



**REPUBLIC OF RWANDA**



**National Council of Persons with Disabilities  
NCPD**

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**NCPD Strategic Plan  
and  
Its Operational Plan for the  
Implementation**

**July 2013-June 2018**



## Executive Summary

The National Council of Persons with Disabilities (NCPD) is a public institution created by the law n° 03/2011 of 10/02/2011. It is composed by all persons with disabilities with 3 organs: General Assembly, Executive committees from cell to national level, elected in March 2011 through organised vote and a national executive secretariat responsible for the daily management of NCPD which is linked to the Ministry of Local Government and Community Development (MINALOC).

The aim of the Council and reason for its existence is to promote the full inclusion of persons with disabilities into development programmes and services so that persons with disabilities may participate fully in all areas of life.

### **NCPD Mission**

The National Council of Persons with Disabilities shall be a forum for advocacy and social mobilisation on issues affecting persons with disabilities in order to build their capacity and ensure their participation in the national development.

The Council shall assist the Government to implement programmes and policies that benefit persons with disabilities.

Rwanda has ratified both the UN Convention on Rights of Persons with Disabilities (UNCRPD) and its optional protocol – there is clear Government intent to engage constructively on issues of disability. Nevertheless the proportion of the population being persons with disabilities is not reliably known (WHO estimates up to 15% in developing country contexts); children with disabilities who have never been to school, or who have not completed at least primary school, are numerous; and families where there are adults with disabilities are generally poorer than families where there is no disability.

Being only recently established NCPD does not yet have a track record of wide scale or long term strategies for delivering change. However people with disabilities have been organising within Rwanda for several decades, a process punctuated at several points by Government involvement and support given for various state/civil society forums. Thus previous experience and in particular the detailed experience of civil society organisations and organisations of persons with disabilities (DPOs) was used to inform the development of this current plan. Over a six week period in late 2012, two consultants worked with NCPD Board, Staff and elected District and Provincial representatives to develop the content and emphasis of this plan. Participants in this process recognised two main risks: over optimistic planning in terms of proven competency and inability to secure funding to implement plans, in part because of limited or differing donor interests. We attempt to avoid these pitfalls by presenting a more cautious yet achievable plan.

This plan sets out the objectives and strategies for the period 2013-2018. Broadly these cover four key areas of work that are in line with areas of NCPD responsibility

**Strategic Objective 1:** To mobilise & accurately represent the views of Persons with Disabilities

**Strategic Objective 2:** To monitor application of laws and other instruments designed to promote inclusion of people with disabilities in society; and conduct advocacy, with other allies, on issues affecting the development and rights of persons with disabilities. Key Priority areas are Education; Health; Livelihoods.

**Strategic Objective 3:** To participate in prevention of the causes of disability and enforce measures adopted to help in mitigating the impact of disability (easy and subsidised access to mobility & learning aids etc.).

**Strategic Objective 4:** To strengthen the networks within NCPD structures and with other disability actors; to become a stronger, more skilled learning organisation – able to speak convincingly and with authority on issues about disability.

## Acknowledgments

*The National Council of Persons with Disabilities would like to thank:*

MINALOC and the Government of Rwanda for the initiative shown in forming the National Council of Persons with Disabilities, supporting its creation and choice of elected representatives, the staffing and resourcing of its Secretariat.

UNICEF whose interest in children and in children with disabilities is well known and has been visibly demonstrated once more by resourcing this Strategic planning exercise.

Many other partners and supporters who work to promote the full social inclusion of persons with disabilities and have generously shared their experiences, their expectations and who will contribute to the realisation of this plan.



**Emmanuel Ndayisaba**  
Executive Secretary NCPD



## Acronyms

ACHAC	Association of Centres for Persons with Disabilities of Central Africa
ADRA	Adventist Development and Relief Agency
AGHR	General Association of Persons with Disabilities in Rwanda
ANFSMR	National Association of Women with Hearing Impairments
BDF	Business Development Fund
CB	Capacity Building
CBR	Community Based Rehabilitation
CSO	Civil Society Organisation
CWD	Children with Disabilities
CWLD	Children with Learning Disabilities
DPO(s)	Disability People’s Organisation(s)
DDC	District Disability Coordinator
DFR	Disability Forum of Rwanda
ECOPD	Ex-Combatants and Other People with Disabilities
EDPRS	Economic Development and Poverty Reduction Strategy
EICV	Integrated Study of Household Living Conditions
EMIS	Education Management Information System
EU	European Union
FACHR	Federation of Associations & Centres for Persons with Disabilities of Rwanda
FENAPH	National Federation of Persons with Disabilities
HI	Handicap International
HVP	Home de la Vierge des Pauvres
JADF	Joint Action Development Forum
JICA	Japan International Cooperation Agency
MIFOTRA	Ministry of Labour
MIGEPROF	Ministry of Gender and Promotion of Women
MINALOC	Ministry of Local Government and Community Development
MINECOFIN	Ministry of Commerce and Finance
MINEDUC	Ministry of Education
MININFRA	Ministry of Infrastructure
MINIJUST	Ministry of Justice
MO	Ministerial Order
MOH	Ministry of Health
NCPD	National Council of Persons with Disabilities
NGO	Non-Governmental Organisation
NPA	Norwegian People’s Aid
NPC	National Paralympics Committee of Rwanda
NUDOR	National Union of the Disability Organizations of Rwanda
PM	Prime Minister
PWD	People/Persons with Disabilities
RCA	Rwanda Cooperatives Authority
RDB	Rwanda Development Board
RDRC	Rwanda Demobilisation and Reintegration Commission
RHA	Rwanda Housing Authority
RNCHR	Rwanda National Commission for Human Rights

RNDSC/SADPD	Rwanda National Decade Steering Committee / Secretariat of African Decade of Persons with Disabilities
RNUD	Rwanda National Union of the Deaf (formally Rwanda National Association of the Deaf)
RUB	Rwanda Union of the Blind
SACCO	Savings and Credit Cooperative
SNE	Special Needs Education
SNIE	Special Needs and Inclusive Education
STC	Skills Training Centres
TOT	Training of Trainers
TOR	Terms of Reference
TVET	Technical, Vocational Education and Training
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
UNICEF	United Nations Children’s Fund
UPHLS	Umbrella of Persons with Disabilities in the Fight against Aids
VTC	Vocational Training Centre
VUP	Vision Umurenge 2020 Programme
VSO	Voluntary Services Overseas
WDA	Workforce Development Agency
WHO	World Health Organisation

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# **Part One**

## **NCPD Strategic Plan**

**July 2013-June 2018**

## ***Purpose of this Strategic Plan and intended users***

A Strategic Plan is a high level vision document describing how a particular organisation intends to move towards a future goal, an improved state of affairs. It is roadmap which serves to guide the planning of activities; a set of instructions of how best to deliver the mission and objectives of the organisation. In the case of the National Council of Persons with Disabilities (NCPD) its purpose is to work to improve the lives of persons with disabilities (PWD) in Rwanda. The aim of the Council and reason for its existence is to promote the full inclusion of persons with disabilities into development programmes and services so that persons with disabilities may participate fully in all areas of life. Over the next five years (2013-2018) the National Council of Persons with Disabilities (NCPD) will work towards this goal. The overall vision and priorities reflected in this Strategic Plan will be translated once it is adopted, into more detailed, short term operational plans with budgets. In turn these will be reviewed by staff, as they are implemented and revised annually in light of evolving context and the changes achieved.

Representatives of persons with disabilities were elected for a five year term in March 2011 and will therefore be subject to re-election or change in 2016. For simplicity and to harmonise with Government finance and planning years this strategic plan considers the baseline and start up work essential to operating in the first 18 months of the Council's staffed existence (January 2012- June 2013) as work in Year Zero, and sets the direction and emphasis for work in the remaining part of this year and subsequent five years (July 2013- June 2018).

The NCPD Strategic Plan is a public document that sets out to explain the history, vision and objectives of this National Council of Persons with Disabilities, which was established by law<sup>1</sup> and linked to the Ministry of Local Government (MINALOC), the Ministry with responsibility for community development, social affairs and social protection. Its main users will be staff required to execute the vision and ambition of other internal stakeholders (Board members, elected representatives and persons with disabilities who are the main intended beneficiaries). The Strategic Plan should also serve as a tool to inform Government of Rwanda, development partners and potential donors to NCPD of the organisation's vision, focus and the strategies chosen to deliver benefit in terms of improvements in the lives of persons with disabilities, their families and carers.

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<sup>1</sup> as a public and independent institution with legal personality, financial and administrative autonomy under the supervision of the Ministry in charge of Social Affairs. Staff members of the Executive Secretariat are governed by general statutes for Rwandan Public service.

## ***Process used to develop this Strategic Plan***

In many instances Strategic Plans are developed by established organisations with on-going programmes of work from which the experience of what works well – what the organisation has done that has indeed delivered the desired impact– can be drawn down. In the case of this more recently established NCPD the organisation does not yet have a track record of wide scale or long term strategies for delivering change. However people with disabilities have been organising within Rwanda for several decades, a process punctuated at several points by Government involvement and support given for various state/civil society forums (*see section below History of the Disability Movement in Rwanda*).

Thus previous experience and in particular the detailed experience of civil society organisations and groups or organisations of persons with disabilities (DPOs) was used as a model. Where small scale of activity produced demonstrable impact, the same strategies are suggested within this strategic plan since NCPD has the reach and potential to bring some of these effective strategies to scale and to deliver wider impact for persons with disabilities.

Over a six week period in late 2012, two consultants worked with NCPD Board, Staff and elected District and Provincial representatives to develop the content and emphasis of this plan. Both consultants, one international and one national, had long duration and wide ranging prior involvement with the disability movement in Rwanda, and elsewhere and shared experience as allies to the movement of PWD. Generic guidance from MINECOFIN as to how policy/strategy should be developed was referenced. The detail of process used to develop this Strategic Plan was outlined and agreed in advance with NCPD staff. Key stages were

- Defining the vision, mission and values of NCPD
- Environmental scanning: review of external operating environment, context and problems facing persons with disabilities
- Assessment of Internal environment: current plans, resources, skills and capacity
- Formulation of potential strategies – moving from problems to solutions and the means of achieving desired outcomes

Extensive consultations with other disability actors in Rwanda were made as well as with key equivalent structures such as the National Council of Youth and National Women's Council ; literature documenting the history of persons with disabilities organising, the plans made and achievements realised was reviewed; field visits and discussions with persons with disabilities at district level were held; two major participatory workshops were held – with elected representatives within NCPD and with NCPD staff and representatives of other organisations of persons with disabilities (DPO). Progress was shared and reviewed with NCPD Board members.

At the outset, the current NCPD Action Plan and Budget was reviewed alongside progress towards achievement of expected outcomes. This highlighted a not uncommon yet key challenge: that it is vital to distinguish between the delivery of planned activities and making a critical analysis as to whether these activities have in turn delivered the expected outcomes.

For example there is heavy reliance upon training (and workshops) as a methodology to strengthen individual and collective capacity: Persons with disabilities have received training on rights from many different actors; reporting is positive where it is limited to the training events. There is still little evidence as to how successful all this training has been in terms of increasing capacity of Persons with Disabilities to recover these rights and how lives have been changed for the better as a consequence.

Throughout the process we remained mindful of the number of extremely detailed yet unfunded strategic plans in existence, both within the disability sector and more widely in Rwanda. High levels of expectation evident within such plans have not been met since, in several cases, even a minimum level of activity has not been delivered. Participants in this process recognised two main risks: over optimistic planning in terms of proven competency and inability to secure funding to implement plans, in part because of limited or differing donor interests. We attempt to avoid these pitfalls by presenting a more cautious yet achievable plan. Throughout the process to develop this Strategic Plan, vocabulary and processes linked to a **Theory of Change approach** to planning was used.

### ***History of the disability movement in Rwanda***

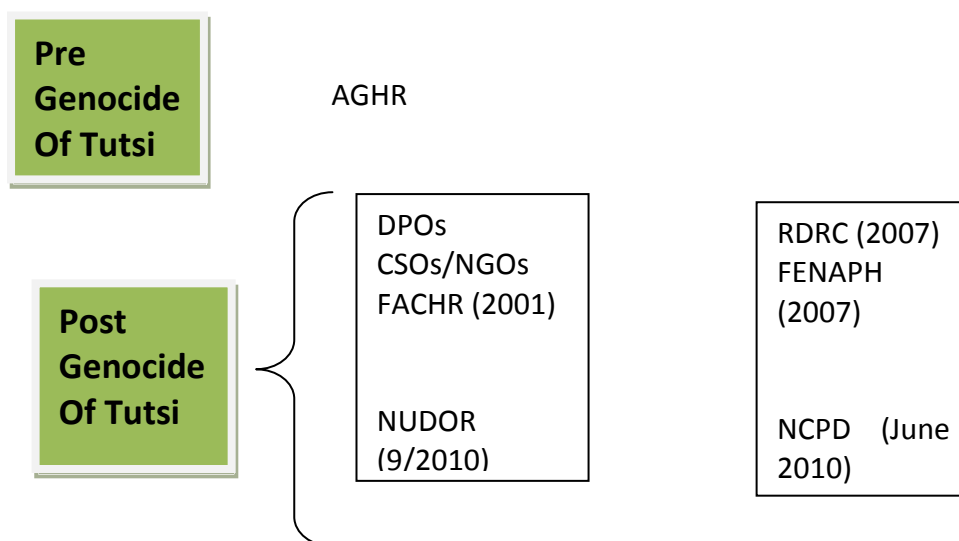
The diagram below summarises the evolution of the disability movement in Rwanda and the main players now active although this is not to disregard the numerous families, small groups and formal and informal centres also caring for children and adults with disabilities. However in terms of the international politics of disability it is important to highlight the distinction made between centres and organisations providing services *for* Persons with Disabilities that are commonly run by other, non-Persons with Disabilities and where Persons with Disabilities generally have little say in how the institution is run, although this may have great impact upon the way their lives are organised and their quality of life. From this history of institutional care in Rwanda, as elsewhere, has grown an increasingly varied collection of organisations *of* Persons with Disabilities (or Disability Peoples' Organisations DPOs) where Persons with Disabilities have come together to represent their own views and opinions and to take an active part in lobbying for services, or organising activities that are destined to improve their quality of life.

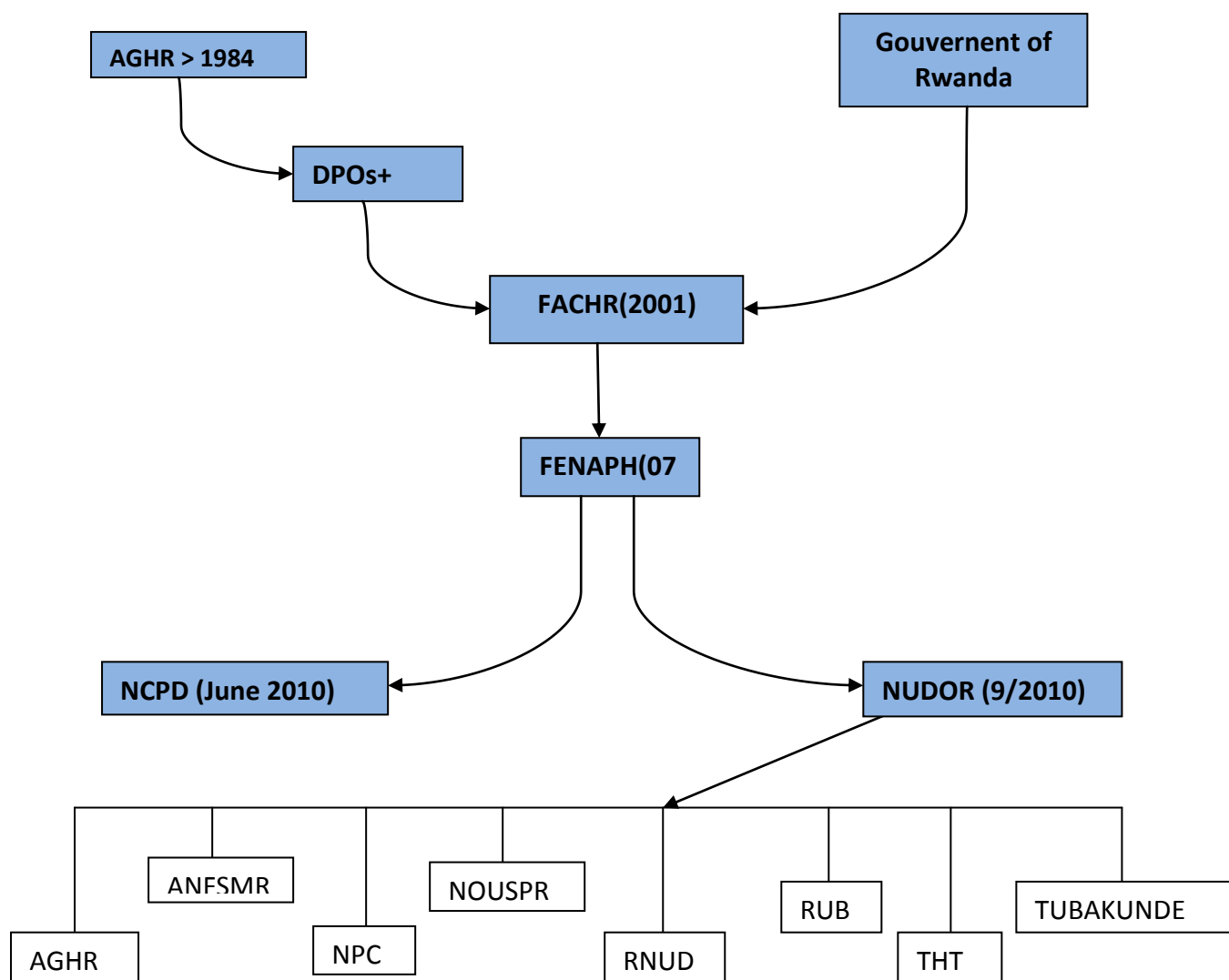
Positive attention to the special needs of children and adults with disabilities began in Rwanda in July 1960 with the creation of HVP Gatagara by a Belgian priest Abbé Joseph Fraipont Ndagijimana. The centre exists this day providing special education, rehabilitation and employment for some children and adults with disabilities. Other church run and private centres followed and by the late 1970s a loose collective or Rwanda chapter of the "Association des Centres des Personnes Handicapées d'Afrique Centrale (ACHAC)" met regularly. In 1979 former students of Gatagara created and registered the "Association Générale des Handicapés du Rwanda (AGHR)" as a means of furthering the wellbeing of students after completing their education at the Centre and ultimately of reaching out to the many other Persons with Disabilities who had not enjoyed this benefit. As the name implies, AGHR was a cross disability organisation which in the period before the genocide of Tutsi in Rwanda. Thus the disability movement in Rwanda was born.

After the genocide of Tutsi in 1994, two things shaped the current form of the disability movement in Rwanda. Conflict and the genocide had resulted in much greater prevalence of disability; soldiers with disabilities on the battlefield, civilians with disabilities through the conflict and the effects of landmines and children impaired because conditions for good health had lapsed in some areas during the 4 years of intermittent conflict. People with disabilities were all more numerous and their needs were listed and recognised by Government as the country emerged from conflict and instigated rebuilding and rehabilitation programmes. Secondly there was a general emergence of civil society groups and special interest associations into a more conducive environment in which registration of many associations meeting the legal and administrative norms was permitted. Thus Rwanda saw the creation of a large variety of disability specific groups founded by Persons with Disabilities united by their experience of a specific impairment (visual impairment, hearing loss, mental health issues etc.). There was attention paid to this movement by Government and attempts were made to bring disability organisations of whatever type (centres *for*, associations *of* and government inspired representation of Persons with Disabilities) together within one structure.

**Figure 1: Diagram showing growth in number of disability organisations and linkages**

See Annex One for details of NUDOR member organisations and acronyms





**Current level of organisation: State Sector and Non State Actors**

The willingness of these different organisations to collaborate is manifest through the creation of a succession of collectives: the Federation of Associations and Centres for Persons with Disabilities of Rwanda (FACHR) succeeded by the National Federation of Persons with Disabilities (FENAPH) an umbrella organisation of elected representatives<sup>2</sup> of Persons with Disabilities. However this structure did not deliver expected outcomes detailed within the FENAPH Strategic Plan (2010-2012).<sup>3</sup> Nor is there evidence of resourcing, implementing and tracking progress of the National Programme on Disability (2010-2019) whose log frame sets out a series of seven aims, all of which remain pertinent and relevant.<sup>4</sup>

<sup>2</sup> The representation of PWDs in local government was first spelt out in the law protecting the Rights of Persons with Disabilities from 2007 and specified in the Ministerial Order No. 010/07.01 of 12/10/2007.

