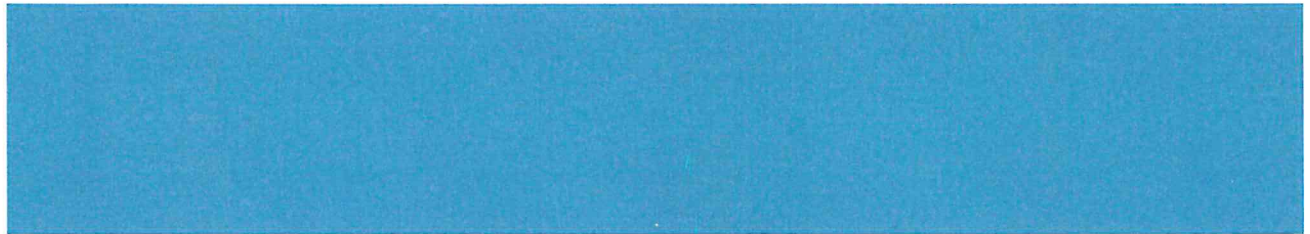
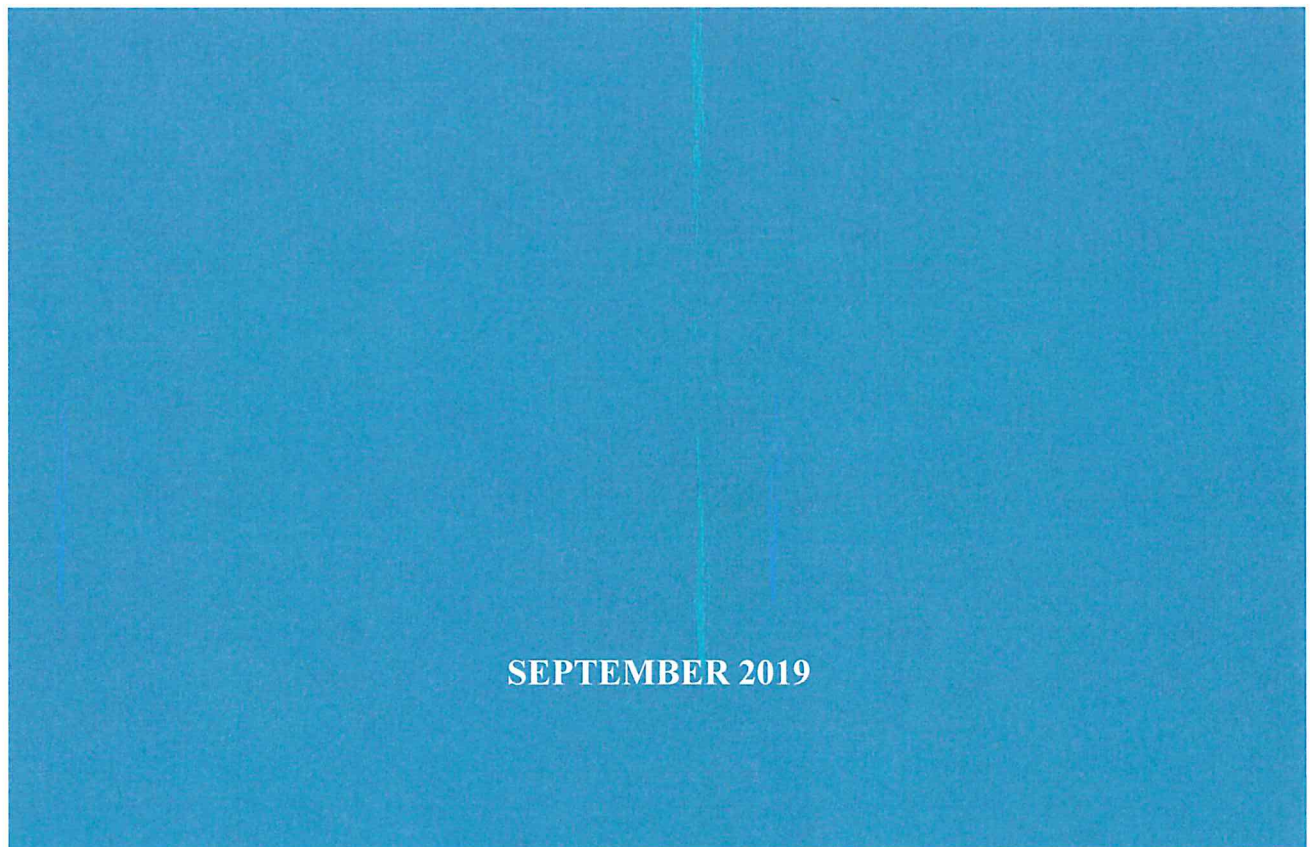


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ASSESSMENT REPORT OF SERVICE DELIVERY TO
PERSONS WITH DISABILITIES



SEPTEMBER 2019

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1. INTRODUCTION

The Constitution of the Republic of Rwanda of 2003 Revised in 2015 in its article 10 that relates to the fundamental principles that Rwanda commits to uphold include building a state committed to the promotion of social welfare and the establishment of appropriate mechanisms for equal opportunities to social justice. Article 16 of the Constitution stipulates that, all Rwandans are born and remain equal in rights and freedoms and that discrimination of any kind including physical or mental disability are prohibited and punishable by law.

Rwanda's National Strategy for Transformation (NST1) of 2017-2024 also highlights "disability and social inclusion" as one of the seven cross cutting priorities relevant for attaining inclusive and sustainable development.¹ The NST1 specifically identified specific interventions with regard to disability and inclusion to include: scaling up coverage and re-designing social protection schemes to eligible People with Disabilities; ensuring easy access to public and private infrastructure by enforcing the building code; strengthening skills and increasing the number of professionals in inclusive and special needs education; Scaling up assistive devices and appropriate learning resources in education and to continue to support and engage Persons with disability to participate in all decision making processes The iNST1 particularly considers infrastructure, Health, Education, ICT as well as Job creation and Social Protection as critical areas that will need to mainstream disability and social inclusion.²

The Law N° 01/2007 Of 20/01/2007 Relating to Protection of Disabled Persons in General in its article provides that: "Every disabled person shall be entitled to equal rights with others persons before the law. He or she shall be respected and be entitled to human dignity." This law generally requires that people with disability are entitled

to the enjoyment of their fundamental rights such as health care, security, to participate in the nations development process, as well as to live in family in the same conditions as others.

Disability is defined accordingly, article 2 of the Law on relating to the protection of disabled persons in general as "the condition of a person's impairment of health ability he or she should

¹ Government of Rwanda, 7 years government program: National Strategy for Transformation (NST1), 2017-2024, pp 13, 40.

² NST1, 2017-2024, p 42.

have been in possession, and consequently leading to deficiency compared to others. In this law, a disabled person is any individual who was born without congenital abilities like those of others or one who was deprived of such abilities due to disease, accident, conflict or any other reasons which may cause disability.”

Internationally, Rwanda ratified the convention on the rights of persons with disability on 15 December 2008. To implement this convention, the government of Rwanda, revised some laws, orders, policies and programs related to ensuring the protection and inclusion of PWDs.

According to the Fourth Population and Housing Census, 446,453 Rwandans aged five and above were identified as PWDs (MINECOFIN, 2012). This represented 4.4 % of the total population which was estimated to be around 10.5 million people. Out of this number, 221,150 (49.5%) are male while 225,303 (50.5%) are female.

In exercise of her mandate to s to regularly monitor service delivery and compliance with the principles of good governance across the public private sectors as well as in non-governmental organizations the Rwanda Governance Board (RGB)³ in partnership with UNDP Rwanda, Ministry of Health (MoH), Ministry of Local Government (MINALOC), Ministry of Education (MINEDUC) and National Council of People with Disabilities (NCPD) conducted an assessment of Service Delivery for PWDs with an aim of checking compliance with the related governance principles (enforcement of laws, ministerial orders, policies and programs related to access to quality education, access to quality and appropriate health services provided to PWDs) in September 2019.

The assessment focused on the status of disability mainstreaming of PWDs’ priorities in District planning, implementation and monitoring of programs; as well as inclusiveness of different infrastructure in schools, health facilities and District premises.

1.2. Objectives of the assessment

The general objective of the assessment was to establish the status of Service Delivery for PWDs in the Education sector; Health sector and Local Government services.

³ Law n°56/2016 of 16/12/2016 establishing the Rwanda Governance Board and determining its mission, organization and functioning.

Specifically, this assessment sought to achieve the following objectives:

- To assess availability and perception of health services by PWDs;
- To assess availability and perception of education services by PWDs;
- To assess disability mainstreaming in District planning, monitoring and reporting;
- To assess availability of user friendly infrastructure to PWDs in education, health and Local Government facilities;
- Identify current challenges faced by partner organizations including NCPD at Local levels in supporting service provision for Persons with Disabilities; and suggest recommendations.

1.3 Assessment Methodology

The assessment used a mixed approach of quantitative and qualitative method with a descriptive analysis design. Secondary data was collected using desk review while primary data was gathered using PWDs surveys, key informant interviews, focus group discussions and observation. The assessment of Service delivery for PWDs was carried out in 11 Districts (Nyaruguru and Nyanza, Burera and Musanze, Bugesera and Rwamagana Karongi and Rusizi Gasabo, Kicukiro and Nyarugenge). In each District, two sectors were selected and in each sector, two *Health facilities as well as two schools* were selected and assessed.

The selected Districts, health facilities and schools had to meet at least one of the following criteria:

- Urban and rural setting (two districts were selected in each province – one urban and one rural);
- Presence of a specialized⁴ or inclusive⁵ health facilities and schools.

