 grams, observed in Table 9.

The proportion of low birth weight (<2,500 grams) and very low birth weight (<1,500 grams) remained relatively small, at 1.4% and 1.5%. Regarding sex, female infants were slightly more prevalent in weight ranges below 2,000–2,999 grams, while male infants were dominant in weight ranges of 3,000–3,499 grams and above.

Figure: 13 Percentage of live births registered at health facilities by weight at birth and sex



Source: *CRVS system, 2025*

4.8.2. Average weight at birth

Analysis of CRVS system data was used to determine the average birth weight by maternal age. As shown in Table 8 the overall average birth weight is 3,070.2 grams, with male infants averaging slightly higher at 3,113.8 grams, compared to 3,025.4 grams for female infants. Additionally, the average birth weight tends to be lower among live births from mothers aged <19 and 50+, while it is slightly higher among births from mothers aged 30–34.

Table 8: Average weight at birth by mothers' age groups and child's sex

	Average weight		
Mothers age group	**Female**	**Male**	**Both sexes**
All	3,025.4	3,113.8	3,070.2
<15	2,839.1	3,046.3	2,938.4
15-19	2,922.9	2,993.6	2,959.1
20-24	2,988.1	3,071.5	3,030.6
25-29	3,045.9	3,134.6	3,090.9
30-34	3,064.8	3,161.2	3,113.6
35-39	3,050.6	3,146.7	3,099.5
40-44	3,043.5	3,131.0	3,087.0
45-49	3,027.4	3,113.2	3,070.7
50+	2,830.4	3,111.7	2,972.0

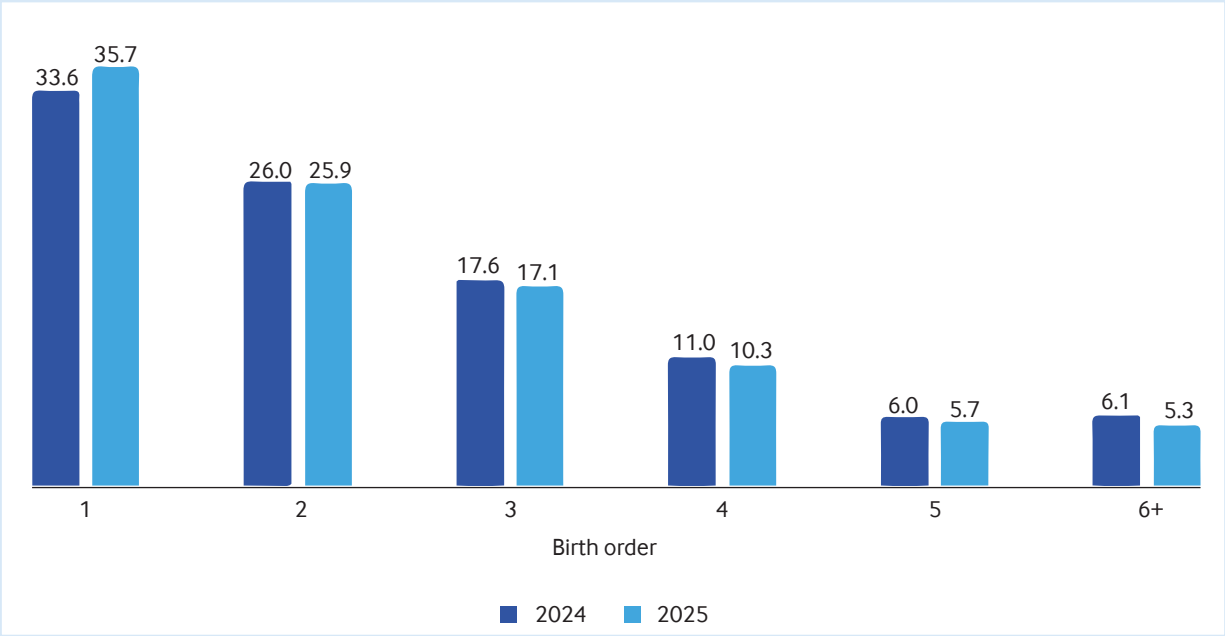
Source: *CRVS system, 2025*

4.9. Registered live births by birth order

Birth order refers to the order in which a child is born within a family, such as first-born or second-born. Birth order is often believed to have a profound and lasting effect on psychological development. To some extent, it may play an impactful role in the orientation and initiation of family planning-related policies and laws.

Figure 14 presents a comparison of the distribution of registered births by birth order in 2025 and 2024. Overall, first births remain the largest category in both years, although they increased slightly from 33.6% in 2024 to 35.7% in 2025. In contrast, second births show a slight decrease from 26.0% to 25.9% over the same period. The share of third births also changed from 17.6% to 17.1%. Fourth births rose from 11.0% to 10.3%, while fifth births also rose from 6.0% to 5.7%. Similarly, sixth births decreased slightly from 6.1% to 5.3%. These trends suggest a stable overall pattern of birth order, with first and second births continuing to account for most registered births.

Figure 14: Birth order (%) in 2024 compared to 2025



Source: *CRVS system, 2025*

4.10. Key fertility indicators

This section presents fertility indicators derived from CRVS system-generated data for 2025, including the total fertility rate (TFR), general fertility rate (GFR), sex ratio at birth and crude birth rate (CBR). Since the completeness of birth registration of 92.9% in 2025 was not completely 100% to produce reliable indicators, some adjustments on CBR, TFR, and GFR were performed. Additionally, to assess the reliability of these indicators computed from CRVS data, a comparison with data from other sources was performed. A summary of the findings is provided in Table 10.

4.10.1. Total fertility rate (TFR)

TFR represents the number of children who would be born per woman. The computation of TFR is the sum of the age-specific birth rates (usually for 5-year age groups between 15 and 49) for female residents of a specific area during a specified period multiplied by 5 (where the age-specific birth rates are 5-year birth rates). It can also be calculated as the sum of a 1-year age-specific birth rate for females aged between 15 and 49. The table 10 reveals a TFR value of 3.5 in 2025, slightly decreased from 3.6 in 2024.

4.10.2. General fertility rate

The general fertility rate is the number of live births for a specific area during a specified period divided by the female population aged between 15 and 49 years (usually estimated at mid-year) for the same area and period multiplied by 1,000. CRVS system-generated data show that the adjusted value of GFR was 103 in 2025, implying 103 live births for every 1,000 women in childbearing age (15-49) annually.

4.10.3. Sex ratio at birth

The sex ratio at birth is defined as the number of male live births in a specific area during a specified period divided by the number of female live births for that area and period, multiplied by 100. The global sex ratio at birth typically ranges between 103 and 107 male births per 100 female births, which is considered the biologically normal range (United Nations Department of Economic and Social Affairs [UN DESA], 2023). A sex ratio below 100 indicates fewer male births than female births, which is uncommon. CRVS system-generated data for 2025 reveal a sex ratio at birth of 102.7.

Table 9: Summary comparison of fertility indicators from CRVS with other sources

Indicator	CRVS							RDHS 2025	5-PHC 2022
	2019	2020	2021	2022	2023	2024	2025		
TFR	3.8	3.7	3.5	3.7	3.6	3.6	3.5	3.7	3.6
GFR	110.8	108.7	106	106.6	104.9	103.9	103.0	117	105.5
CBR	29.1	28.8	28.4	27.7	27.5	27.4	27.2	27	27.8
Sex ratio at Birth	102.8	102.7	103.3	102.4	102.1	102.3	102.7	-	104.7
Average weight at birth in grams	3100	3108.0	3112	3081	3075.0	3084	3070.2	-	-
Low birth weight (%)	7.4	7.1	6.5	7.7	7.8	7.8	8.1	-	-

Source: CRVS system, 2025

4.10.4. Crude birth rate (CBR)

The crude birth rate (CBR) is defined as the number of live births occurring within the population of a given geographical area during a given year, per 1,000 mid-year population.

Usually, the mid-year population is used as an estimate of the total population. The below table 11 shows an adjusted CBR of 27.2‰ in 2025 which slightly decreased from 27.4‰ in 2024 while unadjusted increased from 24.7‰ in 2024 to 25.3‰ in 2025.

Table 10: Unadjusted and adjusted crude birth rate, 2019-2025

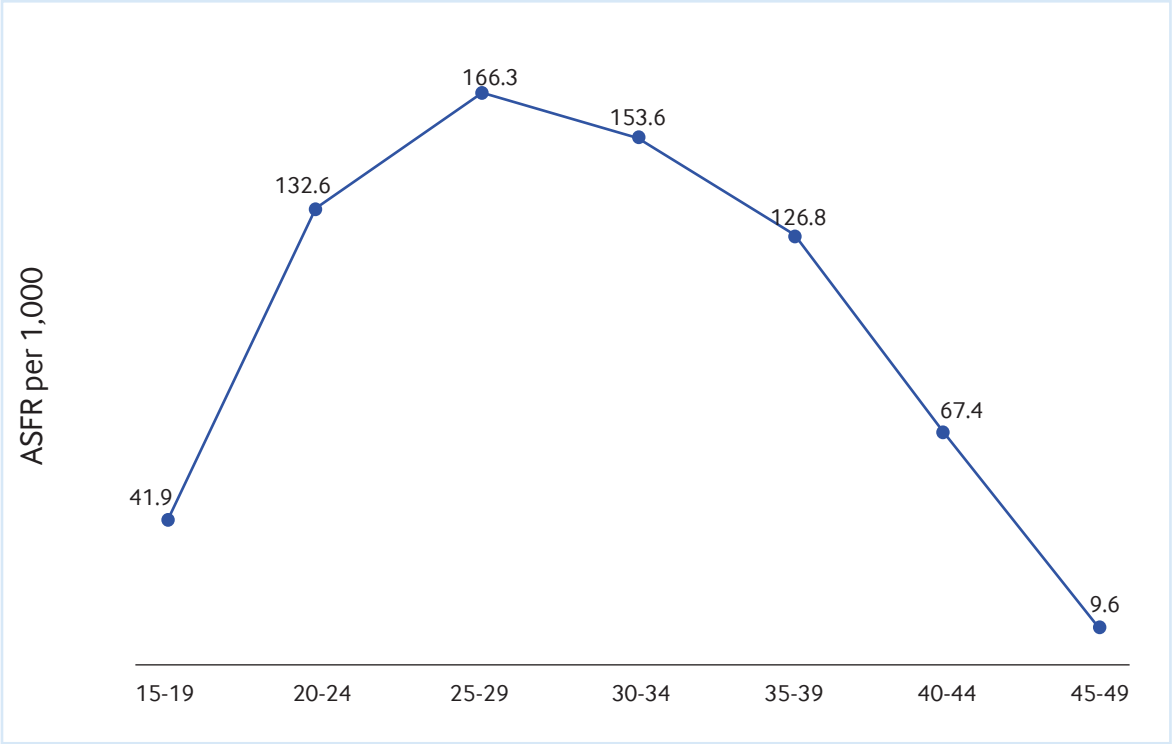
Year	Unadjusted		Adjusted	
	Total registered live births	CBR (Per 1,000 population)	Total estimated live births	CBR (Per 1,000 population)
2025	356,838	25.3	384,110	27.2
2024	341,029	24.7	377,548	27.4
2023	334,018	24.7	370,964	27.5
2022	341,122	25.8	367,312	27.7
2021	310,249	23.9	368,251	28.4
2020	312,678	24.7	364,342	28.8
2019	313,398	25.3	360,388	28.4

Source: *CRVS system & 5th RPHC projections, 2025*

4.10.5. Age-specific birth rate (ASFR)

The age-specific birth rate is defined as the number of live births to women within a specific age group in a given geographical area during a specified period, divided by the total population of women in the same age group for that area and period, multiplied by 1,000. Figure 15 illustrates the Age-Specific Fertility Rates (ASFR) per 1,000 women. The data indicate that fertility rates are highest among women aged 20–34, with the peak in the 25–29 age group (166.3 per 1,000).

Figure 15: Age Specific Fertility Rate per 1,000 women



Source: *CRVS system, 2025*

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Chapter

5 DEATH STATISTICS

Key findings

- A total number of 39,355 deaths that occurred in 2025 were registered.
- Death registration completeness increased by 4.4 percentage points, from 46.1% in 2024 to 50.5% in 2025
- Roughly, 55.9% of registered deaths occurred in the community.
- The sex ratio of registered deaths in 2025 stood at 127.4 males per 100 females
- In rural areas, the proportion of community death is high compared to deaths occurring in health facilities while the situation is reversed in urban areas

5.1. Background

This vital statistics report contains registration of both community and health facilities deaths registered at various registration offices, as well as the causes of death reported in the CRVS system. However, due to the under-reporting of deaths, the mortality statistics presented in this report should be used with caution. Only 39,355 deaths that occurred in 2025 were registered in the civil registration system and this figure was utilized for the mortality data analysis in this report. It is important to mention that Health facility deaths are electronically notified and registered in the presence of a declarant at the place of occurrence. Since August 2020, all health facilities have adopted the use of a digital registration system known as the National Centralized and Integrated CRVS system (NCI-CRVS) for the official registration of births and deaths at place of occurrence to improve registration completeness and service delivery.

5.2. Death registration summary

This section presents information on numbers of death registered in CRVS system from 2022 to 2025. The number of deaths registered, inclusive of delayed registrations, increased to 57,067 deaths in 2025 from 40,704 in 2024. Table 11 below presents the number of deaths registered, including late and delayed death registrations. It is imperative to note that, in calculating death registration completeness and other mortality indicators, only deaths that occurred and registered within the reporting year were considered. Delayed registrations are excluded from the numerator when calculating the completeness rate.

Table 11: Summary of death registration, 2022-2025

Indicator	2022	2023	2024	2025
Number of registered deaths that occurred in the reporting year	25,567	32,853	36,021	39,355
Number of registered deaths that occurred during the year preceding the reporting year	1,115	1,337	1,880	3,195
Number of registered deaths that occurred more than one year prior to the reporting year	328	652	2,803	14,517
Total	**27,010**	**34,842**	**40,704**	**57,067**

Source: *CRVS system, 2025*

5.3. Death registration indicators

As noted in section 3.3 of this report, knowing about the death registration completeness is essential for several reasons.

From a civil registration perspective, knowing the completeness of death registration is important for improvement of the health system. From a statistical perspective, estimating registration completeness enables adjustments to be made when calculating mortality rates and computing demographic indicators such as population projections, age-and-sex-specific mortality rates and population dynamics.

As shown in Table 12, the completeness of death registration was 50.5% at national level. This figure was calculated by dividing the number of registered deaths (39,355, excluding delayed registrations) by the expected number of deaths based on the most recent Rwanda population and housing census projection, which estimates 77,876 deaths for 2025. Given the relatively low level of death registration completeness, using registration data directly to calculate key mortality indicators would be unsifficient. Therefore, adjustments were made to estimate these indicators. Adjusting for incomplete registration is a standard practice and aligns with the UN Principles and Recommendations for a Vital Statistics System, as outlined in section 3.4. Table 12 provides a summary of both registered deaths and adjusted values for key mortality indicators. For more detailed information on adjusted mortality indicators, refer to Chapter 3, Section 3.4.