<sup>3</sup> See Annex Specific Objective and Planned Actions FENAPH Strategic Plan 2010-2012 (drafted April 2009)

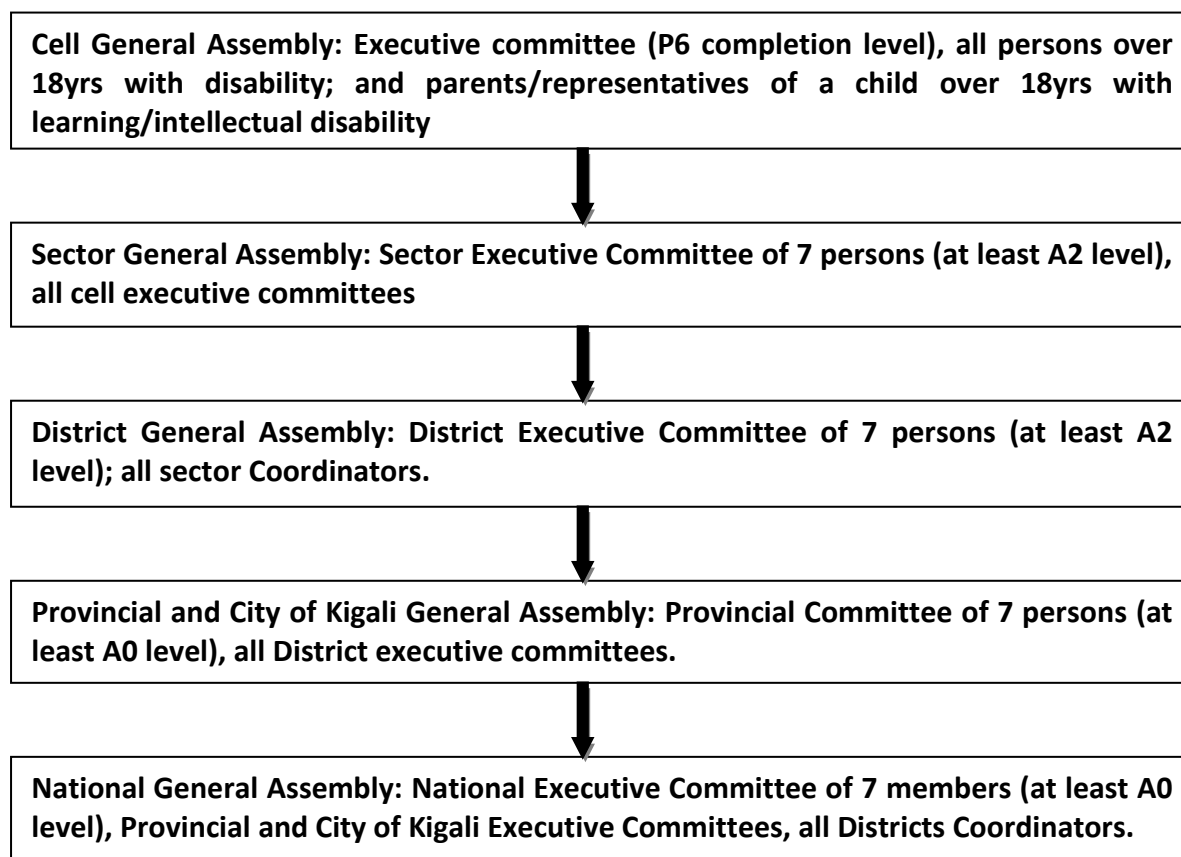
<sup>4</sup> Rwanda was awarded Ambassadorial Country Status for the second African Decade on Disability on the basis of the preparations for this National Programme.

Since September 2010 Rwanda has again opted for separation of structures and roles between civil society and elected representatives into Government instigated structures and all normal levels of decentralised planning, decision making and community participation. It has since February 2011 established the National Council of Persons with Disabilities (NCPD) along the lines of the National Council of Youth (established 2003) and National Women's Council (established 1996). Civil society DPO's have formed their own collective registered and active as the National Union of the Disability Organizations of Rwanda (NUDOR), with eight member organisations as shown above.

There already exists collaboration, information sharing and potential for joint actions between NCPD and NUDOR and its members. This is positive and makes most of the respective strengths of civil society associations with existing links to community based members in groups, and the official inclusion of elected representatives of Persons with Disabilities, formally integrated in decentralised structures within MINALOC to cell level as described below.

## **Structure, election and NCPD organs**

In early 2011, law establishing the National Council of Persons with Disabilities (NCPD) was adopted and published.<sup>5</sup> Supported by the Rwandan National Electoral Commission in March 2011, the following structure was created by organised vote. The mandate of these duty bearers/post holders runs for 5 years and can be renewed once.



<sup>5</sup> Law No 3/2011 of 10/02/2011; for comparison, this is passed on the same day as Law establishing the National Women's Council

Prime Minister Order no 02/03 of 11/02/2011 determining the responsibilities, organisation and functioning of the organs of NCPD



These various elected committees are distinct from those elected under the FENAPH constitution in that committees at cell level, province and city of Kigali are now also constituted<sup>6</sup> and minimum eligibility criteria were introduced in an attempt to gain a level of competency in leadership and local advocacy; these being the two principal roles of community level structures. This principle is sound yet because of barriers to persons with disability completing education it has meant that in some cases sector committees are incomplete and that there tends to be a greater representation of persons with physical disability over those with other impairments.

The work of the NCPD is managed by a cabinet appointed Executive Secretary, from a Kigali secretariat staffed by 11 technical staff supported by 10 administrative staff as specified by the law governing responsibilities and functioning of NCPD. By the end of the first quarter of 2012-2013 operating year this team was complete with all posts filled. See Annex Two for NCPD Organogram and below (*Section: Internal Strengths and Weaknesses*) for assessment of current structure and organisational capacity.

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<sup>6</sup> FENAPH structures were at sector, district and national level only

## Contextual Analysis

### 6.1. External Opportunities and Threats

#### Defining the problem:

- Rwanda has endorsed many legal instruments, 13 Ministerial Orders, sector policy & strategic plans are plentiful but implementation of several is still in early stages or unimplemented. Rwanda (since December 2008) ratified both the UN Convention on Rights of Persons with Disabilities (UNCRPD) and its optional protocol – there is clear intent to engage constructively on issues of disability.
- At times a technical vision of ‘what to do’ is weak; at others funding is held up as the key constraint.
- Children with disabilities who have never been to school, or who have not completed at least primary school, are numerous (Education statistics record less than 2% of students at any level as students with disability<sup>7</sup>) although we might expect at least 10-15 % of school age children to have a disability<sup>8</sup>. The proportion of children with disability who start but do not complete primary education is high; of those registering at P1 just 32% remain by P6.
- Adults with disabilities are generally poorer than adults in families where there is no disability. EICV has not analysed data collected to confirm or deny this; evidence comes from NGO /DPO studies and analysis. Income is a key means of moderating the impact of disability.

#### Defining the Scope of need for Social Inclusion:

Overall numbers of Persons with disabilities range from 5% (data from a small survey) to 15% (WHO estimate for LDC’s); more than half the adults with disability (in MINALOC/Decade survey) are single women with disabilities. EICV 3 (2012) shows that proportion of HH headed by Persons with Disabilities has risen from 8% to 10% (6900 HH) and that the distribution of these is even across all provinces.

Census 2002	: 308 501 Persons with Disabilities 3.9% of population
Decade/MINALOC Study	: 522,856 Persons with Disabilities 4.9% of population

Preliminary results from 2012 Census are not yet analysed with reference to disability although this data was collected<sup>9</sup>.

<sup>7</sup> [www.mineduc.gov.rw](http://www.mineduc.gov.rw) Rwanda Education Statistics 2012

<sup>8</sup> WHO indicative range

<sup>9</sup> 2012 Census RNIS Section P Characteristics of Population collects data by gender, district, disability, educational level and recent source of income/type of work

Whilst there are still social/ traditional attitudes to disability which mean that hiding the child, excluding the adult, negative feelings and under investment (of time and /or resources) in a child with disability when compared to siblings there is a risk of underestimating the scale of the prevalence of certain impairments. In particular it is known that children with learning and intellectual disabilities are under-reported in data collection. Amongst adults, mental illness may often be highly stigmatised and so not acknowledged.

## **Opportunities and Threats – External Context Analysis**

Analysis of the current context in which work on disability issues in Rwanda is conducted has highlighted a number of opportunities, with potential for some immediate collaborations and actions. Contextual analysis is an ongoing process, which can be updated constantly and so we have included and dated the detailed comments on this section in a separate Annex (*see Annex Three*).

These opportunities and threats of course change over time, opportunities may be seized or lost and new ones arise. There was an encouraging level of consensus about priority opportunities and these are ranked accordingly and summarised in the table below:

**Table 1: Opportunities and Threats – External Context Analysis**

<b>Opportunities</b>	<b>Threats</b>
<b>International Legal and Policy frameworks: UNCRPD ratified; East African Disability Policy endorsed</b>	No updated Disability Policy
<b>Domestication of these and political intent framed within: Rwanda Constitution; Law on Disability; Ministerial Orders; EPRS 1 &amp; 2; Policy Frameworks and Ministry Sector Strategic Plans (See Annex Four for complete list &amp; summary content)</b>	In general 13 Ministerial Orders are not executed National Programme of Disability – inactive National Programme for Eye Care not disseminated
<b>Jan 2013 EPRS 2 to be published – Staff of Ministries and other Government institutions identify a need for guidance and tools on Mainstreaming Disability</b>	Profile and role of NCPD not known to some outsiders; Absence of proper plan of activity limits collaboration
<b>VSO published manual on Mainstreaming in the Disability sector exists and is known to NCPD: Potential to use VSO volunteers for capacity building inputs and specifically for building national volunteering (i.e. the way in which NCPD elected reps are motivated and organised)</b>	Where Ministry and Sector strategic plans do exist (egg. Special & Inclusive Education) insufficient budget allocated & technical approach may be weak
<b>Existing collaboration with RNCHR; and Opportunity for collaboration with other Government structures such as National Council Youth; National Children’s Commission. BDF<sup>10</sup>; RDB; RCA;</b>	Incorrect Data on Disability (5%) Categorisation exercise extremely late; barrier to subsequent advantages under Ministerial Order (health)
<b>Social Protection Strategy Group plans impact study re grants for vulnerable groups is planned (draft TOR exist).</b>	It has been reported that this may be suspended or delayed for budgetary reasons
<b>EU funded Inclusive Development project to begin (VSO/Hi) across Western Province = opportunity to trial a model which NCPD/GOR could bring to scale if effective</b>	Absence of agreed National Sign Language and Braille taught as part of core curriculum
<b>NUDOR meetings are a one stop access point for collaboration with CSO actors; potential for collaboration with NGOs related to social and economic programmes</b>	Expectations of Ambassadorial Country Status & African Disability Trust fund unclear
<b>NCPD occupies chair of Disability Coordination Forum</b>	
<b>Range of funders with interest in disability (UNICEF, VSO, MyRight, JICA, EU, and others.....)</b>	

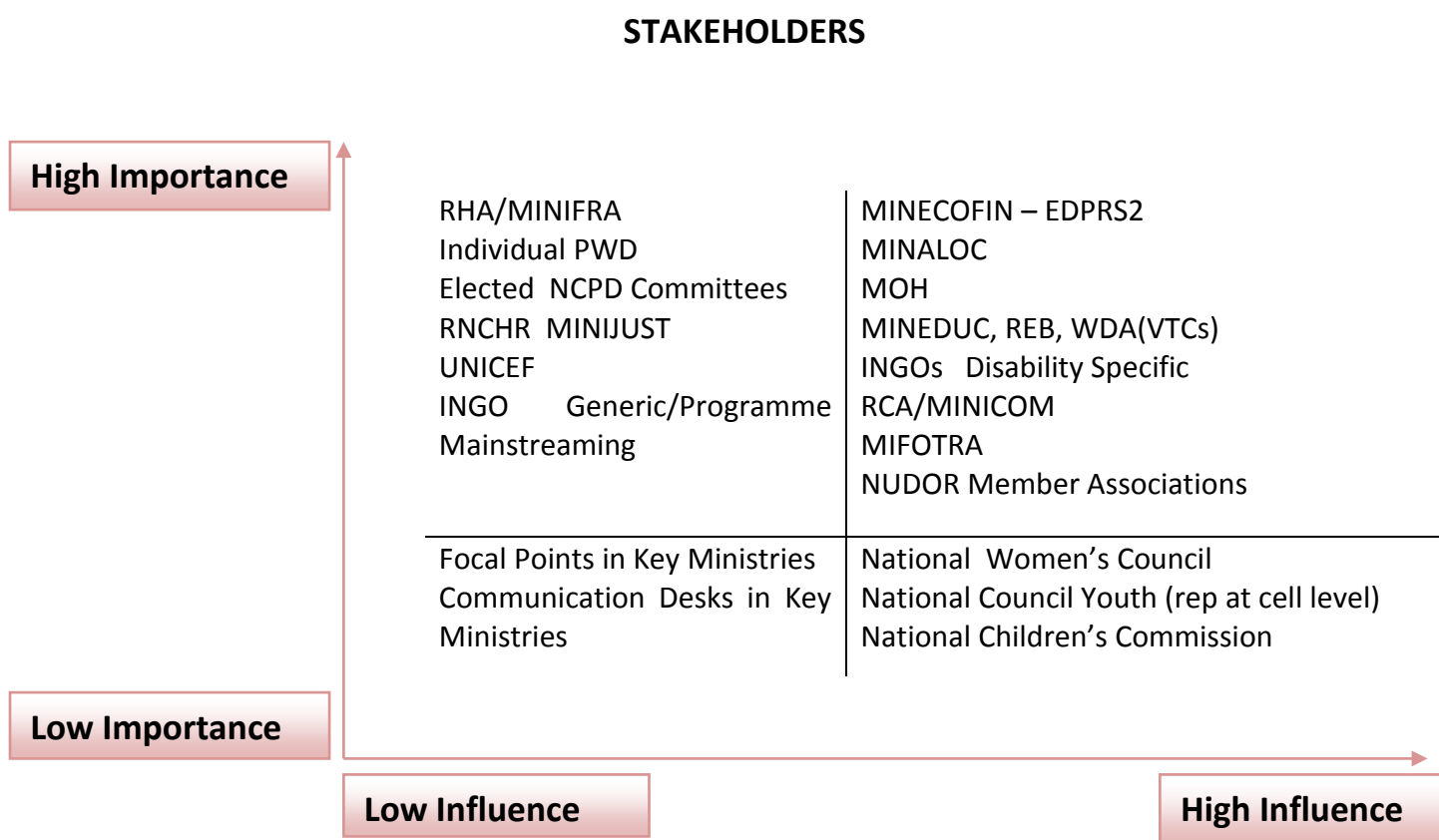
<sup>10</sup> Business Development Fund BDF is an affiliate of the Rwanda Development Board (RDB) “The BDF will allow every Rwandan, who has a good business plan but no collateral, to access loans.”

**6.2. Stakeholder Mapping Exercise**

Staff also conducted a rapid stakeholder mapping exercise; listing, ranking and considering current and potential stakeholders in terms of their profile, power and importance; and in terms of current level and areas of influence of these stakeholders. Current engagement and collaboration with NCPD was also considered and it became clear that new partnerships and working relationships could be strengthened. Stakeholders were defined as organisations/groups that have an interest in the outcome of NCPD’s work; for which collaboration might therefore be expected to benefit them or assist their own work.

This analysis merely serves to illustrate the range of people and organisations which NCPD staff feel it is important to collaborate with; the relative positioning within the matrix below was rapidly achieved and is subjective. It does however help describe the organisational landscape in which NCPD is working and stakeholders that will be instrumental in delivering many of the objectives and activities of this Strategic Plan.

*Figure Two: Matrix mapping relative influence and importance of NCPD external stakeholders*



### **6.3. Internal Strengths and Weaknesses**

It is important that this strategic plan is achievable; success will inspire success. NCPD seeks to avoid repeating any pre-existing examples of drafting wide and ambitious programmes, that are then unfunded or underfunded and hardly implemented. The internal assessment of capacity must therefore be frank and realistic taking into consideration current core technical areas where consultants are being used to complete basic management functions<sup>11</sup> and the existing sources of potential financing.

The NCPD has a relatively new technical team working to support decentralised activities. Skills in management of activities; planning, monitoring and advocacy skills are essential areas of core competency and it will be essential to make sure the organisation is well organised, adequately resourced and able to deliver impact through all areas of activity highlighted by this strategic plan.

Also taking into account that NCPD is made up from relatively new structures composed of elected 'activists' who play a voluntary role and several of these persons have other employment or activity, it appears essential to consider how to actively engage these representatives and support them in ways additional to providing occasional training workshops.

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<sup>11</sup> Existing TOR's for consultant input to Strategic Planning; Implementation planning, budgeting, M&E systems; Technical guidance on mainstreaming disability – there may be others

**Table 2: Strengths & Weaknesses within NCPD – Internal Organisational Analysis**

Strengths	Weaknesses
<p><b>Resources: NCPD has filled all prescribed staff posts: 12 technical roles supported by 10 Admin/Finance staffs</b>  <b>UPHLS also has 9 staff within NCPD; &amp; 10 district coordinators relating to 864 Peer educators; +/- 250 Trainers of Trainers (though funding for these posts is insecure after June 2014)</b>  <b>Established CB partnership with VSO by virtue of volunteer advisor in UPHLS</b></p>	<p>UPHLS main project funds (Global Fund end June 2014)</p> <p>No analysis of the value of this CB to the organisation; potential to direct this in part at motivating and managing volunteers (i.e. NCPD elected representatives)</p>
<p><b>Skills, Knowledge &amp; Capacity among staff,</b>  <b>A2 minimum criteria at District &amp; Sector levels of NCPD representatives</b></p>	<p>Weak understanding of social model of disability among technical staff</p> <p>Little capacity to work directly with deaf people; internal documentation cannot be easily accessed by all groups (e.g. Braille materials for Board meetings and workshops lacking )</p> <p>Linkages between posts (&amp; skills) and responsibility for delivery of strategic objectives could be clearer; organigram needs reorganising</p> <p>Little learning from past experience (including FACHR/ FENAPH/ Decade)</p>
<p><b>Systems for procurement, recruitment, weekly meetings are used</b></p>	<p>Systems for planning, prioritising, financial planning and M&amp;E of impact less consistent</p> <p>Information sharing culture has to be stronger if collaboration &amp; coordination are to be fostered</p> <p>Lack of NCPD Advocacy Plan</p>
<p><b>Organigram stipulated by law establishing NCPD</b></p>	<p>Organigram does not reflect UPHLS assets; this anomaly extends to not planning &amp; budgeting for the whole organisation as one unit</p>
<p><b>Vision and Leadership: annual General Assembly decision taking &amp; Board follow up mechanisms are active</b>  <b>Decentralised elected structures</b></p>	<p>Not clear how inactive elected reps can be improved/replaced</p> <p>Poor representation of interests of other disability groups (visual, hearing, learning difficulties )</p> <p>General Assembly &amp; Board decisions to date, prioritise details of functioning over substantive activities for impact (indicator of weak vision)</p>
<p><b>Environment in which NCPD operates is enabling; frameworks of International and National Laws endorsed by GOR</b></p>	<p>Understanding of importance of this firm legal foundation has not yet percolated throughout the organisation; and out into society</p>

## **NCPD Core Business**

### **Vision, Mission, Core Values & Responsibilities<sup>12</sup>**

#### **Vision**

A society where people with disabilities participate fully in all areas of life; inclusion is promoted, and Human Rights and Equal Opportunities for people with disabilities are realised.

#### **Mission**

The National Council of Persons with Disabilities shall be a forum for advocacy and social mobilisation on issues affecting Persons with Disabilities in order to build their capacity and ensure their participation in the national development.

The Council shall assist the Government to implement programmes and policies that benefit Persons with Disabilities.

#### **Core Values<sup>13</sup>**

Complementary<sup>14</sup>

Competency<sup>15</sup>

Accountability & Ownership<sup>16</sup>

Information Sharing & Transparency<sup>17</sup>

The principle of adding value through complementary efforts shall aim for harmonisation, avoiding duplication of efforts and inefficiencies.

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<sup>12</sup> The text of this section derives from the law establishing NCPD unless otherwise stated and is considered a given though it has been reorganised for clarity

<sup>13</sup> Suggested by staff and board members

<sup>14</sup> Avoiding duplication but adding value to the work of others

<sup>15</sup> Providing good services for Users/Beneficiaries; good Customer Care but recognising beneficiary abilities

<sup>16</sup> Elected representatives are accountable to those persons with disabilities who elected them (in theory); Staff are accountable to the Board and are supervised by MINALOC

<sup>17</sup> Information is clearly and openly shared so that a maximum number of stakeholders can make use of it



## Responsibilities (Strategic Objectives)

### Representation & Mobilisation of PWD

1. To gather and examine views of all person with disabilities;
2. To sensitize Persons with Disabilities to take part in national development programmes;
3. To build the capacity of Persons with Disabilities;

### Advocacy & Inclusion

4. To sensitize Rwandan society in general, parents and different -institutions, in particular to respect the rights of Persons with Disabilities;
5. To advocate on issues affecting the development and rights of Persons with Disabilities;
6. To especially monitor the respect of laws which protect Persons with Disabilities;

### Prevention & Mitigation

7. To participate in the prevention of the causes of disability; *and to support appropriate measures to reduce the impact of disability such as mobility training; provision of appliances and mobility aids*

### Coordination, Collaboration, Consultation

8. To coordinate activities aimed at the advancement of Persons with Disabilities;
9. To collaborate with NGOs engaged in activities benefiting Persons with Disabilities
10. To engage in consultations and collaborate with foreign institutions entrusted with the same responsibilities.

