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**Report on the Extent to Which Rwanda’s Implementation of the SDGs Complies with its Obligations Under the CRPD**

**A report compiled for the International Disability Alliance**

**April 2019**



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# Abbreviations

**AU:** African Union

**CEDAW:** Convention on the Elimination of All Forms of Discrimination against Women.

**CHWs:** Community health workers.

**COMESA:** Common Market of East and Southern Africa.

**CRPD:** Convention on the Rights of Persons with Disabilities.

**DRC:** Democratic Republic of Congo.

**EAC:** East African Community.

**EDPRS:** Economic Development and Poverty Reduction Strategy.

**EICV5:** Fifth Integrated Household Living Conditions Survey.

**GBV:** Gender-based violence

**GMO:** Gender Monitoring Office.

**MINALOC:** Ministry of Local Government.

**MINEDUC:** Ministry of Education.

**MoH:** Ministry of Health.

**NCPD:** National Council of Persons with Disabilities.

**NEP:** National Employment Programme.

**NEPAD:** New Partnership for Africa’s Development.

**NST:** National Strategy for Transformation.

**NWC:** National Women’s Council.

**RGB:** Rwanda Governance Board.

**SDGs:** Sustainable Development Goals.

**SWGs**: Sector working groups.

**TVET:** Technical and vocational education and training.

**VTC:** Vocational training centre.

**VUP:** Vision 2020 Umurenge Programme.

# Executive Summary

In 2008 Rwanda ratified the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). Rwanda also subscribes to the 2030 Agenda for Sustainable Development commonly referred to as the Sustainable Development Goals (SDGs). While the CRPD was formulated specifically to protect the rights of persons with disabilities and the SDGs are intended to promote development that is sustainable, the latter document recognises the importance of including people with disabilities in any development agenda. Thus, the two documents have a lot in common in as far as persons with disabilities are concerned.

The current report aims to examine the extent to which Rwanda’s activities aimed at achieving the goals and targets set out in the SDGs include and consider people with disabilities and comply with its commitments under the CRPD.

Information for this report was obtained from two sources: the first source was the available documents including government policies, laws and reports, as well as a variety of other documents and reports from other sources. The second source of information was interviews conducted with people with disabilities from three different regions of the country, namely Musanze district, Nyagatare district, and the city of Kigali.

Although there are 17 SDGs, this report focuses only on five which were selected after a series of consultations with people with disabilities and their organisations. These are:

1. Goal 1: End poverty in all its forms everywhere;
2. Goal 3: Ensure healthy lives and promote well-being for all at all ages;
3. Goal 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all;
4. Goal 5: Achieve gender equality and empower all women and girls;
5. Goal 8: Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all.

Overall, it was found that Rwanda has made tremendous achievements in all these goals. People with disabilities too have benefitted from these developments. However, it was also found that persons with disabilities have not benefitted as much as their counterparts without disabilities and that they still face many challenges and barriers that prevent them from reaping the full benefits of the country’s progress. At the end of this report, 19 recommendations are made to make the country’s development efforts more inclusive of people with disabilities. These are:

1. Raise the profile of persons with disabilities in activities related to the SDGs, especially in the coordination mechanisms, planning of activities, and budgeting;
2. Create a mechanism of reporting activities of and for persons with disabilities for data collection purposes;
3. Establish mechanisms for gathering data on persons with disabilities;
4. The government should strengthen its role in training persons with disabilities about the SDGs and the CRPD;
5. The social protection fund available to districts should have a quota earmarked for people with disabilities;
6. Ease further the availability of prosthesis, orthosis, and other assistive devices;
7. Include and promote the manufacturing of assistive devices in the made in Rwanda programme;
8. Long-term medication for persons with disabilities should be paid for by Mutuelle de Santé;
9. Facilitate NCPD disability coordinators to do their work;
10. Provision of training for NCPD coordinators in budgeting, advocacy, and other relevant areas;
11. Increase vocational training opportunities for persons with disabilities;
12. The extra costs associated with disabilities should be recognized and measures taken to alleviate their impact;
13. Merge the two disability laws;
14. Sensitise and train key stakeholders in laws and policies relating to disability;
15. New infrastructure should be allowed to operate only after a thorough accessibility audit;
16. The use of sign language at different levels should be promoted;
17. Alternative means of communication should be used alongside mainstream forms of communication;
18. Action should be taken to stimulate employment of persons with disabilities;
19. Disability rights should be promoted as vigorously as gender issues.

These recommendations were mostly made by people with disabilities as means that could facilitate their easier inclusion into the country’s development process and bring the expectations expressed in the CRPD closer to reality.

# Rwanda Country Context

## About Rwanda

Rwanda is situated in East-Central Africa. It is a relatively small, land-locked country with an area of 26,338 square kilometres. It is a largely hilly country, which has earned it the nickname of ‘the Land of a Thousand Hills’. Rwanda shares frontiers with four countries: Tanzania to the east, Uganda to the north, Burundi to the south, and the Democratic Republic of Congo (DRC) to the west. The country is situated in that part of Africa known as the Great Lakes Region and as such has twenty-three lakes. In addition, it has five volcanic mountains and very many rivers. Rwanda is also famous for its mountain gorillas which inhabit the forests of the volcanic mountains on its border with the DRC. The country is largely rural; about 98% of its total land area is classified as rural while the remaining 2% is classified as urban.

The Fourth Population and Housing Census conducted in 2012 showed that Rwanda had a population of 10,515,973 people, out of whom 5,451,105 were female and 5,064,868 were male. Thus, the population of women is slightly more than that of men. The same census showed that the majority of Rwandans, that is 8,778,289 people, lived in rural areas with the remaining population, that is to say 1,737,684 people, resided in urban areas. The majority of Rwandans are engaged in the agricultural sector, with agriculture contributing 33% of the country’s gross domestic product in 2012. The services sector is the largest contributor to the country’s economy, although the manufacturing sector is also growing rapidly. Data from the Fifth Integrated Household Living Conditions Survey (EICV5) as published in the Rwanda Poverty Profile Report showed that the proportion of Rwandans who were poor in the period 2016/2017 was 38.2%. The proportion of people living in poverty was higher in rural areas than in urban areas, according to the same data.

As far as the country’s political administration is concerned, the village is Rwanda’s smallest administrative entity; above it there is the cell, then the sector, then the district, and above that there is the province, which is the largest administrative unit. Currently, Rwanda has 14,837 villages, 2,148 cells, 416 sectors, 30 districts, and five provinces (including the City of Kigali). Since the year 2000, Rwanda has been operating under a decentralised system under which many of the powers and functions previously exercised by central government were transferred to local administrative units. As such, according to the Ministry of Local Government (MINALOC), the district is the basic political and administrative unit in the country while the village is the smallest political administrative unit.

According to the Rwanda Governance Board (RGB), “As part of efforts to reconstruct Rwanda and nurture a shared national identity, the Government of Rwanda drew on aspects of Rwandan culture and traditional practices to enrich and adapt its development programs to the country’s needs and context. The result is a set of Home Grown Solutions - culturally owned practices translated into sustainable development programs. One of these Home Grown Solutions is Ubudehe.” This term refers to the Rwandan traditional practice of people coming together at the community level to address common challenges. Ubudehe has become one of the pillars of the country’s approach to dealing with its development challenges. Under ubudehe, Rwandans are categorised into four main socio-economic categories, with the least well-off being in the first category and the most well-off being in the fourth category[[1]](#footnote-1). This categorisation is used by the government as the basis for many decisions relating to the provision of services to the population.