Table 12: Summary mortality statistics, 2019 to 2025

Indicator	2019	2020	2021	2022	2023	2024	2025[2]
Registered deaths (number)	**23,791**	**22,634**	**19,797**	**25,536**	**32,853**	**36,021**	**39,355**
Male	13,188	12,659	10,792	14,041	17,996	19,843	22,051
Female	10,603	9,975	9,005	11,495	14,857	16,178	17,304
[3]Expected number of deaths (number)	**75,712**	**75,624**	**75,653**	**82,241**	**78,561**	**78,121**	**77,876**
Male	38,760	38,803	38,774	39,291	38,213	38,200	38,262
Female	36,952	36,821	36,879	42,950	40,348	39,921	39,614
Death registration completeness (%)	**31.4**	**29.9**	**26.2**	**31.1**	**41.8**	**46.1**	**50.5**
Male	34.0	32.6	27.8	35.7	47.1	51.9	57.6
Female	28.7	27.1	24.4	26.8	36.8	40.5	43.7
Crude death rate per 1,000 (Adjusted)	5.9	6.0	5.8	5.8	5.8	5.7	5.5
Under-5 mortality rate per 1,000 live births (Adjusted)	38.5	37.1	39.8	43.9	37.9	39.4	32.7
Sex-ratio at death	124.0	124.1	119.8	122.1	121.1	122.7	127.4

Source: *CRVS system and 5th PHC (NISR), 2025*

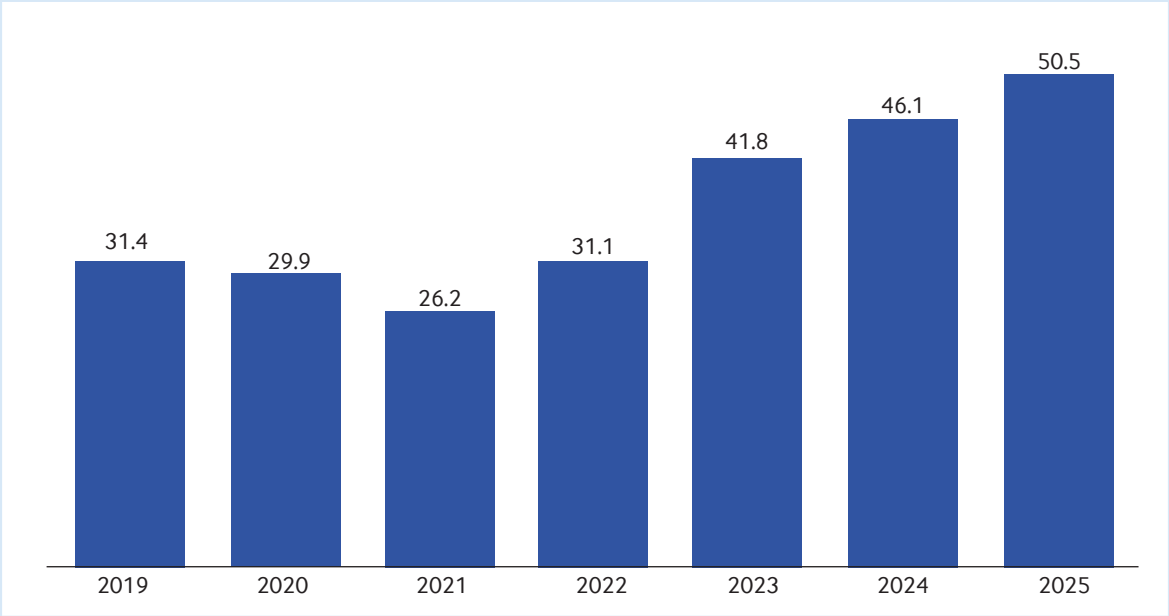
2 The completeness rate is obtained by dividing actual number of registered events by the number of expected events.

3 Expected events are usually sourced from population and housing census results.

5.4. Death registration completeness

The completeness of death registration increased by 4.4 percentage points in 2025 when compared to 2024. Figure 16 shows trends in death registration completeness rates over the years and improvements made.

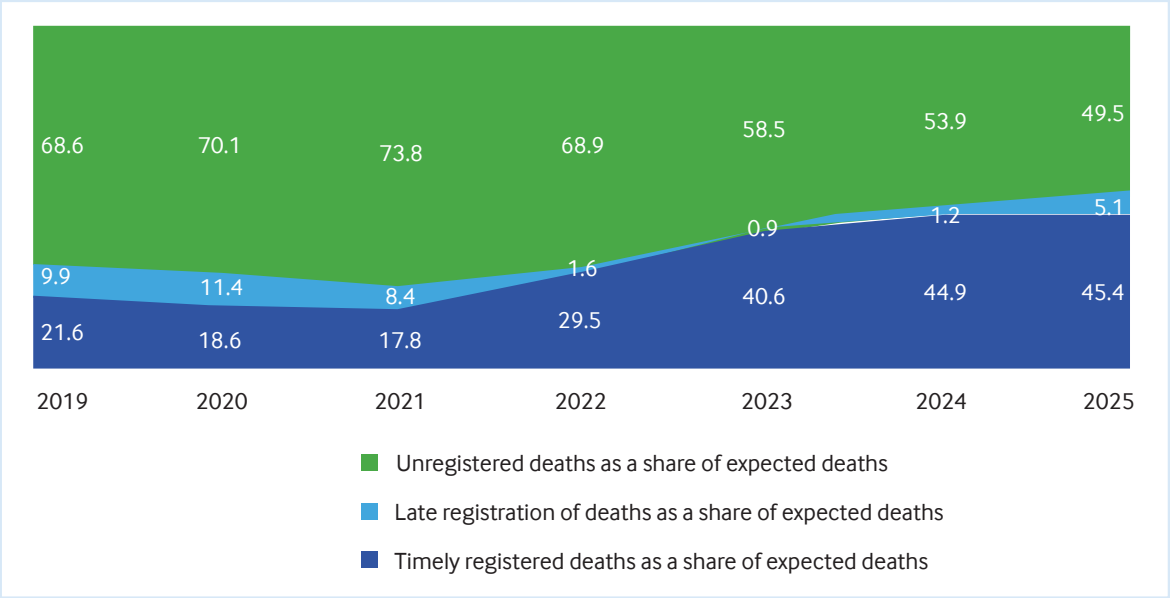
Figure 16: Trend of death registration completeness rate (%), 2019-2025



Source: *CRVS system and population and housing census projections, 2025*

Figure 16 presents the trend in overall death registration completeness, considering only timely and late registrations. Although a remarkable progress has been made, further efforts are needed to meet the targets set under SDG indicator 17.19.2.b, which aims for 80% death registration completeness, among others. Figure 17 highlights key areas requiring attention to achieving this target. To achieve a complete death registration, there is a need to register more 49.5% of deaths occurring.

Figure 17: Registered and unregistered deaths as shares (%) of expected deaths, 2025



Source: *CRVS system, 2025*

5.5. Timeliness of death registration

Under the current law No 71/2024 of 26/06/2024 governing persons and family, death registration must be completed within 30 days of occurrence, to be qualified as timely registration in this report. Since the focus is on deaths that occurred in 2025, delayed registrations were not included in this section. For reporting purposes, late registration refers to deaths registered after 30 days but within one year. Figure 18 shows that 89.9% of deaths registered in 2025 were recorded within the required 30-days period. The figure underwent a decrease of 7.4 percentage points when compared to the same figure in 2024.

Figure 18: Proportion of timely registered deaths in %, 2019 to 2025

Source: *CRVS system, 2025*

5.6. Registered Deaths by place of usual residence

Table 13 displays the number of deaths registered in the civil registration system categorized by the province of usual residence, along with the estimated total population of each province. The highest number of registered deaths was recorded in the Eastern Province, followed by the Southern Province, while the lowest was observed in the City of Kigali.

Table 13: Registered deaths by provinces with estimated population and by sex of decedent

Province of residence	Estimated Populations	Number of registered deaths			Sex ratio at death
		Both sexes	Female	Male	
Rwanda	14,104,967	39,355	17,304	22,051	127.4
Eastern Province	3,914,354	10,085	4,307	5,778	134.2
Kigali city	1,979,232	4,227	1,938	2,289	118.1
Northern Province	2,149,409	6,680	3,014	3,666	121.6
Southern Province	3,076,986	9,202	3,866	5,336	138.0
Western Province	2,984,986	8,853	4,077	4,776	117.1
Not stated		308	102	206	

Source: *CRVS system, 2025*

5.7. Registered deaths by place of occurrence and residence district

CRVS system-generated data indicate that community deaths accounted for a high proportion of registered deaths (55.9%) compared to health facility deaths (44.1%) in 2025. A breakdown of registered deaths by place of occurrence and place of residence reveals that Gasabo District recorded the highest number of health facility deaths (1205), whereas Gicumbi district registered the highest number of community deaths (936). Further details are provided in Table 14 below:

Table 14: Distribution of registered deaths by place of occurrence and residence districts.

District name	Counts			Percent distribution		
	Community	Health facility	Total	Community	Health facility	Total
Rwanda	22,010	17,345	39,355	55.9	44.1	100.0
Bugesera	850	737	1587	53.6	46.4	100.0
Burera	784	465	1249	62.8	37.2	100.0
Gakenke	793	540	1333	59.5	40.5	100.0
Gasabo	844	1205	2049	41.2	58.8	100.0
Gatsibo	821	639	1460	56.2	43.8	100.0
Gicumbi	936	587	1523	61.5	38.5	100.0
Gisagara	628	513	1141	55.0	45.0	100.0
Huye	573	530	1103	51.9	48.1	100.0
Kamonyi	759	633	1392	54.5	45.5	100.0
Karongi	656	472	1128	58.2	41.8	100.0
Kayonza	712	569	1281	55.6	44.4	100.0
Kicukiro	383	802	1185	32.3	67.7	100.0
Kirehe	877	578	1455	60.3	39.7	100.0
Muhanga	901	440	1341	67.2	32.8	100.0
Musanze	784	605	1389	56.4	43.6	100.0
Ngoma	767	469	1236	62.1	37.9	100.0
Ngororero	712	396	1108	64.3	35.7	100.0

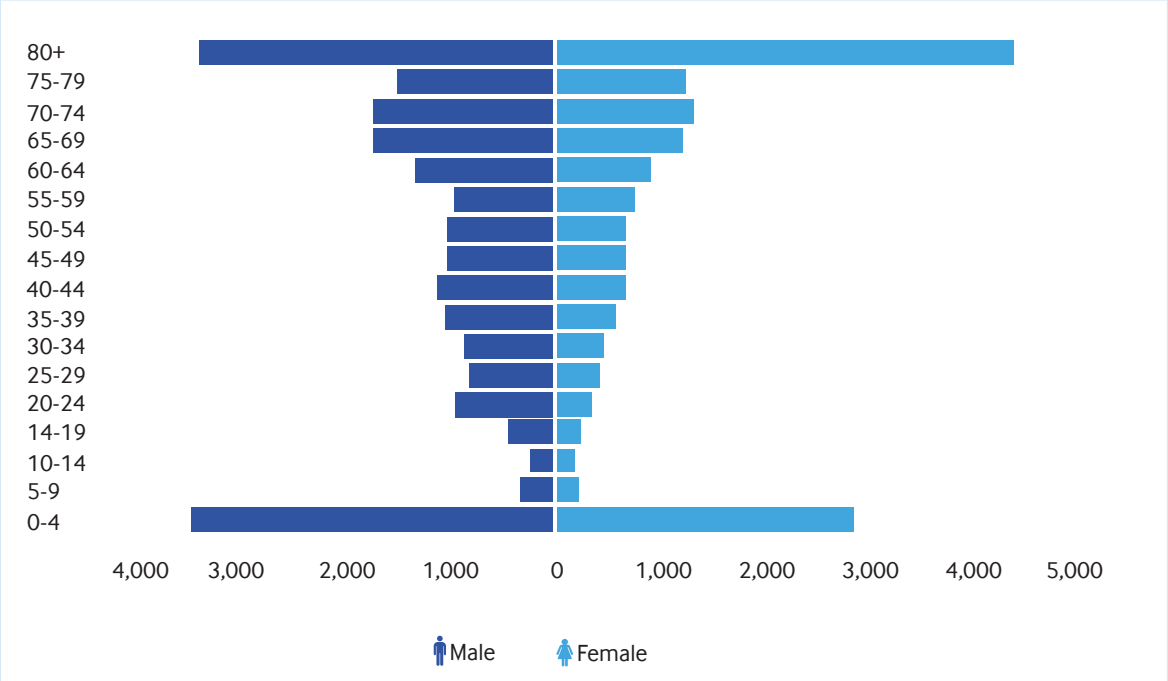
District name	Counts			Percent distribution		
	Community	Health facility	Total	Community	Health facility	Total
Nyabihu	700	440	1140	61.4	38.6	100.0
Nyagatare	877	779	1656	53.0	47.0	100.0
Nyamagabe	693	413	1106	62.7	37.3	100.0
Nyamasheke	794	461	1255	63.3	36.7	100.0
Nyanza	555	481	1036	53.6	46.4	100.0
Nyarugenge	337	656	993	33.9	66.1	100.0
Nyaruguru	706	363	1069	66.0	34.0	100.0
Rubavu	915	757	1672	54.7	45.3	100.0
Ruhango	527	487	1014	52.0	48.0	100.0
Rulindo	756	430	1186	63.7	36.3	100.0
Rusizi	788	562	1350	58.4	41.6	100.0
Rutsiro	772	428	1200	64.3	35.7	100.0
Rwamagana	783	627	1410	55.5	44.5	100.0
Not stated	27	266	293	9.2	90.8	100.0
Abroad		15	15			

Source: CRVS system, 2025

5.8. Deaths registered by age and sex

Figure 19 illustrates the distribution of registered deaths by age and sex. Overall, the number of registered deaths was high among males, totaling 22,027, compared to 17,294 for females. This disparity is consistent across all reported age groups. The following figure further details the mortality structure, highlighting specific trends relative to age and sex.

Figure 19: Age-Sex structure of all registered deaths (counts), 2025

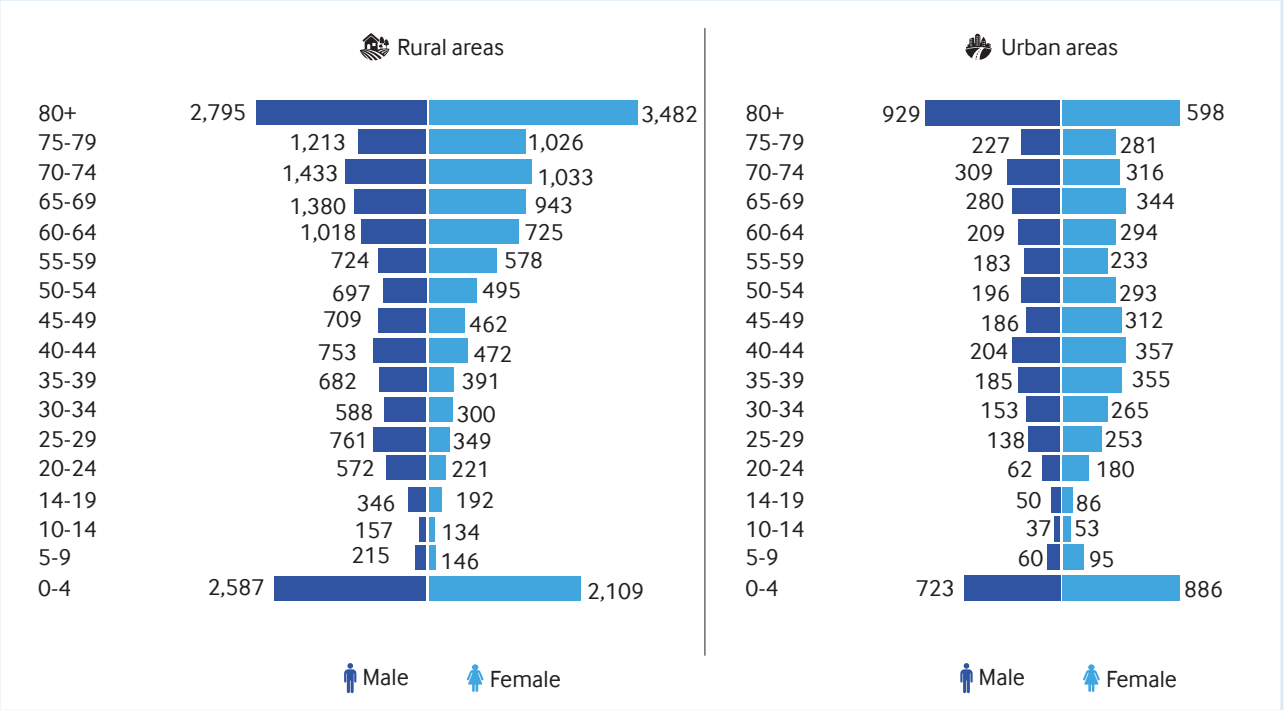


Source: *CRVS system, 2025*

5.9. Age-sex distribution of registered deaths by place of residence

The age-sex distribution patterns across age groups displays slight variations between urban and rural areas as displayed in Figures 20. A small difference is observed at 55-59 age range where the shape of the two figures slightly differ.