## Choice of Priority Areas

Within DPO membership organisations and amongst Persons with Disabilities who are part of NCPD structures, there exists detailed knowledge and understanding of the challenges facing Persons with Disabilities as they move towards full and inclusive involvement in all areas of life. From this level of detail (See Annex Five: findings of District coordinators workshop Kigali and Stakeholder Workshop Musanze) priority areas for action were identified and developed into the specific objectives in the logframe that follows.

NCPD has framed clear results that they expect to achieve within the next 5 years. This contribution will deliver against NCPD Mission which is to ‘assist the Government to implement programmes and policies that benefit Persons with Disabilities.’ Lobbying and advocacy will ensure that Persons with Disabilities are all included in all appropriate Government programmes and services, and not excluded by actual barriers, or mere omission. Monitoring and evaluation will track the impact of disability mainstreaming, specific inclusive programming and enable wider learning. Key areas of demand for services (education and health; youth programming and livelihoods) will be targeted.

Over the next five year period NCPD will work in line with its areas of responsibility:

**Strategic Objective 1:** To mobilise & accurately represent the views of Persons with Disabilities;

**Strategic Objective 2:** To monitor application of laws and other instruments designed to promote inclusion of people with disabilities in society; and conduct advocacy, with other allies, on issues affecting the development and rights of persons with disabilities. Key Priority areas are Education; Health; Livelihoods;

**Strategic Objective 3:** To participate in prevention of the causes of disability and enforce measures adopted to help in mitigating the impact of disability (easy and subsidised access to mobility & learning aids etc);

**Strategic Objective 4:** To strengthen the networks within NCPD structures and with other disability actors; to become a stronger, more skilled learning organisation – able to speak convincingly and with authority on issues about disability.

Strategic Plan Logframe<sup>18</sup> : the chain of events that *should* result in change in each of the strategic areas as compared to the current situation (Dec 2012)

**Activities in Year Zero: June 2012 – July 2013**

Establish baseline information on numbers of Persons with Disabilities by cell and type of disability: obtain Census Data and verify in a number of sample areas to assess how robust this data is.

Within each area of work (education, access to health insurance, livelihood activity level) obtain some baseline information on the technical subject through collaboration with DPO partners and NCPD committees. For example survey children with disabilities in and out of school; establish levels of Health insurance cover amongst families with an adult with disability; analyse data collected during Census on main work done by Persons with Disabilities.

Organise structures: reorganise Staff team organigram; clarify expectations of District committee members; District Disability Coordinator (DDC) roles and responsibilities

Lobby for recruitment of full complement of DDC post holders (currently 14/30 but mentioned in PM speech on 3/12/2012)

Achieve a Minimum level of sensitisation among pilot districts on: Rights/Responsibilities; Mobilisation of groups of PWD

**Overall Goal of the Strategic Plan July 2013- June 2018:**

- NCPD becomes a stronger organisation in touch with its constituency and better able to represent them.
- The rights and responsibilities of people with disabilities are better understood among Persons with Disabilities themselves and by all other members of society.
- Existing Government policies designed to improve the education of children and young persons with all types of disability; provide access to health services; and provide finance through some source of livelihood for Persons with Disabilities; are competently implemented so that a greater degree of social inclusion is achieved.

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<sup>18</sup> Informed by Annex Five: Problems identified and Solutions Developed (from NCPD stakeholders workshops)

<b>Strategic Objective 1:</b> To mobilise and accurately represent the views of Persons with Disabilities					
<b>Specific Objective / Result:</b> NCPD knows in more detail about its constituency, is able to accurately represent them – with data & evidence to support their views Persons with Disabilities are actively participating in group activities that benefit them; & have gained new experiences & skills by doing so					
<i>Activities</i>	<i>Outputs</i>	<i>Outcomes</i>	<i>Impact</i>	<i>Solution</i>	<i>Problem</i>
Obtain census data by cell & umudugudu	Lists of PWD by site; type of disability	Prioritisation of types of need (before end of Yr 0) will then know if lots of children; or adults and if working	Organised activity; data available for planning and lobbying	Get correct figures on cell nos. of PWD	Lack of good data for lobbying
Awareness raising & sensitisation of parents;  NB Low incidence of children with learning disability & some high stigma so targeting essential	Problems understood; comprehensive identification of CWD including CWLD; organise training in care skills for parents & stimulating their child’s development	Better care in family  Limited cases are transferred to Centres where they can be further supported / educated	Such children are integrated in family life	Improve acceptance of children with learning disabilities; changed perceptions about their developmental abilities	Attitudes amongst parents (especially of those with intellectual disability) mean these children are hidden and excluded
Trainings for selected media practitioners on rights of PWD Raise problems caused by denial of rights	Shows about PWD rights	Scale up public discussion about disability – and abilities	Public understanding of social model of disability improves	Use all media to increase public understanding of rights of PWD	Media is used very little to raise general understanding of PWD and abilities
Rights training for PWD; Local Authorities; and community members. National Advocacy media work & campaigns directed at districts to push for change	PWD know their rights and responsibilities; Society attitude shifts	PWD have confidence PWD are included in more mainstream activities	PWD participate in community activity (Umuganda meetings, JADF etc); assistance programmes (Ubudehe, VUP, Girinka); & all local community dvlpt activities	Improve awareness of rights among PWD & understanding of disability amongst society	PWD lack self confidence

Local groups meet, to get to know one another and discuss their issues & possible solutions	Cell, Sector & District, Province, Kigali city & national NCPD representatives access this information & analysis. Proper information is brought to nyanama at all levels	Regular NCPD structures' meeting are well informed; all issues to solve locally are solved	Issues referred to higher level for action/solution inform the planning of NCPD Executive	Two Way Information flows from 'constituents' to Executive and vice versa function well	Currently information flows are more top to community than two way
<p><b>Strategic Objective 2:</b> To monitor application of laws and other instruments designed to promote inclusion of Persons with Disabilities in society; and conduct advocacy, with other allies, on issues affecting the development and rights of Persons with Disabilities.</p> <p><b>Key Priority areas are Education; Health; Livelihoods.</b></p>					
<p><b>Specific Objective / Result 2.1:</b> Strategic Plan for implementation of Special Needs &amp; Inclusive Education policy is completed, adopted, resourced and implemented; current levels of inclusive and special education provision scaled up. Quality of education for students with disabilities improves such that dropout rates/non completion reduced</p>					
<i>Activities</i>	<i>Outputs</i>	<i>Outcomes</i>	<i>Impact</i>	<i>Solution</i>	<i>Problem</i>
Assess education issues At national level develop advocacy strategies & advocacy plan	In service training for teachers Special needs courses in TTCs Publicly funded special schools Vocational training places for increase	More CWD enter schools, receive quality education and progress	NCPD provides data and technical input MOE scales up provision of education for CWD	Improve access to quality education for CWD in order to improve the life chances for this next generation of PWD	Most children with disabilities are not enrolled in school Low education affects lifelong learning & opportunities for PWD
At district level conduct assessment of enrolment of CWD in primary level especially children with learning disabilities	Create thematic working group at district level to address issues Influence district budget	Monitoring inclusion of CWD in schools & quality of education Also quality of care given in institutions	CWD with education have better skills to engage in community activity, income generation or continued learning	Address long term issues that are barriers to education of CWD	Low levels of education amongst PWD is a constraint to organising and self help

<b>Specific Objective / Result 2.2:</b> Progress is made on access to health benefits (and other Social Protection instruments)					
<i>Activities</i>	<i>Outputs</i>	<i>Outcomes</i>	<i>Impact</i>	<i>Solution</i>	<i>Problem</i>
<p>Categorisation exercise across entire country (as one exercise) NCPD participate in mobilisation of PWD/CWD</p>	<p>PwD obtain cards with 30% – 100% disability entitling them to 100% free mutual health insurance or 50% reduction in this fee</p>	<p>Free/subsidised health care for PWD and necessary appliances</p>	<p>Better access to health facilities</p>	<p>Lobby MOH to apply existing law/MO and to resource this adequately</p>	<p>Unclear what financial planning MOH is undertaking to provide this level of subsidy Definition of disability is not uniform (UNCRPD and Rwanda Law give different interpretations)</p>
<p>Promote understanding among of ‘how this scheme works’ – ubudehe, VUP etc Create disability awareness/sensitivity amongst LA staff charged with implementing Ubudehe, VUP selection etc</p>	<p>PWD in communities understand social protection programmes and successfully apply to these  NCPD committees monitor local access and lobby for greater inclusion</p>	<p>The poorest PWD access social protection grants</p>	<p>Financial benefits reduce household poverty Participation improves self esteem and confidence</p>	<p>NCPD work to fully understand different schemes, publicise these, mobilise target beneficiaries and monitor impact</p>	<p>Limited study shows that poor PWD are not routinely accessing social protection mechanisms</p>
<b>Specific Objective / Result 2.3:</b> Specific lobbying and advocacy leads to publicising and better application of the law promoting employment of PWDs ; Rural programmes on savings & loans; business start ups; groups & cooperatives always include a number of amongst beneficiaries					
<i>Activities</i>	<i>Outputs</i>	<i>Outcomes</i>	<i>Impact</i>	<i>Solution</i>	<i>Problem</i>
<p>On basis of EDPRS2 published document, make a specific plan to monitor social inclusion in sector strategies of key priority Ministries  Understand CSO plans on the same issue; actively collaborate and coordinate</p>	<p>Regular engagement (lobbying) with MOH; MINEDUC; MINALOC; MIFOTRA; MINICOM (via and with Focal Points) builds understanding of policy intent, challenges, and what should be done</p>	<p>Understanding of Mainstreaming develops within Key Ministries</p>	<p>Policy implementation becomes progressively more inclusive</p>	<p>Provide Technical support that is requested by mainstream ministries</p>	<p>EDPRS1 failed to deliver mainstreaming of disability; Not yet clear to what extent EDPRS2 Sector strategies will achieve better plans for inclusion</p>

<p>Target employers in groups lead by example (DPOs; allies; others) Lobby for 5% of posts in public companies to have been allocated to suitably able</p> <p>Develop clear expectation of MO Travel ( if anything with the privatisation of state owned public transport) Lobby to have these benefits upheld</p>	<p>Recognition system by which employers of PWD are highlighted (like UK Two Ticks System)</p> <p>Public transport system facilitates use by</p>	<p>People with disabilities gain employee status</p> <p>People with disabilities can get around more easily</p>	<p>Household income improves</p> <p>A more public profile of persons with disability is noticeable</p>	<p>Laws are applied and rights respected</p>	<p>Existing laws to protect PWD are not applied</p>
<p>Clear explanation of expected roles given to Committee members</p> <p>Active committee members at NCPD cell and district levels <i>but especially sector level</i> mobilise and encourage PWD to form groups</p> <p>Advocate for full participation to gain skills/experience</p>	<p>PWD form self help groups &amp; undertake activities to improve their lives (e.g. savings and loans; IGA)</p> <p>PWD participate in programmes that provide skills training and access sources of finance</p> <p>Community activity and groups include</p>	<p>Functional self help groups provide social and financial benefits to members</p> <p>Revenue is generated &amp; shared</p>	<p>Household poverty reduces amongst homes with a PWDs' family member</p>	<p>Many other problems can be resolved when a has income</p>	<p>Access to an income is limited by skills &amp; finance</p>

<b>Strategic Objective 3:</b> To participate in prevention of the causes of disability and enforce measures adopted to help mitigate the impacts of disability (easy and subsidised access to mobility & learning aids etc)					
<b>Specific Objective / Result 3.1:</b> Public campaigns (on vaccination; road safety; safety in kitchens etc.) provide testimony about the impact of disability without neglecting the abilities of PWD (avoid negative messaging) Removing physical and communication barriers promotes more inclusion of PWD in society					
<i>Activities</i>	<i>Outputs</i>	<i>Outcomes</i>	<i>Impact</i>	<i>Solution</i>	<i>Problem</i>
Technical input – real case studies – to MOH campaigns	Disability prevention is reflected in health education messages	E.g. Cases of deafness avoided; Poor vision detected & corrected where feasible	Early interventions reduced new cases of disability	Encourage early detection & interventions	Cases of Preventable disability still occur
Accessibility Audit	Report End Feb 2013	Lobby district authorities, schools & health centres to improve physical access	Set agreed targets in districts	Campaigns on barriers to access (Physical; Attitudinal and Institutional barriers)	Legislation requiring public buildings to be accessible is not routinely applied
Lobby health insurance agencies to cover 100% costs  Monitor that workshops manufacture all types of disability devices needed & Quality standards	Better access to low cost aids Access to Appliances & accessible communications	Autonomy of PWD improves	Participation of PWD improves	Categorisation exercise conducted to facilitate free access	Access to means of mitigation are unequal; costs are high
Build awareness and mobilise PWD with radio and via NCPD committees Identification / verification of from census data Categorisation team site visit (MOH, NCPD, MINALOC)	People with disabilities are categorised according to a medical assessment of the degree (%) of disability	Individuals access cost reductions (in health care & travel) as consequence	Health status and independence of PWD improves	Clarify Disability status via Categorisation Exercise	Confusion between PWD /older persons & chronically sick



<p><b>Strategic Objective 4:</b> To strengthen the networks within NCPD structures and with other disability actors; to become a stronger, more skilled learning organisation – able to speak with authority (convincingly) on issues about disability (= Capacity Building of NCPD itself)</p>					
<p><b>Specific Objective / Result 4.1:</b> Disability Forum is well coordinated; opportunities for collaboration are achieved and with this value added (greater scale); the Disability “Movement” in Rwanda is active in relevant forums and the existence of NCPD ‘Adds Value’</p>					
<i>Activities</i>	<i>Outputs</i>	<i>Outcomes</i>	<i>Impact</i>	<i>Solution</i>	<i>Problem</i>
<p>Bi monthly Disability Forum held Sector working groups (issue based) created Share plans &amp; ideas Learning visits</p> <p><i>At District level &amp; below</i> PWD participate in Njyanama, JADF and Umuganda meetings Rapid research conducted on scale of social issues in community of Persons with Disabilities</p>	<p>Better co-ordinated approach; Disability stakeholders collaborate and coordinate activities; various issues are tackled</p> <p>Detailed knowledge of the problems of children &amp; adults with disabilities; &amp; the relative scale of this problem (many or few)</p>	<p>There is clear progress in districts: on disability related actions; Life for PWD improves in some way</p> <p>Actions target real problems</p>	<p>Government &amp; others invest further in programmes that have demonstrated/ delivered impact</p> <p>Additional investment is essential to scale up impacts – NCPD becomes an able advocate for funding for work on social inclusion</p>	<p>Opportunities: NCPD is mandated to encourage participation</p> <p>NCPD has the ear of Government by virtue of its legal status and the positive environment; it must speak with authority and knowledge on disability questions</p>	<p>Threats: if not much happens as a result of all the meetings and staff and trainings, the NCPD will not be a credible advocate</p> <p>NCPD is not expected to do everything itself but rather to make sure that the right things happen</p>
<p>NCPD Internal Capacity Building: Review organigram Revise roles to job focus in line with plan Develop detailed Yr 1 plan; review Yr 0 progress &amp; targets Develop M&amp;E framework</p>	<p>Team restructured Clear distinction of roles and responsibilities Effective planning and accountability</p>	<p>Monitoring of impact and evaluation of performance to the plan is clear</p>	<p>Positive change in the situation of Persons with Disabilities, at reasonable scale for impact to be recognised</p>		

Develop clear advocacy plans & build relationships with key allies Identify Advocacy Opportunities Develop Policy briefs Run joint & Public Campaigns	Joint work with other stakeholders delivers greater impact, avoids duplication, and NCPD adds value PWD influence relevant change	Advocacy effectiveness can be clearly demonstrated (contribution & attributions)	Policy intent is delivered such that PWD are better included		
Study 'how to work through volunteers' Develop CB plan for NCPD elected representatives Decentralise NCPD budget Provide communication fees among NCPD committees	NCPD policy relating to the use of volunteers (elected representatives) to further her aims	Elected representatives understand well their role & have minimum tools to achieve these	Mobilisation by and with Persons with Disabilities has a powerful impact in the surrounding community	The same information must be provided to all types of disability	Barriers to communication within the movement

Above all this Strategic Plan seeks to focus effort on tangible changes that can be achieved. There are two more detailed, comprehensive and ambitious documents already existing: these are the **National Programme for Disability 2010-2019** whose logframe categorises objectives around Livelihoods; Access to Education; Access to quality health services; participation in cultural life and sports; respect for Rights; Autonomy – communication and independence of Persons with Disabilities; Public Awareness; and building capacity of the disability movement (including NCPD). The 13 different **Strategic Objectives listed in FENAPH Strategic Plan** also remain pertinent today in January 2013, almost 4 years after they were drafted. However it seems pointless to redraft these long lists that have proved too ambitious for the resourcing and capacity of the movement to tackle simultaneously; instead this plan has focused down on priority areas agreed by all parties to be key issues.

## ***Implementation and Coordination frameworks***

“The trouble is that many of these things become everybody’s and yet nobody’s responsibility”

*Interview with disability activist and politician*

Main responsibility for the execution of this Strategic Plan lies with NCPD which is responsible for mobilising the resources necessary, collaborating with others as is relevant and coordinating their inputs to provide useful contributions to sector plans. The implementation of these and certain ministerial orders necessarily remain the responsibility of sector Ministries to deliver; the role for NCPD will often be:

- a) To provide technical input and guidance on disability mainstreaming, so that main ministries include Persons with Disabilities in all target population groups
- b) To conduct advocacy, based on evidence gathered in line with NCPD responsibility for representation.

## ***Mainstreaming and Advocacy***

People with disabilities and children with disabilities tend to be under-represented amongst service users for many services: for example the proportion of students with disabilities in education is less than the proportion of children with disabilities in the population; the numbers of financial service users who are Persons with Disabilities is lower than to be expected from their absolute number in a population etc.

This under-representation may sometimes be due to Persons with Disabilities not knowing or understanding well how the particular programme or service is relevant and can include them. Through decentralised committees NCPD will inform Persons with Disabilities on their rights and responsibilities with regard to local programmes (local JADF participation informs full understanding of these).

At other times the person with disability is aware but there are barriers to their participation (attitudinal; organisational; institutional). NCPD, being a state registered organ must understand well how ‘disability friendly’ or accessible, are the various Government run programmes. Barriers to inclusion should be considered in terms of:

- is the information accessible to all types of person
- is everyone made to feel welcome and involved
- are there ‘requirements’ that a person with a disability cannot meet
- if the reason the person with disability cannot meet these requirements is linked to poverty and not disability, what mechanisms can help them

NCPD (and CSO partners) will gather data to show how effectively Persons with Disabilities are included in development programmes. Or if they are not involved what barriers are preventing this.

Small scale data sets, carefully collected and well presented can serve to illustrate a more widespread problem; evidence for advocacy can be gathered with DPO and disability specific partners.

NCPD will only organise the training of Persons with Disabilities where appropriate (on issues such as disability rights; leadership; economic management; lobbying & advocacy). Integration of Persons with Disabilities into mainstream population training programmes will be encouraged and support for programmes run by DPO to mobilise and train their members and target constituencies. There is high risk of duplication of effort in training<sup>19</sup> and most attention should be paid to providing information in accessible and useable formats that can be shared with others who are not trained. Most emphasis is need on application of learning and building skills through “learning by doing”.

Structures to coordinate and monitor implementation of the changes described in this plan were not discussed in any detail although some existing forums for dialogue such as the Education Sector Working Group; Social Protection Sector Thematic group meetings; JADF meetings etc are all relevant. It would be helpful to consider how best NCPD will ‘hold to account’ various duty bearers with responsibility to include Persons with Disabilities in their various activities.

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<sup>19</sup> Almost all disability stakeholders provide training on issues (rights, cooperatives, health & HIV, and other areas) as do other providers.

## Annexes

### **Annex 1: National Union of Disability Organisations of Rwanda (NUDOR) Member organisations**

AGHR	Association Générale des Handicapés du Rwanda
ANFSMR	Association Nationale des Femmes Sourdes et Muettes au Rwanda
NPC	National Paralympic Committee
NOUSPR	National Organization of Users and Survivors of Psychiatry in Rwanda
RNUD	Rwanda National Union of the Deaf
RUB	Rwanda Union of the Blind
THT	Troupe Handicapée Twuzuzanye
Tubakunde	Collectif Tubakunde

People with disabilities work together to promote the rights of Persons with Disabilities, either campaigning separately or sometimes working in association with people without any disability. There are associations and federations of associations that bring together women and men, and sometimes children who head households. These associations and federations are engaged in various activities<sup>20</sup>.