## General Situation of Disability in Rwanda

### 1.2.1 Key Statistics on Disability

According to the 2012 Census, 446,453 people aged 5 and above in Rwanda had a disability at that time. This is around five percent of the total population of the country. Out of these, 221,150 were male and 225,303 were female. Children with disabilities between the age of 3 and 6 years old were said to be 15,831 out of a total population of 1,265,026 children (approximately 1.3%). The prevalence rate of disability was 5.2% for males aged five and above, and 4.8% for females in the same age range. The distribution of people with disabilities across the country generally reflects the general distribution of the rest of the population across the country. Thus, there were far more persons with disabilities in the rural areas (about five percent of the population) than in the urban areas (about three percent of the population). The 2012 census data showed a strong correlation between age and disability since the proportion of individuals with disability increased with the age of the population: among people less than 34 years old, fewer than four percent had a disability while about one in every four people aged 80 and above had a disability.

In the 2012 census, disability was measured in terms of how far it affects a person’s ability to function. From this perspective, it was found that the commonest type of disability is difficulty walking or climbing, which constitute three percent of the resident population of Rwanda aged five and above. Each of the other disabilities or activity limitations has a prevalence rate of below 1%. For example, 0.9% have difficulties learning and/or concentrating while 0.6% experience difficulties with their vision. Just over 6% of all persons aged five and above who have a disability have more than one disability while the rest, around 93%, have only one disability. Diseases and illnesses were listed as the most common causes of disabilities in Rwanda, resulting in nearly half of all the occurrences. Injuries and accidents account for some 20% of all incidences of disability and 13% of people with disabilities had congenital conditions. The Rwandan civil war of 1990-1994 (and the landmines it left behind) as well as the genocide against the Tutsi in 1994 were responsible for around 8% of all incidences of disability n the country.

In 2012, when the last census was conducted, 229,198 households were headed by a person with a disability, compared to 2,176,978 households headed by persons without a disability In other words, 57% of persons with disabilities headed a household, against 34% of the population in general. This is partly explained by the fact that a large number of people with disabilities are older. 88% of people with disabilities heading households owned their own houses compared to 80% in the rest of the population. Among persons with disabilities heading households, 58.2% were employed as compared to 85.7% among the general population; 2.3% were unemployed compared to 2.1% in the rest of the population, while 39.6% were reported to be inactive, as compared to 12.3% among households headed by persons without disabilities. Available data from the census further shows that people with disabilities heading households generally supported more people than people without disabilities heading households.

### 1.2.2 Legal, Policy and Institutional Framework

Disability has not been forgotten in Rwanda’s policies and laws. The Committee on the Rights of Persons with Disabilities, in its advance Concluding Observations on the Initial Report of Rwanda, commended the country on having a legal framework that protects persons with disabilities (paragraph II 4). Since around 2008, significant efforts have been expended by the government to ensure the inclusion of disability and people with disabilities in its national plans and policies. Laws have been enacted to protect people with disabilities. Furthermore, Rwanda has ratified and subscribed to several international instruments designed to promote the rights of persons with disabilities.

Internationally, Rwanda has acceded or ratified several instruments intended to protect the rights of persons with disabilities. Suffice it here to give only two examples: Rwanda recognised the Standard Rules on the Equalisation of Opportunities for Persons with Disabilities. This was not a legally binding instrument but it underscored the government’s commitment to protect the rights of persons with disabilities. In 2008, Rwanda ratified the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), which is considered a seminal document for the protection of the rights of persons with disabilities. The Rwanda government initial report on the implementation of the CRPD submitted in 2015 (p17) states that the priorities of Rwanda in the implementation of the Convention are the following:

* Reduce poverty and increase material quality of life (Article 28)
* Increase access to quality education (Article 24)
* Increase access to quality and appropriate health promotion and treatment services (Article 25)
* Improve quality of information about disability, increase disability awareness, and promote positive social attitudes (Article 9)
* Increase active citizenship, ensure representation, and build a strong disability movement (Article 29)

It is also worth mentioning here that the Sustainable Development Goals (SDGs), which Rwanda is committed to achieve, include persons with disabilities and stress the importance of not leaving them out in the development process.

From the legal perspective, there are several laws and ministerial orders designed to protect the rights of persons with disabilities and to ensure their access to basic human rights. The Constitution of the Republic of Rwanda is the prime document upon which all human rights are based. The constitution guarantees full rights to all Rwandan citizens and outlaws all forms of discrimination based on, among other things, disability.

On January 20 2007 the government of Rwanda promulgated two laws specifically devoted to the protection and promotion of the rights of persons with disabilities. One of these laws was Law Number 02/2007 Relating to the protection of Persons with Disabilities and former war combatants. This law guarantees former war combatants with severe disabilities certain rights and privileges, such as free medical care, free shelter, and exemption from paying for government documents.

The other law promulgated on January 20 2007 is Law Number 01/2007 relating to the protection of Persons with disabilities in general. This law provides people with disabilities a broad range of rights and attempts to ensure that the freedoms of persons with disabilities are not violated. For example this law guarantees access to education, healthcare, access to information and public infrastructure, the right to leisure activities, and so on. A number of ministerial decrees and government policies have been passed to facilitate the implementation of this law covering a range of areas, including education, communication, travel, healthcare, employment, access to public buildings, and leisure. Some of these policies and decrees will be referred to later on in this report.

It should also be pointed out that since the development of Rwanda’s second Economic Development and Poverty Reduction Strategy (EDPRS II) for the period 2013-2018, disability has been considered as a cross-cutting issue, which means that it should be incorporated into all aspects of government planning.

Whereas this report shows what has so far been achieved in Rwanda’s development efforts in as far as they affect people with disabilities, it is difficult to judge the impact of these laws on their own on actual government activities. It is not possible to say to what extent the achievements outlined in this report are the result of existing laws and policies. Furthermore, although Rwanda ratified the CRPD in 2008, the Committee on the Rights of Persons with Disabilities, in its advance Concluding Observations on the Initial Report of Rwanda, expressed concern that the country “has not brought its domestic legislation into line with the Convention, and that its laws still contain pejorative terms and reflect the medical model of disability…” (paragraph III A 5).

Institutionally, people with disabilities in Rwanda are organised under a number of organisations and associations. All these associations are non-governmental and many of them have a mission to advocate for the rights of specific groups of people with disabilities. For example, there is an organisation working to promote the welfare of people with visual impairment, another one for people with deafblindness, another for women with disabilities, another for Deaf people, and so on. The table below shows the main organisations of people with disabilities in Rwanda today:

Table 1.1: Major organisations of people with disabilities in Rwanda.

|  |  |  |
| --- | --- | --- |
| Acronym  | Full name  | Area of focus  |
| AGHR | Association Générale des Handicapés du Rwanda  | Physical disabilities  |
|  | Collectif Tubakunde  | Intellectual disabilities  |
| NOUSPR | National Organisation of Users and Survivors of Psychiatry  | Psycho-social challenges  |
| NPC | National Paralympics Committee | Sports  |
| OIPPA | Organisation d’Intervention et promotion des Personnes atteinte d’Albinisme  | Albinism  |
| RECOPDO | Rwanda Ex-Combatants and Other Persons with Disabilities Organisation  | Ex-combatants with disabilities  |
| RNADW | Rwanda National Association of Deaf Women  | Women with hearing impairment  |
| RNUD | Rwanda National Union of the Deaf  | Hearing impairment  |
| ROPDB  | Rwanda Organisation of People with Deafblindness  | Deafblindness  |
| RULP  | Rwanda Union of Little People | Little people/people of short stature.  |
| RUB | Rwanda Union of the Blind  | Visual impairment  |
| THT | Troupes des Personnes Handicapées Twuzuzanye  | Advocacy through drama  |
| UNABU | Umuryango Nyarwanda w’Abagore Bafite Ubumuga  | Women with disabilities  |
|  | Uwezo Youth Empowerment  | Youth with disabilities  |

Source: field data.