⁴ Specialized health facilities and schools

⁵ Inclusive health facilities and schools

1.3.1. Methods and tools used in the assessment

In order to collect primary and secondary data, the assessment involved the following methods and tools:

1.3.1.1. Desk review

For a better understanding of the system and approach followed to address the needs of PWDs, a desk review of key international and national documents was undertaken to have a clear picture of the policy and legal frameworks related to persons with disabilities in general and education and health sectors in particular.

1.3.1.1.Key Informants interviews

In the 11 selected Districts, twenty-two (22) Directors of Health facilities, 23 head teachers of schools were interviewed while 33 District officials including Vice Mayors in charge of social affairs, District Mainstreaming Officers and NCPD Coordinators at the District level were interviewed particularly on the theme of disability mainstreaming in district programs. In addition, 2 people including one director of planning and one director of education were interviewed in each district.

1.3.2.3. In-person survey with PWDs

A questionnaire was used and the interviewer asked respondents questions and filled the questionnaire with responses from the PWD respondents. A total of 154 PWDs who benefited from different services in all the sampled sectors were identified and interviewed. To ensure inclusivity and representation of different sections of the population, participants were selected from men, women and youth. The assessment team purposively selected interviewees who were adults 18 years and above with different types of disability such as Physical, Hearing and Visual impairments.

2. Focus group discussions

One focus group discussion was conducted at each district with representatives from different organizations including JADF represented by four members from NGOs and FBOs in each district

and three representatives from institutions with interventions of PWDs. In summary, a total of 11 focus groups with 77 participants were held in the 11 districts.

3. Observation

This technique was applied was used in 18 general health facilities and 4 specialized health facilities, 5 specialized schools and 18 ordinary schools as well as in 11 selected districts to mainly check the infrastructures friendly to PWDs.

1.3.2. Data Analysis

After data collection, quantitative data from survey were entered into SPSS software and qualitative data was analyzed using thematic analysis method. The data manager at RGB ensured that all data was entered accurately and cross-checked for their validity. Once data sets were cleaned and available, descriptive analysis methods were employed. On each variable of interest, statistics were derived. Tables, graphs, and pie-charts were developed for more descriptive understanding.

1.3.3. Limitations

In conducting this assessment, the following limitations were experienced:

- Difficulty in accessing PWDs in one specific location which necessitated to find them in their homes;
- Outdated data sets of PWDs where all assessed districts still rely on the 2012 Rwanda Housing and Population Census for PWD numbers.

2. FINDING

The findings of the assessment reflect the status of Service Delivery to PWDs in health, education and local government services. The working definition of people with disability in this assessment is as provided by the law

2.1. Status of Service Delivery to PWDs in education Sector

The Government of Rwanda aspires to achieve quality education for all; one of the SDGs goals by 2030 by ensuring that all boys and girls complete primary and secondary schools as well as providing equal access to vocational training. Paragraph 65 of the NST1 affirms that Rwanda “will also ensure people with disabilities are able to start school and progress through all levels. This will be achieved by developing a system for identifying children with special education needs, availing suitable special needs education materials, building capacity of teachers and ensuring accessibility of infrastructure such as inclusive sanitation facilities in order to create favorable.”

This section highlights the findings of the education services for PWDs in the selected schools. Primary data was collected from 23 schools (18 ordinary schools, 4 specialized schools and one rehabilitation center). In addition, training of teachers, facilitation provided to students with disability and inclusive infrastructure were also analyzed through secondary data review. The assessment team reviewed ministerial instructions that describe the types of services to be offered to PWDs in both education and health sectors and reports from districts that show implementation of planned activities supporting PWDs.

2.1.1. Number of students with disability in the assessed schools

The assessment covered a total of 23 schools (4 special schools, one rehabilitation center and 18 ordinary schools). The assessment revealed that, the number of students in the assessed schools is 24,324 with 1,063 students having different forms of disabilities.

Table 1 shows students with different forms of disability in each type of school

Table 1: Students with different forms of disability in each type of school

Type of disability	Special schools/Rehabilitation center	Ordinary schools
Physical impairment	4	335
Visual impairment	310	43
Deaf- and- dumb;	35	196
Dumb	0	2
Deaf	0	18
Mental disability	82	28
Other disabilities	0	10
TOTAL	431	632

Source: Primary data, Assessment of Service Delivery for PWDs. RGB, September 2019

As indicated in the table above, ordinary schools have a bigger number of children with disability compared to schools specially designed for Children with disability. While integrated schools are the best option, the ordinary schools visited had they had sufficient equipment or materials to provide appropriate education to children with disability which they clearly lack would have been a more conducive environment for special needs education.

2.2. Number of ordinary and specialized schools in assessed Districts

Article 24 of the Convention on the Right of Persons with Disabilities clearly recognizes the rights of Children with Disability to inclusive education. Similarly, article puts on the state the duty to establish special measures facilitating the education of persons with disability. The Ministry of Education policy on special needs education of October 2018, highlights the following requirements for inclusiveness; inclusive infrastructure, inclusive curriculum, resource room and trained teachers.

The table 2 below shows the number of schools fulfilling inclusivity requirements and specialized schools in assessed Districts.

Grand Total	Nursery Schools		Primary Schools		Secondary Schools		Tertiary schools		TVET		Total of Special schools
	Total	Inclusive	Total	Inclusive	Total	Inclusive	Total	Inclusive	Total	Inclusive	
3,034	1,318	4	1,051	16	518	13	29	0	118	7	8
%	0.3		1.52		2.51		0		5.93		0.26

Source: Primary data, Assessment of Service Delivery for PWDs. RGB, September 2019

The above table indicates that, in 11 districts visited, only 37 out of 3,034 schools are inclusive while 8 schools are specialized. Most of the 37 inclusive schools lack the basic necessities needed by students with disabilities attending these schools since they do not get the quality education they ought to receive.

2.3. Facilitation to students with disabilities

The following sub-section illustrates facilitation extended to needy students with disabilities.

2.3.1. Financial support to students with disabilities

The government of Rwanda is committed to supporting PWDs in all spheres⁶ specifically, on the facilitation of students with disabilities from needy families. Part of the facilitation provided entails: payment of school fees, school materials and uniforms, access to special health services such as provision of prosthesis and orthosis.

The table below shows schools that support needy students with disabilities

Table 2: Schools that support needy students with disability

Schools	Schools that facilitate needy students	Schools that do not provide any facilitation to needy students
Ordinary schools	9	9
Special schools /center	5	0
Total	14	9

⁶ LAW N° 01/2007 OF 20/01/2007 relating to protection of disabled persons in general in it article 11 al.3

Source: Primary data, Assessment of Service Delivery for PWDs. RGB, September 2019

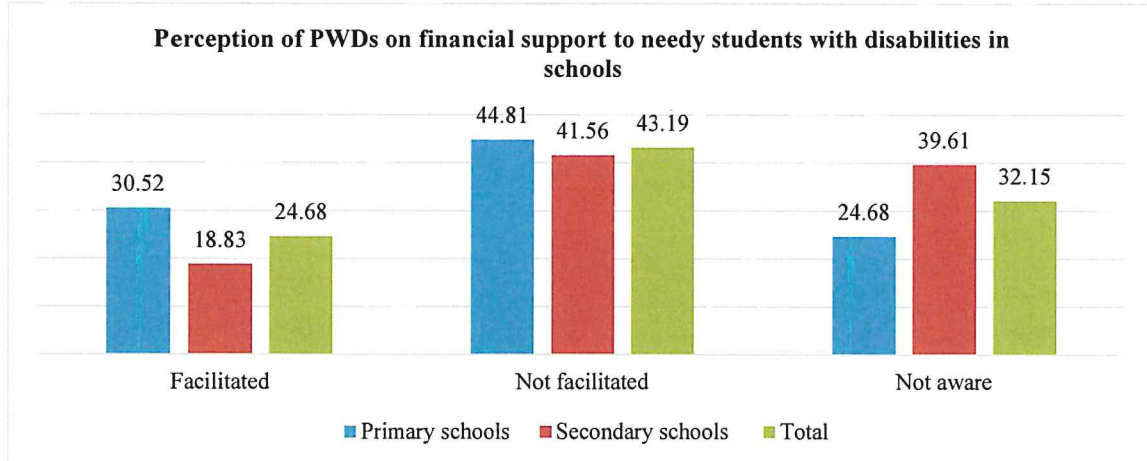
As indicated above, out of 23 schools assessed, 14 schools have needy students with disabilities who are facilitated to study. Students with disabilities in all 5 special schools assessed are facilitated to study while those in 9 ordinary schools out of 18 ordinary schools assessed do not receive any support. The lack of support is one of the main factor of school drop out of students with disability since their parents cannot afford to keep them in school.

2.3.2. Perception of PWDs on financial support to needy students with disabilities in schools.

During this study we sought the perception of people with disability with regards to financial support provided to needy student with disability.

The chart below shows the perception of financial support extended to students with disabilities in schools.

Chart 1: Perception on financial support extended to students with disability in schools



Source: Primary data, Assessment of Service Delivery for PWDs. RGB, September 2019

Out of 154 PWDs interviewed, 30.52% said that needy students with disabilities in primary schools are facilitated, 44.81% said that there is no facilitation offered to them while 24.68% said that they are not aware of the support to these children in schools.

In addition, 18.83% mentioned that, needy students with disabilities are facilitated in secondary schools, 41.56% said that, there is no facilitation while 39.61% said that they are not aware of any facilitation for needy children with disability to study.

The graph above shows that in both primary and secondary schools, 24.68% of students with disability from needy families are facilitated while 43.19% of PWDs revealed they are not.