**AGHR- General Association of People with Disabilities in Rwanda:** with 8 workers and 15 organizers in 11 Districts. It is composed of 2,733 men, 3,436 women, and 126 members of local authorities (total 6, 268 members). Among them there are 116 representatives elected in 11 Districts of which 67 are men and 41 are women, 8 Directors in charge of Social Affairs working in 8 Districts.

#### **Association Nationale des Femmes Sourdes et Muettes au Rwanda**

Created on April 28<sup>th</sup>, 2005 by a group of 27 women living with hearing impairments, the National association of Women with Hearing Impairments is starting, in 2010, They focus on the advocacy for the respect of the rights of women with hearing impairments (and of PHI in general).

**NPC - National Paralympic Committee** is composed of 333 men with disabilities, 288 women with disabilities, 376 people without disabilities. Its activities consist in the promotion of sports among people with disabilities and the promotion of rights of people with disabilities through sports.

**NOUSPR – UBUMUNTU:** National Organization of Users and Survivors of Psychiatry in Rwanda: NOUSPR is a not for profit organization, that has been serving the Rwandan community since 2007. NOUSPR was founded in response to a call to provide support. At NOUSPR, we serve people dealing with mental disabilities and the aftershocks of Genocide. NOUSPR aims to be a safe place where people congregate to share their feelings and experiences. By gathering together in support of each other and sharing experiences we hope learning, healing and growth spring forth.<sup>21</sup>

**RNUD - Rwandan National Union of the Deaf:** The organization manages centres in 5 regions. It is managed by a committee and has personnel and volunteers. Besides activities of advocacy for the deaf, its main activity is to carry out research in the area of the Rwandan sign language.

<sup>20</sup> Information quoted from Appendix Initial Report from Rwanda on Implementation of the UNCRPD June 2011

<sup>21</sup> <http://www.nouspr.org/>

**RUB - Rwandan Union of the Blind:** is composed of 3000 members, including the blind and non blind, members of families of people with disabilities and local authorities in 15 districts. It employs 7 staff members that take care of 177 blind people, and coordinate actions of families and local authorities in 3 Districts.

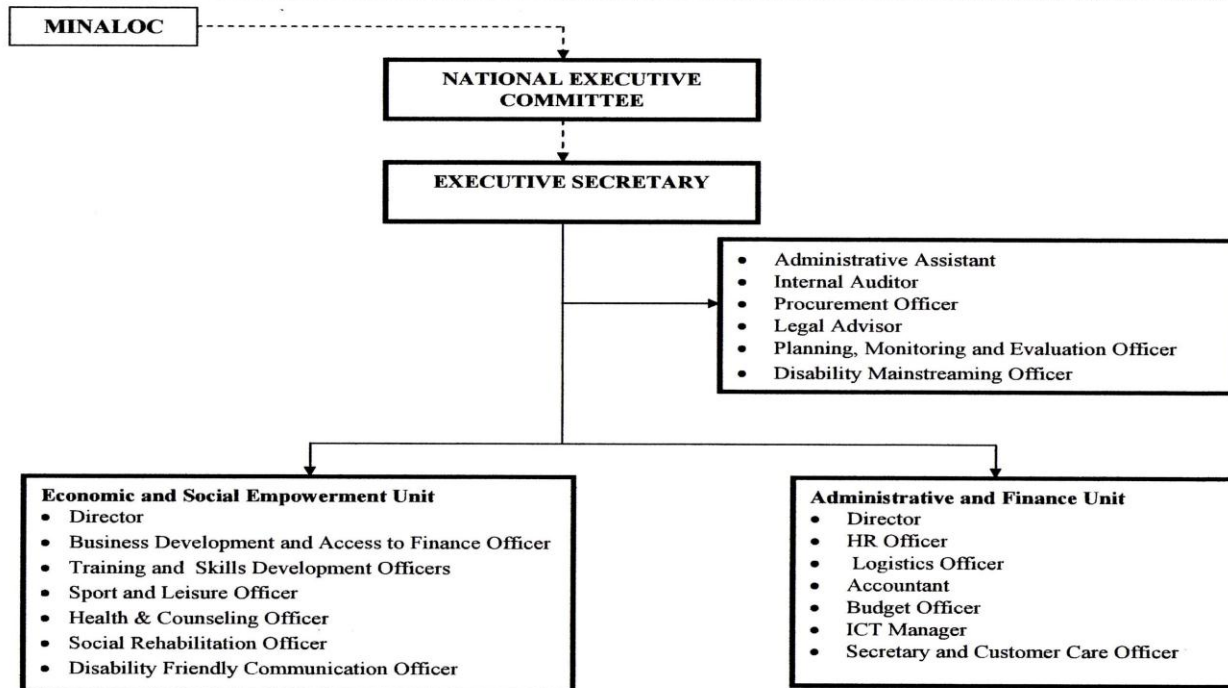
**THT - Troupe Handicapés Twuzuzanye:** It is a theatre group composed of more than 30 members that operate in 4 districts. Its main activity consists in the sensitization on sexuality and disability through drama and music.

**Collectif TUBAKUNDE:** is an umbrella of associations of parents whose children with mental disability. It is composed of 31 members of the association that care for 4,400 children and youth.

**Annex 2: Organisational Structure NCPD Secretariat**

Official Gazette n°05 of 30/01/2012

**ANNEX 2. ORGANIZATIONAL STRUCTURE OF THE NATIONAL COUNCIL FOR PERSONS WITH DISABILITIES**



### **Annex 3: Details of Contextual Analysis (collected November 2012)**

This information informs the Table Opportunities and Threats:

#### **Legal Instruments**

Internationally Framed by UNCRPD; East Africa Disability Policy; Draft Continental Plan of Action for the African Decade of Persons with Disabilities (2010 – 2019);

Domesticated via EDPRS 2 (now expected mid January 2013), Rwandan Constitution and particular Law (No 1 of 2007) concerning rights of Rwandans with disabilities;

**Thirteen key Ministerial Orders** dealing with classification; access to medical care; access to employment; means of travel; means of communication; inclusion in cultural and sporting activities; and access to public buildings.

Others deal with state assistance for needy Persons with Disabilities; quality of care standards in centres; assistance for people with disabilities in case of conflict or disasters; and some exemptions relating to ex-combatants. See Annex Two below for full list and key content.

#### **Government led Co-ordination mechanisms**

EDPRS Planning Group; Implementation Sector Working Group; M&E mechanism

Who from NCPD participates in these – this is an opportunity to comment upon and influence implementation of mainstreaming approaches;

Learning from EDPRS: **There is room for improvement in regard to mainstreaming cross cutting issues such as; disability** Sectors and Districts acknowledged progress in integrating cross cutting issues of gender, HIV/AIDS and environment, they also highlighted the *need for more tools and guidance on effectively mainstreaming cross cutting issues into their plans, budgets and M&E*. The development and collection of specific disaggregated indicators was of particular concern and interest for the future.

At times where statistics on disability and inclusion are gathered these are not gender disaggregated (e.g. MINEDUC Education Statistics January 2012).

#### **Suggested Key Actions:**

Have appointed Focal Persons in key sector Ministries; work with these as mainstreaming entry points;

Identify key articles (passages in EDPRS text and implementation plans) reflecting majority concerns, for advocacy around policy implementation.

#### **MINALOC**

**National Social Protection Sector Strategy** May 2011; and Implementation Plan Sept 2011

Working Group tracks implementation; an opportunity for collaboration

Social Protection Sector Strategy outlines plan to introduce a Disability Grant; this has been reversed and prior to this a Study (TOR shared, earliest date Jan 2013) to assess the extent to which existing grants are responsive to the needs of vulnerable groups will be made. Existing mechanisms are FARG, funds for Demobilised ex-Combatants with disabilities, Direct Support through VUP.

**Disability Forum:** chaired by NCPD; has no legal status – mechanism for information sharing

Meets every 2 months or quarterly; last met (11/09/2012); agenda items/minutes

Could be important mechanism for collaboration and coordination if effectively chaired.



**NUDOR:** Umbrella of DPOs - There is formal link to Rwanda CS Platform – where other generic NGO are active on policy analysis, advocacy and influencing government

Capacity assessment of NUDOR relates to the collective and its systems, created (2010) rather than the individual capacities of its member organisations: Some information on member organisations in National reporting on UNCRPD (see Annex 3)

CB support via VSO volunteers is currently provided to six of the eight NUDOR members and to the NUDOR Secretariat. This represents considerable investment by VSO in the sector; specific impact is not known and whether therefore members have relative strengths or specific expertise.

Mapping of associations, centres and coops of pwd conducted by FENAPH / UPHLS (May 2009) is both assessment of unmet needs; and existing small community associations. Volume 2 of this report gives associations/centres by District & Sector with effective (numbers of children with disabilities).

### **Other key stakeholders with Specific issues / State of Implementation**

#### **National Institute of Statistics**

Need to update the questionable statistic of 5% of the population with disability that has crept into Government documents (e.g. Strategic Plan for Education)

Report of Preliminary findings concluded Nov 2012, not yet published but it should be possible to get good District level data on disability from the data that was collected.

Key Contact: Prosper MUTIJIMA [mutijimapro@yahoo.fr]

**Suggested Key Action:** Negotiate for treatment of data from Section P of 2012 Census: to give data on persons with a disability, by district, age, gender, nature of disability, education level & source of work/employment if any

#### **MOH**

Law, Policies on disabilities:

- Health Sector Strategic plan III (HSSP III): under development and at final phase but the draft is available- and will be shared by email
- NCD and chronic diseases Strategic plan: a draft document and will be shared by email- this document has a section of disability
- Mental Health Policy- to be found at RBC-is being updated
- Implementation of 2 ministerial orders- categorization/classification and access to medical care of PWDs:
  - Classification: study has been conducted for modalities but due to lack of budget, the activity is still in pipeline (budget = around 1,5 billion of RWF)
  - Access to medical care of PWDs will depend on the result of classification
- Statistics according to 2012 census of 2010: There is no scientific explanation of having 9.5% of PWDs at age group (10-14) and 78.3% at (20-24). MOH has no explanation and think the real figure will be published after categorization.
- Achievements:
  - Established law, policies and strategic documents
  - Customer care where PWDs are always priorities in health facilities

- Disability prevention measures in place: CHWs trained on preventing diseases that may cause disabilities- Mission ponctuelle: Pied bot, cleft, fissule etc
- Early intervention during car accident- using SAMI-Prevention, care, treatment and rehabilitation etc
- Challenges:
  - Policy document, strategic plan not yet finalized including Implementation plans
  - Not sufficient financial, human resources is allocated to NCD to carried the categorization and implement the MO in line with access to health care of PWDs
  - Infrastructure-No government national rehabilitation Center etc

Key Contact: Francois Habiyaremye the Head of Non Communicable Diseases  
Follow up implementation of Action Plan to deliver on R's of WHO study on disability

### **Suggested Key Actions:**

Need to progress the categorisation exercise, since fee waivers for appliances, medical support, access to VUP and other state benefits are expected to flow from this. It would be sensible to involved NCPD reps in this since they 'know' Persons with Disabilities e.g. of woman with diabetes in Nyanza, cross checking of sector lists etc.

Collaborate on prevention and early detection. Key allies would be organisations of pwd and parents; also service providing centres.

### **MINEDUC**

No specific MO on inclusive education however Special Education Policy exists, with critique by consultants of areas of weakness;

Strategic Plan 2011- 2015 for Special Education & Inclusive Education (Feb 2011);

Not clear that this plan has been funded; M&E mechanisms are supposed to be found within MINEDUC Performance reports. Some implication of District level Education Offices expected;

Some work on curriculum development for Teacher training done at KIE;

Plan flags those with sensory disabilities, and learning difficulties and emphasises both access barriers and quality of education;

Sector reps from NCPD Nyanza report that most children with disabilities they have identified are not in school. The SP for SEIE indicates much provision is via private, parents' initiatives (Tubakunde). The number of special units (and nos. of learners there) has been surveyed:

Key Contact: Mary Kobusingye, e-mail [maryk72001@yahoo.co.uk](mailto:maryk72001@yahoo.co.uk) 0788 519 705

### **Suggested Key Action:**

Implement Education Action Research plan and district level thematic working groups in at least some pilot districts. Use findings to advance discussion, within framework of EDPRS2. UNICEF is key ally. NCPD should attend Education Sector Thematic Group.

Also RENCP Rwanda Education NGO Coordination Platform has a subgroup working on Special Needs. This is not reflected in online info. [www.rencp.org](http://www.rencp.org) Review of last 2010-11 year activities names some other NGO partners in education sector.

**RCA**

RCA is established by the law No 16/06/2008 in charge of Promotion, Registration and Regulation of Cooperatives in the Country.

Law establishment Rwanda Cooperative agencies (RCA) and determining its organization, functioning and responsibilities, National Policy on promotion of Cooperatives, law regulating cooperatives in Rwanda and Strategic plan (but not validated) no implantation plan.

Structure: some sectors have a staff in charge of Cooperatives; every district has DCO- District Cooperative Officer.

Some achievements include the increase of cooperatives including of PWDs, trained PWDs on cooperatives in different districts, formed unions of cooperatives at district level, 12 federations per intervention areas national level and confederation, and increased the level understanding of the importance of cooperatives.

Opportunities to PWDs: most of PWDs are still working in associations; RCA is committed to support them by training them on cooperatives promotion and management.

Challenges include poor understanding of roles and responsibilities of members of cooperatives, low implication of members in dairy management of Cooperatives, confusion between cooperatives and association etc.

**Suggested Key Action:**

Establish MOU between RCA and NCPD on Cooperative promotion among PWDs

Contact Person: Mr Rutaremara Vicent, Planning and cooperative movement unit, tel: 0788353597

**RNCHR**

Focal point in the Commission is 100% aware of their responsibility to monitor how rights of pwd are respected (Article 10 of Law on Disability). Disaggregated data of cases of abuse is collected by very few arise concerning pwd. This is explained by a belief that pwd have a very weak understanding that they even have rights, an attitude that is mirrored in some authorities and communities - *"Ils n'ont pas encore admis qu'ils ont ces droits"*

No case study material that could be used to illustrate abuse of rights of pwd was forthcoming from investigations in 10 districts that formed the basis of their reporting to MINJUST & Social Affairs. There high expectations of mobilisation amongst NCPD target group so that this Commission has something to monitor!

Strategic Plan 2009-2012 is coming to an end and new one to be formulated (not yet shared); each annual action plan contains training for leaders and pwd on rights of pwd. Booklet in KR reproduces text of the law (Annex 2). This rights training began 2008/9 with FENAPH District Coordinators; 2011 NCPD Coordinators X30 were trained; and those from 3 districts in Western Province (district and sector level reps)

Key Contact: Maria MUKANDUTIYE Human Rights Officer and Focal Point (since 2009) for pwd  
1 of 7 Commissaires (Etienne a jurist/solicitor) the governing body, has responsibility for pwd

**Suggested Key Action:** Build on this initial rights based training delivered to focus in Western Province on rights based activity. HI/VSO programme in this province may provide opportunity to pilot this next stage.

### **National Youth Council**

Policy of 'No Discrimination' towards pwd – this possibly translates to exclusion by omission if no special effort is made to include pwd.

Established 13 yrs ago; representatives down to village level; similar focus on mobilisation; advocacy; Youth into work. Youth are 14 – 35 yrs (40% of the population). In this category % of the population of pwd also fall (Decade Survey data)

*NCPD Sector representative noted that as there are youth representatives at village level it is easy to get these youth to join together; this layer of rep is lacking in NCPD but could be circumvented by a partnership focusing on young Persons with Disabilities and their inclusion in NCYth activities.*

Strategy also similar – mobilisation of youth, representation on Conseil Consultatif/Executif du Sector and issues placed into Sector Development Plans [It would be interesting to track how inclusion of youth is monitored in any way via imihigo if at all; and to call for disaggregated data reflecting inclusion of youths with disabilities. Many of the Demob Commission targets will fall into this group.

- One district level training in Entrepreneurship held per year, approx 200 trainees.
- District level budget for IGA is tapped; some centrally held budget also available for project grants. Ideas that work (learning) brick making, tailoring, agriculture.
- Inclusion within RCA activities; NYC has coordination and signposting role.
- Centres des Jeunes (10) are used for sensitisation & peer mobilisation sessions with about 20-30,000 per month using these facilities (opportunity?)

Volunteering Policy (Ministry of Youth & Culture) is an opportunity to harness willingness of NCPD representatives to be active, and link to wider initiatives

Some approaches by groups of youth with disabilities; notice attitudes of low capability with disability cited as a reason for low levels of development – which he feels may be true but should not constitute an internal barrier to individual aspiration.

Key Contact: Alphonse Nkuranga [alphonse.nkuranga@nyc.gov.rw](mailto:alphonse.nkuranga@nyc.gov.rw) 0788 4450 60

**Suggested Key Action:** Approach for comment on draft Strategic Plan

Establish MOU as basis of cooperation; link in vocational training activities and post training support for individuals and groups to start their business

### **National Council for Women**

Policy of 'No Discrimination' towards women with disability – this possibly translates to exclusion by omission if no special effort is made to include women with disabilities. NCW approach provides a model of using gender focal point persons in key Ministries. Open to collaboration and "thought that NCPD would help us to know the problems of women with disabilities".

Key Contact: Acting Director of Planning Yvette Muteteri 0788 505459.

### **National Children's Commission**

Key partner for UNICEF; key entry point for collaboration on education, early detection, parental support, child rights etc.

Strategic Plan exists. This should be critically reviewed for collaboration opportunities between NCPD and NCC (both are supported by UNICEF).

**VSO**

Strategy document 2012 -16 indicates broad areas of interest: VSO has a clear and explicit vision of the need for active participation of Persons with Disabilities in all areas of life.

VSO supports District Disability Advisors and Vice Mayors in charge of Social Affairs, in Musanze, Nyanza, and Ngorero,

And through these NCPD structures. Workshop on laws, rights and planning local advocacy observed in Nyanza, 27/11/2012.

Project partner in EU funded programme with HI; to begin in Nyamasheke (Jan 2013)

Long history of engagement in the sector; potential to inform data collection and evidence gathering

**Handicap International-Rwanda**

Handicap International in Rwanda works on Inclusive education, Community Based Rehabilitation, epilepsy, HIV/AIDS and Disability and Mental Health and GBV

Project partner in EU funded programme with VSO: this collaboration on Inclusive Local Development considers all aspects of a Social Inclusion Matrix and appears to place considerable emphasis on advocacy, coordination of activities and sharing learning rather than direct implementation of activities. HI presents clear vision of relationships between duty bearers; service providers and community users.

Pilot work that can demonstrate impact has high potential for scale up.

**SHIA/ MyRights- Empowers Persons with Disabilities**

SHIA/MyRights -Rwanda program (2011-2013) aims to build on opportunities present in the immediate environment and exploit them to reduce the vulnerability of persons with disabilities within the country. Through working with Disability People's Organizations (DPOs) to build their capacities to dialogue with and influence decision makers, the program will enable Persons with Disabilities to enhance their participation in development projects. At the core of the program thus stand the mainstreaming of disability particularly in the areas of health and education as well as the raising of awareness on disability issues at high levels of society.

Partner to the following organizations:

NUDOR – National Union of Disability's Organisations of Rwanda. The program support NUDOR Jointly with DPOD,

RNUD – Rwandan National Union of the Deaf-

RNADW – Rwanda National Association of Deaf Women, and

RUB in partnership with FSDB-Swedish Association of the Deaf Blind. Deaf Blind project. RUB – The Rwanda Union of the Blind with SLF- Swedish Association of Visually impaired = Outreach project

Collectif TUBAKUNDE with FUB- Swedish National Association for Persons with Intellectual Disability- Project: Strengthening the taking care of children with intellectual disability.

Shia/MyRights has cooperation with VSO to provide volunteers to technically support Partner Organisations (DPOs in Rwanda) Contact Person: Bernard BAGWENEZA, bagweberna@gmail.com, 0788381125

**Suggested Key Action:** Potential for NCPD and NUDOR to shape close collaboration to build on capacities and experiences of DPOs.

**JICA**

Focus on demobilisation; majority of students with disabilities in VTC visited by NCPD are JICA funded; this seems to illustrate financial barriers to accessing Vocational training for young people with disabilities.

The Skills Training and Job Obtainment Support for Social Participation of Ex-Combatants and Other People with Disabilities (ECOPD) focuses on skills training, job obtainment support and construction of barrier free access at Skills Training Centres (STCs).