There are moreover two umbrella organisations that bring together several disability organisations so that they can speak with a stronger voice. These are the National Union of Disabilities Organisations of Rwanda (NUDOR) and the Umbrella of Persons with Disabilities in the Fight Against HIV/AIDS (UPHLS).

At the government level, the National Council of Persons with Disabilities (NCPD) represents and protects the interests of people with disabilities. It was created in 2010. It is regulated by law number 03/2011 of February 10 2011 determining its responsibilities, organisation and functioning. The mission of the NCPD is to serve as 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. Pursuant to this mission, the National Council of Persons with Disabilities assists and advises the Government in planning and implementing programmes and policies that benefit persons with disabilities. Since the NCPD has representatives from local government level upwards, people with disabilities are represented at all these levels.

# Methodology

This section deals with the methods that were employed when collecting the information contained in this report. For a report of this nature to be credible, it should be based on reliable information obtained through the use of valid and sound methodology. It is therefore important here to take some time to acquaint the reader with the various research methods that were employed in the process of writing this report.

The purpose of this report is to describe how Rwanda has been working towards achieving the goals set out in the 2030 Agenda for Sustainable Development in a way that conforms to its obligations under the United Nations Convention on the Rights of Persons with Disabilities. It was therefore imperative that the right methods be employed to provide the relevant information needed. In the process of collecting data, it was important that the voice of people with disabilities should be heard loud and clear. This was one of the guiding principles that were followed in the selection of the methods used to conduct the research that resulted in this report. Having decided to involve people with disabilities as much as possible in the data collection process, it was further necessary to try and represent the diversity in this community in the country. Thus, a conscious effort was made to get the voices of different strata in this population, i.e. to reflect differences based on gender, differences in the disabilities of the people, and regional differences, meaning that the rural-urban dichotomy also had to be reflected. Another important principle that guided the choice of methods was the desire to be as accurate and objective as possible in writing this report. It was necessary to carefully examine the available information to ensure that it was accurate and reliable. The time available within which to conduct the research for this report was also a key factor to consider in the choice of methods to use. The total time available within which to collect data and write the report was about three months, although in fact this time was reduced by other intervening factors.

After considering the foregoing factors, it was decided to use the qualitative research approach. The key advantage of this approach is that it allows research participants to detail their lived experiences, which would not be the case using the quantitative research approach. It was desirable to hear the experiences of people with disabilities with regard to the government’s activities related to the SDGs and the CRPD. The general information about what the government was doing is generally available for anyone to find; what is really missing are the experiences of people with disabilities. Using qualitative research methods provided them a platform to provide this information.

***Choice of SDGs:*** One of the first decisions that had to be made regarding this report was the choice of SDGs to focus on. In sub-section 1.2.2 the priorities of the government of Rwanda in the implementation of the CRPD were mentioned. These provided the key to the selection of goals to focus on. In addition, after considering how important gender issues have become, it was decided that the goal on the promotion of Gender equality should be included in this report. However, before making a final decision as to which goals to include in the report, key players in the disability movement were purposefully selected and asked to give their opinions as to which goals should be included in the report. After these consultations, it was decided to focus on the following goals:

* Goal 1: End poverty in all its forms everywhere.
* Goal 3: Ensure healthy lives and promote well-being for all at all ages.
* Goal 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all.
* Goal 5: Achieve gender equality and empower all women and girls.
* Goal 8: Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all.

***Sampling:*** As has already been mentioned, sampling was based on the desire to reflect the diversity in the population of individuals with disabilities. Samples had to reflect gender differences and differences in the area of residence, i.e. people with disabilities in the urban and rural areas both had to appear in the sample. The sample also had to attempt to reflect the different types of disabilities present in the country. Hence, the city of Kigali and two districts from two provinces of the country were selected to collect the data for the report. A minimum of 15 people with disabilities from each area were purposively selected to participate in the data gathering process. Some of the participants were members of organisations of people with disabilities while others were drawn from the members of the NCPD at the local levels. Table 2.1 below shows the number of participants involved in the data collection process from each area:

Table 2:1: Number of participants from each area.

|  |  |  |  |
| --- | --- | --- | --- |
| Region/Participants | Male  | Female  | Total  |
| City of Kigali  | 9 | 6 | 15 |
| Nyagatare  | 13 | 3 | 16 |
| Musanze  | 9 | 7 | 16 |
| Total  | 31 | 16 | 47 |

Source: field data.

***Data collection methods:*** data was collected through interviews and focus group discussions with the participants. In the two districts and the city of Kigali a number of key actors in the disability field were identified and then interviewed using a set of questions that had been developed beforehand. Participants from each district and the city of Kigali then sat together and took part in focus group discussions to discuss the same questions. The proceedings of the interviews and focus group discussions were recorded and later analysed using qualitative research techniques.

Throughout the data collection process for this report, the participatory approach was emphasised. The importance of having people with disabilities owning and being part of the whole process was stressed. Indeed after the completion of the report a validation workshop was held bringing together under one roof many of the participants who provided information for this report. The number of people who participated in the validation workshop is shown in table 2.2 below:

Table 2:2: Number and gender of participants in the validation workshop

|  |  |  |  |
| --- | --- | --- | --- |
| Region/Participants | Male  | Female  | Total  |
| City of Kigali  | 11 | 11 | 22 |
| Nyagatare  | 5 | 3 | 8 |
| Musanze  | 4 | 5 | 9 |
| Total  | 20 | 19 | 39 |

Source: Field data.

Participants from Kigali were more than participants from Nyagatare and Musanze because they were easier to reach. These participants came from several civil society organisations of people with disabilities and NCPD coordinators. Their inputs proved valuable in ensuring the accuracy of the report.

# Analysis of the Implementation of the SDGs

This section analyses the implementation of the five SDGs mentioned above and assesses whether this implementation considers the government’s obligations under the provisions of the CRPD. The best way to do this is to examine how disability inclusive the government activities aimed at achieving the SDGs are.

The information contained in this section is a synopsis off the data obtained from a review of existing documents as well as data obtained during interviews with the various participants in this study as outlined in section 2 above.

## Goal 1: End poverty in all its forms everywhere

This goal has 5 targets all intended to reduce poverty levels by 2030. Targets 1.3, 1.4 and 1.5 refer specifically to vulnerable groups, a term that usually includes in its meaning people with disabilities.

It is acknowledged that disability increases a family’s or individual’s vulnerability to poverty. Households which have a person with a disability as a member have a poverty level 1.7 percent above the national average. People with disabilities and their families generally find it harder to pull themselves out of poverty and people with disabilities are at greater risk of becoming poor.

According to Rwanda’s 2016/2017 Poverty Profile Report (The Fifth Integrated Household Living Conditions Survey (EICV5) the proportion of people who were poor in 2016/17 was 38.2%. this was a slight improvement compared to the rate of 39.1% in 2013/14.furthermore, 16% of Rwandans were living in conditions of extreme poverty. The same report also showed that poverty levels were higher in rural areas than in urban areas. Other available data also shows that 10.5% of households in any poverty quintile are headed by a person with a disability. This figure is quite high when one considers that less than 5% of Rwandans have a disability. However, there is no accurate and reliable data to show the exact extent to which people with disabilities are affected by poverty in Rwanda today. For example, the data presented in the EICV5 report does not have disaggregated data on disability and poverty. Neither is the report helpful in determining whether different categories of disabilities are affected by poverty to the same extent.