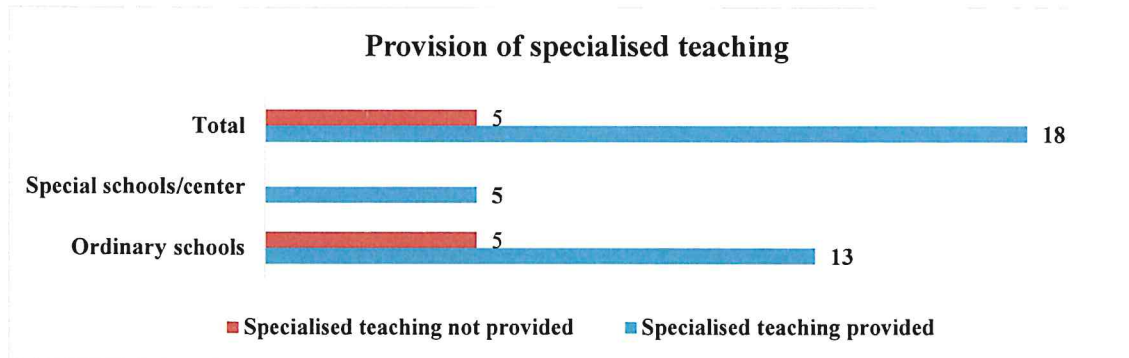
2.3.3 Facilitation by the Ministry of Education to student with disabilities

While ministerial order n°007/2016 of 01/03/2016 determining modalities for special treatment of persons with disabilities in schools in its articles 2 and 3 provides for special facilitation for needy students with disabilities, the assessment found that only two special schools (HVP Gatagara Rwamagana and Education Institute for the Blind of Kibeho in Nyaruguru District) have started receiving special grants from the government through MINEDUC for the needy students with disabilities. There is no special allocation of funds by the ministry of education to facilitate needy students with disabilities in all other schools. The other 21 schools (both special and ordinary schools) assessed, indicated that they only receive the financial facilitation from the Ministry of Education in the form of capitation grant which supports the general school running. The absence of budget allocation compromises the cross cutting nature of disabilities in terms of purposed inclusion in giving financial support to students with disability.

2.4. Specialized teaching for students with disabilities

In the education sector, this assessment also looked at specialized teaching given to students with disabilities. Out of the 23 assessed schools, only five were specialized schools as shown in the chart below:

Chart 2: Provision of specialized teaching



Source: Primary data, Assessment of Service Delivery for PWDs. RGB, September 2019

All the 5 specialized schools assessed were found to be offering specialized teaching for students with disabilities while in the 18 ordinary school assessed, 13 schools were found to be offering specialized teaching to students with disabilities. The remaining 5 schools offer general education including pupils with and without disability. This means that, children with disability experience difficult in coping with the teaching method/approach by taking an extra mile despite of their disability .

In the 18 inclusive schools, the following are examples of the type of special treatment given to students with disabilities:

- Teachers sensitize other students to help students with disabilities in the learning process;
- Students, who are not able to take notes themselves, receive oral explanations and benefit oral tests. Teachers also help them in taking notes.
- Prioritized sitting arrangement for the visually impaired students;
- Students with mental disabilities are supported in learning and other physical activities which they are not able to do.
- Specialized teachers are assigned to teach students with disabilities.

In general, though the majority of schools indicated to be providing specialized teaching, a few schools still do not provide this facility, which hinders the quality of education given to students with disabilities.

2.5. Stigma of students with disabilities

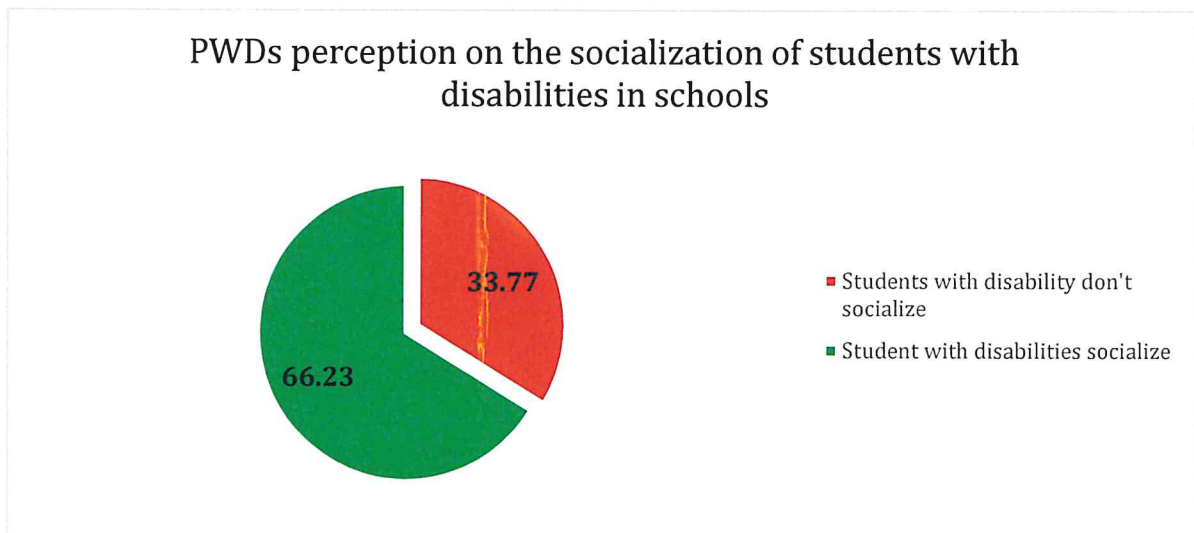
The assessment also looked at the issue of stigmatization of students with disabilities.

Respondents from 20 out of **23 schools** assessed, indicated that teachers sensitize students against stigma for students with disabilities whereas respondents from the remaining three **schools**, indicated that they do not carry out the sensitization. The sensitization messages often include encouraging students to help those with disabilities and to interact with them freely including getting involved in sports or other leisure activities together.

2.5.2 Perception of PWDs on the socialization of students with disabilities in schools

The chart below shows the perception of PWDs on the socialization of students with disabilities and participation in schools' activities.

Chart 3: PwDs perception on the socialization of students with disability in schools



Source: Primary data, Assessment of Service Delivery for PWDs. RGB, September 2019

The chart above shows that 66.23% of the respondents indicated that students with disabilities socialize and participate in activities with other students, while 33.77% indicated that students with disabilities do not socialize and participate in activities with other students. While there is need to educate more on the need for integrated and inclusive education, the level of socialization is reasonable and should be emulated to cover even those still facing socialization barriers.

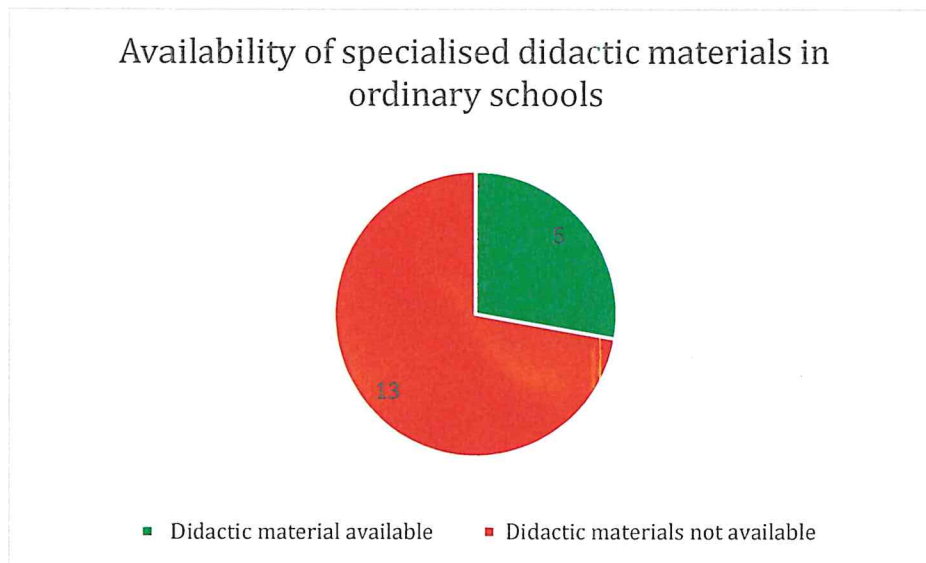
2.6. Facilitation to students with disabilities in terms of special didactic materials and during exams

The assessment also looked at facilitation to students with disabilities in terms of didactic materials and during exams as another component of inclusive education.

2.6.1. Status of availability of adapted didactic materials in schools

The assessment shows that students with disabilities have access to specialized didactic materials in the assessed special schools. On the contrary the ordinary schools that as per this study have a number of students with disability greatly lack didactic materials customized to needs of children with disability as herein below illustrated by the chart.

Chart 4: Availability of specialized didactic materials in ordinary schools



Source: Primary data, Assessment of Service Delivery for PWDs. RGB, September 2019

In general, out of 18 ordinary schools assessed, only 5 schools avail specialized didactic materials, while 13 schools do not. This absence of facilitation in ordinary schools means that students with disabilities are at a disadvantage when it comes to the quality of education they receive in these schools.

2.7. Facilitation to students with disabilities during exams

Certain forms of disabilities demand alternative ways of doing things the same applies to exams. Such facilitations vary from particular exam materials to the amount of time allocated during both end of term exams as well as national exams.

2.7.1. Status of facilitation during exams

The table below shows the status of facilitation availed to students with disabilities during exams.

Table 3: Status of facilitation availed to students with disability during exams

Schools	Facilitated	Not facilitated
Special schools	4	0
Ordinary schools	8	10
Total	12	10

Source: Primary data, Assessment of Service Delivery for PWDs. RGB, September 2019

In general, 12 out of 22 schools, provide facilitation to students with disabilities during exams, while, 10 schools do not. It is important to note that Masaka resource center for blind was not included in schools that facilitate students during exams since it indicated that they do not set exams for their students. The absence of facilitation during exams has a negative impact on the performance of students with disabilities since they cannot complete the task at the same pace as other students.