Figure 20: Age-sex distribution of registered deaths in rural and urban areas

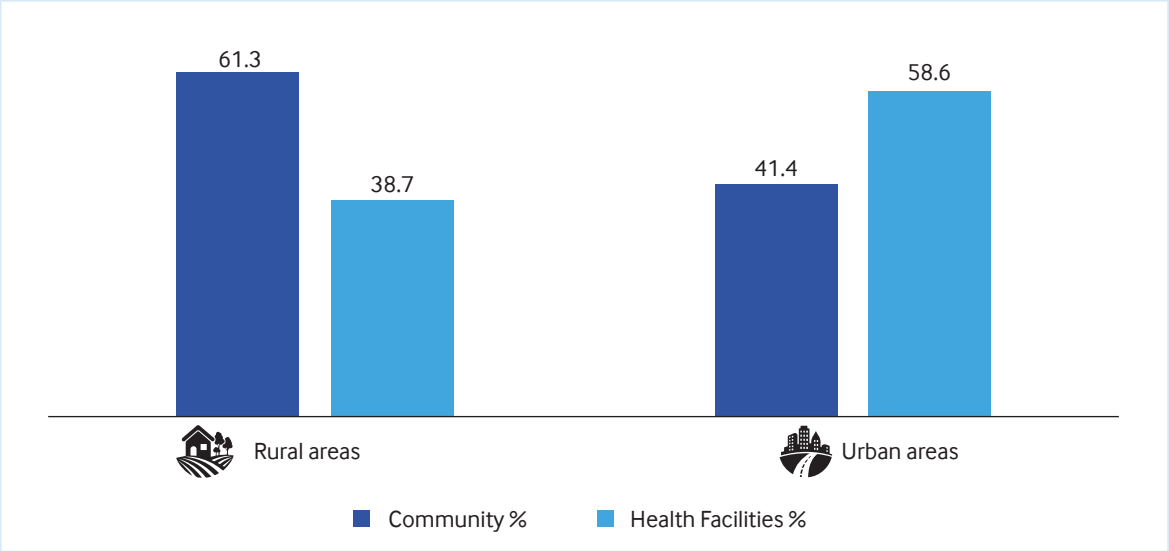


Source: *CRVS system, 2025*

5.10. Registered deaths by place of death and place of usual residence

The CRVS system generated data in 2025 show that among registered deaths in Rural areas, a high proportion occurred outside health facilities or in community (61.3%) compared to facility deaths (38.7%) while in urban areas, health facility deaths represent 58.6% compared to the 41.4% occurring in community. Figure 21 shows details.

Figure 21: Proportion of death registered by place of residence (Urban and Rural) and place of occurrence



Source: *CRVS system, 2025*

Chapter

6 CAUSE OF DEATH STATISTICS

Key findings

- 14,997 out of 17,345 deaths registered by health were medically certified
- 18,921 Verbal Autopsy interviews were conducted for 22,010 community deaths registered in 2025
- The proportion of usable cause of death increased by 16.9 percentage points, from 65.4% in 2024 to 82.3% in 2025, for deaths medically certified by health facilities.
- At community level, the proportion of usable cause of death remained almost constant in 2025 compared to 2024 (~84%)
- Non-communicable diseases accounted for 49.5% of deaths in health facilities, compared with 58.8% of deaths occurring in the community.
- The top 5 leading cause of death registered at health facilities are: Conditions arising during the perinatal period 14.9%, Lower respiratory infections 6.0%, Cerebrovascular disease 4.3%, and Road traffic accidents and Diabetes mellitus with both 2.7%
- The top 5 leading cause of death registered at community level are: cardiac related diseases 27.3%, Digestive neoplasms 8.0% Assault 5.3% HIV/AIDS related death 4.9% and stroke 4.6%.

6.1. Deaths occurring in health facilities

The Ministry of Health issued a ministerial order to all health facilities requesting to appropriately certify and report deaths using the Medical Certification of Causes of Death (MCCoD) form in line with the International Classification of Diseases (ICD), 10th Revision.

Since 1st January 2018, this has been the reporting standard for diseases and health conditions that enables the comparison and sharing of health and mortality information.

ICD-10 causes of death are categorized into 22 chapters, with each chapter grouping related diseases and conditions based on anatomical, pathological, or etiological similarities covering three broad groups of causes:

Group 1: Communicable, maternal, perinatal and nutritional conditions:(eg: HIV, tuberculosis, pneumonia, diarrhea, malaria, measles); maternal/perinatal causes (eg: maternal haemorrhage, birth trauma); and malnutrition.

Group 2: Non-communicable diseases: (i.e. cancer, diabetes, heart disease, stroke); and mental health conditions (i.e. schizophrenia).

Group 3: Injuries (i.e. road accidents, homicide, and suicide).

From 1st January 2026, Rwanda fully transitioned from ICD-10 to ICD-11, integrated with DORIS, to improve the quality of cause-of-death reporting, enhance international comparability, and facilitate more efficient reporting and analysis of mortality data.

In 2025, a total of 17,345 deaths were registered by health facilities in the CRVS system, of which 14,997 were medically certified using the standardized MCCoD form. Ideally, every death should be assigned a medically

determined cause of death. Table 15 below shows the number of registered facility deaths and medically certified deaths over the years.

Table 15: Numbers and percentages of medically certified facility deaths, 2021-2025

Years	Registered facility deaths	Medically certified deaths	Percentages
2021	9,619	8,218	85.4
2022	13,561	12,611	93.0
2023	15,176	14,166	93.3
2024	16,572	14,907	90.0
2025	17,345	14,997	86.5

Source: *CRVS system, 2025*

6.2. Deaths occurring outside health facilities

Given that approximately 70% of deaths in Rwanda occur outside health facilities, Rwanda implemented regulatory measures to strengthen community-level cause-of-death ascertainment. The presidential Order N° 001/01 of 06/02/2023, related to Sector, Cell, and Village administration, authorizes Cell Executive Secretaries to register community deaths and conduct verbal autopsies in case where medical certification was not performed. This policy reform institutionalized VA as part of routine civil registration processes.

Practically, Verbal Autopsy (VA) system was introduced in 2022 to ascertain probable causes of death among individuals dying outside health facilities, where no physician is available to provide medical certification of the cause of death. VA uses the WHO 2016 VA questionnaire administered via mobile devices and information collected is analyzed using computerized diagnostic algorithms. In 2025, a total of 18,921 verbal autopsies were conducted for 22,010 community deaths registered in the same year.

Table 16 summarizes the number of verbal autopsies conducted for registered community deaths since the rollout of VA as a routine mechanism for reporting community cause-of-death data in July 2022. To this Vital Statistics report, only verbal autopsies corresponding to community deaths that occurred and registered within the reporting year are presented.

Table 16: Summary of verbal autopsies conducted for community deaths, 2022-2025

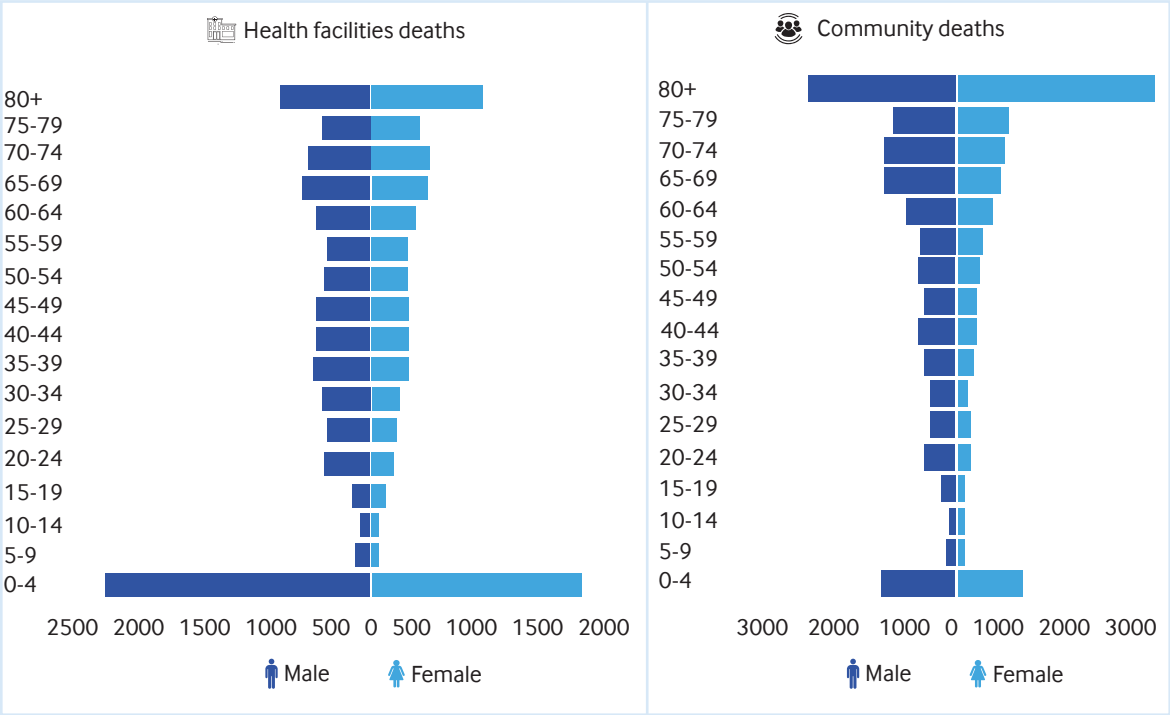
Indicator	2022	2023	2024	2025
VA for deaths that occurred in the reporting year	1,889	8,369	13,703	18,921
VA for deaths that occurred before the reporting year	355	4,793	6,614	6,627
Total	**2,244**	**13,162**	**20,317**	**25,548**

Source: *CRVS system, 2025*

6.3. Age sex distribution of deaths registered with causes

The figure 22 presents the age and sex distribution of registered deaths with MCCoD in health facilities or with VA interviews conducted in community. The figure indicates high numbers of children under five years of age at health facilities compared to the community level, while at old ages, the numbers are high in community compared to health facilities.

Figure 22 Age sex distribution (count) of deaths with causes

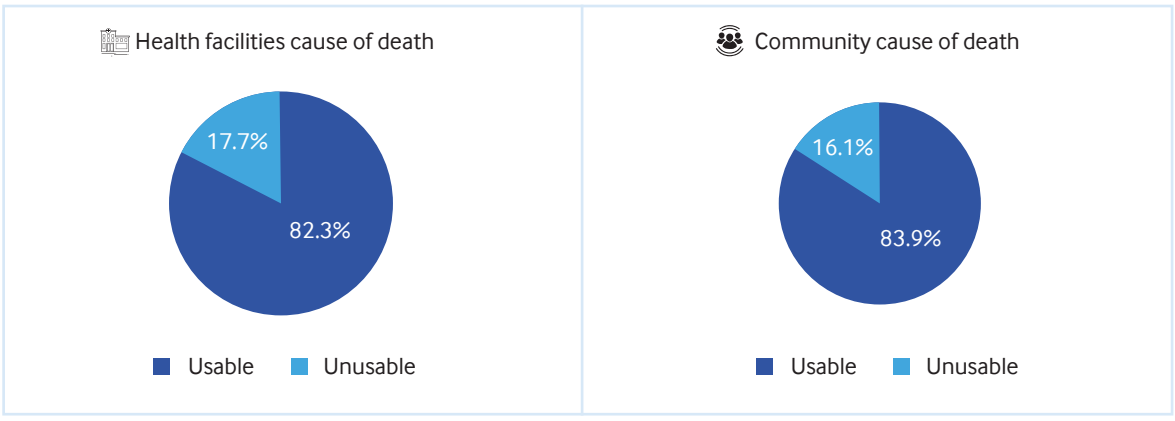


Source: *CRVS system, 2025*

6.4. Data quality and usability

Figure 23 shows the Distribution of cause of death in both community and health facilities, by usability. Medically certified deaths at health facilities are analyzed using ANACoD3 while VA data are analyzed CCVA. In 2025, the proportion of usable cause of death at health facilities is less than the same proportion for community deaths by 1.6 percentage points.

Figure 23 : Distribution of Health facility and Community cause of death by usability



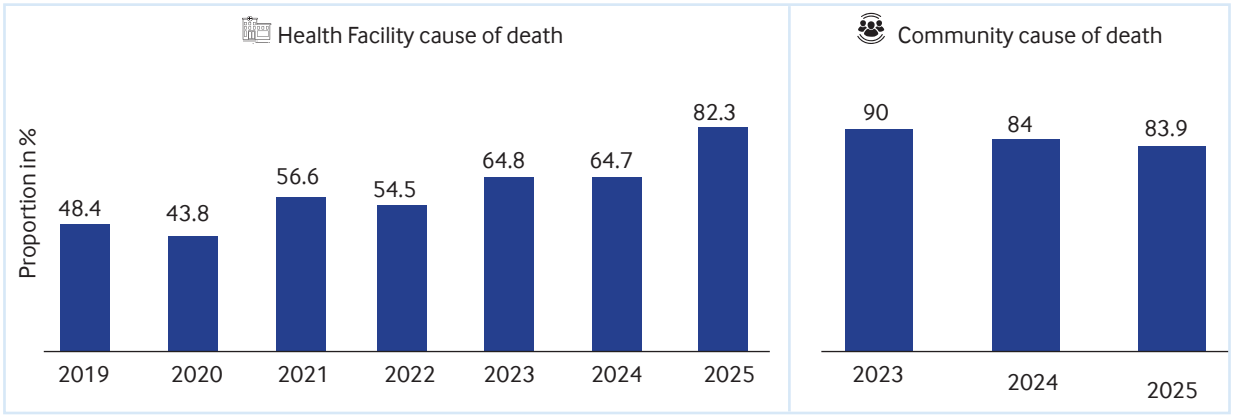
Source: *CRVS system, 2025*

The trend analysis shows significant annual improvement in quality of cause of death data at health facility where the proportion of usable cause of death increased by 17.7 percentage points, from 64.5% in 2024 to 82.3% in 2025 while the proportion of ill-defined causes declined significantly from 35.5% to 17.7%. Despite this tangible achievement, further efforts are needed to meet WHO benchmarks, which recommend that ill-defined causes remain below 10% for all deaths.

At community level, the proportion of usable cause of death remained constant (~84%) in 2025 compared to 2024, with a remarkable downward shift between 2023 and 2024.

It is imperative to mention here that, improvement realized in quality of cause of death at health facility level may be due to reinforced regular monitoring and structured feedback based on individual death certificate reviews and recertification exercises at health facility level. The combined mechanisms of training, mentorship, and quality audits contribute to continuous improvement in the accuracy and reliability of reported cause-of-death data.

Figure 24: Trends of usable cause of death in health facilities and community (in %)

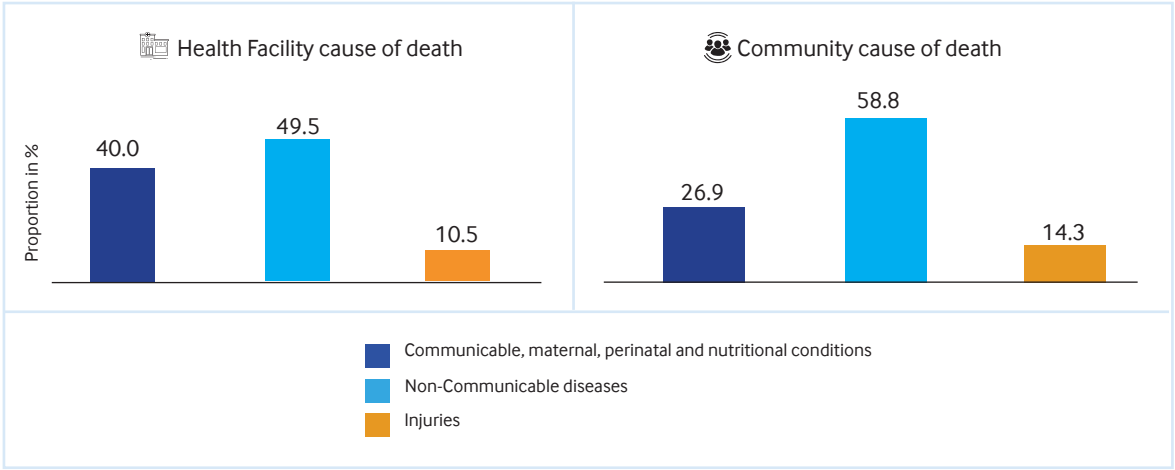


Source: *CRVS system, 2025*

6.5. Distribution of usable death causes by three broad groups

As shown in Figure 25, Non-Communicable Diseases (NCDs) accounted for the largest proportion of usable causes of death at both health facilities (49.5%) and in the community (58. 8%).NCDs and injuries proportions were high in community compared to health facilities by 9.5 percentage points and 3.8 percentage points, respectively. On the other side, the proportion of communicable diseases was high in health facilities by 13.1 percentage points compared to the same proportion observed in the community.