Over the years Rwanda has developed many plans and strategies charting its path to economic progress. For example, there have been two five-year economic development and poverty reduction strategies designed to boost economic development and lift Rwandans out of poverty. The first of these was the Economic Development and Poverty Reduction Strategy I (EDPRS I) which covered the period 2008 to 2012 and the second one, Economic Development and Poverty Reduction Strategy II (EDPRS II), was from 2013 to 2018. It is within the EDPRS II that disability was first identified as a cross-cutting issue, which meant that disability issues had to be incorporated into all development activities. Regarding disability, the EDPRS II states, “Rwanda does not intend to leave any of its citizens behind in its development. As such, specific steps will be taken to ensure that people with disabilities (PWDs) and other disadvantaged groups are able to contribute actively to the country’s development and to benefit from it.” This trend has been continued in the current development strategy dubbed the National Strategy for Transformation (NST I), a seven-year plan covering the period 2017-2024. In this document Rwanda commits itself to maintain the progress that it has made in the provision of services to its citizens with disabilities and to scale up these services including social protection.

In 2007 Rwanda launched the Vision 2020 Umurenge Programme (VUP), an ambitious plan intended to lift all Rwandans out of extreme poverty by 2020. This programme has three components:

* Public works, mainly temporary work in the construction sector;
* Direct support in the form of cash transfers;
* Financial services in the form of affordable loans.

Through these three ways, the government channels money to the poorest people in the country. Beneficiaries usually belong to the first category of Rwandans as described in section 1.1. The National Social Protection Strategy states that “people with disabilities will be key beneficiaries of the Direct Support programme where they are members of those households receiving grants.” During the Global Disability Summit held in London in 2018, the government of Rwanda made the following commitment: “By 2021, we will expand our existing programme of Direct Support (income support) to reach all people categorized with severe disabilities (categories 1 and 2 in the current classification) in ubudehe categories 1 and 2 (the two lower categories in the Rwandan socio-economic classification system) and gather evidence towards a more universal approach thereafter.”

Another poverty reduction programme worth mentioning is Girinka, a government initiative aimed at helping the poorest families own at least one cow. As well as improving a family’s income through the sale of milk, this programme is intended to promote farming by providing manure to fertilise the land, and improve nutrition among the poorest households. This programme was started by the government, but now increasingly development partners, including non-governmental organisations, are participating by giving cows to qualifying people.

These and other government programmes have played a significant role in improving the economic conditions of many Rwandans. Many households have been able to move out of extreme poverty while others have moved out of poverty altogether.

Research done for this report revealed that Rwandans with disabilities have also benefitted from these programmes, although the extent of these benefits is not known. Each district gets two million Rwanda Francs (approximately US$2,000) to use in supporting cooperatives of people with disabilities. Districts also have funds for supporting vulnerable groups. However, it is not enough for all vulnerable people who may require assistance.

In addition, many people with disabilities reported facing barriers in accessing poverty reduction programmes. There is no common approach to ensure that people with disabilities have equal access to available funds. In some cases different districts have different approaches to disbursing funds to people with disabilities. In other cases people with disabilities are denied access to certain programmes such as public works or Girinka on the pretext that their disability makes them inefficient and unable to meet their obligations under these programmes.

## Goal 3: Ensure healthy lives and promote well-being for all at all ages

This goal is aimed at promoting healthy living, reducing preventable and premature deaths, reducing drug and substance abuse, and so on. It has nine targets.

Health issues in Rwanda are regulated and managed by the Ministry of Health (MoH). Rwanda has made considerable progress in providing quality and affordable healthcare for its citizens.

The overall aim of the government of Rwanda’s Health Sector Policy is universal access to equitable and affordable quality health services for all Rwandans. Rwanda is only one of four countries in Africa that have met the target of the Abuja Declaration to spend at least 15% of the national budget on health.

Health care is provided through a variety of health facilities. These facilities are classified as follows: referral hospitals, provincial hospitals, district hospitals, health centres, health posts, private dispensaries, clinics, polyclinics, prison dispensaries, and voluntary counselling and testing (VCT) centres. At the end of 2016, the number of health facilities in Rwanda, including the private facilities, was 1,311 as the table below shows:

Table 3.1: Number of health Facilities in Rwanda between 2013 and 2016

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Health facility type  | 2013 | 2014 | 2015 | 2016 |
| National Referral Hospital | 5  | 8  | 8  | 8 |
| Provincial Hospital | 0 | 4 | 4 | 4 |
| District Hospital  | 42  | 35  | 35  | 36  |
| Police Hospital  | 1  | 1  | 1  | -  |
| Health Centre  | 465  | 478  | 495  | 499  |
| Prison Clinic  | 15  | 15  | 15  | 14  |
| Health Post  | 32  | 380  | 406  | 471  |
| Private Dispensary  | 137  | 113  | 123  | 125  |
| Private Clinics and polyclinic  | 84  | 91  | 95  | 123  |
| Private Hospital  | -  | -  | -  | 5  |
| Community-owned health facility  | 15  | 15  | 13  | -  |
| VCT centre  | 20  | 21  | 26  | -  |
| Total  | 816  | 1161  | 1221  | 1285  |

Source: Annual Health Statistics Booklet 2016: Key Statistics in the Health Sector for the year 2016.

Table 3.1 above shows a general increase in the number of health facilities, especially health centres and health posts, which are the ones closest to the people. In addition to health facilities the country had in 2016 45,000 community health workers (CHWs) who offer basic healthcare in their communities. Each village is expected to have three elected CHWs. They diagnose and treat diseases in children less than five years of age. These diseases include malaria, pneumonia, and diarrhoea. CHWs also treat malaria in adults. CHWs provide care to women during pregnancy and after birth, as well as providing care to new-born children.

Table 3.2 below summarises some key health statistics for Rwanda.

Table 3.2: Key health statistics for Rwanda

|  |  |  |  |
| --- | --- | --- | --- |
|  | 2005 | 2010 | 2014/15 |
| Total fertility rate | 6.1 | 4.6 | 4.2 |
| Infant mortality rate (per 1,000 births) | 86 | 50 | 32 |
| Under-five mortality rate (per 1,000 births) | 152 | 76 | 50 |
| Percent of children 12-13 months fully vaccinated | 80 | 90 | 93 |
| Maternal mortality ratio (per 100,000 live births) | 750 | 476 | 210 |
| Antenatal care coverage (≥ 1 visit) | 94 | 98 | 99 |
| Births attended by skilled health personnel (percent of total births) | 28 | 69 | 91 |
| Unmet need for family planning | 39 | 21 | 19 |
| Contraceptive prevalence rate | 17 | 52 | 53 |

Source: African Strategies for Health: Health Insurance Profile Rwanda.

In order to reduce costs associated with healthcare and encourage as many people as possible to use existing health facilities the government of Rwanda encouraged the emergence and use of a variety of health insurance schemes. In 2001 an insurance scheme for civil servants was launched while in 2005 a medical insurance scheme for military personnel was launched. But these and other such schemes only benefit a small minority of people. In 2004 the government launched a community-based health insurance scheme known as mutuelle de santé after a pilot phase of five years. The vast majority of Rwandans are covered by this scheme. The poorest members of society (those in the first ubudehe category) do not pay any premium for membership of mutuelle de santé while the other three categories pay annual premiums that differ according to the category they are in.