**ADRA (Adventist Development and relief Agency Rwanda)**

Most children with learning disabilities or special physical needs do not attend school in Rwanda. Teachers are simply not trained to meet special needs. ADRA has been working in Kigali since 2006 to change these attitudes and incorporate special-needs children into the school system. Orphans & vulnerable students in the following districts: **Kicukiro, Nyarugenge, Huye, Gasabo, Gatsibo, Karongi, Gicumbi**

<http://www.adra.org.rw/>

**CBM**

Apparently no longer present in Rwanda: website shows 2 main programmes – eye health and special education unit Gahini.<sup>22</sup>

**UN Agencies: UNICEF**

Has special interest in children with disability. Whole school approach to education in schools across some districts. These could be entry points for community activism around inclusion of students with disabilities if a pilot approach to education in district was to be pursued by NCPD.

**NPA**

NPA support NUDOR in PPMA (Public Policy Information, monitoring and Advocacy) projects in advocating for the rights & dignity of people living with disabilities

**Annex 4: Legal Texts and basic content**

The listing of these texts is extracted from Guidance for Mainstreaming disability in EDPRS 2 (May 2012). The content is extracted from the full texts published in Official Gazette.

National, regional and international commitments made by Rwanda towards realizing the rights of people with disabilities

**4.6.1 Rwanda Constitution of 2003 (amended 2010)<sup>23</sup>**

Article 11 commits the State to addressing the situations of social inequality, economic injustice and other forms of discrimination and upholds and promotes the human rights of all persons in Rwanda.

Article 76, paragraph 4 provides for one person to represent the Persons with Disabilities in lower chamber of deputies, elected by the National Council of Persons with Disabilities.

Article 188 establishes “The National Council of Persons with Disabilities” as an independent institution in its management.

**4.6.2 United Nations Convention on the Rights of People with Disabilities (UNCRPD)<sup>24</sup>**

Rwanda ratified the UNCRPD and its optional protocol on 15 December 2008.

<sup>22</sup> Will update in final version

<sup>23</sup> Rwanda Constitution found in Official Gazette n° Special of 17 June 2010, Year 49 n° Special, 17 June 2010,

<sup>24</sup> <http://www.un.org/disabilities/countries.asp?navid=12&pid=166>.

**4.6.3 Law n° 01/2007 of 20/01/2007 protecting the Persons with Disabilities in General<sup>25</sup>**  
Contains the legal measures to protect the rights of Persons with Disabilities in different domains of life such as in education, health, infrastructure, sport, communication, justice.

**4.6.4 Law n°02/2007 of 20/01/2007 relating to the protection of PWDs former war combatants<sup>26</sup>** contains the legal rights of PWDs war combatants defined as “every person who became PWDs within the period from 01 October 1990 to 31 July 1994”.

**4.6.5 Law N° 65/2007 of 31 December 2007 on Creation, Organization, Operation and Management of medical insurances in Rwanda<sup>27</sup>** Includes the provision of prostheses and orthosis within the medical insurance fund.

**4.6.6 Law N° 59/2008 of 10 September 2008 on the prevention and Repression of Gender - Based Violence<sup>28</sup>**. Article 33 of this Law stipulates that any person guilty of sexual violence against a handicapped person shall be liable to imprisonment of ten (10) years to fifteen (15) years and a fine between five hundred thousand (500,000 Rwf) and one million (1,000,000 Rwf) Rwandan francs.

**4.6.7 Law N°03/2011 of 10/02/2011 determining the responsibilities, organization and functioning of the National Council of Persons with Disabilities<sup>29</sup>**. The Council has a mandate to advocate for the development of Persons with Disabilities.

**4.6.8 Organic Law n° 03/2010/ol of 18/06/2010 repealing the Organic Law n°17/2003 of 07/7/2003 governing Presidential and Legislative Elections as amended and complemented to date<sup>30</sup>**. This highlights the rights and powers that are accorded to the Persons with Disabilities to vote or elect their representatives in the Rwandan Parliament. Article 40, states that blind and other Persons with Disabilities that prevent them from voting on their own are allowed to choose a person who has not yet attained 18 years of age but who is at least 14 years to help him or her vote.

**4.6.9 Presidential Order N° 37/01 of 14/7/2009 ratifying the agreement establishing the African Rehabilitation Institute, adopted in Addis-Ababa, Ethiopia on 15 July 1985<sup>31</sup>**. The Government of Rwanda has ratified the Africa Rehabilitation Institute the Cabinet in its session of 11 April 2007.

**4.6.10 Presidential Order N° 41/01 of 06 November 2007 determining subsistence allowances of indigent ex-combatants with disabilities.** Provides for monthly allowances to the most severely impaired ex-combatants. Also requires identification of funding to assist the Budget of the Rwanda Demobilization and Reintegration Commission to support the ex-combatants with disabilities.

**4.6.11. Order of the Prime Minister N° 26/03 of 15 November 2007 governing Organization and Administration of the Organ in charge of Monitoring and implementation of the provisions provided for in the Law N° 02/2007 of 20 January 2007 on the Protection of ex-combatants with disabilities<sup>32</sup>**. Defines responsibility of the organ to monitor and provide advice about implementation of this law.

**4.6.12. The Prime Minister’s Order n°02/03 of 11/02/2011 determining the responsibilities, organization and functioning of the organs of the National Council of Persons with Disabilities<sup>33</sup>**.

<sup>25</sup> J.O. n° spécial du 21/05/2007, Year 46 n° special of 21/05/2007, article 1, p.6.

<sup>26</sup> J.O. n° 6 du 15/03/2007, article 19, p.19.

<sup>27</sup> <http://www.cbhirwanda.org.rw/documents/Mutuelle%20Law.pdf>

<sup>28</sup> OG N°14 OF 06 04 2009, Year 48 n° 14, 06 April 2009, p.81.

<sup>29</sup> Official Gazette n° Special of 11/02/2011, p.15, article 1.

<sup>30</sup> Official Gazette n° Special of 19/06/2010, Year 49 n° Special, 19 June 2010, p.3.

<sup>31</sup> O.G. n° 35 of 31/8/2009, Year 48 n°35, 31 August 2009, p.20.

<sup>32</sup> J.O. n° 6 du 15/03/2007, article 5.

<sup>33</sup> Prime Minister’s Order n°02/03 of 11/02/2011, article 1, p.37.



**4.6.13. Ministerial Order No 01/2009 of 19/6/2009: Determines the modalities of facilitating Persons with Disabilities to practice and follow cultural, entertainment and sports activities<sup>34</sup>.** Persons with Disabilities shall be fully facilitated in order to participate, to practice and train in sport and entertainment activities.

**4.6.14. Ministerial Order No 02/cab.M/09 of 27/7/2009: Determines the modalities of facilitating Persons with Disabilities on necessary travels within the country<sup>35</sup>.** Makes provision for free transportation for those with greatest degrees of impairment (based on categorization) as below

**4.6.15. Ministerial Order No 20/18 of 27/7/2009: Determines the modalities of classifying Persons with Disabilities into basic categories based on degree of disability<sup>36</sup>.** Identifies five (5) main categories of PwDs in Rwanda: Physically Persons with Disabilities; Sight-impaired persons; Deaf-and-dumb persons or persons with either of these disabilities; Mentally Persons with Disabilities; Persons with Disabilities not specified in the above categories approved by the Medical Committee.

**4.6.16. Ministerial Order No 20/19 of 27/7/2009: Determines the modalities of facilitating Persons with Disabilities access medical care<sup>37</sup>.** Provides for those with greatest impairments to have free mutual health insurance, and reduced contributions for those with lesser impairments.

**4.6.17. Ministerial Order No 03/19.19 of 27/7/2009: Determines the modalities of facilitating Persons with Disabilities to easily access employment<sup>38</sup>. With the exception of specific conditions referred to under this Order, a person with disabilities shall enjoy the same rights as other persons to employment and shall be offered by various employment Organs the facilitation required in the execution of work.**

**4.6.18. Ministerial Order No 01/09/MININFOR of 10/08/2009: Determines the modalities of facilitating Persons with Disabilities in matters relating to communication<sup>39</sup>.** Makes provision for communication needs of those with most severe impairments, and makes requirements of the public and private audio-visual press to adopt appropriate modalities of interpreting in order to facilitate Persons with Disabilities to follow their programs.

**4.6.19. The Ministerial Order N° 011/07.01 of 01 November 2007** determining the nature of documents that ex-combatants with disabilities of the first and the second category are exempted from paying for. Article 12 relates to exemptions for payments of documents issued by Government services upon prior payment, such as passport, identity cards.

**4.6.20. The Ministerial Order N° 04/09 of 30 March 2009 governing Modalities for Assisting People with Disabilities in case of Conflicts, Accidents and other Disasters<sup>40</sup>.**

**4.6.21. Ministerial Order n°05/09 of 30/03/2009 establishing modalities of State assistance to needy PWDs<sup>41</sup>.**

<sup>34</sup> O.G. n° 35 of 31/8/2009, article 1, p.52.

<sup>35</sup> O.G. n° 35 of 31/8/2009, Year 48 n°35 of 31/09/2009, article 1, p.72.

<sup>36</sup> Idem, p.77

<sup>37</sup> Idem, p.83.

<sup>38</sup> O.G. n° 35 of 31/8/2009, Year 48 n°35 of 31/09/2009, article 1, p.88.

<sup>39</sup> Idem, p.91.

<sup>40</sup> OG n°16 bis of 20/04/2009, Year 48 n° 16 bis, 20 April 2009

<sup>41</sup> OG n°16 bis of 20/04/2009, Year 48 n° 16 bis, April 20, 2009.



#### **4.6.22. Ministerial Order N°03/09 du 30/03/2009 establishing modalities for regular monitoring of activities of tutors and centers that cater for the Persons with Disabilities<sup>42</sup>**

**4.6.23. Ministerial Order No 01/cab.M/09 of 27/07/2009 determines the modalities of constructing buildings providing various public services to ease the access of Persons with Disabilities<sup>43</sup>.** All buildings shall be equipped with the necessary facilities to enable Persons with Disabilities have access to services therein.

#### **4.6.24 National Programme for Mainstreaming Disability in Rwanda (2010-2019)<sup>44</sup>**

The Government of Rwanda through MINALOC has adopted the second phase of the African Decade for Persons with Disabilities in Rwanda – an initiative of the African Union. The National Programme for Mainstreaming Disability is to be implemented by all Sectors and Districts to mainstream disability throughout the EDPRS and all planning activity. It aims at reducing poverty amongst Persons with Disabilities and increase material quality of life, increasing access to education, increasing access to quality and appropriate health promotion and treatment services, increasing access to sport and cultural life, increasing access to the justice system, increasing communication and independence, improving access to information about disability, increase disability awareness and promote positive social attitudes. It is the primary source for the proposed priorities for each Sector Working Group.

#### **4.6.25 Ambassadorial Country Status for African Decade for People with Disabilities<sup>45</sup>**

The Republic of Rwanda was chosen as the first Ambassadorial Country for the African Decade of Persons with Disabilities in recognition of the contribution that the Government of Rwanda has made to improve the quality of life of Persons with Disabilities in Rwanda as demonstrated by the development of the NPMD. As an Ambassadorial Country, the Republic of Rwanda commits to being a champion of the rights of people with disabilities both nationally and internationally over the next ten years.

#### **4.6.26 East Africa Policy on Mainstreaming Disability<sup>46</sup>**

The EAC policy on PWDs promotes and contributes to ensuring the full and equal enjoyment of all human rights and fundamental freedoms by all Persons with Disabilities and to promote respect for their inherent dignity. The policy will inform other policies, programmes and sectoral plans among the EAC countries.

#### **4.6.27 Government of Rwanda Programme 2010-2017<sup>47</sup>**

This program highlights the priorities of the Government of Rwanda from 2010 to 2017. Key areas in this programme are the following:

- To put in place a National Council of Persons with Disability and provide it with the means to discharge its duties;
- To continue supporting and strengthening prostheses and orthosis making centres;

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<sup>42</sup> *idem*

<sup>43</sup> O.G. n° 35 of 31/8/2009, Year 48 n°35 of 31/09/2009, article 1, p.67.

<sup>44</sup> Rwanda: **Ambassador Country for the African Decade of Persons with Disabilities**, National Program (2010-2019) First edition (January-December 2010).

<sup>45</sup> <http://africandecade.org/ambassadorial-countries/>

<sup>46</sup> [http://news.eac.int/index.php?option=com\\_content&view=article&id=186:pwds-conference-ends&catid=48:eac-latest&Itemid=69](http://news.eac.int/index.php?option=com_content&view=article&id=186:pwds-conference-ends&catid=48:eac-latest&Itemid=69)

<sup>47</sup> Republic of Rwanda: **Government Program 2010-2017**, October 2010, p. 55, 59.

- To promote cooperation between Rwanda’s Associations of People with Disability and their international counterparts;
- In constructing public buildings, a plan to easy access for Persons with Disabilities and the elderly will be made;
- All public and frequently visited buildings to be constructed in a way that eases access for Persons with Disabilities.

#### **4.6.28. Rwanda Demobilization and Re-integration Program<sup>48</sup>**

The Rwanda Demobilization and Reintegration Program was initiated by the Rwanda Demobilization and Reintegration Commission (RDRC), in January 1997 as an autonomous Government Commission, and was formally established in the year 2002 by a Presidential decree No 37/01 of 09/04/2002. The members of the Rwanda Demobilization and Reintegration Commission have been appointed under Presidential Decree n° 70101 of 07/07/2002. It is charged with planning and implementing the Rwanda Demobilization and Reintegration Program for the ex-combatants.

#### **MO 05/09 OF 30/03/2009 ESTABLISHING MODALITIES OF STATE ASSISTANCE TO NEEDY PERSONS WITH DISABILITIES**

**Article 2:** Any person with disabilities identified by an association of the PWDs in his/ her locality, as a needy person having no assistance and approved by the Executive Secretary of the Cell, shall access services provided to the needy members of society. Depending on his/her category on disability, a Person with Disabilities shall access special services commensurate with requirements which facilitate him/her to help him/herself.

**Article 3: Government assistance** basing on the provisions in Paragraph 2 of Article 2 of this Order, the Government shall channel its assistance, specially meant for needy Persons with Disabilities having no persons to cater for them, through associations of Persons with Disabilities by sending it to the District which transfers it to the Sector. Such assistance shall mainly enable the needy Persons with Disabilities to access prosthesis and orthosis appliances.

#### **LAW N°02/2007 OF 20/01/2007 RELATING TO THE PROTECTION OF PWDs FORMER WAR COMBATANTS**

##### **Article 4:**

A Person with disability war combatant concerned with this law is a person with a physical or mental permanent disability that falls under one of the following categories:

- 1° between 90 and 100%;
- 2° between 70 and 89%;
- 3° between 50 and 69%;
- 4° between 30 and 49%;

A medical Committee recognized by State established by an order of the Minister in charge of health shall determine the permanent disability rates and categorization of PWD war combatants. The medical Committee referred to in the second paragraph of this article shall examine the PWD war combatant every two (2) years, and any time it is considered necessary and categorizes him or her accordingly. This also concerns persons who are not categorized in accordance with provisions of paragraph one of this article.

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<sup>48</sup> [www.rdrc.org.rw/](http://www.rdrc.org.rw/)

**Article 17:**

A Presidential Order shall determine a monthly subsistence allowance to a needy PWD war combatant. In case a PWD war combatant is employed or is able to ensure self sustenance, he or she shall not be entitled to the allowance provided for in the first paragraph of this article.

**Article 18:**

Benefits given to a PWD war combatant shall be derived from the State budget. A Presidential Order shall determine other sources of benefits for PWD war combatants.

**On Education within Law on Rights of PWD of 2007****CHAPTER II: RIGHTS OF A PERSON WITH DISABILITIES IN MATTERS RELATED TO EDUCATION****Article 11:**

A person WITH DISABILITIES has the right to appropriate education in respect of the nature of his or her disability.

The Government or centres which cater for Persons with Disabilities who are not able to study with others, shall provide with them modalities to study in a specialised school and shall have qualified and trained teachers and appropriate equipment.

The Minister in charge of Education shall, basing on basic categories of disability determined by the Minister in charge of Health, determine modalities of facilitating the needy Persons with Disabilities in ordinary schools and in specialised schools in case of failure to study with others.

**Article 13:**

The Minister in charge of education shall determine modalities of facilitating the needy Persons with Disabilities in pursuing education.

**MINISTERIAL ORDER N° 20/18 OF 27/7/2009 DETERMINING THE MODALITIES OF CLASSIFYING PERSONS WITH DISABILITIES INTO BASIC CATEGORIES BASED ON THE DEGREE OF DISABILITY****Article 2: Categories of Persons with Disabilities on the basis of disability**

Persons with Disabilities shall be classified under the following categories:

1. Physically Persons with Disabilities;
2. Sight-impaired persons;
3. Deaf-and-dumb persons or persons with either of these disabilities;
4. Mentally Persons with Disabilities;
5. Persons with Disabilities not specified in the above categories approved by the Medical committee.

**Article 3: Categories of Persons with Disabilities on the basis of the degree of disability**

On the basis of the degree of disability ascertained by the Medical Committee established by relevant authorities, Persons with Disabilities in each category of disability specified under paragraph 2 of Article 2 are classified into the categories below in light of international disability standards:

1. between 90 and 100%;
2. between 70 and 89%;
3. between 50 and 69%;
4. between 30 and 49%;
5. below 30%.

After classification into one of the different categories specified under Article 2 and 3 of this Order, the Medical committee shall issue them a card that indicates the disability, degree of disability and the signature of the Medical Committee President.

**Article 4: Classification of Persons with Disabilities**

Classification of Persons with Disabilities shall be implemented within One year from the date this Order comes into force. I.e. **Before end of July 2010**

**MINISTERIAL ORDER N°20/19 OF 27/7/2009 DETERMINING THE MODALITIES OF FACILITATING PERSONS WITH DISABILITIES ACCESS MEDICAL CARE**

This Order determines the modalities of facilitating Persons with Disabilities access Medical care.

**Article 2: Insurance for Persons with Disabilities**

Persons with Disabilities whose degree of disability is between 50% and 100% shall be the responsibility of the State as regards the mutual health insurance scheme while those whose degree of disability is between 30% and 49% shall be the responsibility of the State at 50% in respect of mutual health insurance premiums.

In respect of contributions of persons with disability to medical care and purchase of drugs, the care of those whose degree of disability is between 50% and 100% shall be the responsibility of the State while those whose degree of disability is between 30% and 49% and are needy shall also be the responsibility of the State.

**Article 3: Prosthetics and orthotics to Persons with Disabilities**

The provision of free prosthetics and orthotics to Persons with Disabilities who fall under different categories established by the Ministerial Order n° 20/18 of 27/07/2009 determining modes of classifying Persons with Disabilities into basic categories according to the degree of disability so as to enable different organs to guarantee the rights tailored to their condition shall not exceed the value provided by the Mutual Health Insurance Fund. However, the State shall entirely remain responsible for the care of persons whose degree of disability is between 70% and 100%. The provisions of paragraph one of these articles shall also apply in case of replacement or repair of prosthetics and orthotics.

**Article 4: Special services for Persons with Disabilities.**

In order to facilitate Persons with Disabilities, each District Hospital shall provide special services for Persons with Disabilities. Any person whose degree of disability is greater than 50% enjoys the privilege of seeing the Doctor first before others. This does not however affect the principle of according priority to seriously ill people.

**MINISTERIAL ORDER N°02/cab.M/09 OF 27/7/2009 DETERMINING THE MODALITIES OF FACILITATING PERSONS WITH DISABILITIES ON NECESSARY TRAVELS**

**Article 2: Definition**

The term “*necessary travel*” shall mean the travel undertaken by a person with disability who is in the first and second categories with the purpose of getting the needed services or reach the place where he /she gets such services.

**Article 3: Exemption from transportation fare**

A needy person with disability in the first and second categories is exempt from transportation fares when boarding State owned public transport vehicles.

**Article 4: Identity card for a person with disability**

For the purposes of Article 3 of this Order, a person with disabilities in the first and second categories shall obtain from authorized Organs a card allowing them to benefit from free transportation in Stateowned public transport vehicles.

**MINISTERIAL ORDER N° 03/19.19 OF 27/7/2009 DETERMINING THE MODALITIES OF FACILITATING PERSONS WITH DISABILITIES TO EASILY ACCESS EMPLOYMENT****Article 2: Rights of a person with disability to employment**

With the exception of specific conditions referred to under this Order, a person with disabilities shall enjoy the same rights as other persons to employment and shall be offered by various employment Organs the facilitation required in the execution of work.

**Article 3: Priority consideration during consideration**

With respect to offering competitive employment, where a person with disability has the same results as that of a non-person WITH DISABILITIES after competition, the person with disability should be accorded priority consideration for employment.

With respect to offering non-competitive employment, when a person with disability has the same capacity as a person with non disability, the person with disability should be accorded priority consideration for employment. No person should deny employment to a person with disability or dismiss him/her on grounds of disability.

**Article 4: To sensitize Persons with Disabilities to create employment**

After completing their secondary education, vocational training, or institutions of higher learning, Persons with Disabilities shall be placed on a list by the Labour Market Information System (LMIS) in order to be sensitised on seeking jobs and creating employment on the basis of their acquired knowledge and degrees of disability.

