UMBRELLA OF ORGANIZATIONS OF PERSONS WITH DISABILITIES
FIGHTING AGAINST HIV & AIDS AND FOR HEALTH PROMOTION
UPHLS

UPHLS PROGRAM NEEDS ASSESSMENT REPORT

JUNE 2018

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List of Abbreviations

1. **UPHLS:** Umbrella des Organisations des Personnes en situation de Handicap luttant contre Le VIH/SIDA et pour la promotion de la Santé (UPHLS)
2. **GBV**: Gender based violation
3. **SRHR**: Sexual Reproductive Health and Right
4. **WASH**: Water Sanitation and Hygiene
5. **FGD**: Focus groups discussion
6. **PWDs**: Persons with Disabilities
7. **HIV/AIDS:** Human Immuno-deficiency virus/ Acquired Immuno-Deficiency Syndrome
8. **ARVs:** Antiretroviral
9. **IGAs**: Income generating activities
10. **DPOs:** Disabled people's organizations
11. **MUSA**: Mutuelle de Santé

Executive Summary

The assessment identified key factors based upon the focus group discussion within ten districts covered in Rwanda. Additionally, the assessment used socio-economic and demographic data to determine whether area health care providers are adequately assessing the Community's key risk factors affecting PWDs in their areas. As part of this assessment it will be used in developing UPHLS program strategies to meet PWDs social & health needs.

Many factors will influence the levels of PWDs access to social & health service volumes in the community. These factors include, but are not limited to: Human right issues, stigma attached to disability, utilization of community health facilities in terms of accessibility, and lack of secure livelihood to service health insurance due to class of categorization.

Below are the significant components of the community health needs assessment:

- Service Area Definition
- Socioeconomic Characteristics of the Service Area
- Health Status Indicators for persons with disabilities
- Access to Care for persons with disabilities

Methodology

UPHLS Program Needs Assessment was facilitated on behalf of the organisation to identify PWDs social & health needs in the communities served by UPHLS.

The primary interview data included opinions from persons with disabilities who represent the broad interests of the community served. And included face to face interview with health officials at health post or district hospitals. Conventional health guides as well as demographic, economic, social, and environmental factors were evaluated. The data was utilized to address the identified health needs of the service area, to help set priorities, and to provide an implementation plan to guide UPHLS through ways to meet persons with disabilities health & social needs. UPHLS staff (Eric Mwanje and Gaby Kayumba) were engaged to facilitate the assessment. They completed the analyses, conducted the interviews and worked with focus groups of persons with disabilities to develop the conclusions and observations included in this assessment. All data originated from public sources and all sources are footnoted or otherwise acknowledged in the body of this report. Other input came from persons interviewed. The comments made during interviews have not been ascribed to an individual, agency or organization. An initial meeting (face to face) was facilitated with Health facilities leadership the information was compiled and data analysed and identify strengths and areas for improvement within the community by UPHLS.

Study methods;
The following were used as information gathering tools for this assessment;

- Face to face interviews with health official from health posts to district hospital in ten districts covered during the needs assessment session.
- Focus group discussion with guided questionnaire with persons with disabilities.
- Review of past UPHLS programs

Findings

Demographic profile
Many factors combine together to affect the health of individuals and communities. The health of a community is determined largely by their circumstances and environment. actors such as where we live, the state of our environment, genetics, our income and education level, access and use of health care services, and individual characteristics and behaviours have a considerable impact on health. Current population demographics and fluctuations in demographic structures demonstrate important factors in determining the types of health and social services needed by PWDs communities.

Age;
Significant distinctions exist when analysing age demographics in the covered districts. Individuals PWDs under the age of 18 were proportionately smaller compared to the number of PWDs at age 18+. A higher proportion of PWDs of 18+ indicated an increase in health needs, higher use of health care services and without fixed incomes.

Economic profile
Economic and socioeconomic conditions in Rwanda are often linked to poor health. Unemployment, poverty, and lack of educational achievement affect access to care and a PWDs ability to engage in healthy behaviours. Families need a network of support and a safe community to thrive. Safeguarding access to social and economic resources provides a foundation for the healthy community.

Unemployment;
Employment for PWDs correlates positively with health and that healthy people get and keep jobs more than unhealthy people do. Employment measures convey information on a community's overall economic situation and provide suggestions about the percentage of inclusive population that may be at risk for various health concerns associated with unemployment. Unemployment rates among PWDs show the percentage is still low and a lot need to be done in order to have a secure livelihood for PWDs in Rwanda.