People with disabilities, like other Rwandans, have benefitted from improved healthcare in the country. Most of them are members of the community-based health insurance mutuelle do santé while a small minority belong to other formal health insurance schemes in the country. Thus, in general, treatment is generally affordable. Moreover, the government is committed to make mutuelle de santé cover all medical costs of persons with severe disabilities, including acquisition of essential assistive technologies. However, despite this, people with disabilities face a number of challenges accessing medical care. Among these, one can cite the following:

1. Mutuelle de santé does not cover all rehabilitation requirements of people with disabilities. For instance, the insurance scheme pays for orthopaedics and physiotherapy but it does not cover the cost of prosthetics.
2. Although there are many health centres and health posts throughout the country (see table 3.1), the hilly terrain of the country means that there are some people with disabilities who encounter significant challenges in accessing these facilities.
3. Many health facilities are inaccessible for persons with disabilities because of the way they were constructed. However, one of the commitments the government made during the Global Disability Summit was to make all public health facilities disability friendly.
4. Deaf people and those who are deafblind face significant communication barriers in accessing health facilities because of the limited number of health workers who are familiar with sign language either as used by the deaf community or deafblind people.
5. Many healthcare providers still have negative attitudes towards persons with disabilities. This poses a significant disincentive for persons with disabilities to seek medical care or other services, especially with regard to such sensitive issues as family planning, reproductive health information, and matters related to HIV/AIDS.
6. Rehabilitation services are still limited and access to many types of assistive devices is still a challenge. The Government of Rwanda’s initial Report on the Implementation of the Convention on the Rights of Persons with Disabilities of 2015 emphasised this lack of rehabilitation services, especially those related to social and physical aspects.

## Goal 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

The Ministry of Education’s Education Sector Policy states that the aim of education in Rwanda is to “combat ignorance and illiteracy and to provide human resources useful for the socio-economic development of Rwanda through the education system.”, the same policy outlines the following objectives of the Rwandan education sector to realise this goal:

* To educate a free citizen who is liberated from all kinds of discrimination, including gender based discrimination, exclusion and favouritism
* To contribute to the promotion of a culture of peace and to emphasise Rwandese and universal values of justice, peace, tolerance, respect for human rights, gender equality, solidarity and democracy
* To dispense a holistic moral, intellectual, social, physical and professional education through the promotion of individual competencies and aptitudes in the service of national reconstruction and the sustainable development of the country
* To promote science and technology with special attention to ICT
* To develop in the Rwandese citizen an autonomy of thought, patriotic spirit, a sense of civic pride, a love of work well done and global awareness
* To transform the Rwandese population into human capital for development through acquisition of development skills
* To eliminate all the causes and obstacles which can lead to disparity in education, be it by gender, disability, geographical or social group (p17).

In addition to, and to supplement the education sector policy, the Ministry of Education (MINEDUC) has formulated several other policies to regulate specific aspects of the sector. Some key policies worth mentioning here are: (i) Special Needs and Inclusive Education Policy, 2018; (ii) National School Health Policy, 2014; (iii) Early Childhood Development Policy, 2011; (iv) Technical and Vocational Education and Training Policy, 2008; (v) Higher Education Policy, 2008; (vi) Girls’ Education Policy, 2008; (vii) Teacher Development and Management Policy, 2007; (viii) Science, Technology and Innovation Policy, 2006.

In terms of education for persons with disabilities, Rwanda is committed to the implementation of an inclusive system of education. This means that children with disabilities should, as far as possible, be educated in the same schools with their peers except where it is manifestly clear that a child needs specialised segregated educational settings. Rwanda is a signatory to a number of international instruments which recognise the right of all individuals (including those with disabilities) to education and the state’s responsibility to provide access to at least primary education for all. Examples of such instruments include the following: Universal Declaration of Human Rights; The International Covenant on Economic, Social And Cultural Rights; and The Convention On The Rights of The Child. UNESCO’s Salamanca Statement on Inclusive education is an important document specifically dealing with inclusive education. The Salamanca Statement emphasised, inter alia, the right of all children, including those with special needs, for educational adjustment in order for them to attend school; the right of all children to attend school in their home communities in inclusive classes and to receive a child-centred education meeting individual needs; and the belief that inclusive education would ultimately lead to inclusive societies. These are in addition to the CRPD and SDGs which also refer directly to inclusive education for persons with disabilities.

There are also national laws and policies that support the provision of education to learners with disabilities in inclusive settings. These are in addition to the Revised Special Needs and Inclusive Education Policy mentioned above. For example, the education sector policy outlines the following three policy objectives related to inclusive and special needs education:

* Special education provision shall be strengthened and efforts to integrate children - boys and girls - with special needs into mainstream schools shall be continued, taking account of the nature and severity of impairment.
* Special education facilities shall be provided to children with special needs who cannot be integrated into mainstream schools.
* Integration of a special education option into Teacher Training College programmes.

The actual modalities within which education for learners with disabilities is to be conducted are contained in the Revised Special Needs and Inclusive Education Policy of 2018. This policy, which was only recently approved to replace an older policy which had not been very effective, has the following objectives:

1. Promote conditions that permit increased enrolment, participation and completion of schooling by learners with Special Educational Needs, in their neighborhood community whenever possible.
2. Promote quality education through relevantly and appropriately planned special needs and inclusive education programs that entail accessible curricular and appropriately resourced service provisions.
3. Establish mainstreamed and coordinated mechanisms for planning, monitoring and evaluating quality and outcomes in special needs and inclusive education programs and services.
4. Strengthen and standardize the existing special needs and inclusive education initiatives and programs, and enhance the coordinated and managed participation of local stakeholders in the implementation of special needs & inclusive education programs.
5. Promote and prompt the developments of collaboration and partnerships with stakeholders and actors in special needs & inclusive education, locally, regionally and internationally.

The policy has provisions for a wide range of issues pertinent to inclusive and special needs education, including teacher training, assessment of special educational needs, placement of learners in appropriate educational settings, the roles of existing special schools, and so on.

Although the greatest proportion of work in special needs education is done by private, usually faith-based organisations, learners with disabilities are increasingly attending mainstream government schools. The Ministry of Education now collects data about learners with disabilities in its schools. The table below shows the number of children with disabilities attending government schools:

Table 3.3: Number of students with disabilities enrolled in school in 2018.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Level  | Male  | Female  | Number of students with disabilities | Total number enrolled  |
| Nursery  | 743 | 510 | 1,253 | 226,706 |
| Primary  | 9,669 | 7,464 | 17,133 | 2,503,705 |
| Secondary  | 2,445 | 2,240 | 4,685 | 658,285 |
| TVET[[2]](#footnote-2)  | 254 | 235 | 489 | 102,485 |
| University  | 98 | 75 | 173 | 89,160 |

Source: Ministry of Education 2018 Education Statistics.

An examination of the statistics above shows that the numbers of students with disabilities attending school are disproportionately lower than those of their counterparts without disabilities. The disabilities mentioned in the statistics provided include the following: hearing impairment, visual impairment, speaking, learning disabilities, physical disabilities, and multiple disabilities. Learners with physical disabilities form the majority of learners with disabilities in school.

Although students with disabilities are attending regular schools in larger and larger numbers, not all schools are equipped to cater for their needs. The table below shows the number of schools that were judged as equipped to meet the needs of learners with disabilities in terms of having the adequate teachers and infrastructure.