**Article 5: Awards to employers who shall have offered employment to Persons with Disabilities**

Employers who shall have offered employment to Persons with Disabilities up to five percent (5%) of their employees shall be officially given awards determined by the Minister in charge of labour.

**And from within Disability Law of 2007****Article 19:**

In case of necessity and only due to interest of employment, a person with disabilities shall be entitled to a conducive employment environment that does not detract the nature of his or her disability. *This is what NCPD District coordinators refer to as "Social Accommodation" in employment*

## **Annex 5: Annex Five Strategic Issues and details from NCPD stakeholders**

### **Priority Problems in Core Areas of NCPD Responsibility: District Coordinators workshop**

#### **Representation and Mobilisation of PWD**

1. Centralisation of NCPD budget
2. Low educational level of pwd; representatives don't have the capacity to explain problems and convince (lobby for specific actions); district reps are not well able to give training. Second group stressed that elected NCPD reps lack capacity to mobilise cell committees and other pwd (intellectual capacity, physical mobility, and financial means)
3. Problem of no statistics and of authorities not differentiating between pwd and non pwd
4. Low self esteem amongst pwd; marginalisation by rest of society; and specifically a lack of appropriate materials for sensitisation and communication on these issues

#### **Advocacy and Inclusion**

5. Pwd still don't know their rights (and responsibilities); Society is also ignorant about rights of pwd – these are barriers to inclusion
6. Education facilities are inaccessible as is the education system: barriers are physical (in buildings) institutional (in teaching methods and lack of teaching aids) and financial (barrier to access)
7. Lack of specialised doctors and the financial means to access health care are barriers to good health
8. Lack of social accommodation (adapting the workplace and attitudes to colleagues) is a barrier to employment of pwd; the range of jobs that can be taken up is thus limited
9. Special conditions if applied to pwd seeking loans are a barrier to improving livelihoods
10. Pwd who engage in group activities need support and capacity building so that joint activities work and produce revenue
11. Media is less involved in disability rights advocacy (TV, radio, theatres, dramas)

*Lack of follow up of the implementation of existing laws was listed by not prioritised*

#### **Prevention & Mitigation<sup>49</sup> of the impact of impairment**

12. Lack of technical knowledge about causes of disability, early detection and prevention (e.g. emergency care after accidents, nutrition related disability, avoiding deafness etc) but willingness to collaborate in terms of 'key witness' and advocates in activities such as vaccination campaigns
13. Lack of collaboration with potential partners: MOH, Police, MINIFRA, MINEDUC, MINALOC, NGOs and other private and public institutions
14. Difficulty in implementing law, Ministerial Orders and policies that are designed to protect pwd (not clear what has to be done)
15. Financial problems aggravate the impact of disability (e.g. access to health care, education, rehabilitation devices etc.)

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<sup>49</sup> Opinion was divided as to the relative importance of prevention work (main responsibility of MOH) over mitigating the impact of impairment for those already living with disability

## Strategies & Actions: Outcomes from Stakeholders Workshop Musanze<sup>50</sup>

### On Education;

#### At National Level:

Conduct assessment of education issues<sup>51</sup>: This could be a data gathering study conducted immediately as there is existing information, and policy forums (Education Sector Thematic Working Group under EDPRS for e.g.) which NCPD should attend. One anomaly is that no staff member has specific responsibility for Education.

Obtain accurate data (or advocate for this to be collected) to monitor enrolment and progression of children with disabilities in primary; basic; vocational; secondary and tertiary education

Use findings to influence decision makers, share findings and make plan to address issues: (MINEDUC; REB; MOH, MINALOC, MINECOFIN, HI, UNICEF, NUDOR, RNHRC, NCC)

Develop Advocacy strategies and Advocacy plan around education by cooperating with different partners/special education stakeholders

Regular training/ disability study tours [NCPD staff and some DPO if not already made] to inform advocacy 'asks'

Promote Vocational training for pwd

Advocate for in-service training for teachers and the creation of SNE teacher training courses in TTCs  
Contribute to work on curriculum, methods of teaching and their impact on students with disabilities. Some level of standardised or nationally agreed Sign Language should be used to create core content for learner curriculum and SNIE teacher training

Lobby for enough equipment to be provided for those with special needs in education; to be useable by students in holidays; and for equipment to accompany graduates towards a place of employment

Advocate for the creation of public special schools (as alternative to fee paying private institutions)

Lobby for more scholarships for students with disabilities; and work to dismantle barriers to selection at university level

#### At District Level:

Collect or verify data on enrolment of children with disabilities (CWD) in primary education

Run sensitisation trainings (for teachers, thematic working group members, district officials, parents or PTA members) on children's right to education

Assess the quality of education for CWD

Create thematic working groups to work on increasing education of CWD (Core members should be DEO/DDC/NCPD District committee members)

Influence district budget allocated to disability and to education

Cooperate with district to monitor quality of care and education in special schools in the area; and to create special schools

<sup>50</sup> NCPD Staff, Board Members & NUDOR member agencies (AGHR, ANFSM, NPC, NUDOR, NUSPOR, Tubakunde)

<sup>51</sup> Frameworks are Education for All strategy; Draft Policy Special Needs and Inclusive Education; number of students with disabilities in schools and those on special scholarships or subsidy; some teachers have knowledge of SNE (lobby for intelligent deployment of the limited number of SNE teachers to schools where there are students); some resource rooms are in place.



**On Livelihoods:****At District Level:**

NCPD committee and District Disability Coordinator should monitor and advocate for inclusion of Persons with Disabilities in all forms of social protection support provided by VUP Programme mechanisms (Direct support grants; Public Works; and Financial Loan Services);

Encourage Persons with Disabilities to initiate self-help groups or join existing ones;

Identify and assess existing self-help groups; support capacity building (legal registration, cooperative management, links to sources of finance);

Coordination (this could be taken to mean for NCPD).

**At National Level:**

Conduct some research and targeted actions on employment of graduates with disabilities;

Research numbers and develop case studies on graduates amongst Persons with Disabilities and those in employment;

Monitor the application of Ministerial Order relating to access to employment for Persons with Disabilities (especially within all Government agencies); and lobby for higher targets (currently set at 5% of employees);

NCPD staff and local structures should lobby for internships for graduates with disabilities and for employment of graduates with disabilities and support graduates into self-employment where desired;

Conduct a study on labour market (using LMIS)<sup>52</sup>;

Identify jobs suitable for PWDs<sup>53</sup>;

Promote DPOs, Centres and Association projects to allow them to be self-financing;

Ageing and Disability Task Force (ADTF).

**On Health Issues:**

In relation to Ministerial Orders (No 20/18 of 27/7/2009 and No 20/19 of 27/7/2009);

Which provide for the categorisation of Persons with Disabilities according to the nature of their disability and its extent (set in percentage terms); and subsequent to this categorisation provides for free or 50% subsidised health insurance, priority attention in District Hospitals and free prosthetics and orthotics.

**At National level:**

Develop a clear position with regard to the medical model that underpins definition of disability according to Rwandan Law and the more progressive interpretation reflected in the UNCRPD that the social model provides;

NCPD technical staff should actively partner those Government Ministries implicated in categorisation exercise (MOH, MINALOC, MINECOFIN) and provide technical input to all stages (fund mobilisation, recruitment of consultants) of the classification exercise;

Lobby for speedy completion of an exercise that is already overdue (by more than 2 years);

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<sup>52</sup> Rwanda Labour Market Information System website lacks data suggesting this mechanism is not yet up and running; this might provide opportunity for emphasis on opportunities for students with disability.

<sup>53</sup> NB any study on labour market should avoid being of the nature 'identifying jobs that are 'suitable' for persons with disabilities, this being another manifestation of the medical model of disability as opposed to a view that persons with disabilities can do any job they are minded to, with some adaptation of the working environment (social model).



Media and campaigns by NCPD committees to mobilise all Persons with Disabilities, including ex-combatants, for full participation in categorisation;

Conduct sample based studies on local incidence and reasons for Persons with Disabilities not having health insurance;

Lobby MOH for application of Ministerial Orders relating to access to medical care;

Collect information on the tariffs relating to appliances (prosthetics and orthotics) once these are approved by MOH and share this to NCPD committees;

Collect data (on uptake) centrally and report on this nationally, as means of monitoring application of law.

#### **At District level**

Conduct awareness raising amongst the general population on disability and its social impact (as distinct from medical conditions such as diabetes or other chronic health conditions);

Make Persons with Disabilities fully aware of their entitlements under MO relating to medical care;

Monitor the outcomes of the medical categorisation process; is it transparent and accurate; does it lead to expected benefits/allowances;

Lobby to secure the fee free health services that are prescribed by law;

NCPD local structures to monitor and verify how pwd are categorised by the Ubudehe process – there is potential for conflicting categorisation<sup>54</sup> or omission of Persons with Disabilities from Ubudehe categories;

NCPD local leaders lobby at local level for pwd in relevant Ubudehe categories and/or with high degree of disability to receive fee free insurance;

Monitor and follow up on satisfactory delivery of appliances at reduced cost to those needing and qualifying for these.

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<sup>54</sup> An individual with impairment that is judged to be of high degree (e.g. complete loss of vision) will be categorised 100% PWD access to free health care. The nature of their social status and (in) ability to provide for their family may also mean that they are judged to fall into Ubudehe categories 1 or 2 (the very poorest) qualifying for additional social protection and poverty related grants. However the two are not necessarily linked and for the better off this may lead to ‘conflicting categorisation.’

## **Part Two**

# **Operational Plan for the Implementation**

**July 2013-June 2018**

### **BACKGROUND**

The National Council of Persons with Disabilities (NCPD) is a public institution created by the law n<sup>o</sup> 03/2011 of 10/02/2011. It is composed by all persons with disabilities with 3 organs: General Assembly, Executive committees from cell to national level, elected in March 2011 through organised vote and a national executive secretariat responsible for the daily management of NCPD which is linked to the Ministry of Local Government and Community Development (MINALOC).

The aim of the Council and reason for its existence is to promote the full inclusion of persons with disabilities into development programmes and services so that persons with disabilities may participate fully in all areas of life.

### **VISION**

A society where people with disabilities participate fully in all areas of life; inclusion is promoted, and Human Rights and Equal Opportunities for people with disabilities are realised.

### **MISSION**

The National Council of Persons with Disabilities shall be a forum for advocacy and social mobilisation on issues affecting Persons with Disabilities in order to build their capacity and ensure their participation in the national development.

The Council shall assist the Government to implement programmes and policies that benefit Persons with Disabilities.

### **RESPONSIBILITIES (STRATEGIC PRIORITIES)**

- 1. Representation & Mobilisation of PWD**
  - To gather and examine views of all person with disabilities;
  - To sensitize Persons with Disabilities to take part in national development programmes;
  - To build the capacity of Persons with Disabilities;
- 2. Advocacy & Inclusion**
  - To sensitize Rwandan society in general, parents and different -institutions, in particular to respect the rights of Persons with Disabilities;
  - To advocate on issues affecting the development and rights of Persons with Disabilities;
  - To especially monitor the respect of laws which protect Persons with Disabilities;
- 3. Prevention & Mitigation**
  - To participate in the prevention of the causes of disability; and to support appropriate measures to reduce the impact of disability such as mobility training; provision of appliances and mobility aids
- 4. Key Strategies - Coordination, Collaboration, Consultation**
  - To coordinate activities aimed at the advancement of Persons with Disabilities;
  - To collaborate with NGOs engaged in activities benefiting Persons with Disabilities

- To engage in consultations and collaborate with foreign institutions entrusted with the same responsibilities

## **KEY STRATEGIC IMPERATIVES**

### **1 REPRESENTATION & MOBILISATION OF PWD**

- 1.1 NCPD knows in more detail about its constituency is able to accurately represent them – with data & evidence to support their views.
- 1.2 Persons with disabilities are actively participating in group activities that benefit them; & have gained new experiences & skills by doing so

### **2 ADVOCACY & INCLUSION**

- 2.1 Strategic Plan for implementation of Special Needs & Inclusive Education policy is completed, adopted, resourced and implemented;
- 2.2 Current levels of inclusive and special education provision scaled up. Quality of education for students with disabilities improves such that dropout rates/non completion reduced;

- 2.3 Progress is made on access to health benefits (and other Social Protection instruments)
- 2.4 Specific lobbying and advocacy leads to publicising and better application of the law promoting employment of PWDs;
- 2.5 Rural programmes on savings & loans; business start ups; groups & cooperatives always include a number of amongst beneficiaries

### **3 PREVENTION & MITIGATION**

- 3.1 Public campaigns (on vaccination; road safety; safety in kitchens etc.) provide testimony about the impact of disability without neglecting the abilities of PWD (avoid negative messaging)
- 3.2 Removing physical and communication barriers promotes more inclusion of PWD in society

### **4 COORDINATION**

- 4.1 Disability Forum is well coordinated; opportunities for collaboration are achieved and with this value added (greater scale);
- 4.2 the Disability “Movement” in Rwanda is active in relevant forums and the existence of NCPD ‘Adds Value’

## Costing the NCPD Strategic Plan

### 1. Methodology

The costing of the NCPD SP was carried out according to the Result Based Framework, according to the 5 impact results related respectively to representation and mobilization of PWDs, Advocacy and inclusion, prevention and mitigation and the two cross-cutting areas: the institutional coordination framework and the results framework for Monitoring and Evaluation.

The overall Goal of the Strategic Plan July 2013- June 2018 is that NCPD becomes a stronger organization in touch with its constituency and better able to represent them; The rights and responsibilities of people with disabilities are better understood among Persons with Disabilities themselves and by all other members of society; existing Government policies designed to improve the education of children and young persons with all types of disability; provide access to health services; and provide finance through some source of livelihood for Persons with Disabilities; are competently implemented so that a greater degree of social inclusion is achieved.

The general strategy of the plan is described in these sections and a number of activities were defined. It is at the activity level that the costing was carried out. The cost of each activity was estimated using a standardized framework involving two sets of assumptions: Unit Cost Variables and Quantitative Assumptions. Both sets of assumptions for all activities are linked to a single costing model to ensure consistency, transparency and reproducibility of the costing process.

#### *Unit Cost Variables*

In order to ensure that the costing was as accurate and uniform as possible, the unit cost of individual items and activities were estimated. Costs for items such as salaries, and equipment were drawn directly from the budgets of NCPD and DPOs. Other unit costs were estimated through expert consultation with relevant actors and verified by multiple sources.

#### *Quantitative Assumptions*

To estimate the full cost of each activity, the unit cost was multiplied by an objective, predetermined quantitative assumption. Where appropriate, program targets were used to estimate the costs over the years.

#### *Cost Categorization*

Each activity was categorized along several dimensions.

#### *Implementation level:*

Implementation level has been defined as follows: National, district, sector and cell level.

*Cost Type – Investments vs. Operational Costs:* investment costs are one-time costs, mainly related to infrastructure and equipment, but also including certain trainings such as training of trainers, surveys and research, etc. Operational costs are recurrent costs necessary to ensure the on-going functioning of activities and programs such as human resources etc.

*Cost Category:* Inputs for each activity were also broken down into the following cost categories, in line with the NCPD Strategic Plan- Inspired by Government Sub programs:

<b>Administration support</b>	NCPD secretariat. Investment, maintenance of computers, internet connection, running costs etc
<b>PWDs Advocacy</b>	Awareness campaigns, onsite training, offsite training, mentoring etc
<b>Mainstreaming inclusion of PWDs</b>	Includes activities such as the development of guidelines, advocacy plan, IEC materials, baseline studies etc.

Given the level of details involved, and the complex nature of any such costing exercise, the costing remains an estimate and will continue to be refined as the National Strategic Plan is translated into operational plans.

## 2. Presentation the costing of NCPD Strategic plan

The following section summarizes the main costing data. It presents the costs in a number of different ways; further break-downs and more detailed views can be seen in the costing file, annexed.

**FIGURE 1. COST BY TYPE FOR NCPD STRATEGIC PLAN (RWF)**

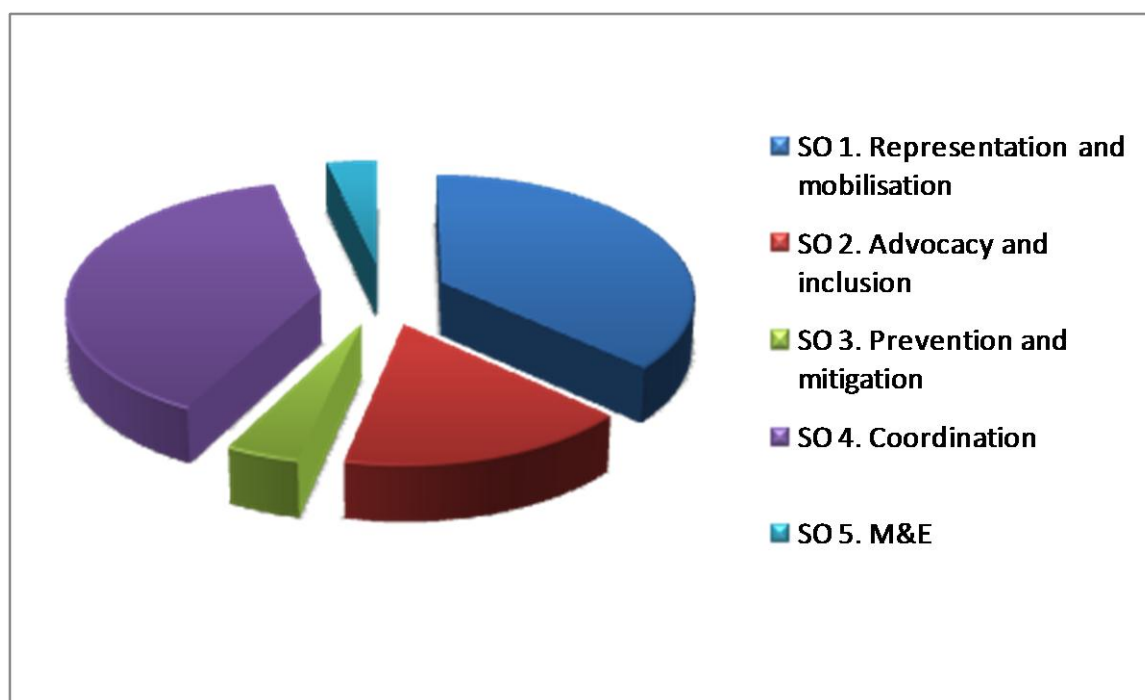
Overall costs	2013/14	2014/15	2015/16	2016/17	2017/2018	Total	%
Investments	656.138.460	660.306.535	631.414.793	837.074.093	658.940.960	3.443.874.841	58%
Operational	476.589.840	497.682.907	500.187.774	505.413.241	553.475.208	2.533.348.970	42%
<b>Total</b>	<b>1.132.728.300</b>	<b>1.157.989.442</b>	<b>1.131.602.567</b>	<b>1.342.487.334</b>	<b>1.212.416.168</b>	<b>5.977.223.811</b>	<b>100%</b>

The total cost estimate for NCPD SP in 2013/14 is RWF 1.1 billion increasing to about 1.2 billion by 2017/18. Over the full life of the NCPD SP, an estimated total of Rwf 5.9 billion will be necessary to successfully reach the NCPD targets.

FIGURE 2. COST BY STRATEGIC OBJECTIVE (RWF)

SO (strategic objective)	2013/14	2014/15	2015/16	2016/17	2017/2018	Total	%
SO 1. Representation and mobilisation	409.878.420	385.149.053	400.920.920	601.229.053	400.920.920	2.198.098.367	37%
SO 2. Advocacy and inclusion	190.610.540	215.286.481	189.136.373	198.048.040	202.263.040	995.344.475	17%
SO 3. Prevention and mitigation	55.649.500	59.871.000	41.357.500	37.797.000	55.757.000	250.432.000	4%
SO 4. Coordination	435.137.340	448.805.407	464.015.274	475.960.741	493.786.208	2.317.704.970	39%
SO 5. M&E	41.452.500	48.877.500	36.172.500	29.452.500	59.689.000	215.644.000	4%
<b>Total</b>	<b>1.132.728.300</b>	<b>1.157.989.442</b>	<b>1.131.602.567</b>	<b>1.342.487.334</b>	<b>1.212.416.168</b>	<b>5.977.223.811</b>	<b>100%</b>

Figure 2 presents these costs as classified by strategic objective. Coordination which consists of strengthening the networks within NCPD structures and with other disability actors; to become a stronger, more skilled learning organisation – able to speak with authority (convincingly) on issues about disability (= Capacity Building of NCPD itself) makes up the largest share of the estimate, representing 39% of the total cost driven largely by representation & mobilization and advocacy activities.



Representation and mobilization accounts for 37% of all resources needed, primarily NCPD should know in more detail about its constituency, is able to accurately represent them – with data & evidence to support their views and then Persons with Disabilities will be actively participating in group activities that benefit them; have gained new experiences and skills. This will be achieved through NCPD organs which will be active.

