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**TRAINING REPORT ON DISABILITY FRIENDLY PLANNING IN ORDER TO
FOSTER THE INCLUSION OF PERSONS WITH DISABILITIES IN HIV/AIDS,
HEALTH AND SOCIO-ECONOMIC PROGRAMS AT SAINT ANDRE HOTEL,
MUHANGA DISTRICT**

24th May 2019

Day one,

Introduction

Main objective of the training was to provide knowledge on disability and disability inclusive planning to partners operating in HIV/AIDS response and health promotion. Training has been organized and facilitated by UPHLS. Participants were CSOs and representatives of some districts selected: Those are Hinga weze program, Kabgayi eye unit, IMRO, Gikuriro program, health directors of districts (Ngoma, Burera, Bugesera, Muhanga, Nyamasheke), UNFPA, BFG, RINGOF, OFH, PIH, NCPD, APRO FAPER, RRP+, Food for hungry, FVA, FXB Rwanda, SFR, SFH, PSF, RICH. The facilitators were UPHLS staff, Alexis Uyisabye and Munezero Mediatrice.

Historical background of disability and the legal framework in Rwanda

Before independence: people with disabilities considered as not human

After independence: characterized by stigma and discrimination

After genocide: creation of disabled people organizations (DPOs) and involvement of NGOs

Current situation

-Trying human rights model

-Setting of models health facilities

-Strengthen capacity of partners

-Searching solutions from challenges

Executive Director presented some laws concerned with people with disabilities (consult national Gazette) most of us participants we were unaware of them and our NGOs should follow them and try to implement them for disability inclusion.

Legal obligations at:

International level

Rwanda ratified the United Nations Convention on the rights of persons with Disabilities (UNCRPD) and its optional protocol on 15th December 2008

Regional level

East Africa policy on Mainstreaming Disability 2016

National level

Establishment of policies and laws concerned with disability and people with disabilities (consult Rwanda national Gazette)

Challenges faced by people with disabilities while getting services in general

➤ **Myths and misconceptions**

- Some people think that disabled pregnant women give birth to disabled children or babies, this is false because disability it's not transmitted genetically(through genes or through blood)
- Disabled people are sick and dependent, this is false because some of them providing money to their families.
- Disabled people are not sexually active, this is false because they have feelings and they give births if they want.
- Disabled people are enabling at work and they don't provide expected results, this is false because when they have all requirements and accessibility they work like others.

➤ **Communication barriers**

- Lack of sign language for dumb and deaf persons
- Lack of braille for blind people
- Lack of disability sensitive interpersonal skills among service providers

➤ **Institutional barriers**

- Lack of policies that are inclusive of women and men with disabilities
- Lack of disability legislation
- Lack of implementation of existing disability inclusive policies
- Lack of implementation of existing disability legislation

Key challenges faced by PWDs in health facilities:

-Services inaccessibility

-Stigma and discrimination

-communication barriers

-Lack of knowledge among health facilities staff

Day two,

We have done an exercise (group work) we were two groups, it took the whole day it was a big work.

We had three people with disabilities. The first one had legs impairment, second one was blind and third one was dumb and deaf. All these people gone to the hospital to look for doctor but from the entry to the doctor they faced big problems as disabled people. We had 12 figures to look at them and we participants supposed to recognize which problems those people faced and three solutions on each figure to help those people so that they can get what they want. Some of problems which have been recognized are physical inaccessibility, communication barriers, stigma and discrimination, unawareness of health care providers we also tried to find some solutions (in action plan below) to these problems they faced so that they can get services.

Factors contributing to vulnerability on HIV infection

- Poverty
- Traditional beliefs that marginalizes females
- Illiteracy
- Substance use
- Risky sexual behaviors
- Marginalization, stigma and discrimination
- Lack of access to HIV information and education
- Lack of access to health care services

Vulnerability of persons with disabilities to HIV infection

- Negative attitudes of health care workers
- Poverty
- Illiteracy
- People with disabilities usually excluded from sexuality and HIV prevention education
- Lack of accessible health care services

Day three,

Disability equality training, advocacy for disabled people and inclusive planning

In this session we learnt that disabled people are able like others. Impairment they have (e.g. legs impairment, being deaf) with the barrier (stairs to the impaired legs) which doesn't allow them to get or reach what they want accordingly, it becomes disability. We have seen that if we remove that barrier it's not all the problem, they will be improved economically like others.