Table 3.4: Number of schools with trained teachers and adapted infrastructure for students with disabilities in 2018

|  |  |  |
| --- | --- | --- |
| **Level** | **Teachers** | **Infrastructure** |
| **Total number of teachers**  | **Number of teachers trained in SNE**  | **Total number of schools**  | **Schools with adapted infrastructure and materials for learners with disabilities** |
| Nursery  | 6,280 | 508 |  3,210 | 264 |
| Primary  | 42,073 | 1,492 | 2,909 | 684  |
| Secondary  | 23,036  | 2,225 | 1,728 | 494 |

Source: Ministry of Education 2018 Education Statistics.

As table 3.4 shows, the number of schools adequately prepared to meet the needs of learners with disabilities in terms of having trained teachers and accessible infrastructure were very few in 2018 compared to the total number of schools. However, the government is committed to ensuring that public schools are all accessible. The number of teachers trained in inclusive and special needs education is also expected to rise because the University of Rwanda College of Education has a school dedicated to training teachers in this field. The Rwanda Education Board (REB) is also now engaged in training teachers in inclusive education practices.

Whereas teacher training and making schools accessible will solve some of the challenges encountered by learners with disabilities attending school, there are some other challenges that will require other, more robust measures to tackle. These include the negative attitudes of the community (including teachers and other members of the school community) that make it difficult for children with disabilities to attend and stay in school; lack of mechanisms to coordinate the various actors engaged in the special needs education sector; low involvement in the field by the private sector; large class sizes which make it difficult for teachers to pay learners with disabilities (and other learners as well) the individual attention they may require; and lack of adequate materials for learners with disabilities. Regarding this last point, for example, the Government of Rwanda’s initial Report on the country’s Implementation of the Convention on the Rights of Persons with Disabilities of 2015 noted that there was a dearth of Braille materials both for use in schools and other public areas such as buildings and lifts. Referring to the implementation of existing laws and policies on education, the same report noted, “There remains a gap between policy commitments and the practice of inclusion in the Rwandan Education sector and Government recognises that much remains to be done, not only to improve enrolment of students with disabilities into education but in providing meaningful learning, and progression to a similar standard as other students.”

## Goal 5: Achieve gender equality and empower all women and girls

Rwanda has been in the forefront of efforts to promote gender equality and empower women and girls for some time now. The 2018 Global Gender Gap Report ranked Rwanda first in Africa and sixth in the world in closing the gender gap. The report, published by the World Economic Forum, focused on four sectors, namely gender equality in economic development, education, health and politics.

Rwanda’s success in reducing gender inequality is due to a strong commitment on the part of the government. This commitment is reflected in strong legal and institutional frameworks designed to achieve this. The country is party to many international and regional conventions, charters and declarations which recognise gender as an important approach for sustainable development. These include the Universal Declaration of Human Rights of 10 December 1948, the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) of 1981, the Beijing Platform of Action of 1995, and the New Partnership for Africa’s Development (NEPAD).

In its preamble, the constitution of the Republic of Rwanda, as amended in 2015, avers the country’s commitment to “building a State … based on the respect … of equality of all Rwandans before the law as well as equality between men and women.” The constitution further reserves 30% of all leadership positions, including in parliament, for women. In addition to this, 24 places in the country’s chamber of deputies are reserved for women.

The country’s constitution establishes two institutions devoted to gender issues. These are the Gender Monitoring Office (GMO) and the National Women’s Council (NWC). These are in addition to the Ministry of Gender and Family Promotion, the lead government ministry in charge of gender-related issues. The mission of the NWC is to build women's capacity and ensure their participation in national development through advocacy and Social mobilisation. Its vision is to have a society where both men and women have equal rights and opportunities.

The Gender Monitoring Office was established by law No 51/2007 0f September 20 2007 which determines its responsibilities, organisation and functioning. It has the following vision: be an institution that upholds gender accountability for inclusive sustainable development in Rwanda. The office has the following responsibilities:

* Monitoring the respect and compliance of gender related commitments across public, private, non-governmental and religious institutions;
* Monitoring the respect of ratified regional and international gender related commitments;
* Monitoring the quality of services offered to Gender Based Violence victims and effectiveness of Gender Based Violence prevention and response mechanisms;
* Carrying out research based on statistics on specific issues in the framework of mainstreaming and respecting gender principles;
* To be a point of reference for information and documentation on gender equality;
* Advocating for the respect of gender equality at all levels.

In addition to these institutional supports to gender promotion, there are several policies and laws that promote gender equality. The primary policy to mention here is the National Gender Policy whose vision is to set the Rwandan society free from all forms of gender based discrimination and see both men and women participate fully and enjoy equitably from the development processes. The mission of the policy is to contribute to the elimination of gender inequalities in all sectors of national life, in order to achieve the nation’s goal for sustainable development. The overall goal of the National Gender Policy is to promote gender equality and equity in Rwanda through a clearly defined process for mainstreaming gender needs and concerns across all sectors of development. one can also mention in passing the following policies which also touch on gender issues:

* National Policy for Orphans and Other Vulnerable Children (2003);
* National Policy for Family Promotion (2006);
* Girls’ Education Policy (20008);
* National Integrated Child Rights Policy (2011);
* National Policy against Gender-Based Violence (2011).

With all these bulwarks in place, it is not surprising that Rwanda has made as much progress as it has in terms of achieving gender equality. Progress has been reported in many areas. Examples that one may give here include:

1. At pre-primary, primary and lower and upper secondary school level, there were more girls enrolled than boys in 2018;
2. Gender was recognised as a cross-cutting issue requiring a multi-sector approach and mainstreaming;
3. There are robust measures in place to combat and reduce or eliminate gender-based violence (GBV);
4. Women have increasing access to financial services;
5. Legal measures have been taken to ensure that girls and women can inherit property at the same level as boys and men.

But there are still some challenges. For instance, the EICV5 found that adult women were more likely to be living in poverty (34.8%) than adult men (31.6%). The 2018 Ministry of Education statistics show that over time, the number of female students in higher institutions of learning has consistently remained lower than that of male students. There are still misconceptions about the principle of gender equality, leading to its misunderstanding and misrepresentation.

In relation to gender and disability, many women with disabilities complain of not feeling part of the whole effort to bring about equality between the sexes. Many programmes intended to benefit women and girls do not reach women and girls with disabilities. For example, many women with disabilities report encountering significant barriers trying to find employment or access financial services such as bank loans. Thus, women with disabilities have complained of discrimination based on disability. Moreover, there is little evidence to show that mainstream institutions promoting gender and women’s rights have taken steps to include women and girls with disabilities in their programmes and activities. Consequently, girls and women with disabilities still face significantly more challenges than girls and women without disabilities: they face the combined disadvantages faced by people with disabilities and also those faced by women. Women and girls with disabilities are also at greater risk of experiencing GBV, particularly females with such disabilities as deafness, intellectual disabilities, or visual impairment. Many girls and women with disabilities also face challenges related to ownership and inheritance of property because they are judged to be incapable of managing it.

The NSTI outlines the following future actions to strengthen gains already made in gender promotion and counter the challenges described above:

1. Continuing to facilitate women to access finance;
2. Mainstreaming gender in employment and job creation strategies;
3. Strengthening capacities of gender machinery and use of gender mainstreaming tools and disaggregated data to inform policy formulation and resource allocation;
4. Scaling up ECDs services at village level;
5. Continuing awareness and fight against gender based violence and human trafficking; and
6. Enhancing coordination among stakeholders to reintegrate street children and prevent delinquency.