FIGURE 3. COST BY IMPACT RESULTS (RWF)

Impact	2013/14	2014/15	2015/16	2016/17	2017/18	Total	%
1.1. Organised activity; data available for planning and lobbying by June 2014	14.862.500	7.780.000	7.780.000	7.780.000	7.780.000	45.982.500	0,77%
1.2. Public understanding of social model of disability improves	102.016.920	84.370.053	100.141.920	300.450.053	100.141.920	687.120.867	11,50%
1.3. Issues referred to higher level for action/solution inform the planning of NCPD Executive (2 ways information)	292.999.000	292.999.000	292.999.000	292.999.000	292.999.000	1.464.995.000	24,51%
2.1. CWD with education have better skills to engage in community activity, income generation or continued learning	70.490.780	92.400.888	62.670.780	65.228.280	61.943.280	352.734.008	5,90%
2.2. Better access to health facilities	-	1.145.833	1.145.833	-	-	2.291.667	0,04%
2.3. Financial benefits reduce household poverty Participation improves self esteem and confidence	8.108.960	2.228.960	2.228.960	2.228.960	2.228.960	17.024.800	0,28%
2.4. Household income improves: A more public profile of persons with disability is noticeable	112.010.800	119.510.800	123.090.800	130.590.800	138.090.800	623.294.000	10,43%
3.1. Early interventions reduced new cases of disability	10.760.000	8.800.000	10.720.000	10.720.000	8.800.000	49.800.000	0,83%
3.2. PWDs have easy access to health care services	5.570.500	5.758.000	1.650.500	438.000	438.000	13.855.000	0,23%
3.3. Participation of PWD improves	39.319.000	45.313.000	28.987.000	26.639.000	46.519.000	186.777.000	3,12%
4.1. Policy intent is delivered such that PWD are better included	15.095.000	9.215.000	15.095.000	9.215.000	9.215.000	57.835.000	0,97%
4.2. The Disability "Movement" in Rwanda is active in relevant forums and the existence of NCPD 'Adds Value'	420.042.340	439.590.407	448.920.274	466.745.741	484.571.208	2.259.869.970	37,81%
5. Monitoring and evaluation	41.452.500	48.877.500	36.172.500	29.452.500	59.689.000	215.644.000	3,61%
<b>Total</b>	<b>1.132.728.300</b>	<b>1.157.989.442</b>	<b>1.131.602.567</b>	<b>1.342.487.334</b>	<b>1.212.416.168</b>	<b>5.977.223.811</b>	<b>100%</b>

Figure 3 presents these costs as classified by impact result. The Disability "Movement" in Rwanda is active in relevant forums and the existence of NCPD 'Adds Value' makes up the largest share of the estimate, representing 37.8% of the total cost driven largely by coordination and advocacy activities.

### 3. Gap Analysis

#### 3.1 Methodology

The gap analysis was carried out once the full costing exercise was completed. The analysis was carried out at the Outcome level. Estimates of total available resources were derived from the annual government support to NCPD.

#### 3.2 Results

In total, an estimated **RWF 495,728,228** is available to finance the NCPD SP in year 1. As shown in figure 4 a gap of **RWF 2,770,732,975** remains in order to reach the target estimated cost of **RWF 5,977,223,811**.

Figure 4 shows the sources of funding that make up the total estimated resources available. 54% of the total costs needed will be provided by the government.



**FIGURE 4. ESTIMATED FUNDING GAP FOR NCPD SP (RWF)**

Overall gap analysis	2013/14	2014/15	2015/16	2016/17	2017/2018	Total	%
<b>Resource Needs</b>	<b>1.132.728.300</b>	<b>1.157.989.442</b>	<b>1.131.602.567</b>	<b>1.342.487.334</b>	<b>1.212.416.168</b>	<b>5.977.223.811</b>	<b>100%</b>
<b>Estimated Resources Available</b>	<b>495.728.228</b>	<b>589.199.014</b>	<b>640.955.769</b>	<b>705.051.345</b>	<b>775.556.480</b>	<b>3.206.490.836</b>	<b>54%</b>
<i>Government of Rwanda</i>	<i>495.728.228</i>	<i>589.199.014</i>	<i>640.955.769</i>	<i>705.051.345</i>	<i>775.556.480</i>	<i>3.206.490.836</i>	<b>0%</b>
<i>United Nations Family</i>	-	-	-	-	-	-	<b>0%</b>
<i>CSOs</i>	-	-	-	-	-	-	<b>0%</b>
<i>Other external sources</i>	-	-	-	-	-	-	<b>0%</b>
<b>Financing Gap</b>	<b>637.000.072</b>	<b>568.790.428</b>	<b>490.646.799</b>	<b>637.435.989</b>	<b>436.859.688</b>	<b>2.770.732.975</b>	<b>46%</b>

The financing gap is estimated up to 46% of the total resource needs. Here the contribution of United Nations family, CSOs and other external sources is not recorded.

### **3.3. Conclusions on the NCPD SP Costing and Gap Analysis**

Despite Rwanda's tremendous efforts in recognition of the rights of PWDs, and despite the already significant support CSOs receive, much remains to be done as it shifts its attention from quantity to quality. The NCPD SP has ambitious targets, but the costing and gap analysis show that they are both reasonable and within reach. Further refinements to the designed activities and their costing estimates will need to be made as we move towards implementation.

## NCPD OPERATIONAL PLAN JULY 2013-JUNE 2018

### 1. Representation & Mobilization of Persons with Disabilities

<b>Strategic Priority</b>	<b>To mobilise and accurately represent the views of Persons with Disabilities</b>
<b>Strategic Imperative</b>	<p><b>NCPD knows in more detail about its constituency, is able to accurately represent them – with data &amp; evidence to support their views</b></p> <p><b>Persons with disabilities are actively participating in group activities that benefit them; &amp; have gained new experiences &amp; skills</b></p>
<b>Key Strategic Partners</b>	<b>MINALOC, districts, CSOs, RBA etc.</b>

OUTCOMES	OUTPUTS	Activities	Yr Timelines					Budget (RWF)	Key Milestones
			2013 /14	2014 /15	2015/ 16	2016 /17	2017 /18		
Prioritisation of types of need (before end of Yr 0) will then know if lots	Lists of PWD by site; type of disability	- Obtain census data by cell & umudugudu	x					4,582,500	Statistics of Persons with disabilities
		- collect and analyze census data						2,500,000	

Better care in family and Limited cases are transferred to Centres where they can be further supported / educated	Problems understood; comprehensive identification of CWD including CWLD; Organise training in care skills for parents & stimulating their child's development	- Awareness raising & sensitisation of parents;	X	X	X	X	X	6,400,000	600 persons/ parents with CWLD are trained on rights of CWLD One TV shows/ year on issues of children with intellectual disabilities Four radio talks/ year 3 documentary film/year per TV and Radio  1000 copies of newsletters / quarter produced and distributed
		- Television shows on issues of children with intellectual disabilities	X	X	X	X	X	12,500,000	
		- Radio talks on issues of children with intellectual disabilities	X	X	X	X	X	10,000,000	
		- Produce a documentary for television and radio on issues of children with intellectual disabilities	X	X	X	X	X	10,000,000	
		- Produce a quarterly news letter							
Scale up public discussion about disability – and abilities	Media and communities knows the rights and abilities of PWDs	- Trainings for selected media practitioners on rights of PWD	X					2,425,000	50 media practitioners are trained  One documentary film/year is produced
		- Raise problems caused by denial of rights			X		X	1,100,000	
		- Produce a documentary for television and radio on the abilities and achievements of people with disabilities	X	X	X	X	X	12,500,000	

		<ul style="list-style-type: none"> <li>- Take out advertising space on billboards and newspapers showing images of people with disabilities as achievers, with the message that “Disability is not Inability”</li> <li>- Carry out awareness raising amongst families of people with disabilities and local authorities on disability, the general law (2007) , the UN Convention on Disability, and the rights of women with disabilities through sports and culture activities</li> <li>- Train local authorities on social model of disability</li> <li>- Awareness raising through Urunana Community Health (Urunana Soap Operer)</li> </ul>	X	X	X	X	X	31,500,000	30 posters produced and displayed in all districts
			X	X	X	X	X	37,273,600	2912 people will be trained on disability, the general law (2007) , the UN Convention on Disability, and the rights of women with disabilities
			X	X	X	X	X	19,626,667	920 district officers trained on social model of disability
			X	X	X	X	X	300,000,000	The annual agreement will be signed with URUNANA to raise community awareness on the rights of PWDs
PWD have confidence	PWDs know their rights and responsibilities;	<ul style="list-style-type: none"> <li>- Train PWDs their rights and responsibilities;</li> <li>- Develop and use all opportunities to sensitize about correct terminology to use in relation to persons with disabilities.</li> </ul>	X		X		X	16,025,600	626 member of district committees shall be trained PWDs their rights and responsibilities.
			X		x		X	9,900,000	4500 booklet produced and disseminated

			- Create a National Resource Centre which provides information relevant to PWDs, conference and training facilities and accessible accommodation.				x		220,000,000	The national resource centre is created and resourced
PWD are included in more mainstream activities	Society attitude shifts		- Monitor inclusion of people with disabilities in key national programme as part of ongoing monitoring of programmes in the Social Protection Sector e.g. Kuremera, VUP, Ubudehe	X	X	X	X	X	16,425,000	30 monitoring visits conducted (one in each district)
			- Produce guidelines on ways in which government programmes can be adapted and examples of how people with disabilities can participate and be supported to ensure inclusion of persons with disabilities; circulate to all levels of administration	x		X		X	3,920,000	Guideline on inclusion of persons with disabilities in government programmes
			- Carry out annual monitoring of the inclusion of persons with disabilities in key poverty reduction and housing programmes of the government in 30 Districts	x	x	x	x	x	16,425,000	5 monitoring visits conducted

Regular NCPD structures' meeting are well informed; all issues are locally solved	- Cell, Sector & District, Province, Kigali city & national NCPD representatives access this information & analysis.  - Proper information is brought to njyanama at all levels	- Organize annual General Assembly at Cell level	X	X	X	X	X	0	9165 meetings held and reported to sector levels
		- Organise quarterly meetings of the executive committee at cell level	X	X	X	X	X	0	4 meetings/ year/ cell/ year held and reported to sector levels
		- Organise monthly meetings of "bureau" at cell level	X	X	X	X	X	0	12 meetings/year/cell
		- Organize annual General Assembly at sector level	X	X	X	X	X	670,670,000	1 meeting/year/sector is held and reported to district
		- Organise quarterly meetings of the executive committee at sector level	X	X	X	X	X	174,720,000	4meetings/year/sectors are held and reported to districts
		- Organise monthly meetings of "bureau" at sector level	X	X	X	X	X	224,640,000	12 meetings/year/sectors are held and reported to districts
		- Organize annual General Assembly at district level	X	X	X	X	X	56,340,000	1 meeting/year/district is held and reported to province/city of Kigali City
		- Organise quarterly meetings of the executive committees at district level	X	X	X	X	X	105,000,000	4meetings/year/district are held and reported to province/city of Kigali City
		- . Organise monthly meetings of "bureau" at district level	X	X	X	X	X	135,000,000	12meetings/year/district are held and reported

	- Organize annual General Assembly at Province and city of Kigali level	X	X	X	X	X	30,625,000	1 meeting/province/ year
	- Organise quarterly meetings of the executive committee at Province and city of Kigali level	X	X	X	X	X	17,500,000	4meetings/ province/ year
	- Organise monthly meetings of "bureau" at Province and city of Kigali level	X	X	X	X	X	22,500,000	12 meetings/ year/ province and city of Kigali
	- Organize annual General Assembly at national level	X	X	X	X	X	10,800,000	One AGM/ year
	- Organise quarterly meetings of the executive committee at national level	X	X	X	X	X	7,300,000	4 meetings/ year
	- Organise monthly meetings of "bureau" at national level	X	X	X	X	X	9,900,000	12 meetings/ year
<b>Sub- Total 1</b>							<b>2,198,098,367</b>	

## 2. Advocacy & Inclusion

<b>Strategic Priority</b>	<b>To monitor application of laws and other instruments designed to promote inclusion of Persons with disabilities in society; and conduct advocacy, with other allies, on issues affecting the development and rights of persons with disabilities. Key Priority areas are Education; Health; Livelihoods.</b>
<b>Strategic Imperative</b>	<b>Strategic Plan for implementation of Special Needs &amp; Inclusive Education policy is completed, adopted, resourced and implemented; Current levels of inclusive and special education provision scaled up. Quality of education for students with disabilities improves such that dropout rates/non completion reduced; Progress is made on access to health benefits (and other Social Protection instruments) Specific lobbying and advocacy leads to publicising and better application of the law promoting employment of PWDs; Rural programmes on savings &amp; loans; business start ups; groups &amp; cooperatives always include a number of amongst beneficiaries</b>
<b>Key Strategic Partners</b>	<b>MINEDUC, Districts, CSOs, REB, MOH, RBC, RNP, MINALOC</b>

OUTCOMES	OUTPUTS	Activities	Yr Timelines					Budget (RWF)	Key Milestones
			2013/ 14	2014/ 15	2015/1 6	2016/ 17	2017/ 18		
NCPD provides data and technical input MOE scales up provision of education for CWD	In service training for teachers and Parent Teacher Committees	Review teacher-training provision for SNE and identify opportunities for improvement		x				5.320.000	The teacher-training provision for SNE is reviewed and identified opportunities for improvement
		Train teachers in primary and secondary schools in providing inclusive education including health and pastoral care needs of learners with disabilities and the rights of children with disabilities to education	x	x	x	x	x	25.126.400	1953 teachers will be trained



		Advocate for/ to expand the Braille curriculum to grade 2			x			7.608	3 meetings and their records
		Train teachers in Braille		x	x	x	x	9.720.000	120 teachers trained
		Train teachers in Rwanda Sign Language						9.720.000	120 teachers trained
	Strategy for the implementation of the special Needs Education Policy	Advocate for the Special Needs & Inclusive Education policy to be completed, adopted, resourced and implemented its finalization	x		x			1.455.000	3 meetings Organised with MINEDUC and actors in education sector
	Publicly funded special schools	Monitor and review the impact of 'child-friendly schools' on children with disabilities, their families and communities, and make changes where necessary		x		x		6.570.000	1 monitoring visit per year/ district
		Advocate and fundraise for a specific budget for Special Needs Education		x				5.880.000	Budget allocated to PWDs in DDP
		Provide new adapted teaching aid to special schools and centers of C&YWDs	x	x	x	x	x	120.000.000	20 Special schools and centres (4/year)
	Increase of Vocational training places	Assess education issues ( access to VTC by C&Y WDs)		x				12.680.000	Assessment report on education issues of CWDs with different types in VCTs
		At national level develop advocacy strategies & advocacy plan	x					12.680.000	Advocacy Strategy Plan document
		Follow ups of Skills development conducted to PWDs	x	x	x	x	x	2.190.000	4 follow ups visits/year will be conducted
		conduct new skills development	x	x	x	x	x	105.250.000	%) PWD will be trained in Short courses, long courses
	Reduced the number of children with disabilities who drop out of school and support their reintegration	Collect data on children with disabilities who do not complete school (using NCPD district representatives and information from schools and local authorities)	x	x	x	x	x	19.710.000	Statistics available on children with disabilities who do not complete school
		Advocate for development of program to support reintegration of children with disabilities who drop out of school	x	x	x	x	x	0	30 meetings organized at district level

Monitoring inclusion of CWD in schools & quality of education- Also quality of care given in institutions	Create thematic working group at district level to address issues and Influence district budget	At district level conduct assessment of enrolment of CWD in primary level especially children with learning disabilities	x	x	x	x	x	16.425.000	Assessment report in each district (target: 30)
Free/subsidised health care for PWD and necessary appliances	People with disabilities are categorized according to a medical assessment of the degree (%) of disability	Build awareness and mobilize PWD with radio and via NCPD committees		x	x			2.291.667	10 radio talks
		Identification / verification of from census data		x				0	
		Categorization team site visit (MOH, NCPD, MINALOC)		x	x			0	
The poorest PWD access social protection grants	PWD in communities understand social protection programs and successfully apply to these	Promote understanding among of 'how this scheme works' – ubudehe, VUP etc	x	x	x	x	x	2.662.400	
	NCPD committees monitor local access and lobby for greater inclusion	Create disability awareness/sensitivity amongst LA staff charged with implementing Ubudehe, VUP selection etc	x	x	x	x	x	2.662.400	416 LA staff trained
Understanding of Mainstreaming develops within Key Ministries	Regular engagement (lobbying) with MOH; MINEDUC; MINALOC; MIFOTRA; MINICOM(via and with Focal Points) builds understanding of policy intent, challenges, and what should be done	On basis of EDPRS2 published document, make a specific plan to monitor social inclusion in sector strategies of key priority Ministries	x					5.880.000	Disability Mainstreaming plan
		Understand CSO plans on the same issue; actively collaborate and coordinate	x	x	x	x	x	5.820.000	bi annual meetings record with 12 people

People with disabilities gain employee status	Recognition system by which employers of PWD are highlighted (like UK Two Ticks System)	Target employers in groups lead by example (DPOs; allies; others)						0	75 employers awarded
		Lobby for 5% of posts in public companies to have been allocated to suitably able	x	x	x	x	x	112.500.000	Advocacy strategy plan
		Annual Disability employment award						0	
People with disabilities can get around more easily	Public transport system facilitates PWDs	Develop clear expectation of MO Travel ( if anything with the privatization of state owned public transport)	x					0	
		Lobby to have these benefits upheld		x	x			3.920.000	
Functional self help groups provide social and financial benefits to members	PWD form self help groups & undertake activities to improve their lives (e.g. savings and loans; IGA)	Clear explanation of expected roles given to Committee members	x	x	x	x	x	45.552.000	416 supervision visits
		Active committee members at NCPD cell and district levels but especially sector level mobilize and encourage PWD to form groups and cooperatives	x	x	x	x	x	45.552.000	416 supervision visits
		Identify the needs of cooperatives including Persons with Disabilities and develop and implement an action plan to build capacity			x			3.920.000	Need assessment report
Functional self help groups provide social and financial benefits to members	PWD form self help groups & undertake activities to improve their lives (e.g. savings and loans; IGA)	Deliver training in financial management, marketing income generation project, cooperative management and entrepreneurship to PWDs involved in cooperatives	x	x	x	x	x	96.000.000	30 cooperatives representatives trained
		Produce information in accessible formats on sources of support for new businesses	x	x	x	x	x	6.250.000	150 materials produced
		Deliver training of trainers workshop on small business enterprises to people with disabilities	x	x	x	x	x	9.600.000	50 TOT trained
		Cooperative guarantee fund	x	x	x	x	x	237.750.000	30 cooperatives supported

	PWD participate in programs that provide skills training and access sources of finance	Facilitate study visits between cooperatives to share learning and identify opportunities for trade	x	x	x	x	x	12.750.000	15 exchange visits organised per year
		Carry out assessments in each District of local business opportunities which can be exploited by people with disabilities and publicize results to people with disabilities	x	x	x	x	x	49.500.000	15 Assessment reports
Revenue generated & shared	Community activity and groups include PWDs	Advocate for full participation to gain skills/experience	x	x	x	x	x	0	
<b>Sub-total 2</b>								<b>995,344,475</b>	

### 3. Prevention & Mitigation

Strategic Priority	To participate in prevention of the causes of disability and enforce measures adopted to help mitigate the impacts of disability (easy and subsidised access to mobility & learning aids etc)
Strategic Imperative	Public campaigns (on vaccination; road safety; safety in kitchens etc.) provide testimony about the impact of disability without neglecting the abilities of PWD (avoid negative messaging) Removing physical and communication barriers promotes more inclusion of PWD in society
Key Strategic Partners	MOH, RNP, MINALOC

OUTCOMES	OUTPUTS	Activities	Yr Timelines					Budget (RWF)	Key Milestones
			2013 /14	2014 /15	2015/ 16	2016 /17	2017 /18		
Cases of deafness avoided; Poor vision detected & corrected where feasible	Disability prevention is reflected in health education messages	Technical input – real case studies – to MOH campaigns	x	x	x	x	x		
		To build the capacity of CHWs on special needs of PWDs in Community Health	x	x	x	x	x	49.800.000	5 training manuals adapted to PWDs special needs (target: 5 manual= 1 by different subject subjects)
Lobby district health centres to improve physical access	Accessibility audit (Report End Feb 2013)	Draft the accessibility audit policy		x				5.320.000	Accessibility policy document
		Hire a national TA to assess health programs and identify gaps on special needs of PWDs	x		x			3.920.000	
		Conduct consultative workshops to share gaps identified	x	x	x	x	x	2.425.000	
		Accessibility audit of selected districts- Health facilities						2.190.000	Accessibility audit report and recommendations
Autonomy of PWD improves	Better access to low cost assistive aids	Lobby health insurance agencies to cover 100% costs		x	x			2.542.000	8 meetings organized
		To conduct an anti-begging campaign	x	x	x	x	x	38.375.000	Reduced number of PWDs who are begging on streets