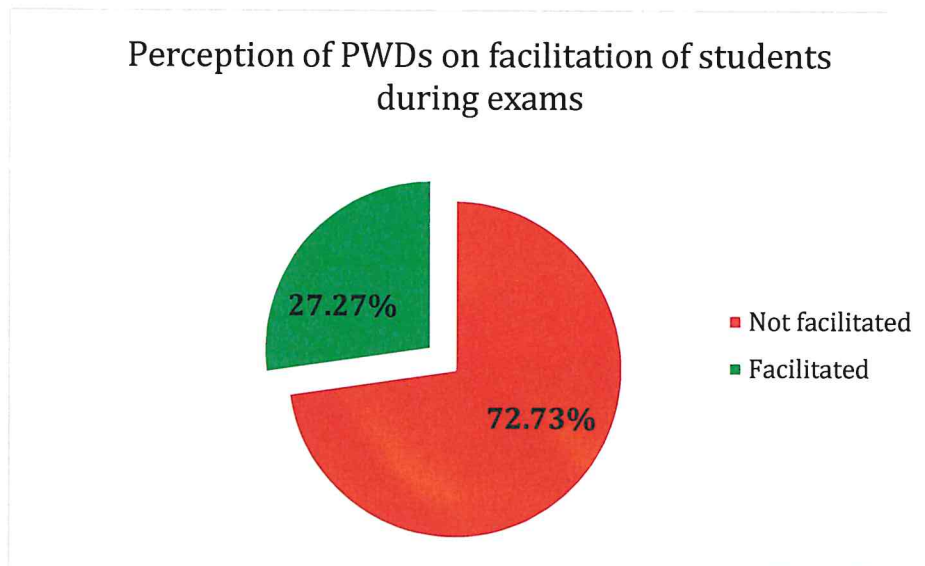
For schools that provide facilitation during exams; whether end of trimester exams or national exams, the following are the types of facilitation provided as per schools' initiative:

- Special materials during exams;
- Additional time to do exams;
- Teachers read exams' questions for students with disabilities (**visually impaired, slow learner**).

2.7.2 Perception of PWDs on the facilitation of students with disabilities during exams

The chart below shows the perception of PWDs on the facilitation received by students with disabilities during exams.

Chart 5: Perception of PwDs on facilitation of students during exams



Source: Primary data, Assessment of Service Delivery for PWDs. RGB, September 2019

Of the 154 PWDs who responded, 112 representing 72.73% indicated that students with disability are not supported during exams while 42 representing 27.27% indicated that they are supported. The consequence of doing exams in such environment often undermines or frustrates students with disabilities and might result in poor performance for some of the students.

2.8. Facilitation provided to schools and teachers

The effectiveness of integrated or special needs and inclusive teaching depends on the capacities and competences of teachers teaching in those schools. The following sub-section illustrates the nature and extent of facilitation provided to schools and teachers.

2.8.1. Training of teachers and provision of special didactic materials

The table below shows how schools facilitate teachers in terms of training and provision of special didactic materials

Table 4: Status of facilitation provided by schools to teachers in terms of training and provision of special didactic materials

Schools	Teachers are trained	Teachers are not trained	Special didactic materials provided	Special didactic materials not provided
Ordinary schools	9	9	9	9
Special schools	5	0	5	0
Total	14	9	14	9

Source: Primary data, Assessment of Service Delivery for PWDs. RGB, September 2019

All the 5 special schools provide to their teachers' trainings and special didactic materials. On the other hand, half of the assessed ordinary schools do not provide to their teachers' any trainings and special didactic materials thus negative impacting the quality of education provided to students with disabilities.

2.8.2. Number of teachers trained in special and ordinary schools

Table 5: Number of teachers trained in special and ordinary schools

Schools	Number of teachers	Number of Trained teachers	
		Number	%
Ordinary schools	627	161	25.68
Special schools/Center	84	81	96.43
Total	711	242	34.04

Source: Primary data, Assessment of Service Delivery for PWDs. RGB, September 2019

2.9. Facilitation in terms of special materials and equipment received by schools

Special materials and equipment are but a necessity in schooling environment including children with disability. There must be alternative tools that permit studying in a way that takes care of the impairment that the concerned student/students have. The following sub-section illustrates facilitation extended to schools in terms of special materials and equipment.

2.9.1. Status of facilitation

The chart below shows facilitation in term of special material and equipment received by schools.

Table 6: Status of facilitation in terms of special material and equipment received by schools

Schools	Schools are facilitated	Schools are not facilitated
Ordinary schools	2	16
Special schools/Center	4	1
Total	6	17

Source: Primary data, Assessment of Service Delivery for PWDs. RGB, September 2019

Out of 23 schools assessed, 6 schools indicated that they are facilitated to acquire special materials and equipment to teach students with disabilities while 17 schools indicated that they do not. It is important to note that majority of assessed special schools receive facilitation to acquire special teaching materials while the majority of assessed ordinary schools do not.

2.9.2. Examples of materials received in terms of capacity building

Table 7: Examples of materials received in terms of capacity building

Schools	Type of facilitation	Source
Education Institute for Blind children	Braille machine, Printing Machine	Poland, USA Embassy and MINEDUC
Groupe Scolaire Rubingo	Special materials for students with disabilities	NUDOR
GS Murama	Wheel chairs, books, pens	Handicap International and GS Murama
HVP Humura	Specialized equipment	BNR
Masaka Resource Center for Blind	Computers, braille machine	Rwanda Union of Blind (RUB)
HVP Gatagara Rwamagana	Printing machines, computers, blind papers, headphones, side boards	MINEDUC, soma umenye project- REB
Deaf People training centre	Training on special education.	Musanze District, Caritas Ruhengeri, Foundation "Barerwe"

Source: Primary data, Assessment of Service Delivery for PWDs. RGB, September 2019

2.10. Availability of inclusive infrastructure and equipment in schools

This assessment also looked at the inclusiveness of infrastructure as another way of assessing inclusive education. Basing on the ministerial order n^o 01/cab.m/09 of 27/07/2009 determining the modalities of constructing buildings providing various public services to ease the access of persons with disabilities, the following are some of the criteria specific to schools:

- Inclusive pathway;
- Inclusive restrooms;
- Schools chairs designed for PWDs;
- Inclusive signage/symbols to different services/classrooms.

Here below are the findings on the status of inclusive infrastructure in the assessed schools.

2.10.1. Status of inclusive infrastructure and equipment in schools

Table 8: Status of inclusive infrastructure and equipment in schools

Number of criteria schools comply with	Number of special schools /center	Number of ordinary schools
One inclusive infrastructure	1	4
Two inclusive infrastructure	2	3
Three inclusive infrastructure	0	1
All the Four inclusive infrastructure	2	1
None inclusive infrastructure	0	9

Source: Primary data, Assessment of Service Delivery for PWDs. RGB, September 2019

Out of the 23 schools assessed, 3 schools (HVP Gatagara Rwamagana, Deaf People training center and HVP Gatagara Nyanza) comply with all criteria for inclusiveness of equipment and infrastructure. It is important to note that 9 ordinary schools out of 18 comply with none of the criteria.

Table 9: Number of schools per type of inclusive infrastructure

Schools	Inclusive pathway	Inclusive restrooms	Schools chairs designed for PWDs	Inclusive symbols to different services/classrooms
Special/ Center	2	2	4	5
Ordinary	6	3	5	4

Source: Primary data, Assessment of Service Delivery for PWDs. RGB, September 2019

The table above shows that out of 23 selected schools, 8 schools (2 specialized and 6 ordinary) have inclusive pathway, 5 (2 specialized and 3 ordinary) have inclusive restrooms, 9 (4 specialized and 5 ordinary) have schools' chairs designed for PWDs while 9 (5 specialized and 4 ordinary) have inclusive signage/symbols.

Overall, the findings revealed that all schools need to put in place inclusive infrastructure to ease the access of students with disabilities. This is in tandem with the NSTI commitment of ensuring that the building code is respected in school environments.

2.10.2. Inclusive restrooms

The table below shows the status of compliance with requirements of inclusive restrooms.

Table 10: Status of compliance with requirement of inclusive restrooms

Schools	Fitted with a grab bar	Free turning movements of wheelchair	Independent transfer from a wheelchair	The sanitary and supportive disposals are easy and secure to use	None of the criteria
Ordinary schools	3	3	3	3	15
Special schools	2	2	2	2	3

Source: Primary data, Assessment of Service Delivery for PWDs. RGB, September 2019

Out of 23 schools assessed, 2 special schools and 3 ordinary schools (GS camp Kigali, GS Murama, HVP Gatagara Nyanza, Deaf people training center, HVP Gatagara, Rwamagana) comply with all requirements of inclusive restrooms, while 15 ordinary schools out 18 do not

comply with any of the requirements. In general, the findings revealed that all schools need to put in place inclusive restrooms to ease the access of students with disabilities.

It should be noted that there is a great need to improve sanitation at schools. Apart from the absence of specifically designed toilets for people with disability, most pit hole toilets present enormous challenge for children with different physical impairments.

2.10.3 Existence of resource room and compliance with its requirements

The following sub-section illustrates the existence of resource room and its requirements. As indicated in the special need education policy of 2018, a resource room is a room where children who are unable to follow along others in a classroom are given special attention by their teachers. The same policy also indicated the requirements of a resource room.

a) Existence of resource room

Availability of a resource room in schools is one of the components of inclusive education.

The table below shows the status of the existence of resource rooms in schools.