Health Profile
A lack of inclusive access to care within the community presents obstacles to good health. Rates of morbidity, mortality, and emergency hospitalizations can be reduced if individuals within the

community access services such as health screenings, routine tests, and vaccinations. Prevention indicators can call attention to a lack of access or knowledge regarding one or more health issues and can inform program interventions.

Health Centres covered during the needs assessment are community assets that provide health care to vulnerable populations; they receive funding from the government to promote access to health services in areas designated for medical care.

The health profile of each district covered during the needs assessment period differ from each other coupled with challenges PWDs face in accessing health services in a given area.

Medically Underserved Area - identify areas or populations with a shortage of health care services. Documentation of shortages include several factors, in addition to the availability of health care providers. These factors include communication barriers with deaf persons & visually impaired, poverty rate, and percentage of PWDs that health insurance can't cover due to nature of disability.

The physical environment is an important determinant of health. The environment is an aggregate of physical and social conditions that influence and affect physical and mental wellbeing. A safe, clean environment that provides access to health service and recreational opportunities is essential to maintain and improve community health.

HIV/AIDS

This indicator reports prevalence rate of HIV per 100 populations covered in this research. HIV is a life-threatening communicable disease that disproportionately affects PWDs populations and may also indicate the prevalence of unsafe sex practices. The indicator reports low prevalence rate of HIV/AIDS among PWDs with challenges of lack of nutrition supplement at health centres to support PWDs on ARVs.

1. **Eastern Province –Gahengeri sector - Rwamagana district.**

FGD	Key health Priority issue identified
- 05 Females - 06 Males (11 FGD members)	- Access to health insurance to cover rehabilitation services for PWDs - Lack of Secure livelihood to health financing by PWDs - No accessibility services within the community

- Rwamagana district. Based on FGD of 11 disabled persons, it was discovered that access to health facilitate still have challenges that need to be addressed as a priority focus of that include;
  a. Health insurance
  b. Access to SRH services

1.1. On access to sanitation & hygiene within home & within the community;

a. Pit latrines are available within the community and home but no disability friendly.
b. On balanced diet the group is involved in kitchen gardening methodologies but need more training on new ideas.
c. The FGD is not involved in any income generating activity.

2. Eastern Province - Rukomo & Nyagatare sector - Nyagatare district

FGD	Key Priority issue identified
- 22 Females - 10 Males (22 GD members)	- Lack of accessibility in terms of sign language users - No disability staff at health centre to handle disability issues. - Bills to cover health insurance for PWDs is costly and not included in the category class of population categorization. - Access to SRH product & services are minimal.

3. Western Province – Kabaya sector - Ngororero district

Focus group discussion	Key Priority issue identified
- 12 Female - 6 Male (18 GD members)	- Health insurance policy under category 3 does not cover rehabilitation services - Lack of SRH product & services. - Lack of secure livelihood to health financing - Lack of government Rehabilitation services in government health centres in the area.

Western Province - Gisenyi - Rubavu districts

FGD	Key Priority issue identified
- 10 female - 9 male (19 GD members)	- Lack of accessibility services to include PWDs (sign language interpreters at health centres) - Lack of rehabilitation services at health centre as its based in Kigali city - Health insurance policy does not cover costly rehabilitation services and artificial limbs.

Northern Province – Byumba & Ruvune sector – Gicumbi district

FGD	Key Priority issue identified
- 12 Females - 08 males (20 GD members)	- Health insurance is not friendly as it does not cover rehabilitation services - Lack of advocacy materials addressing disability issues at the centres, especially for deaf & visually impaired persons. - Lack of secure livelihood to health financing

Northern Province – Muhoza sector - Musanze district

FGD	Key Priority issue identified
- 13 Emales - 04 males (17 GD members)	- Health insurance does not covered rehabilitation services. - Stigma still exists among health staff due to lack of disability knowledge - Categorisation of family members under health insurance should be revisited. - Lack of secure livelihood for PWDs - Lack of SRH products & inclusive services for PWDs.