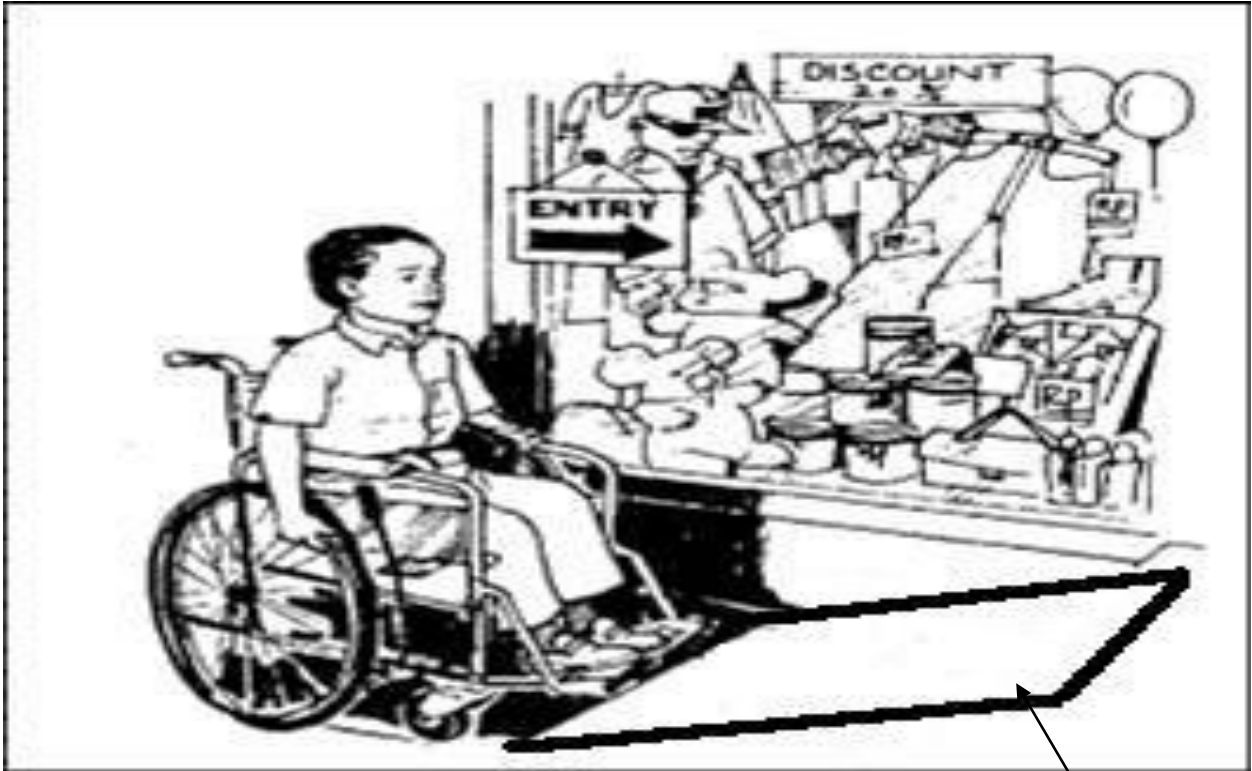
Disability: Participation restriction results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on equal basis with others (UNCRPD)

Example: A man has gone for shopping, he had legs impairment when he reached the entry it became challenge because they are stairs and remember he had impairment. At the shop they was a discount of sales, He missed this opportunity. The barrier was stairs which didn't allow him to buy like others.

Before



After: In order to remove this barrier so that this man or other people with this impairment can buy like others, the seller or the building owner decided to put the ramp which can facilitate these people so that they can be included in society or in his shop.



As an advocacy, break the barrier (barrier free) and inclusive society for all.

RAMP

This will be by making disabled people agency better, change the society, and listen to users' voices.



All services being given to all without discrimination and equity (facilitate, favorise the disabled people so that they can be on the same range with others, being included in society) is a reasonable accommodation to achieve this equality.

Common disability models

- **Charity model:** Feeling pity, sympathy, doing for God's sake.
- **Individual/medical model:** Dealing with a person through provision of medical care, rehabilitation services etc...
- **Social model:** Dealing with barriers in the society that limit full participation of people with disabilities
- **Right based model:** Fulfilling the legal obligations

Day four

As health units, social protection and partners we looked together **some challenges disabled people faced at our offices or while we are providing them services and we tried to look at some solutions or activities on these challenges.**

1. Development partners

Challenges	Activities
Lack of awareness of disability inclusion and inclusive policies	-Trainings for staff especially planners -Inclusive planning -Effective implementation -Include column of people with disabilities in data collection
Physical accessibility	-To occupy disability friendly facilities -To adapt their facilities universal design standard -Environment friendly offices(info packs)
Stigma and discrimination	-Training and awareness campaigns on rules and regulations enforcement -To give opportunity to people with disabilities to express their potential -To provide counseling
Communication barrier	-Train staff on Braille and sign languages and other communication tools -Refresher trainings on inclusive customer care skills -Appoint people with disabilities focal person
Socio/Psychological	-Trainings to change the mindset -To engage people with disabilities in daily activities -To use people with disabilities already integrated as success stories to inspire others

