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Summary


Despite the noticeable increase of learners with disabilities and other Special Educational Needs (SEN) in schools, the required educational adjustments of the learning and teaching environments are still far from being adequately accommodative of the various educational needs as highlighted in Rwandan journal of education (Karangwa et al, 2007). To address this, Chance for Childhood launched a four-year project in 2013, “Empowerment, Equality and Education (EEE) in Northern Rwanda”. The challenges faced by deaf children in the rural communities of Northern Rwanda inspired the design of the EEE project. Our project aims to continue providing education services to children with hearing impairments and communication difficulties. It also aims to build the capacity of the state by offering robust data about children and youth with impairments, training school teachers in inclusive education whilst promoting equal rights for all people with disabilities.

Our community mapping studies which we conducted across three districts in Rwanda (Musanze, Gakenke and Nyabihu), serve as evidence of the need for further interventions to ensure access to education and active participation of children and youths with disabilities. It was intended that the collected data would not only be used to advocate for vulnerable children but would also inform decision makers at all levels.
Methodology

Generally, the process of identifying people with disabilities can be challenging as they are usually located and/or hidden away in remote areas, often stigmatised and isolated from their families and communities. To fully ensure that we accurately identified children and youth aged 3 - 25 with communication and hearing impairments across all the districts, we conducted community mapping using a triangulation of methods comprising questionnaires and field visits.

Firstly, we identified all of the individuals living with impairments within the targeted three districts. This was an important first step as it enabled us to make appropriate informed conclusions so that we could draw from a broader range of data and this would enable us to successfully advocate for the rights of people living with impairments across the Northern and Western Provinces.

Secondly, the project team focused on hearing and communication impairment amongst the children and youth aged between the ages of 3 -25. This allowed us to gain more detailed and accurate information about our target group / beneficiaries.

Finally, as the project aimed to tackle stigma within the community through advocacy initiatives, a questionnaire was designed to collect information about the different types of stigma children and young people with impairments were subjected to.
Findings

Number of people with disabilities.

Findings from the districts of Musanze, Gakenke and Nyabihu revealed that there were 23,496 people living with a disability. Of the three districts, Nyabihu had the lowest number of people with disabilities whilst Gakenke had the highest.

Number of people with disabilities mapped

Types of impairment

Identifying the types of impairments amongst our target population was of critical importance to us. It was noticed during the analysis of the findings that in Musanze district, the three most common types of impairments were physical, speech and hearing impairments. 841 people aged between 3-25yrs in Musanze district had hearing and communication disabilities. This a higher proportion of people than the 500 people aged between 3-25 years with hearing / communication disability in Gakenke district. In comparison, the number of children / youths with hearing and communication disabilities in Nyabihu was significantly lower than in the other two districts. In Nyabihu we found 48 children and young people with communication impairments and only 29 with hearing impairments. It was noticed during the analysis of the findings in Nyabihu, that the most prevalent single impairment which affected a startling 240 children/youths was intellectual. Even though the current research did not focus on discovering why the prevalence of intellectual impairments was so high, it is possible that this will be considered for future research.

In Musanze, the three most common types of disabilities mapped were physical, speech and hearing
It is also worth highlighting that multiple impairments were identified very frequently across all three districts. Critical for the EEE project, was the identification of children and young people with any combination of hearing and speech impairments together with other impairments. This information will be used to identify those children who will undergo a further screening to assess their capacity to attend mainstream school if provided with support.

Causes of impairment

Discovering the root causes of an impairment was critical for planning and decision making purposes. It is possible that some causes of impairments can be easily prevented. For disabilities caused by sickness, we suggest that a comprehensive research study aimed at identifying the types of diseases and their root causes should be commissioned. This can ensure that intervention strategies are developed accordingly which can prevent at least 34% of these disabilities.

Moreover, the (2012 Rwanda population and housing census) data shows that communication impairments are predominately caused by congenital factors which compares very similarly to our findings across the three districts. Our findings from across all three districts are summarized below.

Causes of primary impairment
Access to education

While education may be seen to be relatively progressive in Rwanda especially with the increase in primary enrolment rates (91.7%), it still remains largely out of reach for most children and young people with disabilities. (National Institute of Statistics Rwanda, 2015). Taking this into consideration, it was very important to us to understand the extent to which our sample population has access to education. This data would inform us of the services that we should deliver to our project target group. In addition, it also informs the advocacy that is required for children with disabilities more broadly.