It is immediately noticeable that there is no mention of girls and women with disabilities among the actions outlined above. Unless specific measures are taken to include disability issues in gender-related activities, it is uncertain whether women and girls with disabilities will be able to benefit fully from such programmes and activities. This view is shared by the United Nations Committee on the Rights of Persons with Disabilities. In its observations about Rwanda’s initial CRPD report, the committee expressed the following areas of concern:

1. The absence of reliable disaggregated data to better understand the human rights situation of women and girls with disabilities;
2. The insufficient application of a disability perspective in general gender equality policies and programmes, as well as the limited application of a gender equality perspective in disability policies and programmes;
3. The inadequacy of policies and programmes for the advancement, development and empowerment of girls and women with disabilities.

## Goal 8: Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all

This eighth sustainable development goal has 10 targets. Broadly speaking, its aim is to promote sustainable economic development. It addresses issues of economic growth, employment, labour issues, and so on.

Every country strives to achieve the highest possible levels of economic development. Rwanda is not an exception to this rule. The NST1, the country’s current roadmap towards achieving social and economic transformation has three major pillars, one of which is economic transformation. The overarching objective of this pillar is to “Accelerate inclusive economic growth and development founded on the Private Sector, knowledge and Rwanda’s Natural Resources.” Under this major objective, there are six specific objectives to be achieved in the next seven years. These are:

1. Create decent jobs for economic development and poverty reduction;
2. Accelerate Urbanization to facilitate economic growth;
3. Promote industrial development, export promotion and expansion of trade related infrastructure;
4. Develop and promote a service-led and knowledge-based economy;
5. Increase agriculture and livestock quality, productivity and production;
6. Sustainably exploit natural resources and protect the environment.

To achieve these objectives, the NST1 outlines seven key priority areas to focus on. These are the following:

1. Create 1,500,000 (over 214,000 annually) decent and productive jobs for economic development;
2. Accelerate Sustainable Urbanisation from 18.4% (2016/17) to 35% by 2024;
3. Establish Rwanda as a Globally Competitive Knowledge-based Economy;
4. Promote industrialisation and attain a structural shift in the export base to High-value goods and services with the aim of growing exports by 17% annually;
5. Increase domestic savings and position Rwanda as a hub for financial services to promote investments
6. Modernise and increase productivity of Agriculture and livestock;
7. Sustainable Management of Natural Resources and Environment to Transition Rwanda towards a green economy.

Each of these priority areas has its own strategic interventions aimed to lead to its realisation. It should be pointed out that although the NST1 is the most recent document charting out Rwanda’s path towards economic development, it builds on other earlier documents, such as the EDPRS1, EDPRS2, and the seven-year government programme for the period 2010-2017.

In addition to the NST1, there are other equally important documents designed to bring about and guide national development plans and strategies. One such document that has influenced the country’s planning for the past 20 years is the Rwanda Vision 2020. This document was developed as a chart to guide Rwanda to where it wanted to be by the year 2020. The vision 2020 objective is stated as follows: “…to fundamentally transform Rwanda into middle–income country by the year 2020. This will require achieving per capita income of US$1240 from US$595 in 2011; a poverty rate of 20% from 44.9% in 2011; and an average life expectance of 66 years from 49 years in 2000.” As a member of the African Union (AU), Rwanda also subscribes to Agenda 2063, which is a framework document describing Africa’s aspirations and where it wants to be by the year 2063.

A number of measures have been taken by the government in order to achieve the goal of economic transformation as set out in the various documents that the country has drafted. One such measure is to join regional organisations meant to foster cooperation among countries and lead to faster growth and development. Examples of such organisations include the East African Community (EAC), the Common Market of East and Southern Africa (COMESA), and the New Partnership for Africa’s Development (NEPAD).

As was mentioned in section 3.4, the government has also made strong commitments to achieve gender equality, realizing that full economic and social development cannot be realized without the participation of all members of the society.

In order to promote people’s ability to create jobs and/or be self-employed, the country has made changes in the education sector. These have included changing the school curriculum and introducing a new competence-based curriculum that is intended to enable school graduates acquire practical skills (as opposed to theoretical ones) required in the job market today. The government has also introduced technical and vocational education and training (TVET) schools as a strand of secondary education that enables graduates to obtain technical skills to enable them find or create employment.

The government has introduced far-reaching reforms in other sectors of the economy as well. Affected sectors include the agricultural sector and the finance sector. In agriculture, land consolidation has been adopted as well as encouraging farmers to work in cooperatives to counter the negative effects of the small individual land holdings. In the area of finance, individuals and cooperatives are encouraged by the government to obtain bank loans for beneficial projects. Some of these loans are partially funded by the government or it provides the necessary collateral if the borrower has none.

Many people with disabilities have benefitted from such government programmes. For example, cooperatives of people with disabilities have received money from districts to fund income-generating activities. Some people with disabilities are attending TVETs (see table 3.3).

Legal provisions have also been put in place to enable people with disabilities find employment. The law Relating to Protection of Disabled Persons in General has one chapter consisting of three articles dedicated to employment. The law prohibits all forms of discrimination in employment based on disability. The same law also provides that a person with a disability shall be considered first should s/he have the same abilities as a person without a disability. The law further provides for reasonable accommodation for people with disabilities.

While there has been progress in including people with disabilities in the country’s economic development, the extent of this inclusion is not known. Moreover, persons with disabilities still face significant challenges in finding and maintaining jobs in the public, but especially in the private sector. Those who find employment face barriers related to inaccessibility of the working places or the inability or unwillingness of employers to provide reasonable accommodations to employees with disabilities. The negative attitude of members of the society towards people with disabilities and their lack of knowledge about the abilities of people with disabilities also make it difficult for them to find employment. A large-scale comprehensive study needs to be done to establish the real situation of people with disabilities vis-à-vis employment.

# Conclusion and Recommendations

This report has examined how Rwanda has made progress towards achieving the five Sustainable Development Goals set out in section 2, i.e. goals 1, 3, 4, 5 and 8. The achievement of these goals was examined from the perspective of the country’s commitments under the CRPD. Hence, the achievements of the five SDGs were measured in terms of the impact they have had on the lives of persons with disabilities. Based on the findings outlined in this report, and on discussions with people with disabilities during the exercise of collecting information for the report, the following recommendations are given for the purpose of ensuring that people with disabilities benefit as much as everybody else from the efforts to achieve the SDGs.

While it would have been desirable to give these recommendations goal by goal, it was found that most of them apply to more than one goal. Therefore instead of giving recommendations at the end of a discussion of each goal, the recommendations are given in this separate section. It should also be pointed out that the order in which these recommendations are written does not denote their importance. The way they follow each other is coincidental.