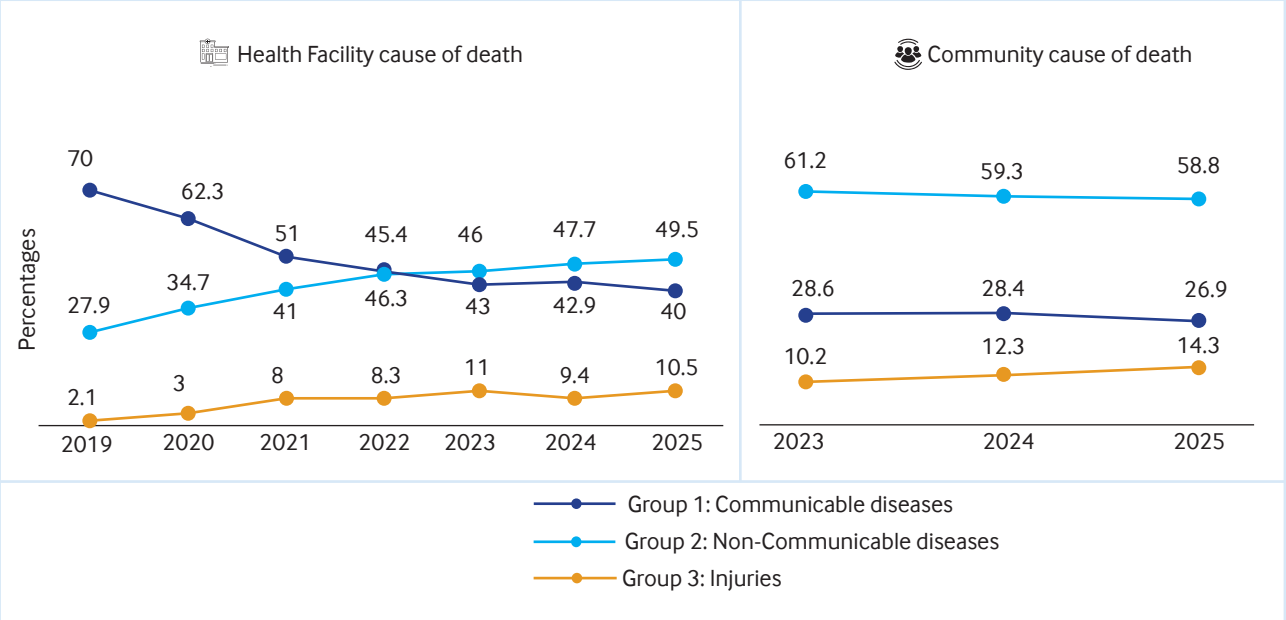
Figure 25:Distribution of usable death causes by three main broad groups



Source: *CRVS system, 2025*

The trend analysis shows that in health facilities, the proportion of communicable diseases has been decreasing overtime while non-communicable diseases and injuries have been increasing. In the community, the shape of diseases patterns remained relatively stable, with the proportion of injuries slightly increasing overtime compared to the remaining groups. Figure 26 displays more.

Figure 26: Trends of usable cause of death in health facilities and the community by three broad groups

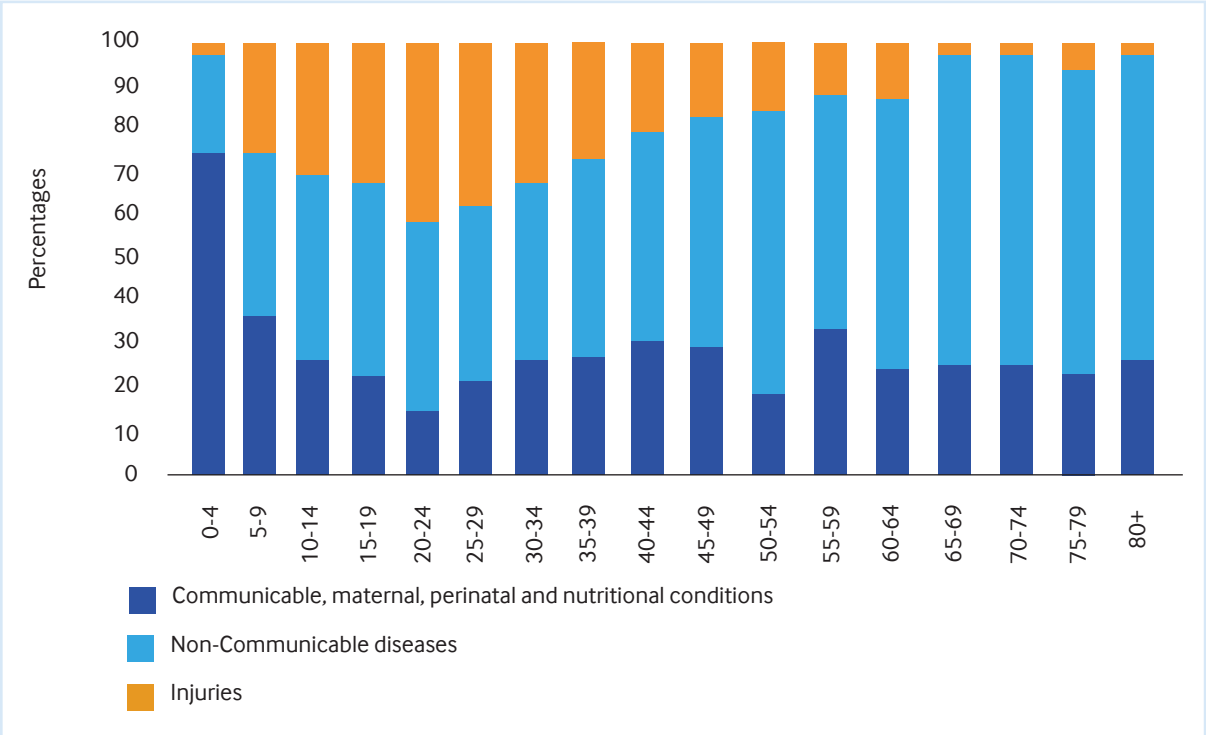


Source: *CRVS system, 2025*

6.6. Facility deaths with defined causes in three broad groups by age and sex

Mortality attributed to the three broad groups was tracked across various age categories for both males and females. The breakdown of causes of death within the three main broad groups reveals a trend among males where the proportion of deaths due to communicable diseases is decreasing while those from non-communicable diseases are rising across all age categories. Additionally, external causes and injuries were notably prevalent among males aged 20 to 29 compared to other groups.

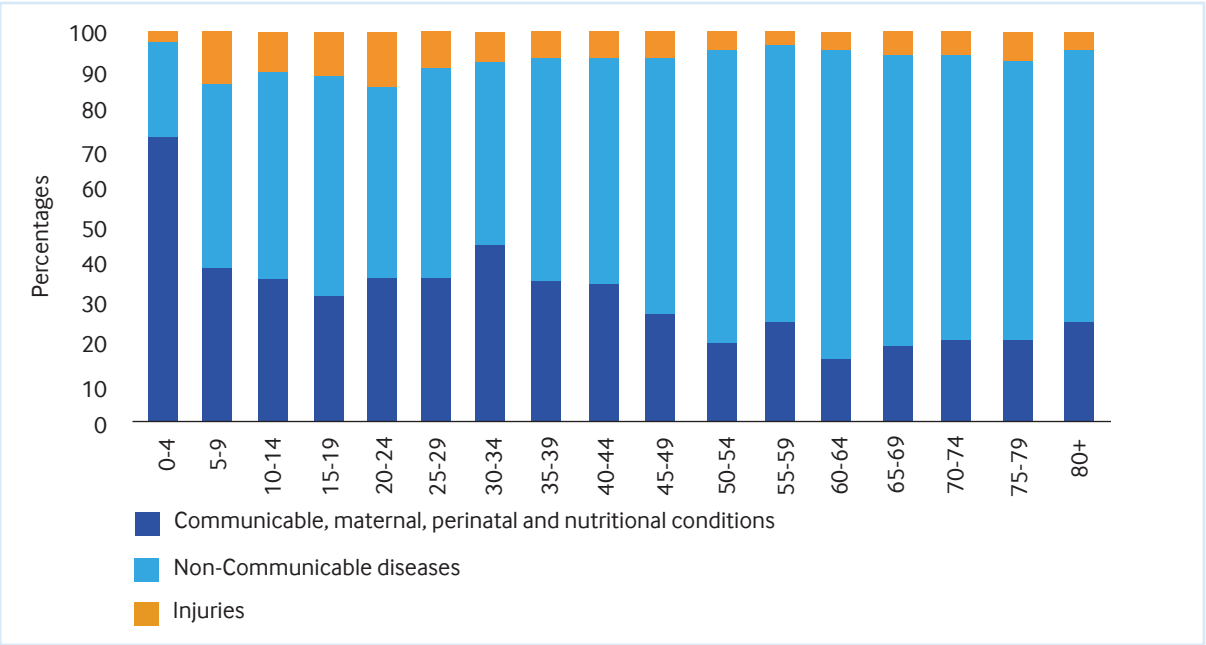
Figure 27: Death causes recorded by health facilities in broad groups by age of Males, 2025



Source: *CRVS system,2025*

As illustrated in Figure 28, communicable diseases, perinatal and nutritional conditions, are most prevalent among females under the age of five but decline significantly thereafter. In contrast, non-communicable diseases are notably higher among females aged five and above, consistently representing the leading cause across all older age groups. Meanwhile, external causes of death remain relatively low across all age groups among females.

Figure 28: Death causes recorded by health facilities in broad groups by age of females, 2025



Source: *CRVS system, 2025*

6.7. The top leading causes of death

Mortality data for 2025 indicate that, among both sexes and all ages combined, the leading cause of death recorded in health facilities was conditions originating in the perinatal period (14.9%). This was followed by lower respiratory infections (6.0%), cerebrovascular diseases (4.3%), and road traffic injuries (2.7%), among other causes. In the community, the top leading causes were other and unspecified cardiac diseases (16.2%), acute cardiac diseases (11.1%), digestive neoplasms (8.0%) and assault (5.3%).

The prominence of perinatal conditions among others, highlights the continued vulnerability of neonates and underscores the need to strengthen maternal, newborn, and perinatal care services. The contribution of lower respiratory infections reflects the ongoing burden of communicable diseases, while cerebrovascular diseases signal the growing impact of non-communicable diseases. The presence of road traffic injuries among the leading causes further emphasizes the importance of multisectoral injury prevention strategies.

A detailed breakdown of the 20 leading causes of death recorded in health facilities and in the community is presented in table 17.

Table 17: The top 20 leading causes of death at health facilities, both Sexes (2025)

Rank	Facility Cause of death	%	Community cause of death	%
1	Conditions arising during the perinatal period	14.9	Other and unspecified cardiac diseases	16.2
2	Lower respiratory infections	6.0	Acute cardiac disease	11.1
3	Cerebrovascular disease	4.3	Digestive neoplasms	8.0
4	Road traffic accidents	2.7	Assault	5.3
5	Diabetes mellitus	2.7	HIV/AIDS related death	4.9
6	Nephritis and nephrosis	2.4	Stroke	4.6
7	HIV	2.2	Road traffic accident	4.4
8	Tuberculosis	1.8	Pulmonary tuberculosis	4.4
9	Endocrine disorders	1.7	Acute respiratory infection including pneumonia	4.1
10	Liver cancer	1.3	Diabetes mellitus	3.6
11	Congenital heart anomalies	1.3	Diarrheal diseases	2.8
12	Meningitis	1.2	Reproductive neoplasms	2.4
13	Diarrhoeal diseases	1.2	Meningitis and encephalitis	2.1
14	Skin diseases	1.1	Liver cirrhosis	2.0
15	Inflammatory heart diseases	1.0	Other and unspecified neoplasms	1.9
16	Stomach cancer	1.0	Severe malnutrition	1.8
17	Hypertensive disease	1.0	Acute abdomen	1.7
18	Hepatitis C	0.8	Epilepsy	1.6
19	Protein-energy malnutrition	0.8	Chronic obstructive pulmonary diseases	1.6
20	Trachea, bronchus and lung cancers	0.8	Respiratory neoplasms	1.6

Source: *CRVS system, 2025*

Chapter

7 MARRIAGE STATISTICS

Key findings

- A total of 50,256 were registered in 2025, decreasing from 52,878 in 2024.
- Gasabo District registered the highest number of marriages with 5,195 marriages
- The 25-29 age range is on top with high age specific marriage rate for males (32.6%) and females (30.2)
- The number of marriages for females aged less than 21 increased from 53 in 2024 to 848 in 2025 while for male, it increased from 2 to 73.

7.1. Introduction

This section provides an overview of marriages officially registered between January and December 2025, based on data extracted from the NCI-CRVS system. Only legally recognized marriages are included; other consensual unions that are not registered in the CRVS system are not part of this report.

7.2. Legal marriages registered

Marriage is defined as the act, ceremony, and process through which the legal relationship between spouses is established. The legality of the union may be formalized by civil, religious, or other means recognized by the laws of each country. According to Rwanda's current legislation, marriage is officiated by a civil registrar at a sector office, a district office, or a Rwandan embassy.

Data extracted from the NCI-CRVS system shows a decrease in the number of marriages registered in 2025 compared to 2024, from 52,878 to 50,256 marriages. The comparison of registered marriages with the resident population size results in a crude marriage rate of 3.6‰ while, taking into account the population aged 15 and above, the general marriage rate becomes 5.6‰.

Table 18: Registered marriages, 2019-2025

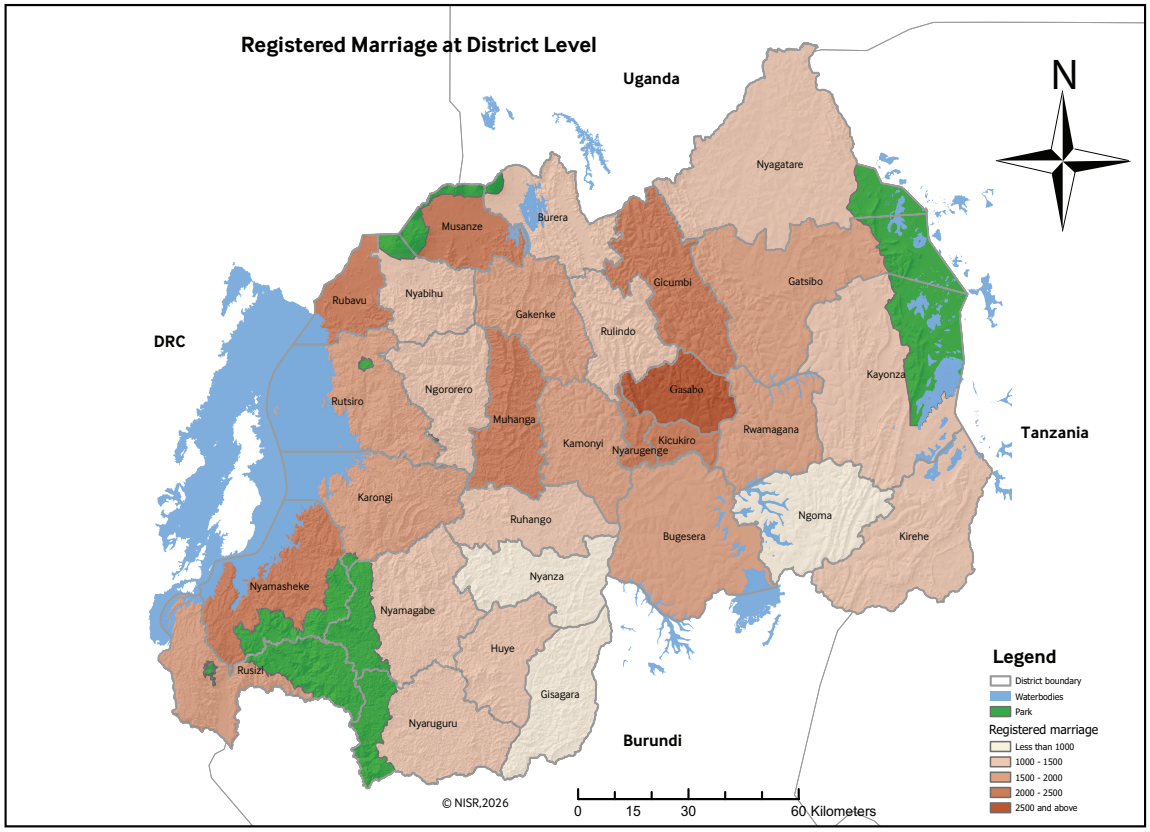
Year	Number of marriages	Population	Crude marriage rate (‰)
2019	48,526	12,374,398	3.9
2020	30,859	12,663,116	2.4
2021	33,809	12,955,763	2.6
2022	35,529	13,246,394	2.7
2023	57,880	13,499,066	4.3
2024	52,878	13,798,561	3.8
2025	50,256	14,108,214	3.6

Source: *CRVS system, 2025*

7.3. Marriages registered by location of registration office

Figure 29 shows registered marriages across districts. The districts that registered high number of marriages (more than 2,000) are Gasabo, Gicumbi, Nyarugenge, Kicukiro, Musanze,Muhanga, Rubavu and Nyamasheke. Low numbers (less than 1,000) were observed in Nyanza, Gisagara and Ngoma.