A great deal has been written about how children and young people with disabilities are not presented with the same opportunity to attend school for example many children with disabilities still have limited access to schools. In Gakenke district, a staggering 53% of the population aged 3-25yrs has no access to education which compares quite similarly to Musanze at 45.9%. This is a much higher proportion compared to what the (2012 Rwanda population and housing census) data revealed. The (2012 Rwanda population and housing census) revealed that only 27% of the children with disabilities had no access to education.

To gain an in-depth understanding on why children with disabilities had no access to education, respondents were asked to identify the main barriers limiting access to school. What is interesting is that, across all three districts the distance to school was not regarded to be a major limitation. In the Nyabihu and Musanze districts a large proportion of the respondents confirmed that there was a school nearby which could be accessed in less or equal to 30 minutes, (75% Nyabihu & 73.8% Musanze). Surprisingly, only 2% of the respondents in Gakenke district identified that distance is the main barrier. Although a minority, for 19 children in Gakenke, it can take over an hour to travel from home to school. It is worth highlighting that parent’s attitudes were less significant for youths as they are more likely to be independent than children. Nevertheless, the challenges of travelling to school still presented a significant barrier to education for impaired youths at 10%.

Gakenke district, 53% of 3-25 year olds are without access to education!
The most frequent reason for children not attending school is the school’s inability to cater for a child’s needs!

Parents expressed that for children using wheelchairs, it was particularly challenging to navigate around the school due to the school’s “poor physical infrastructure”. This provides a strong indication that further advocacy is needed to ensure that schools are accessible for the physically disabled.

Many teachers said that infrastructural and resource constraints is a barrier for participation for children with disabilities

Stigma

In order to gain an in-depth understanding of the level of stigma facing children and youth with impairments, respondents across all of the three districts were asked to complete a questionnaire regarding stigma surrounding disabilities. Anticipated stigma is much to blame for the prevalence of children with impairments being kept indoors and not being fully included within their families and communities. This corresponds with the findings from a recent national census on people living with disabilities in Rwanda. The national census on people living with disabilities found that despite improvements in national legislation, people and especially children who live with disabilities face great discrimination and stigma in Rwanda (UNICEF Rwanda: 2011).

Discrimination often leads to the limited participation of people with disabilities within their communities and families. Parents / caregivers were asked whether they would prefer if their neighbours and community members did not know about their child’s impairment. In Gakenke, only 24.1% of families indicated that they would prefer if community members didn’t know about their child’s impairment. This is less than half the percentage of people who indicated a similar feeling in Musanze district. It is encouraging to note that only 10.5% of the parents / caregivers in Musanze
district believed that their neighbours and others in the community will think less of their family because of their child’s impairment. Contrastingly, the proportion of parents whom indicated that they would prefer if people were not aware of their child’s disability was almost twice of that in Musanze district at 21.6%.

When asked if they valued their child’s opinion in family discussions 20% of the parents/caregivers in Nyabihu said “No”. This is slightly a higher proportion compared to Gakenke where only 16.56% of the parents / caregivers shared the same view. These statistics demonstrate the extent to which children with impairments can be marginalized within their own home, either because they are not worthy of an opinion or because that are unable to communicate adequately (the latter largely accounts for the irrelevant response). However, it is worth highlighting that findings across three districts were generally positive. This corresponds with some previous studies as stated by Miles et.al (2010) which have indicated that families in income-poor environments do show “great love and concern for their family members with disabilities”.

Taking all of the findings into account, it is evident that the inclusion of people with disabilities is of great importance in ensuring that the individual regains their self-esteem in the community. This can be changed progressively if the community is educated and well informed about the need and importance of ensuring equal treatment for all abilities.

**Data Limitations**

Following the completion of the mapping process in each district, our team reviewed the process and outcomes to understand the limitations to the data and to make recommendations for the improvement of the mapping process in the subsequent districts. To begin with, we identified the following limitations to our data which must be noted before utilizing the data within this report. When collecting information about stigma faced by children and youth, it was most common that their parents were asked to answer on behalf of their children. Consequently, the data collected is not entirely representative of the views of the most vulnerable. Finally, we must note that the EEE team undertook this mapping study with limited resources and within a timeframe of nine months. Those members of the community who were not reached during the community visits are continuing to contact the project and their information is added to the data set.