

Mainstreaming Disability in  
Development: Country-level research

**Rwanda Country Report**

**EXECUTIVE SUMMARY**

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## Executive summary

### **Background**

This report has been produced by the Disability Policy Officer for the DFID Disability Knowledge and Research (KaR) Programme, as part of a three-country study, taking part in Cambodia, Rwanda and India, to explore how disability relates to DFID's work on achieving the Millennium Development Goals, reducing poverty and addressing social exclusion.

### **Outline**

The first section reviews existing data on the scale and prevalence of disability in Rwanda. Section two outlines the situation of disabled people and examines the relationship between disability and poverty and social exclusion based on existing literature and data, semi-structured interviews with key stakeholders and focus group discussions and home interviews with disabled people. Section three explores how far disability is mainstreamed in Rwanda by reviewing the extent to which existing policy and planning documents on disability are being implemented with particular focus on the key sectors of health and education. The final section provides an overall analysis and recommendations for taking work forward on disability.

### **Methodology**

The research comprised a desk review of documents followed by an 18-day country visit. The key research methods were key informant semi-structured interviews, focus group discussions and home-based interviews with disabled people, field visits to projects and centres and a one-day participatory stakeholder workshop in Kigali. The research was conducted by the Disability Policy Officer and a disabled research assistant from the national disabled people's umbrella organisation, the Federation of Associations and Centres of the Handicapped in Rwanda (FACHR).

### **Main findings**

#### **Disability in Rwanda**

According to the 2002 census, just under 5 per cent of the population is disabled, but this is likely to be an underestimate (NIS 2002). Globally, the World Health Organization (WHO) estimates that 10 per cent of any population is disabled and this is the figure used by the Ministry of Health (MINESANTE). There is no accurate data on prevalence of different types of disabilities but, according to the census, physical disabilities are the most common, followed by deafness, mental deficiencies, blindness and trauma. The main causes of disability that informants cited were:

- genocide and war
- poverty (malnutrition, lack of adequate and appropriate medical care)
- ignorance (use of traditional healers, poor care in pregnancy, and so on)
- disease
- accidents
- congenital causes.

In Rwanda, like most developing countries, poverty is not only a cause of disability – it is also a major consequence of disability.

### **The situation of disabled people**

Disabled people are over-represented among the poor and are often among the very poorest. Communities usually identify disabled people as among the most vulnerable groups, along with widows and orphans.

Disabled people share the same problems as the non-disabled poor but they experience poverty more intensely, and attitudinal and structural barriers limit their opportunities to escape poverty.

'Social exclusion' is not a concept that is widely used in Rwanda, but disabled people are both actively and passively excluded in Rwandan society. Rwandans do not value disabled people. Disabled people are seen as objects of charity. They are underestimated and overprotected, and their potential and abilities are not recognised. Disabled children are seen as a source of shame and often hidden away. Name-calling is common. Disabled women find it difficult to get married. Disabled people suffer discrimination in employment.

Disabled family members are sometimes passed over in matters of inheritance. Land and assets are given to others who are deemed to be able to make better use of them, thus leaving the disabled person dependant on family to support them and removing the opportunity for them to lead independent lives. Negative attitudes are particularly strong towards those with severe disabilities, people with intellectual and learning disabilities, blind and deaf people.

Disabled people are generally excluded from development activities. They are often extremely poor and are continually in 'survival mode', so they literally cannot contribute to development activities, either materially or in terms of their time. They are largely excluded from micro-credit programmes because they lack assets as collateral and are seen as a bad risk. Disabled informants for this study said that they were often not told about development activities in their communities in the first place and when they tried to get involved, they were deliberately excluded.