Figure 29: Registered Marriages by location of registration office

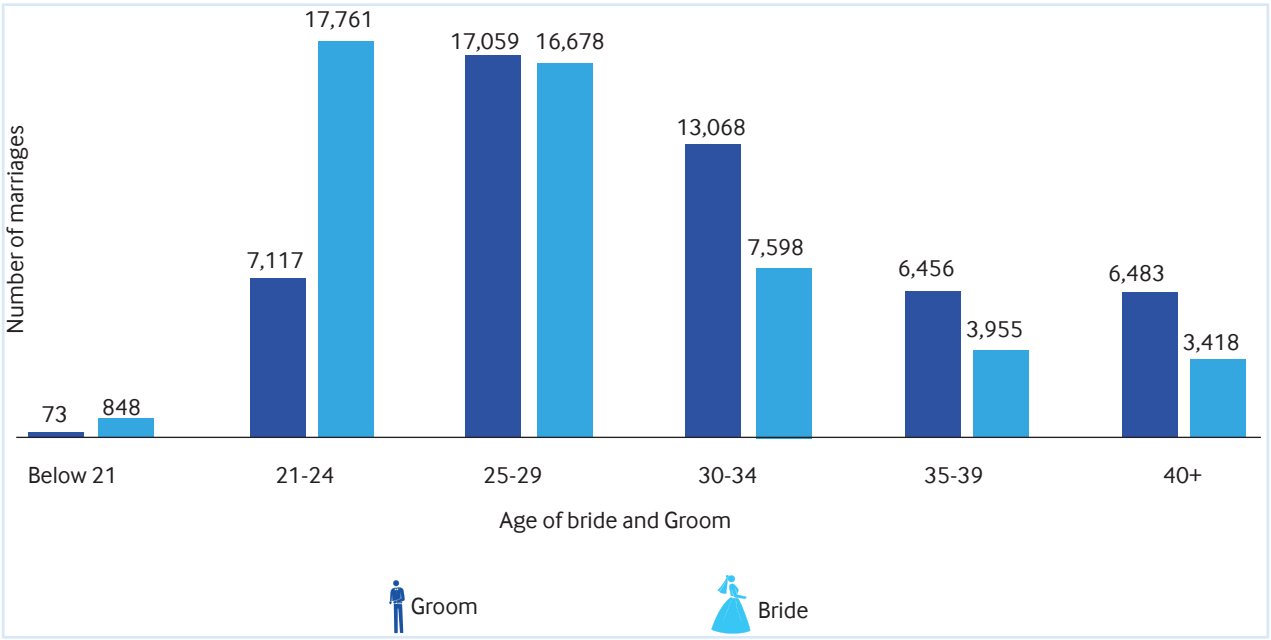


Source: *CRVS system, 2025*

7.4. Marriages registered by age of bride and groom

The data generated by the NCI-CRVS system shows variations in marriage registrations based on the ages of brides and grooms at the time of marriage. Specifically, within the age interval of 21 to 24 years, the number of brides exceeds the number of grooms. However, the data indicate a reversed situation at age of 25 and above showing higher number of grooms than Brides. These patterns are illustrated in Figure 30 below. It is important to mention here that average age at marriage based on 2025 data, shows 28.4 years for females and 32.3 years for males.

Figure 30: Marriages registered in 2025 by age of bride and groom



Source: *CRVS system, 2025*

The data generated by the CRVS system were used to analyse the age differences between brides and grooms among registered marriages. Among all age groups, individuals aged 25-29 recorded the highest number of marriages within the same age cohort. Additionally, a significant proportion of marriages occur between males aged 25-29 and females aged 21-24, as well as between males aged 30-34 and females aged 25-29. Overall, the majority of marriages involve males aged 25-34 and females aged 21-29. In general, the number of marriages is higher among females compared to males under the age of 25, while for those aged 25 and above, the number of marriages is higher among males than females.

Table 19: Groom and Bride age relationship at marriage date

	Age of groom							
Age of Bride	Age	<21	21-24	25-29	30-34	35-39	40+	**All**
	<21	25	320	352	121	20	10	**848**
	21-24	33	4,866	8,317	3,407	879	259	**17,761**
	25-29	11	1,562	6,608	5,834	1,965	696	**16,676**
	30-34	4	276	1,400	2,856	1,923	1,139	**7,598**
	35-39	0	73	297	677	1,291	1,617	**3,955**
	40+	0	20	85	173	378	2,762	**3,418**
	All	**73**	**7,117**	**17,059**	**13,068**	**6,456**	**6,483**	**50,256**

Source: *CRVS system, 2025*

7.5. Marriages Registered by matrimonial regime

According to the law in force, there are four types of matrimonial regimes in Rwanda.

- The community of property: a contract by which the spouses opt for a marriage settlement based on joint ownership of all their property, movable as well as immovable, and their present and their future charges; it is also a primary default regime.
- The limited community of property: a contract by which spouses agree to pool their respective properties owned on the day of the marriage celebration, to serve as the basis for the acquests, as well as for the property acquired during marriage by a common or separate activity, donation, legacy, or succession.
- The separation of property: is a contract by which spouses agree to contribute to the expenses of the household in proportion to their respective abilities while retaining the right of enjoyment, administration, and free disposal of their personal property.
- The matrimonial regime based on agreement drawn up by intending spouses, which is a contract by which intending spouses may choose a matrimonial regime based on agreement drawn up by them if it is not contrary to the rules of public order and good morals of Rwandans.

The NCI-CRVS system-generated data reveal that "community of property regime" was the most frequently preferred matrimonial regime in 2025, accounting for 97.0% all of registered marriages.

Table 20: Registered marriages by matrimonial regime

Marriage Regime	Count	Percentage
Community of property regime	48,748	97.0
Limited Community of Property Regime	1,187	2.4
Separation of property regime	312	0.6
Agreement by Intending Spouses	9	0.0
Grand Total	**50,256**	**100.0**

Source: *CRVS system, 2025*

7.6. Groom and bride's education by marriage date

Table 21 reveals that the number of marriages is generally high between females and males with the same levels of education. Apart from males and females within the same level of education, the table shows that males with primary level of education are more likely to marry females with lower secondary education (1,902 cases). There is no case in 2025 where males with university-level education have married females with no education.

Males with a primary level of education are more likely to get married to females having similar education (20,113 cases) or females with lower secondary education and upper secondary (1,902 and 1,272 cases, respectively), while they are less likely to get married to those who attended university or higher level of education or the never attended ones (166 and 267 cases, respectively).

Females who attended university are more likely to get married to males having the same level of education (2,787 cases) or those with upper secondary (826), while they are less likely to get married to those who never attended or only attended preschool (4 and 1 cases, respectively).

Table 21: Husband's and wife's education at marriage date

		Husbands' education level (counts)							
		None/ never attended	Preschool	Primary	Post-primary	Lower secondary	Upper Secondary	University or higher	Total
Wife's education level (counts)	None/ never attended	517	70	267	28	21	18	0	921
	Preschool	95	729	691	56	38	26	3	1638
	Primary	451	609	20113	895	1099	693	105	23965
	Post-primary	47	76	1044	1489	511	188	42	3397
	Lower secondary	55	110	1902	564	2466	1532	288	6917
	Upper Secondary	30	52	1272	243	1342	4759	1689	9387
	University or higher	4	1	166	42	205	826	2787	4031
	Total	1,199	1,647	25,455	3,317	5,682	8,042	4,914	50,256

Source: *CRVS system, 2025*

7.7. Marriage regime and levels of education

Table 22 shows that generally, the community of property is the most frequently chosen marriage regime regardless of the husbands' education. Across education levels, the table shows that the community of property regime is most frequent among males who attended Primary, Lower secondary, Upper secondary, 97.2%, 97.7% and 97.6% respectively. Also, it was highly frequent among those who attended None/ never attended, preschool, post-primary, which was above 95.4 for each, University or higher. Limited community of property is most frequent among males who never attended school (4.2%,3.2%) and less frequent among those who attended Lower secondary and Upper secondary (1.7% and 1.7% respectively). The same table shows that separation of property is more frequent among males who attended university (1.4%) and less frequent among those who never attended or attended Primary school (0.4% and 0.4%).

Table 22: Marriage regime and husband's education

	Husbands' education level (counts)							
	None/ never attended	Preschool	Primary	Post-primary	Lower secondary	Upper Secondary	University or higher	Total
Community of property regime	1,144	1,583	24,752	3,188	5,549	7,845	4,687	**48,748**
Limited Community of Property Regime	50	50	598	98	99	134	158	**1,187**
Separation of property regime	5	14	103	30	33	60	67	**312**
Agreement by Intending Spouses	0	0	2	1	1	3	2	**9**
Grand Total	**1,199**	**1,647**	**25,455**	**3,317**	**5,682**	**8,042**	**4,914**	**50,256**
	Husband's education level (percentages)							
Community of property regime	95.4	96.1	97.2	96.1	97.7	97.6	95.4	**97**
Limited Community of Property Regime	4.2	3	2.3	3	1.7	1.7	3.2	**2.4**
Separation of property regime	0.4	0.9	0.4	0.9	0.6	0.7	1.4	**0.6**
Agreement by Intending Spouses	0	0	0	0	0	0	0	**0**
Grand Total	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**

Source: *CRVS system, 2025*

Table 23 demonstrates that, among females, the community of property is also the most frequently selected marriage regime across all education levels. Specifically, the table shows that community of property regime is most prevalent among females with Upper secondary education (97.7%) and less prevalent among those who attended university (94.7%). In contrast, the limited community of property is most frequently observed among females with no formal education (4.3%) and less frequent among those who attended lower secondary (1.6%). Additionally, the separation of property is more frequent among females with university education (1.6%) and less frequent among those with no formal education (0.3%).

Table 23: Marriage regime and Wife's education

	Wife's education level (counts)							
	None/ never attended	Preschool	Primary	Post-primary	Lower secondary	Upper Secondary	University or higher	Total
Community of property regime	878	1,575	23,277	3,278	6,747	9,174	3,819	**48,748**
Limited Community of property regime	40	51	592	82	127	149	146	**1,187**
Separation of property regime	3	11	94	36	42	61	65	**312**
Agreement by Intending Spouses		1	2	1	1	3	1	**9**
Grand Total	**921**	**1,638**	**23,965**	**3,397**	**6,917**	**9,387**	**4,031**	**50,256**
Wife's education level (percentages)								
Community of property regime	95.3	96.2	97.1	96.5	97.5	97.7	94.7	**97**
Limited Community of property regime	4.3	3.1	2.5	2.4	1.8	1.6	3.6	**2.4**
Separation of property regime	0.3	0.7	0.4	1.1	0.6	0.6	1.6	**0.6**
Agreement by Intending Spouses	0	0.1	0	0	0	0	0	**0**
Grand Total	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**

Source: *CRVS system, 2025*

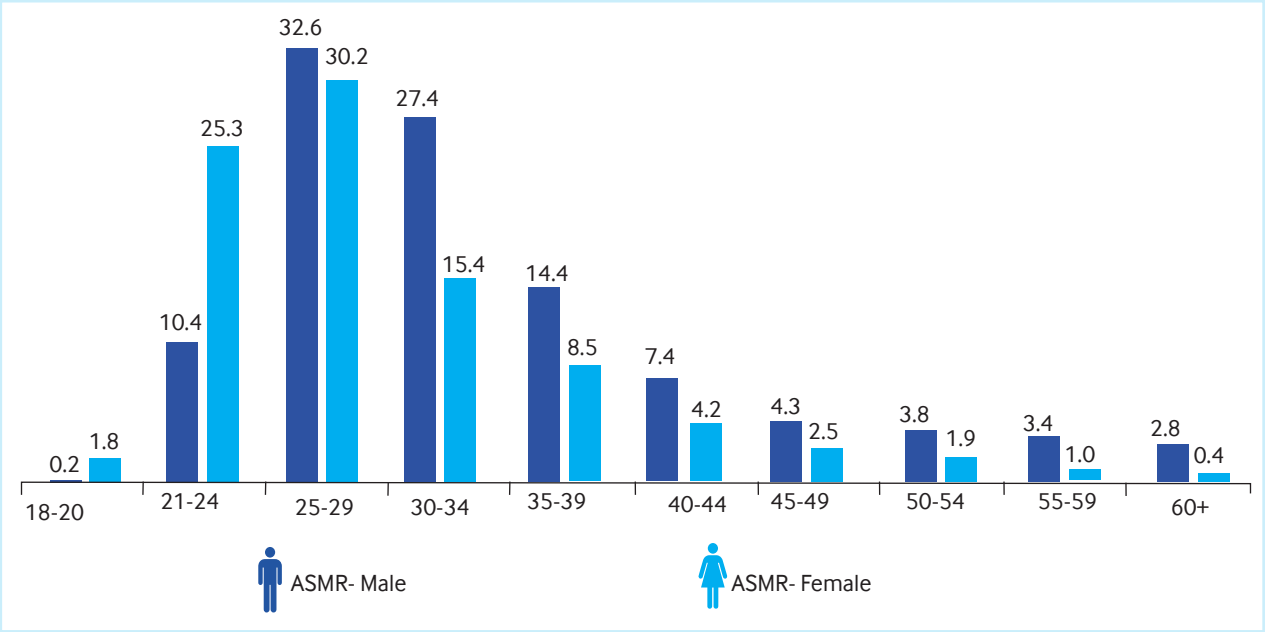
7.8. Crude marriage rate

The crude marriage rate is the number of marriages occurring among the population of a given geographical area during a given year, per 1,000 mid-year total population of the given geographical area during the same year. The crude marriage rate was 3.6 ‰ in 2025, declining from 4.0‰ in 2024.

7.9. Age specific marriage rate (ASMR)

Age specific marriage rate (ASMR) indicates the number of marriages per 1,000 people in a specific age group during a given year, providing insight into marriage patterns across different age brackets. For example, a rate of 34.7 for females implies that out of 1,000 women in a particular age group, approximately 35 women are married. Figure 31 presents the age-specific marriage rate for grooms and brides across different age groups. The data indicates that marriage is most prevalent in the 25-29 age group for both genders. The marriage rate for 18-20 age group is almost negligible for both grooms and brides. Grooms maintain relatively higher marriage rates than brides beyond 25, while women tend to marry at younger ages than men. In general, marriage rates decline significantly for both genders after the age of 40.

Figure 31: Age specific marriage rates



Source: *CRVS system, 2025*

Chapter

8 DIVORCE STATISTICS

Key findings

- In 2025, a total of 4,479 divorces were registered in CRVS system of which, only 2,629 were legally granted by the courts in 2025
- The highest number of divorcees reside in the city of Kigali compared with other provinces
- Most registered divorces (41.2%) occurred before celebration of the 10th wedding anniversary
- After a divorce is granted, some divorced partners prefer to reside in a different district other than the residence of the his/her respective former partner

8.1. Introduction

Rwanda recognizes civil registration as essential for generating reliable vital statistics, necessary for effective national planning and monitoring of development. Divorce statistics are crucial for assessing marital dissolution patterns, understanding family structures, and demographic shifts. This data aids in evaluating family stability, shaping policy, and directing social and legal reforms. Disaggregated divorce data by age, marriage duration, and residence allows for the analysis of differences across population groups.

Divorce is the final legal dissolution of a marriage, that is; that separation of husband and wife which confers on the parties the right to remarriage under religious and/or other provisions, according to the laws of each country. In Rwanda, divorce is decided by the court in conformity with the provisions of the law in force, and thereafter, divorced couples go to the competent registration office with the divorce judgement provided by the court to make a divorce declaration/registration.