2. Social protection officers

Challenges	Activities
Inaccessible environment(physical accessibility barriers)	<ul style="list-style-type: none"> -Sensitization for upgrading the offices to provide inclusive services -Providing assistive devices to people with disabilities to facilitate their mobility -Supporting people with disabilities financially to improve their livelihood in order to have basic needs
Communication barriers	<ul style="list-style-type: none"> -Training of district officials on disability specific needs and basic sign language -Training district officials on how to serve people with disabilities of different categories of disabilities
No friendly guidelines within social protection which focus on targeting list instead of universal support	<ul style="list-style-type: none"> -Advocacy for adaptation of existing guidelines to base on people’s needs -Conducting people with disabilities needs assessment -Linking UBUDEHE categories with the categories of people with disabilities basing on their real socio economic living conditions
The officials focus on charity model instead of social model(supporting people without involvement)	<ul style="list-style-type: none"> -Conducting sensitizations district officials to prepare the citizens before supporting them for sustainable change by involving them within what to do for them -Sensitizing and supporting people with disabilities to have income generating activities and join others in cooperatives and associations -Training local authorities on disability and specific needs to change their attitudes towards people with disabilities
Lack of data of people with disabilities which contribute to duplication	<ul style="list-style-type: none"> -Develop a profiling of all homes for each village -Develop a database of people with disabilities comprising the supported people with disabilities(PWDs) and PWDs to be supported -Establish the regular strategies to update the list of beneficiaries

3. Health unit

Challenges	Activities
Communication barriers	<ul style="list-style-type: none">-Put in place the basic communication means including Braille, visual posters, voice message-Training of health practitioners on disability and specific needs and basic sign language-Mobilization of families of PWDs about how to care and treat PWDs
Physical accessibility	<ul style="list-style-type: none">-Upgrading the existing buildings and conduct monitoring to the new buildings to respect the Rwandan building code-Doing advocacy to improve the patient flow making it more accessible
Negative perceptions/stigmatization	<ul style="list-style-type: none">-Regular sensitization meetings with health care providers and CHWs on the rights of PWDs and how to provide inclusive health services-Train PWDs on their rights to access health services
Inequity in health services deliveries	<ul style="list-style-type: none">-Merging some health services where possible-Avail the means of serving patients using technology like EMR...
Limited health services provided to PWDs	<ul style="list-style-type: none">-Doing advocacy to avail services specifically provided to PWDs at district hospitals-Mobilization of development partners to invest in the provision of assistive devices-Supporting PWDs through IGA

Day five

On last day we worked on consolidated action plan including indicators of activities on each challenge, time frame and people who will be responsible.

1. Development partners

CHALLENGES.	ACTIVITIES	INDICATORS	TIMEFRAM E	RESPONSIBLE
Lack of awareness of disability inclusion and Inclusive Policies	Trainings for staff members (especially planners)	Number of Staff trained	2019-2020	Development partners
	Inclusive planning	Inclusiveness of PWDs in NGOs' policies	2019-2020	Development partners
	Effective Implementation	Active Participation of PWDs	2019-2020	All Development partners
	Include a column of PWDs in data collection.	Column of PWDs in existing data tool	2019	Development partners
Physical accessibility	To occupy disability friendly facilities	Number of disability friendly facilities	2020	Partners, UPHLS, NCPD,
	To adapt their facilities to universal design standard	Numbers of disabilities friendly facilities/Orientation signs.	2019-2021	Partners
	Environment friendly offices(info packs)	Number of trainings and campaigns	2019-2020	Partners
Stigma and discrimination	Training and awareness campaigns on Rules and regulations enforcement	Inclusiveness of PWDs	2020-2021	NGOs
	To give opportunity to PWDs to express their potential	Number of opportunities provided to PWDs	2019-2020	NGOs
	To provide counseling	Number of cases received and	2019-2020	NGOs

		counseled		
Communication	Train staff on Braille and sign languages, and other communication tools.	Number of staff trained	2022-2023	NGOs, NCPD, UPHLS
	Refresher trainings on inclusive customer care skills	Number of staff trained	2022	NGOs
	Appoint PWDs focal person	Number of disability mainstream focal person	2019	NGOs
Socio/psychological	Trainings to change the mindset	Numbers of PWDs involved in activities	2019-2020	NGOs
	To engage PWDs in daily activities	Number of engaged PWDs	2019-2020	NGOs
	To use PWDs already integrated as success stories to inspire others	Number of success stories	2019	NGOs