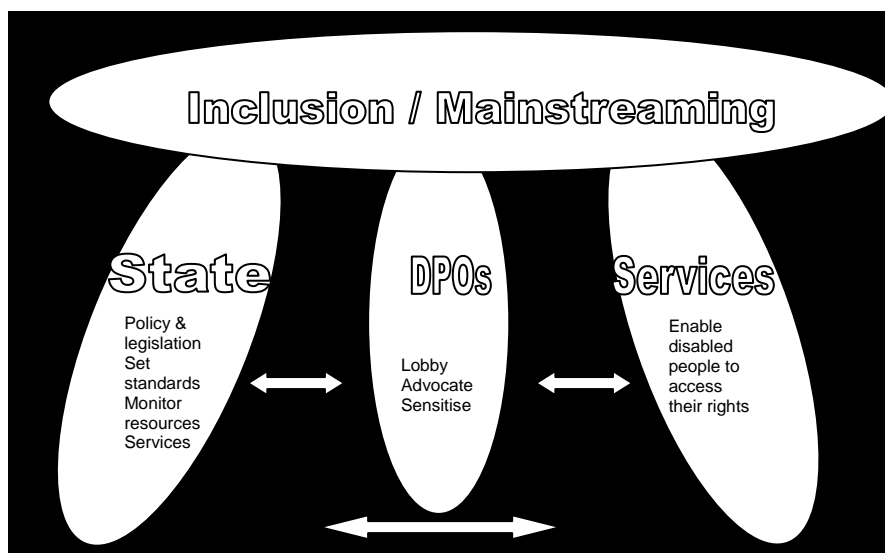
### **Mainstreaming disability and development in Rwanda**

To develop and ensure the rights of disabled people and equality of opportunity, the three key actors need to work in a coordinated and mutually supportive manner.

They are:

- the state
- service providers
- disabled people's organisations (DPOs).

The roles and responsibilities of these actors are illustrated in the diagram on the next page. In Rwanda, all of these key components are broadly in place.



**Summary of provision for disabled people** (cont. page 7-8)

| <b>Legislative and policy framework</b> |   |
|---|---|
| <b>Legislation</b>                      | <p><i>Constitution</i> Articles 1, 14, 40<br/> <i>Law Instituting Punishment for Offences of Discrimination and Sectarianism</i><br/> <i>Draft Bill on the Protection and Promotion of the Rights and Dignity of Persons with Disabilities</i></p>  |
| <b>Policy</b>                           | <p><b>Government of Rwanda</b> <i>10 Year National Development Plan</i> includes specific paragraph on disability<br/> <b>MINALOC</b> <i>National Policy for the Protection of the Handicapped</i> (MINALOC)<br/> <b>MIGEPROF</b> – section on disabled children in <i>National Policy for Orphans and other Vulnerable Children</i><br/> <b>MINEDUC</b> Education of disabled children included in the <i>Education Sector Strategic Plan 2004–08</i> (MINEDUC 2003)<br/> <b>MINESANTE</b> <i>Health Sector Strategic Plan 2005–09</i> (MINESANTE 2005) includes sections on mental health, treatment and prevention of blindness, and rehabilitation for physical disabilities. National plans in place for physical rehabilitation and prevention of blindness</p> |

| <b>Implementation</b> |  |
|-----------------------|--|
| <b>State bodies</b>   |  |
| <b>MINALOC</b>        | <ul style="list-style-type: none"> <li>• <i>National and Provincial Budget for Vulnerable People</i> (MINALOC. RFR300 million NO IDEA OF EXCHANGE RATE to USD very volatile planned for 2005. Disabled people included within this budget, but in practice very little reaches them. Widows and orphans are prioritised</li> <li>• Established national disability organisation FACHR. Provides office space and some financial support</li> </ul> |
| <b>MINESANTE</b>      | <ul style="list-style-type: none"> <li>• Bureau of Technical Rehabilitation and Prevention of Blindness</li> <li>• Trains physiotherapists at Kigali Institute of Health</li> <li>• Provides limited materials and pays some staff salaries at rehabilitation centres in Kigali University</li> </ul>  |