Existence of resource room	Number of schools	
	Special schools/Center	Ordinary schools
Not available	1	14
Available	4	4

Source: Primary data, Assessment of Service Delivery for PWDs. RGB, September 2019

Analysis of data shows that 8 out of 23 schools have resource rooms. It is important to note that 14 ordinary schools out of 18 do not have resource rooms. The absence of resource rooms in ordinary schools imply that students with disability do not receive the necessary extra attention they need thus negatively impacting their academic work.

b) Compliance with resource room requirements

The following are the requirements of a resource room:

- Equipped with special equipment (braille machines, wheelchairs, desks, etc.) relating to the learning of students with disabilities,
- Enough space to accommodate learners,
- Existence of learning material (books, other specialized didactic materials).

The table below shows the status of compliance with the requirements of resource room.

Compliance with resource room requirements	Number of schools	
	Special schools/ center	ordinary schools
At least One criteria	0	1
At least Two criteria	0	0
At least Three criteria	0	2
At least Four criteria	4	1

Source: Primary data, Assessment of Service Delivery for PWDs. RGB, September 2019

The analysis of data shows that out of 8 schools which have resource rooms, 5 schools (4 special schools and 1 ordinary school) fulfil the requirements. Therefore, there is a need for schools to not only avail resource rooms but to comply with all its requirements as well.

3. STATUS OF SERVICE DELIVERY TO PWDS IN HEALTH SECTOR

By 2030, the Government of Rwanda aspires to achieve among other SDGs target equitable and universal access to quality health care and social protection, where physical, mental and social wellbeing are assured. According to NST1, PWDs are capable of contributing to their communities and to national development. They are entitled to the enjoyment of health care services, access to health facilities and medical insurance services.

This chapter analyses the findings from selected health facilities. Primary data was analyzed from 22 Health Facilities across the different levels of service delivery in the health sector including 12 Health Centers, 3 Specialized Hospitals, 2 District Hospitals, 2 Referral Hospitals, one Provincial Hospital, one Orthopedic Workshop and one Health Post. In addition, training of health workers

on the use of sign language, facilitation provided to patients, medical insurance services and inclusive infrastructure were also analyzed through secondary data in particular by reviewing ministerial instructions and reports from districts and health facilities.

3.1. Service provided at Health Facilities

This sub-section presents findings on all categories of services provided to PWDs at different levels of health facilities.

3.1.1. Services Provided at Health Centers

Analysis of data from all 12 assessed Health Centers across 11 districts show that health care services which include mental health, traumatology and management of sexual gender based violence cases are provided. This revealed the lack of specialized medical services; services that are specifically/particularly geared towards PWDs per types of disability at health centers level. Furthermore, the assessment revealed that PWDs with cases that cannot be treated at the health center levels are sent to district hospitals.

3.1.2. Services Provided at District, Provincial and referral Hospitals

The assessment revealed that 2 districts hospitals and one provincial hospitals provide specialized services to PWDs. These are prosthesis and orthosis, physiotherapy, orthopedic and pre-hospital emergency services. In addition, ophthalmology services are only provided at Butaro district hospital and Rwamagana provincial hospital. It is important to note that even those providing specialized services, the list is not exhaustive to cater for all types of disability health related services.

For referral hospitals (CHUK and Ruhengeri), the assessment revealed that specialized services provided are orthopedics (prosthesis and orthosis), Physiotherapy, Optometry / Ophthalmology and Emergency & surgery services. However, rehabilitative services (specialized physiotherapy) are not provided in any of the mentioned referral hospitals.

3.1.3 Services Provided at Specialized Hospitals and Orthopedic workshop

The table below illustrates specialized services provided by the 3 Specialized Hospitals and one Orthopedic Workshop assessed.

Table 11: Specialized services provided by the 3 hospitals and one orthopedic workshop assessed

Types of available special services for PWDs	Specialized Hospital HVP Gatagara		Rilima Hospital		CARAES Ndera		Atelier Orthopedic de Gikondo	
	Yes	No	Yes	No	Yes	No	Yes	No
Orthopedic	Yes		Yes				N/A	N/A
Kinesitherapy	Yes		Yes				N/A	N/A
Orthopedic surgery	Yes		Yes				N/A	N/A
Assistive devices		No	Yes				N/A	N/A
Surgeon		No		No			N/A	N/A
Physiotherapy		No	Yes				N/A	N/A
Psychotherapy		No		No	Yes			N/A
Clinical Psychology		No		No	Yes			N/A
Occupational therapy		No		No	Yes			N/A
Assistive devices		No	Yes				N/A	Yes

Source: Primary data, Assessment of Service Delivery for PWDs. RGB, September 2019

3.2 Training of health workers in the use of Sign Language

The assessment used sign language as an example of skills needed by health workers to communicate with PWDs. The following table illustrates number of health workers trained in the use of sign language:

Table 12: Number of health workers trained in the use of sign language

Names of Health Center	Health workers trained on the use of sign language	Total number of Staff
Nyamyumba HC	2	13
Kibeho HC	0	31
Mubuga HC	0	16
Rubengera HC	2	17
Rwerere HC	0	13
Gihogwe HC	0	15
Rugarama HC	1	16
Gatagara HC	2	27
Masaka HC	3	14
Nkanka HC	3	14
Saint Francois d'Assise Rusizi HC	0	27
Nyange HC	0	14
Hôpital spécialisé HVP Gatagara	1	111
Rilima Hospital	15	17
Atelier Ortopedique de Gikondo	0	7
CARAES Ndera	1	309
Nyamata Hospital	6	180
Butaro Hospital	0	230
Rwamagana Hospital	0	218
Ruhengeri Hospital	1	175
CHUK	0	839
Total	37	2128

Source: Primary data, Assessment of Service Delivery for PWDs. RGB, September 2019

The above table indicates that in 22 health facilities visited, around 2% (37 out of 2128 health workers), were trained in the use of sign language during provision of health services. This means that there are gaps in communication mechanisms with PWDs, which affects the quality of service provided.

Engagement with those that speak sign language revealed that the learning of sign language to a level that would permit ease communication requires no more than three months training. This activity is so far predominantly done by some civil society organisations. A basic adjustment in professional training would ease the difficulties of access to quality health care or even a structural adjustment that permits employment of translators or trainers to the health sector corps.

3.3 Assistance provided to patients with disabilities

In addition to services provided by health facilities, this assessment also looked at assistance in terms of priorities on queues, wheelchairs and assistance in purchasing drugs/medicine so as to ease access to services for people that have visual impaired disability, mental disability, physical disability and deaf disability. Results indicate that all health facilities assessed do not provide the mentioned assistance except for priorities on queues.

3.4. Medical Insurance Services

This sub-section looked at compliance of health facilities with ministerial order in line with CBHI and assistive devices payment as well as PWDs' appreciation with medical insurance services.

3.4.1 Payment of Community Based Health Insurance (CBHI)

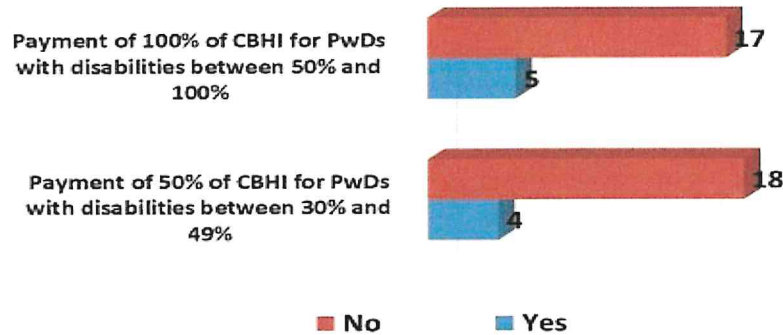
The ministerial order n°20/19 of 27/7/2009 determining the modalities of facilitating persons with disabilities to access medical care states that the government should pay:

- 100% CBHI for People with Disability with disabilities degree between 50% and 100%;
- 50% CBHI for People with Disability with disabilities degree between 30% and 49%.

The chart below shows the status of the payment of CBHI for PWDs.

Chart 6: status of the payment of CGHI for PwDs

Status of payment of CBHI for PWDs



Source: Primary data, Assessment of Service Delivery for PWDs. RGB, September 2019

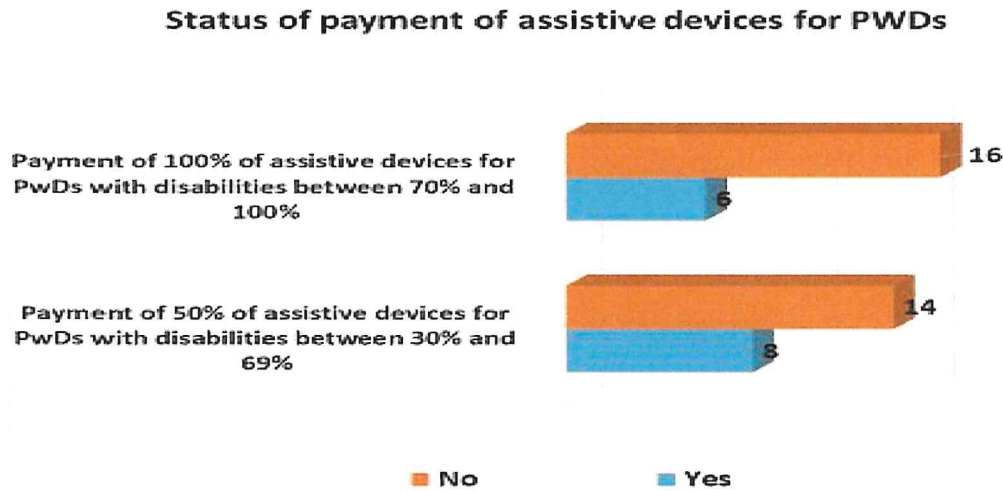
The findings revealed that less than a half (9 out of 22 health facilities) comply with the ministerial order in line with CBHI payment. This implies that PWDs do not benefit health services as required by the ministerial order.