1. Raise the profile of persons with disabilities in activities related to the SDGs, especially in the coordination mechanisms, planning of activities, and budgeting: participation of persons with disabilities in the coordination of activities related to the SDGs is minimal. Many are not aware of the existence of mechanisms like the sector working groups (SWGs) that bring together civil society, donors, private sector and the government to discuss, design and monitor sector specific strategies. It is recommended that persons with disabilities should avail themselves of such opportunities to make their voices heard in SDG-related activities.
2. Create a mechanism of reporting activities of and for persons with disabilities for data collection purposes: there are many actors involved in the disability field. Consequently there is a lot that has been done but which has not been documented at the national level. Each organisation writes its own internal reports which it then shares with donors and sometimes with local government authorities as well. There is no national database of what is being done across the country. Such a database could be an important source of information regarding activities related to disability.
3. Establish mechanisms for gathering data on persons with disabilities: many efforts have been made to collect data on people with disabilities in the country. The housing and population censuses conducted every 10 years are an example. The NCPD also conducted a process of categorising all persons with disabilities based on the nature and severity of their disabilities. All these efforts however have not produced satisfactory data. It is recommended therefore that the government should establish a mechanism for gathering and storing data on people with disabilities. This process could, for example, start at the village level upwards.
4. The government should strengthen its role in training persons with disabilities about the SDGs and the CRPD: many people with disabilities, especially in rural areas, had little idea of the SDGs and how they affect them, although their knowledge of the CRPD was slightly better. To strengthen the ability of people with disabilities to advocate for their inclusion in development activities, it is important that the government takes the lead in training them about the SDGs and the CRPD and how these instruments affect them.
5. The social protection fund available to districts should have a quota earmarked for people with disabilities: currently districts are allocated funds to be used to assist vulnerable people. In many cases people with disabilities do not get an adequate share of this money. The reason for this is not clear, but it is possible that it is because people generally assume that individuals with disabilities are taken care of by other family members. It is therefore recommended that the social protection fund should have a quota allocated for people with disabilities.
6. Ease further the availability of prosthesis, orthosis, and other assistive devices required for rehabilitation: currently, some types of assistive devices, especially orthosis, are covered by the community health insurance scheme known as mutuelle de santé[[3]](#footnote-3). But these are available at a very limited number of specialised health facilities. Moreover, many assistive devices required for rehabilitation are still not covered by the insurance scheme. It is recommended that the government and the health insurance scheme expedite the increase of health facilities that can offer assistive devices and also increase the variety of devices covered by the scheme.
7. Include and promote the manufacturing of assistive devices in the made in Rwanda programme: there is an ongoing campaign to promote local industry. People are encouraged to buy products that are made in Rwanda, hence the term ‘made in Rwanda’ has been coined to refer to this campaign. It is recommended that local entrepreneurs should be encouraged to manufacture assistive devices such as portable toilets, white canes, hearing aids and other such devices locally. This would reduce the cost of these devices and make it easier for persons with disabilities to get them. Where this cannot be possible, the importation of devices required by persons with disabilities should be made easier for local interested entrepreneurs.
8. Long-term medication for persons with disabilities should be paid for by Mutuelle de Santé: there are people with disabilities who suffer from chronic or other long-term illnesses. These include but are not limited to people with psychosocial and intellectual disabilities, people with severe physical disabilities and other disability related illnesses. Such people incur huge expenses in addition to those associated with their disabilities. Some of these illnesses necessitate the use of medication that is not paid for by the community health insurance scheme mutuelle de santé. It is recommended that a mechanism be established to assist people with disabilities who suffer from long-term illnesses pay for their medication. The Ministry of Health can work with NCPD to put in place such a mechanism.
9. Facilitate NCPD disability coordinators to do their work: each sector and district has an NCPD disability coordinator with a variety of responsibilities, including advocacy, training, and coordination of activities related to disability. These coordinators find it difficult to move in their areas due to very limited budgets. It is recommended that due to their important work in mobilising people with disabilities, coordinators should be facilitated in their work through, for example, having a communication and transport allowance.
10. Provision of training for NCPD disability coordinators in budgeting, advocacy, and other relevant areas: in connection with the previous recommendation, it is further recommended that the NCPD disability coordinators should be trained in areas relevant to their work including budgeting, advocacy, planning and reporting. These coordinators have to work with government authorities in a variety of areas. This requires having the necessary skills to do this work. That is why they need training. The NCPD could take the lead in providing this training.
11. Increase vocational training opportunities for persons with disabilities: according to a report produced by the NCPD in 2017, during the 2016-2017 fiscal year, the NCPD, in collaboration with the National Employment Programme (NEP), sponsored 400 persons with disabilities to receive vocational training in five vocational training centres (VTCs). This number is small compared with the number of youth with disabilities who require such training. It is recommended that this activity be scaled up to include more people with disabilities and more VTCs.
12. The extra costs associated with disabilities should be recognised and measures taken to alleviate their impact: one of the reasons why people with disabilities are more likely to be poor than their counterparts without disability is the fact that they (people with disabilities) incur extra costs in most of the activities they do. These costs may be associated with either hiring extra help, for example a guide for a visually impaired person or a sign language interpreter for a deaf or deafblind person, or the purchase of extra equipment. In order for people with disabilities not to be disadvantaged, it is recommended that this fact should be acknowledged and measures taken to limit its effect on the economic situation of persons with disabilities. Practical measures with regard to this can include the reduction of taxes paid by persons with disabilities, making it easier for parents with disabilities to educate their children, and making it easier for employed people with disabilities to receive reasonable accommodations.
13. Merge the two disability laws: as mentioned in section 1.2.2, there are two laws protecting the rights of persons with disabilities. These are Law Number 01/2007 relating to the protection of Persons with disabilities in general, and Law Number 02/2007 Relating to the protection of Persons with Disabilities and former war combatants. It is recommended that these laws be merged and harmonised.
14. Sensitise and train key stakeholders in laws and policies relating to disability: although there are many laws and policies promoting and protecting the rights of persons with disabilities, they are not well known to key stakeholders such as local authorities, education officials, health officials, religious leaders, and business people. As a consequence, the good intentions of these laws and policies are not realised because people ignore them. It is therefore recommended that key stakeholders be sensitised to know and respect existing laws and policies and about the rights of persons with disabilities in general.
15. New infrastructure should be allowed to operate only after a thorough accessibility audit: Rwanda has Building Control Regulations which stipulate that all new public buildings and other infrastructure should be accessible to persons with disabilities. However, people with disabilities still complain that some new public buildings and infrastructure are still inaccessible. Even where some attempts to make buildings accessible are made, accessibility standards are not met. It is therefore recommended that new buildings should be allowed to operate only after a thorough accessibility audit has been performed and the building found to be compliant with the requirements of the regulations. Furthermore, infrastructure that was constructed after the promulgation of the Rwanda Building Control Regulations and which are not accessible should be made to comply with these regulations.
16. The use of sign language at different levels should be promoted: many deaf and deafblind people often experience communication barriers which make it difficult for them to access public services including healthcare, education, and justice. It is recommended that the use of sign language should be promoted. In the same vein, it is further recommended that tactile sign language should also be promoted and encouraged.
17. Alternative means of communication should be used alongside mainstream forms of communication: people with certain types of disabilities require communication formats that are different from the mainstream communication means. Mainstream communication formats often ignore the needs of these groups of people, such as Braille, large print, and other forms of communication accessible to people with psychosocial and other mental or intellectual challenges. It is recommended that these alternative means of communication should be recognised and used when conveying messages intended to reach the general public.
18. Action should be taken to stimulate employment of persons with disabilities: the existing framework for the employment of people with disabilities is still weak. Some concrete actions need to be put in place to encourage employers to employ individuals with disabilities. Such actions could include giving tax incentives to individuals or companies that have a given number of employees with disabilities; establishing a quota for the employment of people with disabilities; and allocating certain posts for people with disabilities where possible. These and other measures would make it easier for eligible people with disabilities who are currently unemployed to find and maintain decent jobs.
19. Disability rights should be promoted as vigorously as gender issues: Rwanda has had a lot of success in promoting gender equality due to the high level of emphasis the issue has received. It is recommended that disability rights should be promoted with the same vigour which has been used to promote gender issues. Only then will the desired results be achieved within the shortest time possible.

These recommendations were mostly made by people with disabilities as means that could facilitate their easier inclusion into the country’s development process and bring the expectations expressed in the CRPD closer to reality.

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1. The process of reviewing the number of ubudehe categories and the way they are made is currently under way. [↑](#footnote-ref-1)
2. Technical and vocational education and training. [↑](#footnote-ref-2)
3. See section 3.2. [↑](#footnote-ref-3)