|   |   |
|---|---|
|   | Hospital, Butare University Hospital, Kanombe Military Hospital, Gahini Hospital and in seven district hospitals and Ndera Neuro-Psychiatric Hospital   |
| <b>Ministry of Youth and Sport</b>  | <ul style="list-style-type: none"> <li>• Provides office space to FERHANDIS</li> <li>• Supports disabled athletes to participate in national and international sporting competitions</li> </ul>   |
| <b>MINEDUC</b>  | <ul style="list-style-type: none"> <li>• Pays teachers' salaries at special schools and some training and materials</li> <li>• Its special needs department coordinates and monitors special schools</li> <li>• Runs one inclusive school: Gahini Secondary School</li> </ul>   |
| <b>Local authorities</b>  | <ul style="list-style-type: none"> <li>• Support for disabled people is variable and patchy</li> <li>• Some districts subsidise healthcare and tax exemptions, and provide assistance with housing and school fees</li> </ul>   |
| <b>National Assistance Fund for Needy Survivors of Genocide and Massacres in Rwanda (FARG)</b>  | <ul style="list-style-type: none"> <li>• Offers assistance with medical care, education and shelter</li> </ul>  |
| <b>National Demobilisation and Re-integration Commission (NDRC)</b>                             | <ul style="list-style-type: none"> <li>• Screens and assesses disabled ex-combatants</li> <li>• Provides a lump-sum payment of RFR100,000–500,000 depending on severity of disability</li> <li>• Free medical treatment for disability and free general medical treatment for those with 90–100 per cent disability rating</li> </ul> |
| <b>National Youth Council (NYC)</b>   | <ul style="list-style-type: none"> <li>• Seeking funding to establish Disability Head of Section post and to design a disability-focused programme</li> </ul>   |
| <b><i>Disabled people's organisations</i></b>   |   |
| <b>National Assistance Fund for Needy Survivors of Genocide and Massacres in Rwanda (FACHR)</b> | <ul style="list-style-type: none"> <li>• Organises and supports national awareness-raising events</li> <li>• Encourages the development of associations of disabled people</li> </ul>   |
| <b>General Association of Disabled People in Rwanda (AGHR)</b>                                  | <ul style="list-style-type: none"> <li>• Encourages development of associations</li> <li>• Carries out awareness raising</li> <li>• Supports education and training</li> </ul>  |
| <b>Rwandan Union of the Blind (RUB)</b>   | <ul style="list-style-type: none"> <li>• Runs the Masaka Centre in Kigali (rehabilitation, literacy and numeracy)</li> <li>• Supports associations and awareness raising</li> </ul>   |
| <b>Rwandan National Association of the Deaf (RNAD)</b>  | <ul style="list-style-type: none"> <li>• Offers solidarity</li> <li>• Does not carry out any activities due to lack of funds</li> </ul>   |
| <b>Federation Rwandaise Handi Sport (FERHANDIS)</b>   | <ul style="list-style-type: none"> <li>• National organisation of disabled sport</li> <li>• Work includes encouraging disabled athletes to participate at international competitions</li> </ul>   |
| <b><i>Services</i></b>  |   |
| <b>Education and training</b>   | <ul style="list-style-type: none"> <li>• seven special schools (operated by faith-based groups)</li> </ul>  |

|                       |  |
|-----------------------|--|
|                       | <ul style="list-style-type: none"> <li>• an unknown number of centres offering a range of education and vocational training</li> </ul>   |
| <b>Rehabilitation</b> | <ul style="list-style-type: none"> <li>• <b>Handicap International</b> offers support to government rehabilitation centres for prosthetics and orthotics (P&amp;O) and trains P&amp;O technicians and physiotherapists</li> <li>• <b>CBM</b> runs a centre in Kigali offering community-based rehabilitation, support for eye care and visiting surgical teams, and training for physiotherapists</li> <li>• <b>One Love</b> runs P&amp;O centres in most provinces, and trains training of P&amp;O technicians and physiotherapists</li> <li>• <b>Gatagara</b> provides P&amp;O, physiotherapy and surgery</li> </ul> |

The table below shows an analysis of the strengths and weaknesses of the disability sector, along with current constraints and potential opportunities.