Furthermore, for assistive devices, the ministerial order n°20/19 of 27/7/2009, determining the modalities of facilitating persons with disabilities to access medical care, also requires the government to pay the following:

- 100% assistive devices for People with Disability with disabilities degree between 70% and 100%;
- 50% assistive devices for People with Disability with disabilities degree between 30% and 69%.

The chart below shows status of the payment of assistive devices for PWDs.

Chart 7: Status of payment of assistive devices for PwDs



Source: Primary data, Assessment of Service Delivery for PwDs. RGB, September 2019

As indicated in the above graph, 14 out of 22 health facilities comply with the ministerial order in line with assistive devices payment. 6 health facilities comply with the ministerial order on payment of assistive devices for persons with disabilities of the degree between 70% and 100% while 8 health facilities comply for the payment for persons with disabilities of the degree between 30% and 69%. This implies that PwDs do not fully benefit health services as required by the ministerial order.

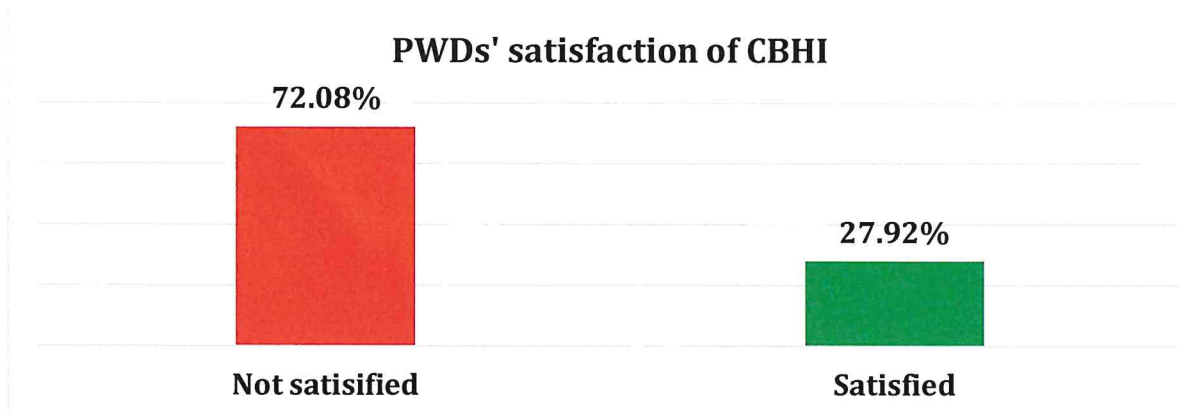
3.4.2 PwDs' appreciation of Medical Insurance Services

The following sub-section illustrates PwDs' appreciation of medical insurance services.

3.4.2.1. PwDs' appreciation of CBHI

The graph below illustrates PwDs' appreciation of CBHI.

Chart 8: PwDs appreciation of CBHI



Source: Primary data, Assessment of Service Delivery for PwDs. RGB, September 2019

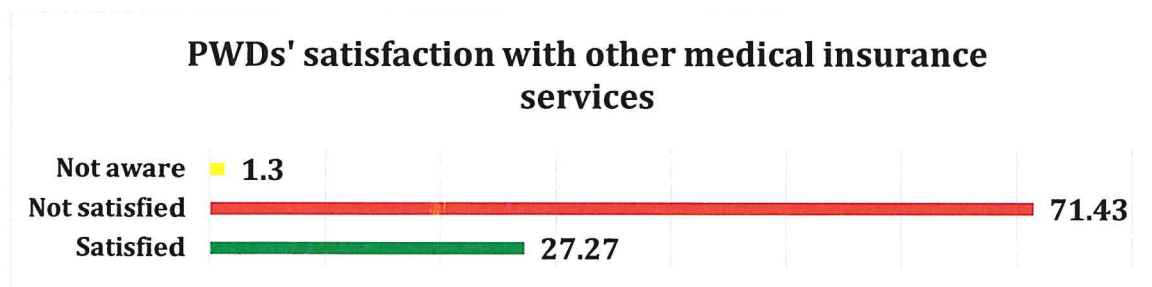
Out of the 154 PwDs interviewed, 43 respondents, representing 27.92% reported that CBHI cover their needed medical services while 111 respondents, representing 72.08 % expressed dissatisfaction. Among the reasons given by respondents on their dissatisfaction are:

- Payment of medical bills according to their Ubudehe categorization instead of their degree of disability. Respondents indicated that sometimes there are PwDs in the 3rd category of Ubudehe whom cannot afford to pay their medical services and would like to pay according to the degree of their disability.
- Another reason given is that most of their medical needs relating to their disabilities are not covered under CBHI scheme due to their affordability under this scheme as well as their absence on the local market.

3.4.2.2 PwDs' appreciation of other Medical Insurance Services

The graph below illustrates PwDs' appreciation with other medical insurance services in general.

Chart 9: PwDs' satisfaction with other medical insurance services



Source: Primary data, Assessment of Service Delivery for PwDs. RGB, September 2019

Out of the 154 PWDs interviewed, 42 respondents, representing 27.27% reported that they are satisfied with other medical insurance services while 110 respondents, representing 71.43 % expressed dissatisfaction. Furthermore, 2 respondents representing 1.3% were not aware of those services. The reason of such dissatisfaction is attributed to the fact the insurance schemes are not catering for PWDs medical needs.

Generally, due to the fact that some medical services pertaining to PWDs are not easily affordable thus creating a shortage on the local market, all the insurance schemes fall short on the coverage of PWDs medical needs.

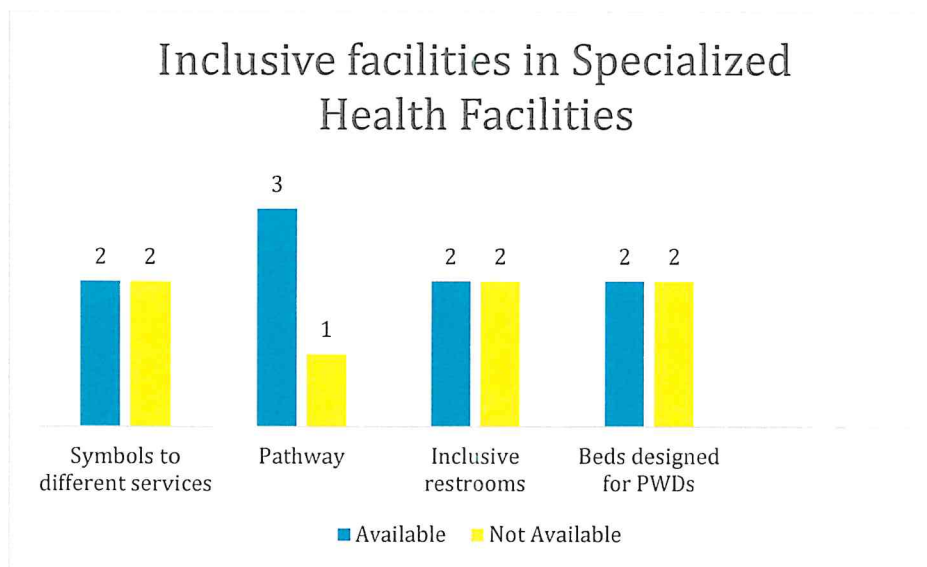
3.5. Inclusive infrastructure in health facilities

In order to establish whether there is inclusive delivery of services in health facilities, the assessment also looked into the availability of inclusive infrastructure in specialized health facilities and other health facilities. The following sub-section illustrates the status of inclusive infrastructure in selected health facilities.

3.5.1 Inclusive facilities in specialized health facilities

The graph below illustrates in details the availability of inclusive facilities in specialized health facilities.

Chart 10: Availability of inclusive facilities in specialized health facilities



Source: Primary data, Assessment of Service Delivery for PWDs. RGB, September 2019

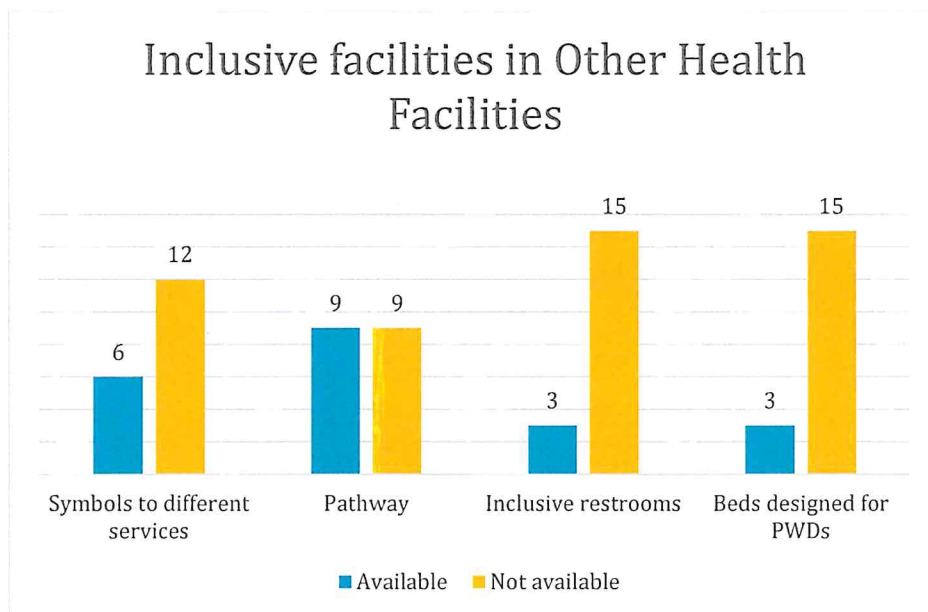
Of the 4 specialized Health Facilities assessed, 2 have inclusive signage/symbols to different services, 3 have pathways, 2 have inclusive restrooms while 2 have special beds designed for People with Disabilities. Only 1 health facilities (Hôpital spécialisé HVP Gatagara) has each of the above 4 inclusive infrastructure facilities mentioned in the chart above. However, some specialized health facilities for example Rilima Hospital, Caraes Ndera, Atelier orthopedic de Gikondo have infrastructure related to their specialization.