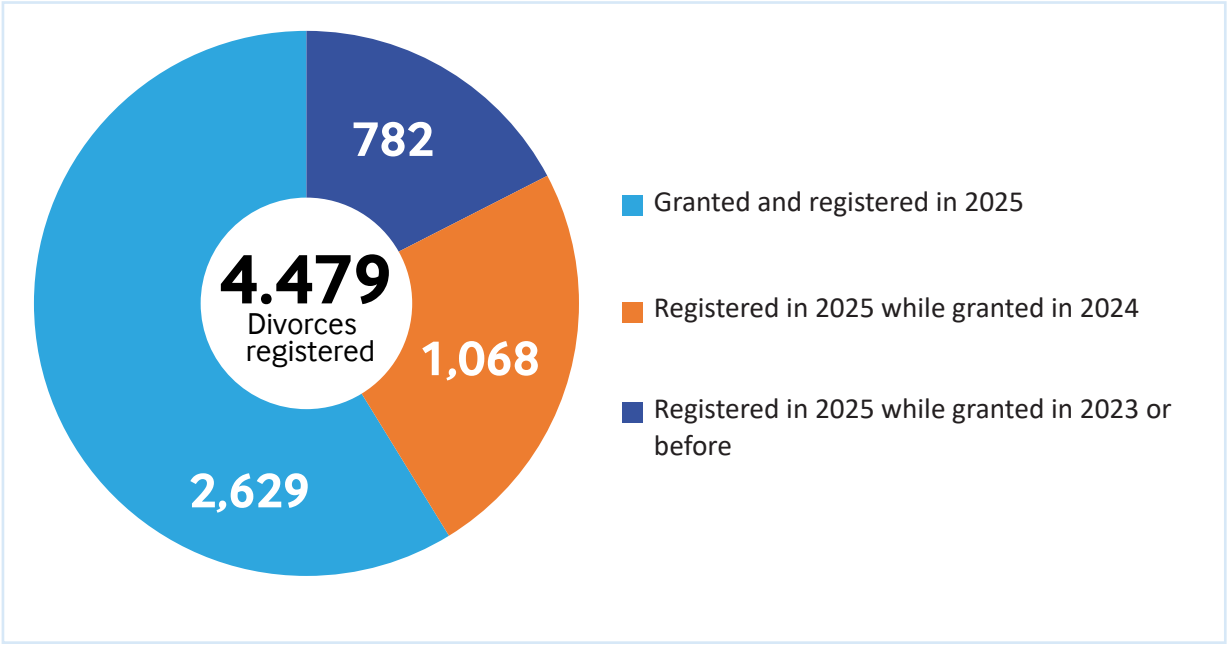
Current legislation allows divorces for specific reasons, including adultery, desertion without justification for over a year, gender-based violence, and non-contribution to household expenses. Divorce claims must be filed to the competent court based on the location of the last matrimonial home or the residence of the parties involved.

This report presents divorces registered from January to December 2025 based on data extracted from the National Centralized and Integrated Civil Registration and Vital Statistics system. A total of 4,479 divorces were registered during the reporting period and form the basis of the analysis presented in this section.

8.2. Divorces registered by year of court decision

According to data from the NCI-CRVS system, a total of 4,479 divorces were registered in 2025 of which 2,629 divorces (i.e 58.7%) were granted by courts in the same year, 1,068 were granted in 2024 while the remaining 782 were granted in 2023 or before. Data indicates that 1,850 divorces (i.e. 41.3%) were registered in 2025 while they were granted by courts before 2025.

Figure 32: Summary of divorces registered in 2025 by period of occurrence



Source: *CRVS system, 2025*

8.3. Divorces registered by Residence of Divorcees

Analysis of registered divorces by residence of divorcees shows that after a divorce is granted, not all divorced partners continue to stay in the same province. The data show that out of 4,479 divorces registered, 3,936 (87.9%) divorced partners continued to stay in the same province of residence while at least one of the reaming 543 (12.1%) partners changed the residence province.

Table 24 displays the number of divorces by province of residence of divorcees. It also shows the total number of divorces by each of the provinces. The highest number of divorced wives was recorded in Kigali City (1,185), followed by the Southern Province (1,006) and the Eastern Province (990). A similar pattern was observed among husbands, with Kigali City reporting the highest number (1,199), followed by the Eastern Province (1,011) and the Southern Province (976).

Most divorces were registered among couples where both divorcees resided in the same province, with Kigali City recording the highest number (1,020 cases). Inter-provincial divorces were comparatively fewer,

accounting for only a small proportion of the total cases. Additionally, the data show 32 cases involving husbands residing abroad and 28 cases involving wives residing abroad.

Table 24: Registered divorces by residence provinces

Wife's residence / Husband's residence	Eastern Province	Kigali City	Northern Province	Southern Province	Western Province	Abroad	Total
Eastern Province	881	68	21	20	18	3	**1,011**
Kigali City	65	1,020	17	61	22	14	**1,199**
Northern Province	11	22	535	15	8	1	**592**
Southern Province	17	41	12	888	17	1	**976**
Western Province	14	20	12	16	607		**669**
Abroad	2	14	1	6		9	**32**
Total	**990**	**1,185**	**598**	**1,006**	**672**	**28**	**4,479**

Source: *CRVS System, 2025*

8.4. Divorces registered by residence Districts

Narrowing down to districts, analysis of registered divorces by residence of divorcees shows that out of 4,479 divorces registered, 3,596 (80.3%) divorced partners continued to stay in the same district of residence while at least one of the reaming 883 (19.7%) partners changed the residence district.

Table 25, shows the number of divorces by district of residence of divorcees. It also shows the total number of divorces by each of the districts. Gasabo District recorded the highest number, with 504 divorced resident wives and 494 husbands. This was followed by Kicukiro District (428 resident wives and 431 husbands) and Nyarugenge District (253 wives and 274 husbands). Other districts with relatively high numbers include Nyagatare, Rwamagana, Kamonyi, and Musanze, while the lowest counts were recorded in Burera (60 wives and 61 husbands), and Nyaruguru (31 wives and 31 husbands). Generally, high numbers of divorcees were found in urban compared to rural areas.

Table 25: Registered divorces by residence districts

Residence district	Number of divorced wives		Number of divorced husbands		Totals	
	Divorces granted and registered in 2025	Divorces granted before, but registered in 2025	Divorces granted and registered in 2025	Divorces granted before, but registered in 2025	Total wives	Total husbands
Bugesera	70	62	83	63	**132**	**146**
Burera	26	34	27	34	**60**	**61**
Gakenke	72	50	60	55	**122**	**115**
Gasabo	319	185	312	182	**504**	**494**
Gatsibo	69	37	75	41	**106**	**116**
Gicumbi	58	65	59	66	**123**	**125**
Gisagara	75	62	75	58	**137**	**133**
Huye	92	62	97	57	**154**	**154**
Kamonyi	107	62	101	63	**169**	**164**

Residence district	Number of divorced wives		Number of divorced husbands		Totals	
	Divorces granted and registered in 2025	Divorces granted before, but registered in 2025	Divorces granted and registered in 2025	Divorces granted before, but registered in 2025	Total wives	Total husbands
Karongi	38	32	38	29	**70**	**67**
Kayonza	91	43	84	45	**134**	**129**
Kicukiro	261	167	267	164	**428**	**431**
Kirehe	68	64	67	60	**132**	**127**
Muhanga	81	84	81	81	**165**	**162**
Musanze	98	70	93	67	**168**	**160**
Ngoma	73	43	72	49	**116**	**121**
Ngororero	91	26	98	24	**117**	**122**
Nyabihu	38	24	34	25	**62**	**59**
Nyagatare	102	87	101	96	**189**	**197**
Nyamagabe	47	27	38	24	**74**	**62**
Nyamasheke	81	40	79	37	**121**	**116**
Nyanza	74	54	62	55	**128**	**117**
Nyarugenge	141	112	161	113	**253**	**274**
Nyaruguru	18	13	18	13	**31**	**31**
Rubavu	63	41	60	40	**104**	**100**
Ruhango	69	79	75	78	**148**	**153**
Rulindo	62	63	59	72	**125**	**131**
Rusizi	69	42	74	39	**111**	**113**
Rutsiro	54	33	56	36	**87**	**92**
Rwamagana	108	73	101	74	**181**	**175**
Abroad	14	14	22	10	**28**	**32**
Grand Total	**2,629**	**1,850**	**2,629**	**1,850**	**4,479**	**4,479**

Source: *CRVS system, 2025*

8.5. Divorces by age of Husbands and Wives

CRVS system generated data were used to compute the ages of divorced partners and correlate the age of wives with the age of husbands at the divorce date. Among males, high number of divorces were recorded within 40-44 aged husband while among females, the high number was recorded within 35-39 aged wives. Among wives and husbands within the same age groups, high numbers of divorces were recorded for those falling within 40-44 and 50+ age groups. Table 26 shows more details.

Table 26: Wife and husband's age relationship at divorce date.

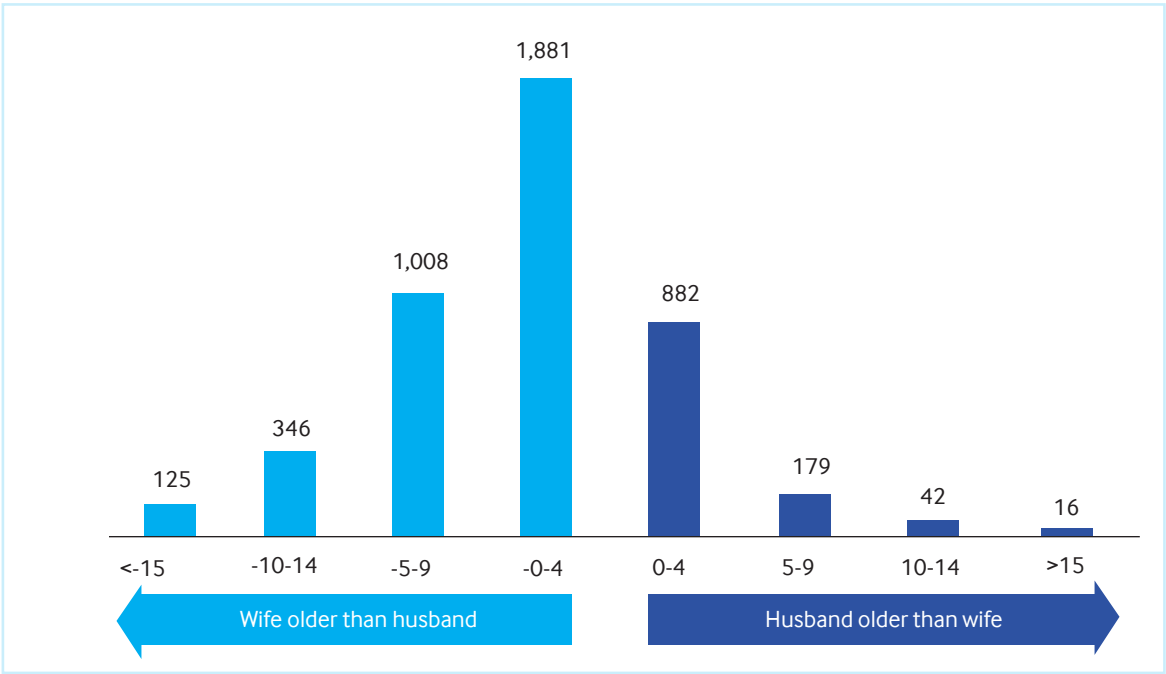
		Age of wife							
		<25	25-29	30-34	35-39	40-44	45-49	50+	All ages
Age of husband	<25	3	5	0	0	1	0	0	9
	25-29	25	127	47	12	3	1	2	217
	30-34	17	219	296	76	29	3	2	642
	35-39	6	122	363	350	95	30	8	974
	40-44	1	46	161	365	366	73	19	1,031
	45-49	0	13	36	147	230	176	51	653
	50+	0	3	13	47	153	249	488	953
	All ages	**52**	**535**	**916**	**997**	**877**	**532**	**570**	**4,479**

Source: *CRVS system, 2025*

8.6. Divorces by differences in the age of the wife and the age of the husband

Analysis of data from the CRVS system on registered divorces based on the age difference between spouses at the time of divorce illustrates how variations in the age gap between wife and husband are distributed across all recorded cases, providing an overview of how divorce occurrences are spread according to spousal age differences. The graph below shows that divorces were most frequent among couples where the wife was 0-4 years or 5-9 years older than the husband, which accounts for 1,881 cases and 1,008 cases, respectively. Generally, high numbers of divorces occurred among couples where the wife is older that the husband when compared to couples where the husband is older than the wife.

Figure 33: Divorces by differences in age of wife and husband

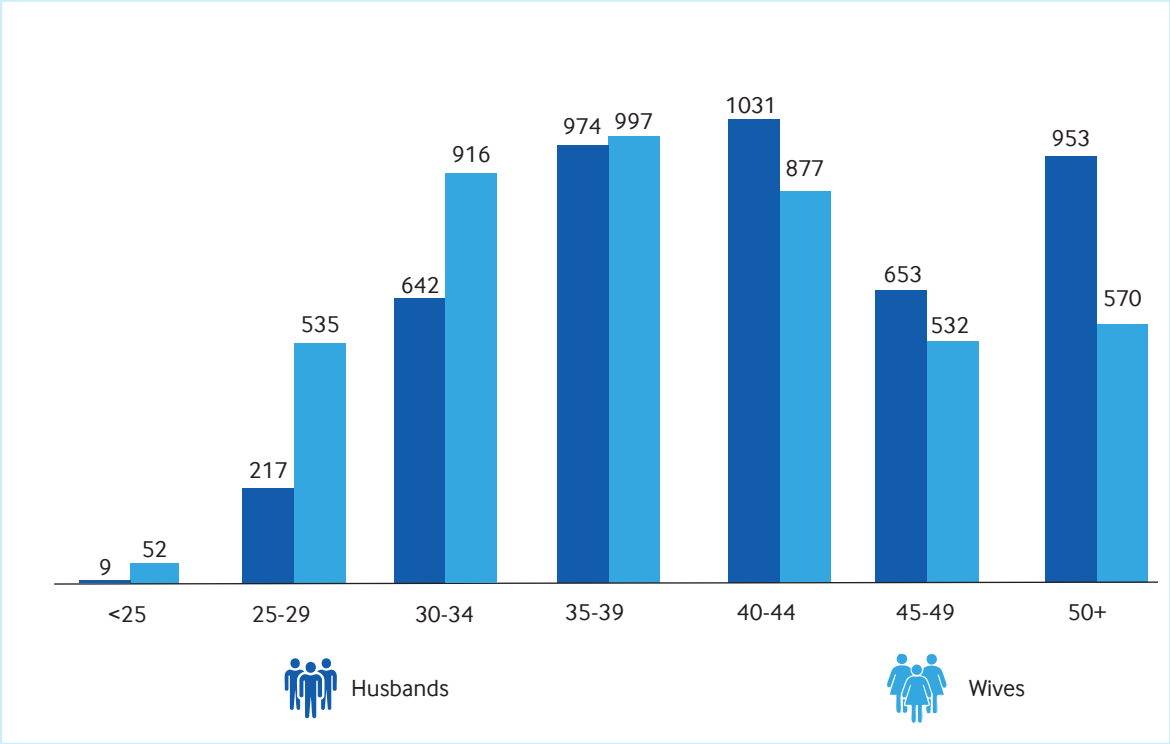


Sources: *CRVS systems,2025*

8.7. Registered divorces by age of divorcees

From the CRVS system data, the distribution of registered divorces by age group reveals distinct trends for both wives and husbands in 2025. In 2025, for wives, divorce cases rose from 52 among those under 25 to a peak of 997 in the 35-39 age group, then declined into older age groups, with a slight increase among those aged 50 and above. In contrast, husbands show a steady rise from 9 cases under 25, peaking at 1,031 in the 40-44 age group. Husbands aged 50 and above have significantly higher divorce counts compared to wives. Overall, the majority of divorce registrations are scattered between the ages of 30 and 44, with minimal occurrences under 25 years.

Figure 34: Number of registered divorces by age of divorcees



Source: *CRVS system, 2025*

8.8. Divorces by duration of marriage

To determine the duration of marital relationships among divorced couples, the time between the marriage date and the court's divorce decision date was calculated. Registered divorces by duration of marriage indicate that divorces registered in 2025 but granted earlier peaked at 398 cases for marriages of 10 -14 years duration and were lowest (13 cases) for those of 45-49 years. For divorces both granted and registered in 2025, the highest figure was 693 cases among marriages lasting 5-9 years. Overall, the distribution shows variation in divorce cases across different marriage durations, with shorter- to mid-term marriages accounting for a larger share of cases. The table below illustrates clearly the duration of couples in a marital relationship.