		Advocate for the procurement of Assistive aids of PWDs to MPDD= Management and Procurement Distribution division	x	x	x	x	x		
	Better lives and confidence through Sport and Leisure	Support the creation new teams of PWDs						-	30 new teams created
		Support teams of PWDs in different championship	x	x	x	x	x	100.000.000	10 teams supported
		Promote talent detection amongst PWDs	x	x	x	x	x	-	10 PWDs detected and supported
	Access to Appliances& accessible communications	Monitor that workshops manufacture all types of disability devices needed & Quality standards						3.920.000	
		Produce a directory of Aids and assistive technology devices for all types of disabilities		x				7.500.000	Directory available and disseminated
		Advocate for the availability of Aids and assistive technology devices	x	x	x	x	x	10.640.000	3 media campaigns/ year
		Establish guidance on special support and training services for Deaf blind people, their families and careers				X	x	7.840.000	Guidance document
		Produce and advocate for the validation of the 2nd edition of the Rwandan Sign Language dictionary					x	15.960.000	RSL document (2 <sup>nd</sup> edition)
<b>Sub- Total 3</b>								<b>250.432.000</b>	

## 4. Cross-cutting areas: Coordination framework and the results framework for Monitoring and Evaluation.

### 4.1. Coordination framework

Strategic Priority :	To strengthen the networks within NCPD structures and with other disability actors; to become a stronger, more skilled learning organisation – able to speak with authority (convincingly) on issues about disability (= Capacity Building of NCPD itself)
Strategic Imperative	Specific Objective: Disability Forum is well coordinated; opportunities for collaboration are achieved and with this value added (greater scale); the Disability “Movement” in Rwanda is active in relevant forums and the existence of NCPD ‘Adds Value’
Key Strategic Partners	MINALOC, MINECOFIN, CSOs, INGOs

OUTCOMES	OUTPUTS	Activities	Yr Timelines					Budget (RWF)	Key Milestones
			2013 /14	2014 /15	2015/ 16	2016 /17	2017 /18		
Life for PWD improves in some way - There is clear progress in districts: on disability related actions;	Better coordinated approach; Disability stakeholders collaborate and coordinate activities; various issues are tackled	Hold quarterly Disability Coordination forum	x	x	x	x	x		4 meetings and records/ year
		Sector working groups (issue based) created Share plans & ideas Learning visits	x	x	x	x	x		
		PWD participate in Njyanama, JADF and Umuganda meetings	x	x	x	x	x		
		Hold bi-annual Stakeholders meeting	x	x	x	x	x	36,375,000	150 people and meeting records

Monitoring of impact and evaluation of performance to the plan is clear	Team restructured Clear distinction of roles and responsibilities Effective planning and accountability	NCPD Internal Capacity Building:	x	x					
		Revise roles to job focus in line with plan	x						
		Develop detailed Yr 1 plan;	x						Detailed action plan (yr 1)
		Review Yr 0 progress & targets	x						
		Develop M&E framework	x						M&E framework document
Advocacy effectiveness can be clearly demonstrated (contribution & attributions)	Joint work with other stakeholders delivers greater impact, avoids duplication, and NCPD adds value  PWD influence relevant change	Develop clear advocacy plans & build relationships with key allies	x					5,880,000	Advocacy plan with budget
		Identify Advocacy Opportunities	x	x	x	x	x	9,700,000	
		Develop Policy briefs to run joint & Public Campaigns			x			5,880,000	Disability Policy briefs is developed, approved and disseminated to different stakeholders
Elected representatives understand well their role & have minimum tools to achieve these	NCPD policy relating to the use of volunteers (elected representatives) to further her aims	Study 'how to work through volunteers'		x					
		Develop CB plan for NCPD elected representatives		x				3,920,000	
		Decentralize NCPD budget	x	x	x	x	x	105,000,000	
		Provide communication fees among NCPD committees	x	x	x	x	x	157,800,000	



NCPD is resourced and equipped to add value		Acquisition of fixed assets	x	x	x	x	x	338,639,850	
		Pay membership dues and subscriptions	x	x	x	x	x	2,772,000	
		Recruit and maintain Management, programmatic and technical staff	x	x	x	x	x	775,840,984	
		Welcome and accommodate visitors	x	x	x	x	x	207,267,214	
	-	Professional and research services	x	x	x	x	x	67,155,000	
		Provide transport services and maintenance	x	x	x	x	x	559,299,923	
		Sport for staff	x	x	x	x	x	21,175,000	
<b>Sub- Total 4.1</b>								<b>2,317,704,970</b>	

**4.2. The results framework for Monitoring and Evaluation**

Strategic Priority :	<b>Monitoring and Evaluation Data, and Research of NCPD strategic Plan</b>
Strategic Imperative	<b>NCPD Strategic Plan is regularly monitored and evaluated</b>
Key Strategic Partners	<b>MINALOC, MINISANTE, MINEDUC, MINECOFIN, NUDOR, MIFOTRA, NGOs – actors in disability</b>

OUTPUTS	STRATEGIES	Activities	Yr Timelines					Budget (RWF)	Key Milestones
			2013 /14	2014 /15	2015/ 16	2016 /17	2017 /18		
Organizational Structures for NCPD M&E Systems	Strengthen the organizational structure of NCPD M&E system	Revise the job descriptions of the NCPD staff in Planning, Monitoring and Evaluation officer	X						
Human Capacity for NCPD M&E	M&E training for NCPD M&E staff at national level, District Disability Officers and 9 national DPOs	Develop and adapt NCPD Planning, Monitoring and Evaluation system and tools	x					3,920,000	
		Train M&E staff, DDO and DPOs on NCPD Planning, Monitoring and Evaluation system and tools		x				10,185,000	
	Development of M&E training materials on data software and management	Procure data software for M&E (to be used at the national level) after consultation with key partners	x					12,000,000	

		Develop a terms of reference for the development of the M&E data software users manual and training		x					
		Recruit and hire a local consultant to develop M&E data software users manual and training		x				3,920,000	M&E data software users manual
		Develop a M&E data software users manual and prepare a training curriculum for M&E Officer at national level and DDOs		x				1,960,000	User friendly M&E data software
	M&E Courses/Conferences	Attend annual international seminars on M&E		x			x	6,720,000	
		Attend annual regional seminars on M&E	x	x	x	x	x	33,600,000	
		Attend annual short courses on M&E concepts, methods & practices	x	x	x	x	x	13,440,000	
Partnerships to plan, coordinate, and manage the disability indicators	Provide guidance to different ministries on disability indicators(education, health and employment)	Create a network of M&E stakeholders in-country, an e-mail list serve, and send periodic email updates		x	x	x	x	0	
		Hire a consultant to review MOE programs and draft disability indicators		x				3,920,000	Disability indicators in Education system in Rwanda
		Hire a consultant to review MINALOC programs and draft disability indicators			x			3,920,000	Disability indicators in MINALOC program
		Hire a consultant to review MOH programs and draft disability indicators				x		3,920,000	Disability indicators in MOH plans and programs

National NCPD M&E Plan	Midterm Review of NCPD strategic plan and M&E Plan	Develop protocol for the review			x			-	Midterm review report after the 3 <sup>rd</sup> year
		Hire national and international consultants					x	21,840,000	
		Organize workshops					x	1,024,000	
		Review final report					x	1,212,500	
Annual, costed, national NCPD M&E work plan		Cost annual action plans each year	x	x	x	x	x		Annual M&E work plan
Advocacy, communication and culture for NCPD M&E	Raising awareness of importance of M&E	Collect and send documents to NCPD for the update of the national M&E system	x	x	x	x	x		NCPD M&E system in place
		Integrate a session on the importance of M&E in workshops, conferences	x	x	x	x	x		
Surveys and baseline studies	Advocacy on inclusion of Disability on national census, surveys and researches	Baseline study on disability and education (different levels) in Rwanda		x				10,022,500	Baseline report on education of PWDs
		Baseline on access to health care of PWDs in Rwanda				x		10,022,500	Baseline report on access to health services of PWDs
		Baseline on access to employment of PWDs in Rwanda					x	10,022,500	Baseline report on employment of PWDs
		Study on access of PWDs to government programs (VUP, Girinka, SACCO etc)					x	10,022,500	Study report
		Annual evaluation of the impact of policies and programs on PwDs.	x	x	x	x	x	10,022,500	Annual evaluation report
		Annual evaluation of impact of NCPD and CSO's work	x	x	x	x	x	36,675,000	Evaluation report with recommendations
									<b>215,644,000</b>
<b>Sub- Total 4.2</b>								<b>215,644,000</b>	
<b>GENERAL TOTAL (1+2+3+4.1+4.2)</b>								<b>5.977.223.811</b>	

The total estimated cost of NCPD strategic plan is RWF 5.977.223.811

## MONITORING AND EVALUATION INDICATOR MATRIX

<b>Indicator</b>	<b>How measured / tracked</b>	<b>Data Source/ Information recording tool/ Methodology</b>	<b>Data Reporting tool</b>	<b>Frequency of Reporting</b>	<b>Responsible Party</b>	<b>Baseline</b>	<b>Target</b>
<b>IMPACT RESULTS INDICATORS</b>							
1) Relevant statistics of PWDs is available and utilized by NCPD and partners in disability area.	<i>(Number of PWD by site and by type of disability)</i>	<i>2012 census report ; census data by cell &amp; umudugudu</i>	Published census tool	in the first year	NCPD; NISR; DPOs	Census 2002 308 501 Persons with Disabilities 3.9% of population Decade/MINALOC Study 522,856 Persons with Disabilities 4.9% of population	Preliminary results from 2012 Census are not yet analyzed with reference to disability although this data was collected. Target (10% of the general population)
2) The rights and responsibilities of people with disabilities are better understood among Persons with Disabilities themselves and by all other members of society.	<i>Number of PWD reported in different government programs</i>	<i>EDPRS II reports; Population Based Surveys (DHS)- EIC</i>	Published (Survey) Reports	Every 5 years	MINECOFIN, NCPD, NISR	(?)	
3) Existing Government policies designed to improve the education of children and young persons with all types of	<i>Number of PWDs who access different levels of education, health care services and access to employment.</i>	<i>MINEDUC Education statistics report, Rwanda Health Statists Booklet reports, EDPRS II reports; MOH</i>	Published (Survey) Reports	Every year	MINEDUC, MINISANTE, MINECOFIN, NCPD	Rwanda Education Statistics 2012: less than 2% of students at any level as students with disability, (Health?), (Employment ?)	Education : 5%; Health : all PWDs, Employment: 5%

disability; provide access to health services; and provide finance through some source of livelihood for Persons with Disabilities; are competently implemented so that a greater degree of social inclusion is achieved.							
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**S.O1: to mobilize and accurately represent the views of Persons with Disabilities**

Indicators	Definition/ Description/ Unit of Measurement	Source (s) of Data	Information recording (Data collection) tool	Frequency of Data Reporting	Data Reporting tool	Responsible Party	Baseline	Target
<b>OUTCOMES LEVEL INDICATORS</b>								
Statistics (data) is available for planning and lobbying	<i>Record the number of PWDs by cell, by types of disabilities</i>	Reports from NCPD cell level	Published data collection tool	Once in the first year	Reports	NCPD, MINALOC	Census 2002 308 501 Persons with Disabilities 3.9% of population Decade/MINALOC Study 522,856 Persons with Disabilities 4.9% of population	All PWDS
Number of Children with learning disabilities integrated in family life	<i>Record the number of all publications on best practice</i>	Reports from NCPD organs, NUDOR and centres for children with learning disabilities	Published data collection tool	annually	Reports	NCPD, NUDOR and DPOs	NA	To be set after

Number of high level meetings on Public understanding of social model of disability	<i>High level meetings are those held for decision makers</i>	Minutes of the meeting, media reports	Meeting and media Report	annually	Reports	NCPD, MINALOC and CSOs	NA	To be set after
Percentage increase of PWDs participate in community activity (Umuganda meetings, JADF etc); assistance programs (Ubudehe, VUP, Girinka); & all local community development activities	<i>NCPD record at cell level</i>	MINALOC report	Reports from relevant institutions/ programs (VUP, ubudehe, girinka, etc)	annually	Reports	NCPD, MINALOC and CSOs	NA	To be set after
<b>OUTPUT LEVEL INDICATORS</b>								
Needs of PWDs have been prioritized by age and types of disability (before end of Yr 0)- NCPD will then know if lots of children; or adults and if working	This is an effort TO ENUMERATE PWDS by cell and by category	Data collection report	Data collection instrument	annually	Published Report	NCPD, DPOs,Local authorities	Census 2002 308 501 Persons with Disabilities 3.9% of population Decade/MINALOC Study 522,856 Persons with Disabilities 4.9% of population	To be set after
Percentage decrease cases transferred to Centres where Children with intellectual	Numerator: The number of parents of CLDs who scored well on the relevant dimension.	Survey among families of CLD	NA	Semi-annually	NGOs, NCPD structure and MINALOC	NCPD	NA	To be set after

disabilities can be further supported / educated	Denominator: All Parents interviewed							
People with disabilities increasingly feature in images of society produced by public and private sector agencies	Numerator: The number of PWDs who scored well on the relevant dimension. Denominator: All PWDs interviewed	Survey among PWDs	Semi-annually	Published Report	NCPD, DPOs, NGOs	NA	To be set after	
Instances of disrespect and marginalization have been reduced, There is evidence of inclusive social attitudes	Survey	Information from organizations in disability movement, interviews with coordinators (sector and district)	Survey instruments	after 5 years	Published Report	NCPD, DPOs, NGOs	NA	To be set after
<b>INPUT LEVEL INDICATORS</b>								
Percentage of the national, district budget allocated to Persons with disabilities	Amount of funds from all resources allocated to PWDs- DDP	National budget, IP, key Ministries' plans and reports	NA	annually	Program reports	MINECOFIN, MINALOC, NCPD, JAF		



**SO 2: To monitor application of laws and other instruments designed to promote inclusion of people with disabilities in society; and conduct advocacy, with other allies, on issues affecting the development and rights of persons with disabilities. Key Priority areas are Education; Health; Livelihoods.**

Indicator	Definition/ Description/ Unit of Measurement	Source (s) of Data	Information recording (Data collection) tool	Frequency of Data Reporting	Responsible Party	Baseline	Target	
<b>OUTCOME LEVEL INDICATORS</b>								
Number of children with disabilities who drop out of school; Reduction in number of children with disabilities dropping out of school	Record student with disabilities every year	DHS: A question to be added. Reports from district NCPD coordinators	Survey instruments; To be developed	Every year	NCPD structure, MINEDUC, NISR	Not available	To be set after	
The proportion of children with disabilities who currently attending school disaggregated by age, gender, educational level (primary, secondary, vocational)	Numerator: number of CWDS attending school; denominator: Number of CWDS	Reports from district NCPD coordinators	Survey instruments; To be developed	Every year	NCPD structure, MINEDUC, NISR	Not available	To be set after	
More people with disabilities, especially women, have basic literacy	Survey	Government papers, policies and plans Information from partners in the disability and education	Survey instruments; To be developed	Every 3 years	NCPD structure, MINEDUC, NISR, partners in disability movement	Not available	To be set after	

Percentage of PWD that PWD access to better health facilities	People with disabilities receive the minimum medical care they require according to MO of MOH	Government papers, policies and plans Annual review of National Program Information from partners in the disability movement EDPRS II reports	Survey instruments; To be developed	Every 3 years	NCPD structure, MINEDUC, NISR, partners in disability movement	Not available	To be set after	
More Persons with disabilities are employed	Survey	Government papers, policies and plans Annual review of National Program Information from partners in the disability movement EDPRS reports	Survey instruments; To be developed	Every 3 years	NCPD structure, MINEDUC, NISR, partners in disability movement	Not available	To be set after	
<b>OUPTUT LEVEL INDICATORS</b>								
Number of Persons with disability that have access to life and social development skills education to facilitate their full and equal participation in education and as members of the community	Number of PWDs that had access to education at different levels (primary, secondary and high learning institutions)	NCPD structure report, MINEDUC education statistic, EDPRS II report	Reporting document, Program report	Every year	NCPD, MINEDUC	Rwanda Education Statistics 2012 (less than 2% of students at any level as students with disability)	5%	

Percentage decrease of PWDs who face discrimination on the ground of disability in the provision of health insurance and life insurance. Such insurance is available to persons with disability on a fair and reasonable basis.	Number of PWDs that have received assistive devices through health insurance	NCPD structure report, MOH-health statistics , EDPRS II report	Reporting document, Program report	Every year	NCPD, MOH	Not available		
Ratio of proportion of PWDs that have the opportunity to gain a living in a freely chosen or accepted labor market and work environment	Numerator : Number of PWDs accessing job opportunities Denominator: Number of PWDs	Program reports	Survey instruments, program reports	Annually	NCPD, CSOs	NA	NA	
<b>INPUT/PROCESS INDICATORS</b>								
The proportion of children who are blind, deaf/deaf blind having access to education in appropriate languages, including SL, and other modes and means of communication appropriate for the individual.	Numerator: Number of Blind, deaf and deaf blind attends school. Denominator: Number of PWDs at school ages	NCPD structure report; Rwanda education statistics	Survey instruments, program reports	Annually	MINEDUC, MINISANTE, MINECOFIN, NCPD	NA	NA	

<p>Percentage of PWDs having received assistive devices and replaced within the insurance scheme or more provision is given to those with greatest degree of disability; Special social services are provided at District level for people with disabilities</p>	<p>Number of PWDs receiving assistive devices</p>	<p>Population-based surveys DHS</p>	<p>Survey Instruments</p>	<p>Every 5 years</p>	<p>Statistics Office, MIGEPROF MOH/RBC</p>	<p>NA</p>	<p>To be set after</p>	
<p>Employers are awarded for employing people with disabilities</p>	<p>Number of employer awarded</p>	<p>Program reports</p>	<p>Survey instruments, program reports</p>	<p>Annually</p>	<p>MIFOTRA, PSF, CSOS, NCPD</p>	<p>NA</p>	<p>To be set after</p>	

**Objective 3: To participate in prevention of the causes of disability and enforce measures adopted to help in mitigating the impact of disability (easy and subsidized access to mobility & learning aids etc)**

Indicator	Definition/ Description/ Unit of Measurement	Source (s) of Data	Information recording (Data collection) tool	Frequency of Data Reporting	Responsible Party	Baseline	Target	
<b>OUTCOME LEVEL INDICATORS</b>								
Proportion of PWDs having access to any specialist health services they require, including early identification and intervention services, and services designed to minimize or prevent further disability.	Numerator: Number of PWD receiving early identification and intervention services. Denominator: Number of persons with disabilities*100	Rwanda health statistics,	Survey instruments	Annually	MOH, NCPD	NA	To be set after	
Number of Persons with disability having access to habilitation and rehabilitation services that will allow them to: <ul style="list-style-type: none"> <li>• Attain and maintain maximum independence;</li> <li>• Full physical, mental, social and vocational ability;</li> </ul>	Record number of PWDs that are habilitated and rehabilitated	Public and Private Health facilities	Reports	Annually	MOH, NCPD	NA	To be set after	

and • Full inclusion and participation in all aspects of life.								
<b>INPUT/PROCESS INDICATORS</b>								
Proportion of Persons with disability having access to a range of in-home, residential and other community support services necessary to support living and inclusion in the community and to prevent isolation and segregation from the community	Numerator: Number of PWDs receiving minimum package. Denominator: Total number of PWDs	Confirmed by DHS every 5 years	Reports	Every 5 years	NCPD structure, MINISANTE, MINALOC	NA	NA	

**Objective 4: To strengthen the networks within NCPD structures and with other disability actors; to become a stronger, more skilled learning organization – able to speak convincingly and with authority on issues about disability.**

Indicator	Definition/ Description/ Unit of Measurement	Source (s) of Data	Information recording (Data collection) tool	Frequency of Data Reporting	Responsible Party	Baseline	Target	
<b>OUTCOME LEVEL INDICATORS</b>								
NCPD is able to send and receive information from/to national/local level using the same systems as local government	NCPD communication structure Information from NCPD representatives	Activity Reports	Reports	Annually	NCPD			
<b>OUTPUT LEVEL INDICATORS</b>								
Number of implementing partners disaggregated by geographic locations and domains of interventions	Implementing partners will be mapped to know areas of operation	Mapping Report	Mapping Tool or service providers register	Annually	NCPD, RGB, districts	NA	NA	
Percentage of districts which have integrated PWDs issues into their development plans and performance contracts.	NCPD structure reports, District reports	District Development plans and performance contracts	Annually	NCPD,	NA	NA		

INPUT/PROCESS INDICATORS									
Number of standards and guidelines developed and disseminated for accessibility and disability mainstreaming to both government and private entities providing public services and facilities	Record the total number of standards and guidelines developed and disseminated	Activity report	Report	Annually	NCPD, MINALOC, DISTRICTS	NA	NA		