In general, the available inclusive infrastructure need to be renovated in order to facilitate PWDs in accessing different services.

3.5.2 Inclusive facilities in other health facilities

The graph below illustrates in details the availability of inclusive facilities in other health facilities.

Chart 11: Inclusive facilities in other health facilities



Source: Primary data, Assessment of Service Delivery for PWDs. RGB, September 2019

As indicated by the above graph, 6 out of 18 health facilities have signage/symbols to different services, 9 have pathways, 3 have inclusive restrooms while 3 have beds designed for PWDs. Only 1 out of 18 health facilities (Nyange HC in Ngororero District) has each of the above 4 inclusive infrastructure facilities.

In the category of inclusive restrooms, 9 health facilities (3 specialized and 6 other health facilities) have restrooms allowing free turning movement of wheelchair, 8(3 specialized and 5 other health facilities) have restrooms allowing independent transfer from wheelchair, and 6(2 specialized and 4 other health facilities) have restrooms allowing the use of sanitary and supportive disposals while 7(2 specialized and 5 other health facilities) have restrooms fitted with a grab bar. Only 6 out of 22 health facilities (Nyange HC, Hôpital spécialisé HVP Gatagara, Gatagara HC, Rubengera HC, Rilima Hospital and CHUK) have restrooms meeting the above mentioned categories of inclusive infrastructure facilities.

Overall, the findings revealed that all health facilities need to put in place more inclusive infrastructure to ease the access of PWDs to health services.

4. STATUS OF SERVICE DELIVERY TO PWDs IN LOCAL GOVERNMENT

Through NST1, the Government of Rwanda is committed to continuing to support and engage PWDs to participate in all decision making processes and ensuring easy access to public and private infrastructure by enforcing the building code.

This section states the findings on the number of PWDs per district, number of schools and health facilities per district, mainstream of PWDs needs in districts' plans, district support to NCPD structures and PWDs centers, beneficiaries' satisfaction with NCPD structures, facilitation provided to PWDs by districts, training of districts' staff, and perception of PWDs on violence against them and inclusive infrastructure.

4.1. Number of persons with disabilities per District

The table below illustrates the number of PWDs per District. The data provided by Districts is drawn from 2012 census and the 2016 disability categorization report; a study conducted by NCPD in partnership with MINISANTE that aimed to categorized PWDs per their degree of disability. The categorization cards given to PWDs at the end of this exercise was to facilitate PWDs in accessing various services.

Chart 12: Number of PwDs in assessed Districts

No	District	Census	Disability categorization
1	Bugesera	18,929	5,810
2	Burera	12,478	6,084
3	Gasabo	15,518	4,541
4	Karongi	18,434	6,603
5	Kicukiro	8,751	1,784
6	Musanze	10,368	6,263
7	Nyanza	15,219	5495
8	Nyarugenge	7,901	2,156
9	Nyaruguru	15,086	5,587
10	Rusizi	16,696	8,554
11	Rwamagana	10,369	3,768
	TOTAL	149,749	56,645

Source: Primary data, Assessment of Service Delivery for PWDs. RGB, September 2019

Out of 149,749 PWDs indicated by 2012 population census in the eleven Districts assessed, categorisation covered only 56,645 corresponding to 37.83 % while 62.17% are not yet categorized. This is due to the fact that after the passing of the ministerial order of 2009 to categorise PWDs, the actual implementation of categorisation was not effected until 2016. Even after 3 years of implementation, all PWDs have not yet been categorised. This delay has had a negative impact in the compliance with some ministerial orders provisions such as the ministerial order related to CBHI services to PWDs.

4.1.1. Number of PWDs by type of disability per District

The table below shows the number of PWDs by type of disability per District

Table 13: Number of PwDs by type of disability per District

No	Districts	Physical impairment	Visual impairment	Hearing and speaking impairment	Mental Disabilities	Other types of Disabilities
1	Gasabo	2,646	398	506	0	823
2	Kicukiro	4,761	912	96	530	480
3	Musanze	4,385	0	827	0	592
4	Nyanza	7,636	1,889	603	1,217	696
5	Nyaruguru	3,748	244	218	308	832
6	Rwamagana	220	0	0	0	0
	TOTAL	23,396	3,443	2,250	2,055	3,423

Source: Primary data, Assessment of Service Delivery for PWDs. RGB, September 2019

As illustrated in the table above, five Districts (Bugesera, Burera, Karongi, Nyarugenge and Rusizi) out of 11 assessed do not have data indicating the number of PWDs according to their type of disabilities. This has an impact in district planning and resolving challenges relating to PWDs as well as on the social and economic welfare of PWDs. These districts were omitted from the above table.

4.2. Mainstreaming of PWDS needs in Districts' plans

The government of Rwanda as chosen citizen centeredness as its method governance. This means leaving no one behind in planning and execution of policies and activities. Therefore, this subsection shows how Districts have mainstreamed the needs of PWDs in their planning activities.

4.2.1 Methods used by Districts in collecting PWDs needs

In all 11 districts assessed, data shows some districts use more than one method to collect PWDs needs thus 8 districts, representing 72.73% use meetings with PWDs as a method to collect PWDs needs. 6 districts, representing 54.55% use the community gathering, 2 representing 18.18% visit PWDs at their villages and work place (cooperatives), one uses the district council commission, one uses the beneficiaries' complaints directly addressed to Districts, one uses the community work and one uses the PWDs cooperatives.

4.2.2. PWDs' needs mainstreaming into Districts' action plans

In all assessed districts, their District Development Strategies illustrate that PWDs needs are integrated at 100% but there is still underlying issue pertaining to actual implementation. The PWDs main priorities integrated include support to cooperatives of PWDs, support to PWDs sport teams, support NCPD committees at District level meetings, celebration of the international day of PWDs, provide school fees and other schools requirements, Training of NCPD committees at sector and cell level.

It is important to note that 7 Districts have integrated at least one high priority activity like the following:

- Support to purchase assistive devices (Gasabo, Nyanza);
- Provide medical support (Nyanza, Nyarugenge);
- Support PWDs in Ubudehe category 1 and integration of PWDs as beneficiaries of VUP (public works), Girinka, MPG (Karongi, Gasabo, Nyanza);
- Accommodation for some in IDP model village (Gasabo, Rwamagana);
- Visit NCPD structures and their interventions at sector and cell levels (Musanze, Nyarugenge);
- Sensitisation on revenue saving approach and support PWDs to start a business (Gasabo, Nyanza);
- To put in place clubs to denounce cases of violence against PWDs (Nyaruguru);
- Sensitisation of the population on how to care about PWDs (Nyaruguru);
- Support inclusive schools (Karongi);
- Public and private institutions accessibility audit (Nyanza);
- Issuing to them ID cards and removing them from the street (Gasabo).

4.2.3. Implementation of planned PWDs priorities

Six out of 11 districts (Burera, Gasabo, Karongi, Musanze, Nyarugenge and Rwamagana) implemented all planned priorities. However, it is important to note that the priorities set do not respond to the priority needs of PWDs. In addition, three districts (Nyaruguru, Kicukiro and Bugesera) implemented their priorities between 60 and 75% while 2 districts (Nyanza and Rusizi) implemented their priorities below 45%.

4.2.4. District support to NCPD structures and PWDs Centers

All Districts indicated that they support NCPD structures and PWDs centers by providing training of NCPD committee members, organization of NCPD committee meeting and advocacy for funding. In addition, some districts also provided support to PWDs centers in the registration process and NCPD committees' elections process. However, collaboration and coordination of activities was found to be lacking thus negatively impacting the implementation of PWDs priorities.

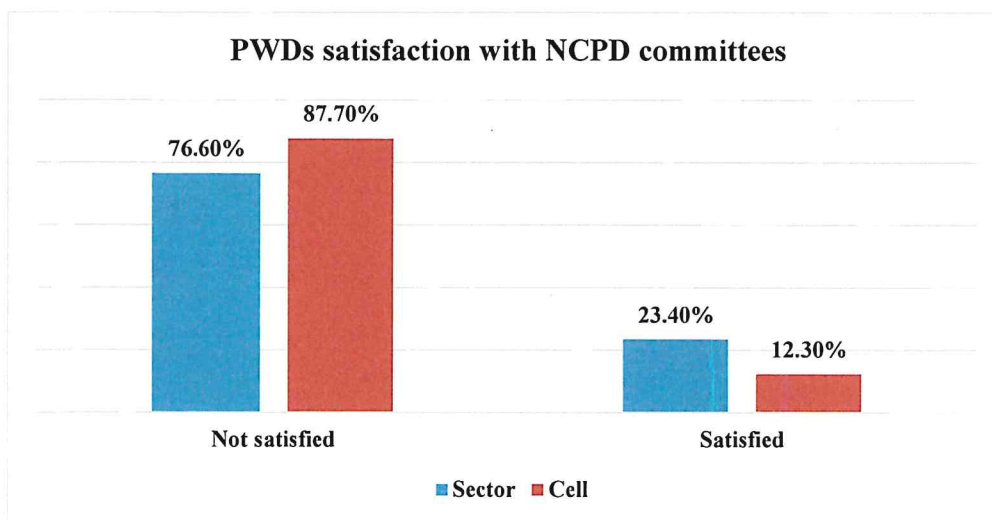
A separate assessment on the functioning of the NCPD councils conducted by RGB in the same Districts, indicated that most executive committees depend on the goodwill of the well-wishers who solicit and supply handout materials to persons with disabilities because no effective planning and budgeting is done by the NCPD committees at all levels. In 7 out of the 11 Districts assessed, the general assemblies which are the supreme organ of NCPD at every level, neither review nor approve the activity plans, budgets and reports.