Table 27: Registered divorces by duration of marriage

	Number			Percentages		
Duration In years	Granted before but registered in 2025	Granted and registered in 2025	Total	Granted before but registered in 2025	Granted and registered in 2025	Total
0-4	223	545	768	12.10%	20.7%	17.1%
5-9	383	693	1076	20.70%	26.4%	24.0%
10-14	398	530	928	21.50%	20.2%	20.7%
15-19	368	445	813	19.90%	16.9%	18.2%
20-24	228	230	458	12.30%	8.7%	10.2%
25-29	101	82	183	5.50%	3.1%	4.1%
30-34	51	42	93	2.80%	1.6%	2.1%
35-39	47	29	76	2.50%	1.1%	1.7%
40-44	22	15	37	1.20%	0.6%	0.8%
45-49	13	7	20	0.70%	0.3%	0.4%
50+	16	11	27	0.90%	0.4%	0.6%
Total	**1,850**	**2,629**	**4,479**	**100.0%**	**100.0%**	**100.0%**

Source: *CRVS system, 2025*

8.9. Key indicators on divorces

Table 28 display a summary of key indicators on divorces registered in 2025. The data shows that average age at divorce is 43.3 years for males while for females, it was 39.8 years. The comparison of divorces granted in 2025 with the total population gives a crude divorce rate equivalent to 0.2 per thousand.

Table 28: Summary of key indicators on divorces

Indicator	2025
Number of divorces granted and registered in 2025	2,629
Number of divorces granted before but registered in 2025	1,850
Average age at divorce for males registered in 2025	43.3
Average age at divorce for females registered in 2025	39.8
Crude divorce rate	0.2

Chapter

9 OTHER REGISTERED EVENTS

The law No 71/2024 of 26/06/2024 governing persons and family provides for registration of 9 events: birth, death, marriage, divorce, child recognition, guardianship, annulment of marriage, and legitimation. This specific chapter describes registered events other than events narrated in the previous chapters.

In 2025, NCI-CRVS system showed 4,058 registered legitimations, 87 adoptions, 27,788 recognitions and 21 annulments of marriage. No guardianship case was registered in 2025.

Table 30: other events registered in CRVS system

No	Names of Events	Number registered in 2025
1	Legitimization	4,058
2	Adoption	87
3	Recognition	27,788
4	Annulment	21
5	Guardianship	0

Source: *CRVS system, 2025*

Chapter

10 SUMMARY TABLES

10.1. Summary of registered births, including delayed registrations

Registered birth	2025	2024	2023
Born and registered in reporting year	356,838	341,029	334,018
Born previous year, registered in reporting year	4,716	4,681	4,786
Born >1 year earlier, registered in reporting year	39,0718	72,262	34,456
Total	**75,2272**	**417,972**	**373,260**

10.2. Time series of registered events from 2019 to 2025*

Year	Births	Deaths	Marriages
2019	313,398	23,791	48,526
2020	312,678	22,634	30,859
2021	310,249	19,797	33,809
2022	341,122	25,567	35,529
2023	334018	32,853	57,880
2024	341,029	36,021	52,878
2025	356,838	39,355	50,256

Source: *CRVS system, 2025*

*The above numbers reflect the number of events that occurred and were registered in the same year

10.3. Summary statistics on births (2019-2025)

Indicator	2019	2020	2021	2022	2023	2024	2025
Registered live births (number)	**313,398**	**312,678**	**310,249**	**341,122**	**334,018**	**341,029**	**356,838**
Males	158,826	158,450	157,615	172,540	168,750	172,460	180,795
Females	154,572	154,228	152,634	168,582	165,268	168,569	176,043
Expected live births (number)	**360,388**	**364,342**	**368,251**	**367,312**	**370,964**	**377,548**	**384,279**
Males	182,857	184,863	186,847	187,873	188,851	192,203	195,630
Females	177,531	179,479	181,404	179,439	182,113	185,345	188,650
Registration completeness (%)	**87.0**	**85.8**	**84.2**	**92.9**	**90.0**	**90.3**	**92.9**
Males	86.9	85.7	84.4	91.8	89.4	89.7	92.4
Females	87.1	85.9	84.1	93.9	90.8	90.9	93.3
Sex ratio at birth	102.8	102.7	103.3	102.4	102.1	102.3	102.7
Adjusted Crude birth rate (per 1,000 population)	29.1	28.8	28.4	27.7	27.5	27.4	27.2
Total fertility rate (births per woman)	**3.8**	**3.7**	**3.5**	**3.7**	**3.6**	**3.6**	**3.5**

Source: *CRVS system, 2025*

10.4. Timeliness of birth registration following the law in Rwanda and EAC guidelines

	EAC guidelines (within 90 days)		Rwandan family law (within 30 days)	
Timely registrations of birth	355,679	99.7	353,515	99.1
Late registrations of birth	1159	0.3	3323	0.9
Grand Total	**356,838**	**100.0**	**356,838**	**100.0**

10.5. Summary on Mortality Statistics

Indicator	2019	2020	2021	2022	2023	2024	2025
Registered deaths (number)	**23,791**	**22,634**	**19,797**	**25,536**	**32,853**	**36,021**	**39,355**
Male	13,188	12,659	10,792	14,041	17,996	19,843	22,051
Female	10,603	9,975	9,005	11,495	14,857	16,178	17,304
Expected number of deaths (number)	**75,712**	**75,624**	**75,653**	**82,241**	**78,561**	**78,121**	**77,875**
Male	38,760	38,803	38,774	39,291	38,213	38,200	38,262
Female	36,952	36,821	36,879	42,950	40,348	39,921	39,614
Death registration completeness (%)	**31.4**	**29.9**	**26.2**	**31.1**	**41.8**	**46.1**	**50.5**
Male	34.0	32.6	27.8	35.7	47.1	51.9	57.6
Female	28.7	27.1	24.4	26.8	36.8	40.5	43.7
Crude death rate per 1,000 (Adjusted)	5.9	6.0	5.8	5.8	5.8	5.7	5.5
Under-5 mortality rate per 1,000 live births (Adjusted)	38.5	37.1	39.8	43.9	37.9	39.4	32.67
Sex-ratio at death	124.0	124.1	119.8	122.1	121.1	122.7	127.4

Source: *CRVS system, 2025*

10.6. Time series of birth and death registration completeness from 2019 to 2025

Year	Birth registration completeness (%)	deaths registration completeness (%)
2019	87.0	31.4
2020	85.8	29.9
2021	84.2	26.2
2022	92.9	31.1
2023	90.0	41.8
2024	90.3	46.1
2025	92.9	50.5

Source: *CRVS system, 2025*

10.7. Registered deaths by decedent's Education level, 2025

Education Level	Number	Percentage
None/never attended	13476	34.2
Preschool	1969	5
Primary	19315	49.1
Post-primary	914	2.3
Lower secondary	1283	3.3
Upper secondary	1381	3.5
University or higher	984	2.5
Not stated	33	0.1
Total	**39,355**	**100**

Source: *CRVS system, 2025*

10.8. Time series of vital rates from 2019 to 2025

Year	TFR	GFR	CBR	CDR	Neonatal mortality rate	Infant mortality rate	Under five mortality rate	Crude Marriage rate	Population
2019	3.7	110.8	29.1	5.9	23.5	31.5	38.5	3.9	12,374,398
2020	3.7	108.7	28.8	6.0	23.0	30.0	37.1	2.0	12,663,116
2021	3.5	106	28.4	5.8	23.7	31.6	37.4	3.0	12,955,763
2022	3.7	106.6	27.7	5.8	25.4	34.3	40.9	3.0	13,246,394
2023	3.6	104.9	27.5	5.8	20.3	30.0	38.6	4.0	13,499,066
2024	3.6	103.85	27.4	5.8	19.2	28.2	39.4	4.0	13,798,561
2025	3.5	103	27.2	5.5	18.7	28.3	35.7	3.6	14,108,217

Source: *CRVS system, 2025*

10.9. Time series of proportions of usable cause of death at health facilities and in the community

	Health facility (%)	Community (%)
2019	48.4	-
2020	43.8	-
2021	56.6	-
2022	54.5	-
2023	64.8	90.0
2024	64.7	84.0
2025	82.3	83.9

10.10. Time series of registered marriages by location of registration office

Registration office location District	2023	2024	2025
All	**57,880**	**52,806**	**50,256**
Bugesera	1,883	1,770	1,806
Burera	1,614	1,360	1,046
Gakenke	2,681	1,743	1,661
Gasabo	5,177	5,543	5,195
Gatsibo	2,054	1,760	1,571
Gicumbi	2,573	2,550	2,157
Gisagara	2,413	1,123	913
Huye	1,473	1,486	1,414
Kamonyi	2,198	1,885	1,818
Karongi	1,254	1,252	1,538
Kayonza	1,457	1,610	1,097
Kicukiro	2,006	2,375	2,202
Kirehe	1,107	1,275	1,120
Muhanga	2,097	1,818	2,117
Musanze	2,376	2,435	2,085
Ngoma	898	924	949
Ngororero	1,407	1,320	1,392
Nyabihu	881	994	1,067
Nyagatare	1,675	1,628	1,404
Nyamagabe	1,075	1,486	1,482
Nyamasheke	2,251	1,961	2,180
Nyanza	1,504	998	980
Nyarugenge	2,101	2,358	2,379
Nyaruguru	2,276	1,820	1,146
Rubavu	1,535	1,749	2,063
Ruhango	1,088	1,230	1,036
Rulindo	3,223	1,423	1,292
Rusizi	2,433	1,881	1,970
Rutsiro	1,588	1,394	1,569
Rwamagana	1,530	1,655	1,514
Embassy	52	72	73

Source: *CRVS system, 2025*

ANNEXES

Annex 1: Numbers of total population in 2025 by age groups and sex (projections)

	Male	Female	Total
0-4	900,740	883,421	1,784,161
5-9	851,656	849,356	1,701,012
10-14	817,186	816,151	1,633,337
15-19	766,125	768,753	1,534,878
20-24	681,840	701,142	1,382,982
25-29	523,869	551,332	1,075,201
30-34	476,785	494,361	971,146
35-39	448,740	467,919	916,659
40-44	396,056	419,060	815,116
45-49	287,488	327,647	615,135
50-54	187,469	233,628	421,097
55-59	156,976	190,793	347,769
60-64	131,740	167,057	298,797
65-69	111,034	146,862	257,896
70-74	67,522	95,009	162,531
75-79	36,635	58,044	94,679
80 +	31,907	63,914	95,821
Total	**6,873,767**	**7,234,447**	**14,108,217**

Source: *5th RPHC projections, 2025*

Annex 2: Top 20 most preferred babies' surnames in 2025 by sex

Rank	Female		Male	
1	INEZA	8,216	ISHIMWE	8,407
2	ISHIMWE	5,875	IGANZE	5,070
3	UWASE	5,449	MUGISHA	3,780
4	IRAKOZE	3,079	HIRWA	3,380
5	IGIRANEZA	2,859	IRAKOZE	2,637
6	IGANZE	2,763	IGIRANEZA	2,386
7	INEZAYIMANA	2,160	INEZA	2,184
8	UWINEZA	2,153	IZIBYOSE	2,168
9	IRADUKUNDA	1,964	IRADUKUNDA	1,928
10	KUNDWA	1,855	IRASUBIZA	1,889
11	UMUTONIWASE	1,754	GANZA	1,730
12	IRASUBIZA	1,604	KWIZERA	1,569
13	UMUKUNDWA	1,436	GWIZA	1,470
14	AGWIZE	1,318	MPANO	1,325
15	NISHIMWE	1,255	NIYOGISUBIZO	1,307
16	ISIMBI	1,153	BYISHIMO	1,234
17	IZIBYOSE	1,153	IGABE	1,200
18	IGIHOZO	1,115	IRANZI	1,107
19	NIYOGISUBIZO	1,074	IMPANO	1,096
20	NIYOGUSHIMWA	1,066	BIGWI	1,090

Source: *CRVS system, 2025*

Annex 3: Top 20 leading causes of death at health facilities by sex and all ages

Top 20 Leading COD, Male, all ages			Top 20 Leading COD, Female, all ages		
Rank	**Cause**	**%**	**Rank**	**Cause**	**%**
1	Conditions arising during the perinatal period	15.4	1	Conditions arising during the perinatal period	14.4
2	Lower respiratory infections	5.8	2	Lower respiratory infections	6.4
3	Cerebrovascular disease	4.6	3	Cerebrovascular disease	3.8
4	Road traffic accidents	4.1	4	Diabetes mellitus	3.4
5	Nephritis and nephrosis	2.6	5	HIV	2.3
6	Tuberculosis	2.3	6	Nephritis and nephrosis	2.2
7	HIV	2.1	7	Endocrine disorders	2.0
8	Diabetes mellitus	2.1	8	Skin diseases	1.4
9	Endocrine disorders	1.4	9	Liver cancer	1.4
10	Meningitis	1.4	10	Congenital heart anomalies	1.4
11	Liver cancer	1.2	11	Maternal conditions	1.4
12	Congenital heart anomalies	1.2	12	Diarrhoeal diseases	1.3
13	Diarrhoeal diseases	1.0	13	Hypertensive disease	1.2
14	Prostate cancer	1.0	14	Tuberculosis	1.2
15	Inflammatory heart diseases	0.9	15	Stomach cancer	1.2
16	Skin diseases	0.9	16	Inflammatory heart diseases	1.2
17	Stomach cancer	0.9	17	Road traffic accidents	1.0
18	Falls	0.8	18	Cervix uteri cancer	1.0
19	Hepatitis C	0.8	19	Trachea, bronchus and lung cancers	1.0
20	Protein-energy malnutrition	0.8	20	Meningitis	0.9

Source: *CRVS system, 2025*

Annex 4: Top 20 leading causes of death in the community by Sex and all ages

Male				Female			
Rank	Cause of deaths	Number of VA	%	Rank	Cause of death	Number of VA	%
1	Other and unspecified cardiac diseases	1,203	13.3	1	Other and unspecified cardiac diseases	1,411	19.8
2	Acute cardiac disease	1,039	11.5	2	Acute cardiac disease	754	10.6
3	Digestive neoplasms	833	9.2	3	Digestive neoplasms	465	6.5
4	Assault	676	7.5	4	HIV/AIDS related death	406	5.7
5	Road traffic accident	563	6.2	5	Stroke	386	5.4
6	Pulmonary tuberculosis	477	5.3	6	Reproductive neoplasms	366	5.1
7	HIV/AIDS related death	393	4.4	7	Diabetes mellitus	288	4.0
8	Acute resp infect incl pneumonia	389	4.3	8	Acute resp infect incl pneumonia	275	3.9
9	Stroke	353	3.9	9	Pulmonary tuberculosis	230	3.2
10	Diabetes mellitus	292	3.2	10	Diarrhoeal diseases	195	2.7
11	Diarrhoeal diseases	263	2.9	11	Assault	172	2.4
12	Liver cirrhosis	212	2.3	12	Road traffic accident	152	2.1
13	Meningitis and encephalitis	193	2.1	13	Meningitis and encephalitis	152	2.1
14	Respiratory neoplasms	189	2.1	14	Other and unspecified neoplasms	145	2.0
15	Acute abdomen	176	1.9	15	Severe malnutrition	135	1.9
16	Other and unspecified neoplasms	169	1.9	16	Obstetric hemorrhage	124	1.7
17	Chronic obstructive pulmonary dis	164	1.8	17	Epilepsy	112	1.6
18	Severe malnutrition	152	1.7	18	Liver cirrhosis	108	1.5
19	Epilepsy	152	1.7	19	Chronic obstructive pulmonary dis	99	1.4
20	Accidental fall	120	1.3	20	Breast neoplasms	95	1.3