**SWOC analysis of the disability sector in Rwanda** (cont. page 9)

|   |   |
|---|---|
| <p style="text-align: center;"><b>Strengths</b></p> <ul style="list-style-type: none"> <li>• Strong government recognition of the rights and needs of disabled people (legislation, policies, Disabled MP)</li> <li>• Recognition of disability in national and sectoral plans</li> <li>• Dedicated units in MINEDUC and MINESANTE</li> <li>• Government support (budget for vulnerable groups, FARG, Demobilisation and Reintegration Commission)</li> <li>• Improving attitudes towards disabled people (Para-Olympic bronze medal)</li> <li>• Establishing FACHR</li> <li>• Growing number of associations of disabled people</li> <li>• Political will to implement disability legislation</li> <li>• Good geographical spread of rehabilitation services</li> <li>• Range of dedicated civil society service providers (international and local NGOs, churches)</li> </ul> | <p style="text-align: center;"><b>Weaknesses</b></p> <ul style="list-style-type: none"> <li>• Limited and overstretched government resources (no dedicated budget for disabled people)</li> <li>• Patchy and variable government support for disabled people at district level</li> <li>• Lack of coordination and cooperation amongst CSOs in the sector, and with government systems and processes (for example, the Demobilisation and Reintegration Commission has two draft laws on disability)</li> <li>• Lack of data (on, for example, the scale and prevalence of disability, the number of disabled children in and out of school, and mapping of services)</li> <li>• Lack of specific legislation protecting and promoting the rights of disabled people and defining benefits</li> <li>• Weak and unrepresentative DPOs</li> <li>• Lack of access to education, with few improvements since 2000</li> <li>• Cost barriers to specialist rehabilitation services</li> <li>• Very limited services for mentally handicapped, those with mental health problems and blind people</li> <li>• No services for deaf people and deaf-blind people</li> <li>• Sustainability of services (education and health) questionable</li> <li>• Lack of national standards for care and rehabilitation services</li> </ul> |
| <p style="text-align: center;"><b>Opportunities</b></p> <ul style="list-style-type: none"> <li>• Planned surveys, including the household survey, CBM/MINESANTE disability survey, and the UNICEF/DFID/</li> </ul>  | <p style="text-align: center;"><b>Constraints</b></p> <ul style="list-style-type: none"> <li>• Negative attitudes towards disabled people (discrimination and social exclusion)</li> </ul>  |

|   |  |
|---|--|
| <p>MINEDUC survey on education for disabled children</p> <ul style="list-style-type: none"> <li>• National Youth Council</li> <li>• MINALOC's development of social protection policy and system</li> <li>• National Human Rights Commission and Ombudsman</li> <li>• VSO's expanding support to disability</li> <li>• Planned reform of labour law</li> <li>• NDRC Permanent Disability Assessment Certificate screening system</li> </ul> | <ul style="list-style-type: none"> <li>• Dominance of a 'charity' attitude towards disability in Rwanda among disabled and non-disabled people</li> <li>• Legacy of genocide (weak civil society, trauma, social divisions, poverty)</li> <li>• Limited awareness of government policies within local authorities and among disabled people</li> <li>• Public sector reform process (for example, staffing cuts to FARG)</li> <li>• Limited understanding and interest in inclusive education</li> <li>• Unclear lines of responsibility between ministries for different aspects of services and care for disabled people</li> <li>• Limited government resources, with other vulnerable groups prioritised over disabled people</li> <li>• General failure of development programmes and initiatives to reach the very poorest and disabled people in particular (for example, HIMO, Ubedehe or micro-credit schemes)</li> </ul> |
|---|--|

In its PRSP, the Government of Rwanda commits itself to:

“securing for all its citizens a full range of social, economic and political rights, and to working with its people to reduce poverty and exclusion.”  
(PRSP 2002 p 6)

However, progress towards reducing poverty and exclusion in Rwanda will be constrained unless specific measures are taken to dismantle the particular barriers that disabled people face that trap them in a vicious cycle of poverty and unnecessary dependency.

## Recommendations

### Enact specific disability legislation

Specific legislation enshrining and promoting the rights of disabled people is critical. It should define clear roles and responsibilities for government and civil society. It should also establish accessibility criteria for new buildings, and designate certain benefits and entitlements. Separate legislation for disabled ex-combatants is not desirable: their particular needs can be recognised with one single disability law covering all disabled Rwandans.

### Strengthen coordination and disabled people's organisations

The effectiveness of the disability sector is being undermined by a lack of coordination within government ministries and with, and between, civil society actors. Such coordination could be led by MINALOC, or preferably by FACHR. The Disability Action Council in Cambodia could provide a potential model. FACHR will need considerable organisational development and capacity building, as well as increased support, if it is to fulfil such a role. If FACHR establishes district level representation as it hopes to do, it could also facilitate the distribution of any future designated budget allocation for disability.

Rwandan DPOs are currently weak and not representative. They need to be strengthened so that they can effectively advocate for the rights of disabled people with government, donors and society as a whole. International NGOs currently involved in the sector, such as Handicap International, CBM and VSO, should consider how they can give greater support to the development of Rwandan DPOs alongside continued support to service provision.

The Government of Rwanda also needs to clarify ministerial responsibilities for disability. There is insufficient government overseeing of centres and special schools. This is partly because of lack of information about services (see the following recommendation). Nevertheless long-established facilities seem unclear about which ministry they should link with. There is a real risk that vulnerable disabled people – particularly disabled children and people with mental handicaps – could fail to be adequately protected because of the lack of clear ministerial supervision and monitoring of special schools and centres.