4.3. PWDs satisfaction with NCPD committees

The chart below shows beneficiaries' satisfaction with NCPD committees.

4.3.1. At the Sector and Cell levels

Chart 13: PwDs satisfaction with NCPD committees



Source: Primary data, Assessment of Service Delivery for PWDs. RGB, September 2019

The graph above shows that the majority of respondents (76.6) at the sector level are not satisfied with NCPD committees while 87.7% at the cell levels are not satisfied with the committees. Interviews with the beneficiaries revealed committees have limited knowledge of their responsibilities and limited skills. The lack of capacity has a negative impact on the advocacy of PWDs needs, on the prioritization of PWDs needs in districts plans and the overall functioning of NCPD structures.

In a related development, the assessment on the functioning of the NCPD committees confirmed this negative perception of the beneficiaries because in almost all the assessed Districts, the NCPD General Assembly does not monitor whether the Executive Committees implement its decisions. Only 4 out of 11 districts indicated they do such monitoring but with no reports for evidence. The Statutory meetings do not convene regularly in some Districts. At the time of the assessment, only 5 out of 11 districts had not convened their General Assembly meetings as prescribed by the law. Musanze District has never convened any such general assembly while Gicumbi had convened only once in three years. Huye, Karongi and Rwamagana have held only two statutory meetings in the last three years.

In terms of general functioning, the Executive committees in the assessed Districts do not comply with legal obligations. Only 3 Districts convened the statutory meetings as required. Rusizi, Nyarugenge and Bugesera are the only districts that held the meetings on quarterly basis as provided by law. This kind of functioning disables the effectiveness of the NCPD councils.

4.4. Facilitation provided to PWDs seeking services at the district offices

In general, the majority of sampled districts (7/11) indicated that they offer facilitation to PWDs seeking services at the district. Though districts indicated that they offer services to people with different categories with disabilities, it was found out that more facilitation is provided to those with visual impairment and mental disabilities compared to physical impairment and the deaf and dumb.

4.5. Awareness concerning PWDs

There is generally ` limited awareness of district staff on facilitating people with disabilities. For instance, Musanze District indicated a high number of staff with awareness (52/93) but it is only on one aspect; the use of sign language. This absence of awareness of how to serve PWDs per types of disability means that some PWDs are not well served when seeking different services.

4.5.1. Type of training received by the staff of Districts

The table below illustrates the types of training provided by Districts to their staff.

Table 14: Trainings provided by Districts to their staff

District	Type of training
Bugesera	PWDs rights and service Delivery for PWDs
Burera	Causes of disability, Service Delivery for PWDs
Gasabo	Service Delivery for PWDs
Karongi	Service Delivery for PWDs
Musanze	Sign language
Nyarugenge	PWDs rights, Service Delivery for PWDs
Rusizi	Service Delivery for PWDs
Rwamagana	Committee responsibilities and counselling

Source: Primary data, Assessment of Service Delivery for PWDs. RGB, September 2019

4.6. Cases of violence against PWDs

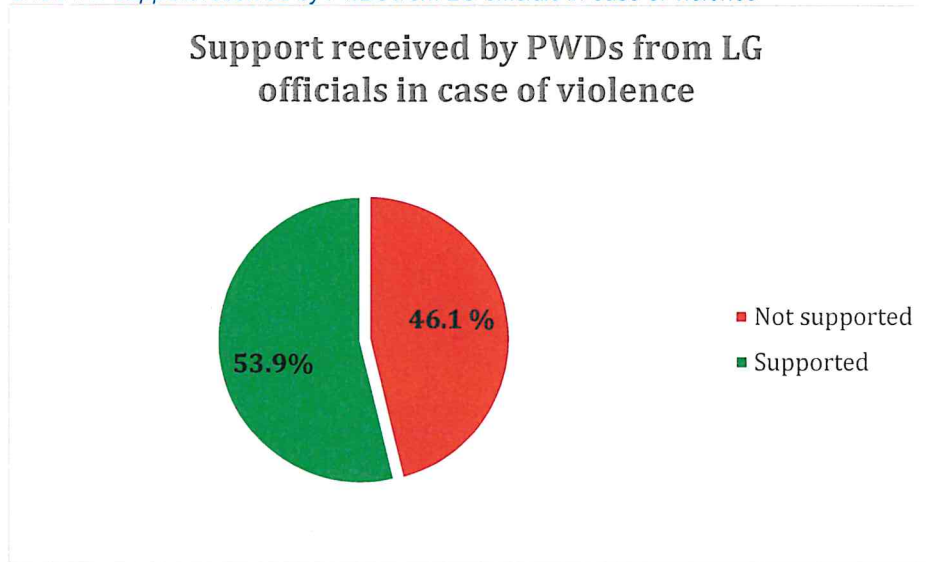
The assessment revealed that there are still cases of different forms of violence against people with disabilities. For instance, among the 154 PWD respondents from selected districts, 5 reported experiencing physical violence, 97 reported experiencing emotional violence, 4 reported experiencing sexual violence and 13 reported experiencing economic violence. These cases are happened in families, communities, schools, and sometimes at the work place.

4.6.1. Support to PWDs in case of violence

This sub-section shows the number of respondents that reported receiving support from local government officials when they experience any form of violence.

The pie chart below shows the percentage of respondents confirming that they receive support in case of violence.

Chart 14: Support received by PwDs from LG officials in case of violence



Source: Primary data, Assessment of Service Delivery for PWDs. RGB, September 2019

The chart above shows that a significant percentage of respondents (46.1%) indicated that they are not supported in case of violence. This is a weakness affecting the wellbeing of people with disabilities.

4.7. Inclusive Infrastructure in Local administrative entities

Both Public and Private offices are required to have inclusive infrastructure that enables PWDs to easily access different services. This assessment looked at inclusiveness of infrastructure mainly pathways, inclusive restrooms, signage/symbols to different offices and services in the 11 sampled Districts.

The table below indicates the status of infrastructure in the assessed districts.

Table 15: Status of infrastructure in assessed Districts

District	Pathway	Inclusive signage to different services	Inclusive restrooms
Bugesera	Available	Not available	Available
Burera	Not available	Not available	Not available
Gasabo	Available	Not available	Available
Karongi	Available	Not available	Available
Kicukiro	Available	Not available	Not available
Musanze	Not available	Not available	Not available
Nyanza	Not available	Available	Not available
Nyarugenge	Available	Available	Not available
Nyaruguru	Not available	Available	Not available
Rusizi	Not available	Not available	Not available
Rwamagana	Available	Not available	Not available

Source: Primary data, Assessment of Service Delivery for PWDs. RGB, September 2019

The table above shows that 3 out of 11 Districts assessed (Gasabo, Bugesera and Karongi) have inclusive pathway and restrooms while three others (Rusizi, Musanze and Burera) do not have any inclusive facility. This is a big challenge to PWDs seeking services to districts and other service providers.

5. MAIN CHALLENGES AND RECOMMENDATIONS

The following section highlights key challenges found in schools, health facilities and districts which hinder the delivery of services to people with disabilities and respective recommendations.

#	Main Challenges	Recommendations	Responsible Institutions
1	Majority of the districts indicated a lack of sufficient resources to serve the priority needs of PWDs. They lack means of providing specialized services tailored to the needs of each category of disability, staff skills to provide appropriate care and support and putting in place appropriate infrastructure	There is a need for serious engagement with different partners to mobilize resources (Financial, human and material) to address existing and emerging needs of PWDs	MINECOFIN (Lead), MINALOC, NCPD, CSOs and District
2	There is still cultural issues of some parents not willing to disclose the disabilities of their children which limits the ability of service providers to provide care for some of these children	There is a need to intensify sensitization of parents and communities to understand that disability is not inability.	MINALOC (Lead), NCPD, MIGEPROF, ECD and decentralized entities,
3	The delay in completing categorization of PWDs makes them unable to access services	Establish a regular categorization system. A calander for categorization should be available and made known to the general public	MINALOC (Lead), MINISANTE and NCPD
4	People with disability still face all forms of abuse to them in their homes, community as well as in schools	There is a need to enforce the law against stigmatizing of PWDs	MINALOC (Lead), MINIJUST and NCPD
5	National Councils of People with Disability are not functioning at the sector and cell levels which limits the level of engagement of PWDs to understand their needs and effectively advocate for them	There is a need to regularly monitor the functioning of NCPD organs, provide facilitation and capacity building	MINALOC (Lead), NCPD and decentralized entities

6	There are very few specialized schools for PWDs and the few that are available do not serve children with all forms of disabilities	There is need to establish at least one specialized school per district covering all forms of disabilities	MINEDUC (Lead), REB, MINALOC and NCPD
7	Many children with disability attend ordinary schools with very limited or even no facilities and infrastructure to serve their needs	There is need to facilitate PWDs through providing infrastructures and other facilities that are appropriate to their needs	MINEDUC (Lead), REB, MINALOC and NCPD
8	The existing health insurance do not take care of the special health needs to PWDs. They only cover general illness like what they cover for any other patient	There is need to provide subsidies on health services to patients with severe disabilities	MINISANTE (Lead) MINECOFIN, , RSSB, MINALOC and NCPD
9	There is still evident practices of stigmatization of PWDs despite the fact that, the law prevents it	There is a need for sensitization and reinforcement of the law against stigmatization	MINALOC (Lead), MINIJT and NCPD

Kaitesi



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