Source: *CRVS system, 2025*

Annex 5: Major causes of death in the health facility disaggregated by sex

Major Group	Male		Female		Total	
	Number	%	Number	%	Number	%
Group I: Communicable	2916	19.4	2321	15.5	5237	34.9
Infectious	1612	10.7	1249	8.3	2861	19.1
Maternal	0	0	81	10.6	81	0.6
Neonatal	1215	8.1	905	6.0	2102	14.0
Nutrition	89	0.6	86	0.6	175	1.2
Group II: Non-Communicable	3369	22.5	3111	20.7	6480	43.2
Cancers	588	3.9	600	4.0	1188	7.9
Cardiovascular	814	5.4	771	5.1	1585	10.6
Other NCD	**1967**	**13.1%**	**1740**	**11.6%**	**3707**	**24.7%**
Group III: Injuries	1060	7.1	317	2.1	1377	9.2
Unintentional injuries	540	3.6	181	1.2	721	4.8
Intentional injuries	84	0.6	14	0.1	98	0.7
Ill-defined injuries/ accidents	436	2.9	122	0.8	558	3.7
Ill defined	532	3.5	393	2.6	925	6.2
Undetermined	492	3.3	486	3.2	978	6.5
Total	**8369**	**55.8**	**6628**	**44.2**	**14997**	**100.0**

Source: *CRVS system, 2025*

Annex 6: Major causes of death in the community disaggregated by sex

	Female			Male		Total
Major Group	**Number**	**%**	**Number**	**%**	**Number**	**%**
Group I: Communicable	1,982	10.5	2,284	12.1	4,266	22.5
Infectious	1,437	7.6	1,950	10.3	3,387	17.9
Maternal	271	1.4		0.0	271	1.4
Neonatal	129	0.7	176	0.9	305	1.6
Nutrition	145	0.8	158	0.8	303	1.6
Group II: Non-Communicable	4,489	23.7	4,855	25.7	9,344	49.4
Cancers	1,163	6.1	1,243	6.6	2,406	12.7
Other NCD	**3326**	**17.6%**	**3612**	**19.1%**	**6938**	**36.7%**
Group III: Injuries	554	2.9	1,718	9.1	2,272	12.0
External Causes	554	2.9	1,718	9.1	2,272	12.0
Undetermined & Ill defined	1,364	7.2	1,675	8.9	3,039	16.1
undetermined	1,364	7.2	1,675	8.9	3,039	16.1
Total		**8,389**	**44.30%**	**10,532**	**55.70%**	**18,921**

Source: *CRVS system, 2025*

Annex 7: Registered divorces by place of registration

Place of registration	Number of divorced registered in 2025	
	Divorces occurred 2025	Divorces occurred before 2025
Bugesera	59	57
Burera	32	36
Gakenke	70	60
Gasabo	314	164
Gatsibo	83	43
Gicumbi	59	70
Gisagara	73	65
Huye	104	73
Kamonyi	96	59
Karongi	41	38
Kayonza	88	42
Kicukiro	245	149
Kirehe	63	59
Muhanga	80	81
Musanze	81	64
Ngoma	73	46
Ngororero	92	27
Nyabihu	53	28
Nyagatare	101	86
Nyamagabe	44	28
Nyamasheke	83	38
Nyanza	70	56
Nyarugenge	193	131
Nyaruguru	19	15
Rubavu	55	41
Ruhango	67	74
Rulindo	57	73
Rusizi	79	41
Rutsiro	56	31
Rwamagana	98	74
Abroad	1	1
Grand Total	**2,629**	**1,850**

Source: *CRVS system, 2025*

Annex 8: Trends in Marriage registered by district level

Registration office location District	2023	2024	2025
Bugesera	1,883	1,770	1,806
Burera	1,614	1,360	1,047
Gakenke	2,681	1,743	1,661
Gasabo	5,177	5,543	5,195
Gatsibo	2,054	1,760	1,598
Gicumbi	2,573	2,550	2,165
Gisagara	2,413	1,123	930
Huye	1,473	1,486	1,415
Kamonyi	2,198	1,885	1,819
Karongi	1,254	1,252	1,539
Kayonza	1,457	1,610	1,097
Kicukiro	2,006	2,375	2,202
Kirehe	1,107	1,275	1,120
Muhanga	2,097	1,818	2,116
Musanze	2,376	2,435	2,085
Ngoma	898	924	949
Ngororero	1,407	1,320	1,392
Nyabihu	881	994	1,067
Nyagatare	1,675	1,628	1,442
Nyamagabe	1,075	1,486	1,483
Nyamasheke	2,251	1,961	2,155
Nyanza	1,504	998	980
Nyarugenge	2,101	2,358	2,385
Nyaruguru	2,276	1,820	1,098
Rubavu	1,535	1,749	2,063
Ruhango	1,088	1,230	1,036
Rulindo	3,223	1,423	1,284
Rusizi	2,433	1,881	1,970
Rutsiro	1,588	1,394	1,570
Rwamagana	1,530	1,655	1,514
Embassy	52	72	73

Source: *CRVS system, 2025*

Annex 9: Registered Marriage by previous residence of spouses

Place of residence		Husband (groom) residence districts																														
		Abroad	Bugesera	Burera	Gakenke	Gasabo	Gatsibo	Gicumbi	Gisagara	Huye	Kamonyi	Karongi	Kayonza	Kicukiro	Kirehe	Muhanga	Musanze	Ngoma	Ngororero	Nyabihu	Nyagatare	Nyamagabe	Nyamasheke	Nyanza	Nyarugenge	Nyaruguru	Rubavu	Ruhango	Rulindo	Rusizi	Rutsiro	Rwamagana	Grand Total
Wife (bride) residence district	Abroad	73	13	3	0	95	10	1	2	4	0	0	1	27	3	15	27	0	0	4	1	3	0	1	58	0	23	3	2	1	2	25	397
	Bugesera	9	1513	2	2	46	5	7	4	5	12	3	4	42	5	6	3	11	1	0	5	3	4	10	20	6	2	9	6	6	1	5	1757
	Burera	3	3	866	30	7	5	17	0	1	0	1	1	4	2	3	31	0	3	11	8	5	1	2	6	2	8	1	21	2	1	1	1046
	Gakenke	2	6	26	1355	14	7	5	0	6	6	5	4	8	3	21	48	7	4	23	9	0	4	6	10	3	5	6	57	4	5	8	1667
	Gasabo	148	39	3	3	3781	11	23	3	13	33	9	12	349	12	24	15	8	5	6	25	4	11	9	199	3	13	16	32	8	3	38	4858
	Gatsibo	2	7	3	8	17	1318	20	2	0	7	3	31	15	9	4	3	4	0	1	31	0	5	1	6	0	4	3	2	5	0	11	1522
	Gicumbi	3	8	22	8	30	44	1852	2	6	6	4	3	11	3	9	13	1	6	2	24	4	7	1	20	1	5	7	48	5	3	8	2166
	Gisagara	3	9	0	1	8	2	0	790	62	4	2	3	8	3	6	5	0	1	2	1	5	3	16	5	12	1	6	0	2	2	0	962
	Huye	1	8	1	7	25	3	2	35	1043	11	6	5	18	4	8	4	6	1	1	4	29	8	35	18	31	6	16	3	6	1	2	1348
	Kamonyi	7	18	6	11	60	2	5	2	9	1372	5	7	34	2	90	5	2	9	5	1	11	10	14	45	4	5	52	8	8	5	13	1827
	Karongi	3	6	3	0	21	1	3	1	8	11	1249	3	8	8	15	7	2	18	1	1	23	39	12	8	6	10	34	0	7	55	4	1567
	Kayonza	1	5	1	6	20	21	5	1	1	6	1	926	15	18	4	3	24	3	0	18	3	3	1	10	2	1	3	0	0	1	19	1122
	Kicukiro	41	37	5	2	325	5	8	0	11	13	5	7	1346	2	9	9	3	2	0	10	7	3	5	129	0	5	7	7	7	5	38	2053
	Kirehe	1	5	1	3	14	6	4	0	4	3	0	25	10	1014	2	1	31	0	1	3	1	0	1	8	0	3	2	1	0	2	13	1159
	Muhanga	13	11	0	17	36	2	4	3	14	62	13	2	19	3	1623	11	2	35	1	2	6	4	11	19	6	4	59	8	7	5	5	2007
	Musanze	23	7	47	51	29	5	8	4	6	9	5	4	20	1	6	1625	5	6	44	6	5	2	2	25	2	32	6	12	6	12	7	2022
	Ngoma	3	16	1	2	12	4	1	3	2	3	6	18	5	24	1	4	810	2	1	6	0	1	1	1	1	2	5	2	0	1	13	951
	Ngororero	0	4	2	7	14	2	4	2	4	4	23	4	4	1	40	5	2	1185	19	2	1	5	2	3	2	9	5	3	3	28	3	1392
	Nyabihu	1	1	2	25	11	1	3	1	5	2	1	1	4	3	7	46	1	18	892	5	1	4	0	2	0	42	1	5	2	13	1	1101
	Nyagatare	1	7	5	3	24	37	14	1	1	2	2	14	14	9	3	0	3	1	1	1273	1	2	2	10	0	2	4	4	1	2	7	1450
	Nyamagabe	2	6	2	0	12	4	4	10	35	9	16	2	4	2	7	2	2	4	1	1	1294	8	43	6	14	1	13	0	8	5	6	1523
	Nyamasheke	1	10	4	5	24	2	4	4	12	15	52	4	10	3	11	7	2	9	5	3	11	1898	2	12	5	6	11	3	121	10	6	2272
	Nyanza	2	19	2	0	18	3	2	18	45	5	1	4	9	1	13	2	1	3	2	1	30	3	744	6	7	4	56	2	2	5	6	1016
	Nyarugenge	53	17	4	9	242	5	5	5	9	32	7	4	105	2	10	8	7	4	2	3	0	5	3	1555	0	9	6	9	7	0	6	2133
	Nyaruguru	0	3	3	3	11	1	1	18	36	6	3	0	13	0	4	2	1	2	0	0	12	3	9	7	1077	1	7	2	1	1	5	1232
	Rubavu	31	3	3	2	27	0	5	2	3	6	7	2	14	0	8	31	2	10	31	3	0	3	2	12	4	1777	3	2	8	65	0	2066
	Ruhango	3	18	2	5	16	3	1	5	9	30	15	1	20	1	55	6	2	12	3	3	12	6	44	13	5	5	887	6	1	5	3	1197
	Rulindo	2	5	17	45	39	5	35	2	4	17	2	3	14	2	5	11	3	0	5	5	5	0	4	25	3	1	6	1027	8	2	7	1309
	Rusizi	2	10	2	0	16	2	4	2	9	7	11	3	11	1	8	5	0	2	1	3	3	90	1	13	3	5	3	6	1738	2	1	1964
	Rutsiro	0	5	3	4	9	0	1	2	1	4	53	5	3	5	1	3	2	20	7	1	3	7	2	1	0	44	2	1	5	1393	2	1589
	Rwamagana	25	12	2	7	66	12	2	1	5	7	4	26	51	12	7	5	13	1	5	10	2	3	4	29	4	3	2	6	2	2	1251	1581
	Grand Total	**459**	**1831**	**1043**	**1621**	**5069**	**1528**	**2050**	**925**	**1373**	**1704**	**1514**	**1129**	**2215**	**1158**	**2025**	**1947**	**957**	**1367**	**1077**	**1468**	**1484**	**2142**	**990**	**2281**	**1203**	**2038**	**1241**	**1285**	**1981**	**1637**	**1514**	**50256**

Source: *CRVS system, 2025*

Annex 10 : Divorces registered by current residence of divorced partners

Place of residence		Divorced Husband place of residence																															
		Abroad	Bugesera	Burera	Gakenke	Gasabo	Gatsibo	Gicumbi	Gisagara	Huye	Kamonyi	Karongi	Kayonza	Kicukiro	Kirehe	Muhanga	Musanze	Ngoma	Ngororero	Nyabihu	Nyagatare	Nyamagabe	Nyamasheke	Nyanza	Nyarugenge	Nyaruguru	Rubavu	Ruhango	Rulindo	Rusizi	Rutsiro	Rwamagana	Grand Total
Divorced Wife place of residence	Abroad	9				6		1						6		1					1				2							2	28
	Bugesera	1	99		1	5				2	3		1	7		1		1			1			1	3	1	1		2		1	1	132
	Burera		1	49	3	1	1	2									1				1								1				60
	Gakenke			2	100	1	1	1		2	1			2			1		1		2	1					1	1	4			1	122
	Gasabo	7	7	3	2	369	1	2		3	5		1	43	1	1		1	1	1	5		1	2	23		4	3	4	1	1	12	504
	Gatsibo		1			2	95			1			1	1			1				2		1					1					106
	Gicumbi	1		1	1		2	109						1		1	1	1		1	1	1						1	1				123
	Gisagara						1		123	4				1		1	1	2				1		2		1							137
	Huye	1	1			4			3	123			2	3		1					1			3	6	1	1	1		1	1	1	154
	Kamonyi	2	2			7					136			2		4			1					3	5			2	3	1		1	169
	Karongi		2			3	1	1			1	52			1			1					2				1	1			3	1	70
	Kayonza		1	1		5	2				1		114			1		1					1		3		1	1				2	134
	Kicukiro	2	10			40	3				2	1	2	316	2	1	2	3		1	2	1		1	21		1	6	3	5		3	428
	Kirehe		2			2								2	119			3			2				1							1	132
	Muhanga	2			2	4		1		1	2		1	1		138	2		3		1				3			4					165
	Musanze		2	1	2	2	2	2		1	1			4		1	139		1	1	1			1			4					3	168
	Ngoma			1									2	1	2			103						2	2		1		1	1			116
	Ngororero		1				1			2	1					2			107	1							1				1		117
	Nyabihu					2		1				2					2		2	52											1		62
	Nyagatare		2			1	2				1	1	2	3				1	1		169		1		3						1	1	189
	Nyamagabe					1			2	2		1		2		1				1	1	54		3	3	1			1	1			74
	Nyamasheke					2					1	3		1			1					1	106		1					5			121
	Nyanza		3			1		3	2	2		1		3	1	2			1			2	1	95	7		1	1	1			1	128
	Nyarugenge	5	6			19	2		2	4	6			14	1	1	3	1			1	1		1	175		1	1	3	1	1	4	253
	Nyaruguru					1				3							1									26							31
	Rubavu					4				1	1	2				1	2		2	1	2			1	4		76		1		4	2	104
	Ruhango	1	1			1			1		2			3		3								2	3			130		1			148
	Rulindo			2	4	3	1	2				2		1				1							2				106	1			125
	Rusizi		2			1				2			1	2		1							3		1	1	1			95		1	111
	Rutsiro						1					1		1				1									5				78		87
	Rwamagana	1	3	1		7				1		1	2	11			3	1	2		4				6						138	181
	Grand Total	**32**	**146**	**61**	**115**	**494**	**116**	**125**	**133**	**154**	**164**	**67**	**129**	**431**	**127**	**162**	**160**	**121**	**122**	**59**	**197**	**62**	**116**	**117**	**274**	**31**	**100**	**153**	**131**	**113**	**92**	**175**	**4479**

Source: *CRVS system, 2025*

Annex 11: Persons who contributed to the production of Rwanda Vital statistics (V.S) Annual report, 2025

a. National overall coordinators:

- MURENZI Ivan, Director General of NISR
- MWIZERWA Jean Claude, Deputy Director General of NISR

b. National technical coordinators:

- NILINGIYIMANA Faustin, Director of demographic and social statistics - NISR
- NSHIMIYIMANA Patrick, Population Registers Specialist - NISR

c. V.S Report 2025 data analysis and report writing:

- NILINGIYIMANA Faustin, Director of demographic and social statistics -
- NSHIMIYIMANA Patrick, Population Registers Specialist - NISR
- NDAGIJIMANA Valens, Mortality Data Analyst- RBC
- KAGARURA Bonaventure, Data analyst - NIDA

d. V.S Report 2025 reviewers and proofreaders:

- NGOBOKA Godfrey, CRVS coordinator – RBC
- NILINGIYIMANA Faustin, Director of demographic and social statistics -
- NSHIMIYIMANA Patrick, Population Registers Specialist - NISR
- NDAGIJIMANA Valens, Mortality Data Analyst- RBC
- KAGARURA Bonaventure, Data analyst - NIDA
- NDAYAMBAJE Jean Bosco- MoH
- SIKUBWABO Elysee - NISR
- UWIZERA BIZIMANA Marie Devothe – NISR
- UMWALI Kelvine - NISR

e. V.S Report 2025 design and layout:

- NEMA KALISA Grace - NISR
- UWAMUNGU Thiery - NISR
- AMANI Sylvestre – NISR
- KAGOYIRE Delphine- NISR
- MUSHIMIYIMANA Desire – NISR
- NKURUNZIZA Vital– NISR
- TWIZERIMANA Promesse – NISR

CRVS

CIVIL REGISTRATION
AND VITAL STATISTICS

+250 788 38 3103

www.statistics.gov.rw

info@statistics.gov.rw