### **Improve data collection and information on disability**

Government and NGO planning for the sector is being hampered by the lack of data and information. There is an urgent need to harmonise the various surveys planned (the national household survey, the MINEDUC/UNICEF/DFID survey on disabled children in and out of school, MINESANTE/CBM survey on disabled people). A single classification system for disability needs to be established and used by all in future data collection from the national census to small-scale surveys by NGOs and DPOs. The Cambodian classification system could be a model (see Annexe 6). A comprehensive mapping of existing services is also a priority.

### **Establish a comprehensive social protection policy with a designated budget for disability and specified benefits for disabled people, based on need**

MINALOC is eager to harmonise existing social protection mechanisms within a comprehensive single social protection framework. Disability needs to be specifically included within such a framework, with a designated budget allocation, otherwise other groups are likely to be prioritised over disabled people, as currently happens with the MINALOC budget for vulnerable groups.

Disability benefits and entitlements should be allocated on the basis of need. Preferential treatment for disabled genocide survivors and ex-combatants should be discontinued. The NDRC's Permanent Disability Certificate screening and assessment system could form the basis of a national disability assessment system.

### **Reduce the cost barriers and improve the financial sustainability of rehabilitation services**

Cost is the major barrier preventing disabled people from accessing specialist rehabilitation services. Over the next few years, the Government of Rwanda plans to expand the Mutuelle Funds health insurance system. In the future, all Mutuelle systems should cover all, or at least part of, the costs of rehabilitation and eye-care services. Given that disabled people generally require more health services than non-disabled people, when it comes to subsidising membership of Mutuelle systems, priority should be given to those disabled people most in need.

In addition, monies collected from user fees at government rehabilitation centres could be ring fenced and retained for use for rehabilitation. This would significantly improve the financial sustainability of such services.



### **Establish a national policy on education for disabled children with a strong focus on inclusive education**

The MINEDUC/DFID/UNICEF planned survey on disabled children in and out of school is very welcome. MINEDUC needs to use the results to develop a comprehensive policy on education for disabled children. Inclusive education is strongly recommended as the central focus of such a policy. Efforts need to be directed at building the knowledge and capacity of mainstream teachers to accommodate and meet the needs of disabled children in regular schools. Meanwhile, special schools need to work towards developing as resource centres.

Inclusive education should be seen as a key way to achieve education for all and improve quality in Rwandan schools. Schools in the inclusive education programmes in Laos and Cambodia outperform other schools, with higher enrolment rates and lower repetition and drop-out rates.

### **Improve access to information and services on HIV/AIDS for disabled people**

Disabled informants for this study consistently raised the lack of access to information and services on HIV/AIDS – particularly for blind and deaf people. Government and civil society bodies working in the field of HIV/AIDS need to recognise that disabled people are particularly vulnerable, and take steps to ensure that they specifically include and target them in their awareness-raising and information activities.

### **Continue to support and develop sensitisation campaigns on the rights and abilities of disabled people**

Sensitisation activities need to be supported and developed because, as the Ombudsman Adjoint Bernard Ndashimye put it, “The legal system can provide rights but implementation depends on the mind” (personal communication 2005).

### **Development activities and programmes must seek to ensure that they actively include disabled people and do not unwittingly discriminate against them**

It cannot be assumed that disabled people will benefit from development activities in the same way as non-disabled people. If development activities are really to reach the poorest, then special efforts need to be made to remove the barriers (attitudinal, environmental and institutional) that prevent disabled people from participating.

## **Conclusion**

Rwanda has made extraordinary progress since the genocide, and the country is well placed to make similar progress with regard to disability. All the key components are broadly in place, and the government should be congratulated for its recognition of the needs of disabled Rwandans. All stakeholders in the sector need to work together to support each other and the government, to build on the firm foundation that already exists, and to ensure that commitments on paper are fulfilled by concrete actions on the ground.

The process of conducting this research has raised awareness of disability issues, as well as facilitating the first ever stakeholder workshop on disability in Rwanda, funded by the Disability KaR programme and organised by VSO. It is hoped that this report will also be of use to the government, donors, international and local NGOs and DPOs, to take forward work on disability.