2. Social protection officers

CHALLENGES	ACTIVITIES	INDICATORS	TIME FRAME	RESPONSIBLE
Inaccessible environment (physical accessibility barriers)	Sensitization for upgrading the offices to provide inclusive services	Number of institutions in which sensitizations have been conducted	July 2019- June 2020	District, NCPD committees
	Providing assistive devices to PWDs to facilitate their mobility	Number of provided assistive devices	July 2019- June 2020	District, HI, UPHLS, NCPD, NUDOR, FHI
	Supporting PWDs financially to improve their livelihood in order to have basic needs	Number of supported people and the kind of provided support	July 2019- June 2020	District, MINALOC, LODA, FARG, RDRC

Communication barriers	Training of district officials on disability specific needs and basic sign language	Number of trained people	July 2019- June 2020	District, NCPD,UPHLS
	Training district officials on how to serve PWDs of different categories of disabilities	Number of trained people	July 2019- June 2020	District, NCPD,UPHLS
No friendly guidelines within social protection which focus on targeting list instead of universal support	Advocacy for the adaptation of existing guidelines to base on people's needs	Available adapted guidelines	July 2019- June 2020	MINALOC, LODA & DISTRICT
	Conducting PWDs needs assessment	Available data of PWDs and their needs	July 2019- June 2020	District, NCPD
	Linking the ubudehe categories with the categories of PWDs basing on their real socio economic living conditions	Number of PWDs who changed the category	July 2019- June 2020	MINALOC, ODA, NCPD, & DISTRICT
The officials focus on charity model instead of social model (supporting people without their involvement)	Conducting sensitizations district officials to prepare the citizens before supporting them for sustainable change by involving them within what to do for them	Number of conducted sensitizations meetings	July 2019- June 2020	District
	Sensitizing and supporting PWDs to	Number of PWDs who got IGA & Number of PWDs who	July 2019- June 2020	District, BDF

CHALLENGES	ACTIVITIES	INDICATORS	TIMEFRAME	RESPONSIBLE
	<p>have income generating activities and join others in cooperatives and associations</p>	<p>joined cooperatives and associations</p>		
	<p>Training local authorities on disability and specific needs to change their attitudes towards PWDs</p>	<p>Number of trained local authorities</p>	<p>July 2019- June 2020</p>	<p>NCPD, UPHLS, DISTRICT</p>
<p>Lack of data of PWDs which contribute to duplication</p>	<p>Develop a profiling of all homes of for each village</p>	<p>Number of profiled homes</p>	<p>July 2019- June 2020</p>	<p>LODA, MINALOC, DISTRICT, PARTNERS</p>
	<p>Develop a database of PWDs comprising the supported PWDs and PWDs to be supported</p>	<p>Number of PWDs profiled and number of supported people and the ones to be supported</p>	<p>July 2019- June 2020</p>	<p>DPOs, DMOs, Partners</p>
	<p>Establish the regular strategies to update the list of beneficiaries</p>	<p>Available updated list of beneficiaries</p>	<p>July 2019- June 2020</p>	<p>LODA, MINALOC, DISTRICT</p>

Communication barriers	Put in place the basic communication means including: braille, visual posters, voice message	Number of available communication tools facilitating PWDS	2019-2020	NCPD, DISTRICT, PARTNERS
	Training of health practitioners on disability and specific needs and basic sign language	Number of trained Doctors, Nurse, CEHO,CHW)	2019-2020	District, UPHLS
	Mobilization of families of PWDs about how to care and treat PWDs	Number of conducted mobilizations	Quarterly	Local authorities
Physical accessibility	Upgrading the existing buildings and conduct monitoring to the new buildings to respect the Rwandan building code	Number of upgraded buildings & number of conducted audits	2020-2024	District
	Doing advocacy to improve the patient flow making it more accessible	Number of merged services	2019-2020	District
NEGATIVE PERCEPTION/STIGMATIZATION	Regular sensitization meetings with health care providers and CHWs on the rights of PWDs and how to provide inclusive health services	Number of meetings conducted with HCPs and CHWs	Quarterly	District health unit and DMO
	Train PWDs on their rights to access health services	Number of conducted trainings	Quarterly	DMO
INEQUITY IN HEALTH SERVICES DELIVERIES	Merging some health services where possible	Number of merged services	2019-2020	District, MOH
	Avail the means of serving patients using Technology like EMR....	Number of institutions using technology in health service provision	2019-2024	MOH, HOSPITALS, HEALTH CENTRE

LIMITED SERVICES TO PWDS	HEALTH PROVIDED	Doing advocacy to avail services specifically provided to PWDs at district hospitals.	Number of hospitals providing services to PWDs	of 2019-2024	District, MOH
		Mobilization of Development partners to invest in the provision of assistive devices	Number of partners providing assistive devices	of 2019-2024	District, MOH
		Supporting PWDs through IGA	Number of supported PWDs	of 2019-2020	District, NCPD, UPHLS