Southern Province-Muganza sector – Nyaruguru district

FGD	Key Priority issue identified
- 08 Females - 10 males (18 GD members)	- Lack of comprehensive SRH services at health centre addressing PWDs needs. - Health insurance not friendly for PWDs in the areas - Lack of rehabilitation services in the area - Lack of secure livelihood

Southern Province-Simbi sector - Huye district

FGD	Priority issue identified
- 06 Females - 14 Males (20 GD members)	- Health insurance cover policy does not include rehabilitation services. - Minimal SRH products and services at health centre. - Barriers in communication with deaf persons - Lack of secure livelihood

City of Kigali – Jali sector - Gasabo

FGD	Key Priority issue identified
- 05 Females - 11 Males (16 GD members)	- Health insurance policy not friendly to PWDs - SRH Product and services is still lacking at the centre especially for youth with disabilities. - Lack of secure livelihood for PWDs - Stigma & barriers still exist within the community. - Lack of information on disability service centres in the country.

(20 City of Kigali – Masaka sector - Kicukiro

FGD	Key Priority issue identified
- 09 Females - 07 Males (16 GD Members)	- Health insurance policy does not covered high charges of rehabilitation services - Lack of SRH services & products for visually impaired persons - Lack of secure livelihood

Health centres priority spotlight; Accessibility & rehabilitation services

During the needs assessment exercise that covered 10 districts in five provinces, a face to face interview was conducted with health officials at health posts, health centres and district hospitals it was discovered that the government have future plans to address inclusiveness. Five hospitals were upgraded in partnership with UPHLS for accessibility purpose.

Training of service providers (health official) is on-going with UPHLS to address disability issues like sign language use for deaf community.

Advocacy intervention to address disability issue requires joint efforts by key stakeholders, especially in areas of addressing inclusive health insurance to cover rehabilitation services for PWDs at district referral hospitals.

WASH priority spotlight; Access to clean water, sanitation & hygiene

- During the focus group discussion and team observation,……..% of PWDs have access to clean water in rural using spring wells in rural and peri-urban PWDs use national water services providers.
- On sanitation and hygiene,PWDs are include in the government community programs of Omuganda to live in cleaner environment of having a pit latrine per house hold but it was discovered during the FGD that the pit latrine are not disability friendly due to high costs involved to make it accessible to PWDs within the community.

IGA priority spotlight; Cooperatives of PWDs

- Most FGD engaged during the needs assessment have gone extra mile to form cooperatives groups to sure livelihood. Many groups lack a deep understanding about what markets are, how they operate, what the buyers in the market are really looking for and how to establish win-win relationships with buyers. Some producers' groups do not know if the economic activities that they engage in are truly profitable or what it would take to make them profitable. In many cases, groups just need simple adjustments for becoming more sustainable and profitable. In other cases, however, a group may need more complex interventions. This may involve establishing new relationships with buyers, changes in the way products are produced and packaged, the machines they use or changes in the products that they produce. It may also involve changes in the way the production and distribution processes are organized and who participates in them. It will certainly involve a better understanding of the risks and potential of market access. It will also involve a gender analysis since men and women may experience different risks and potential market access depending on their context, status, personal knowledge and skills. Once women gain knowledge and skills along with forms of wealth, they will be able to establish tangible opportunities for themselves, creating demand for their products and establishing a gender sensitive value chain

Social protection priority sport light;

- Social protection system tackles poverty and inequality, enables the poor to move out of poverty, helps reduce vulnerability and protect people from shocks, helps improve health and education among all Rwandans, and contributes to economic growth. During the FGD it was discovered that inequality ----------% of women with disabilities were the highest number to face inequality within the community they live in facing challenges on GBV and abuse.

MAJOR KEY FINDINGS FROM THE NEEDS ASSESSMENT

- The community health insurance categorization that cover house hold family is not enough to take on extra burden of a member family if disabled due to cost involvements.
- Most PWDs are not involved in any secure livelihood which may improve their lives.
- A few PWDs involved in IGAs still lack skills on accessing markets and identifying innovative opportunities.
- Lack of self-advocacy for self- help groups to break the barriers of isolate of PWDs.
- Lack of health financing strategy to support on community health financing for PWDs
- Lack of information on SRH products and services for PWDs especially deaf and visually impaired persons in rural areas.
- Lack of kitchen gardening initiative to contribute to better nutrition among PWDs families.
- Limited advocacy campaigns and materials on disability which may change public perception towards PWDs.

Way forward

UPHLS Program approach framework based on current organisational and needs assessment finding! Road map for the next three years!

Annex 1: UPHLS Program Action Plan.

The following matrix presents a brief analysis of UPHLS. The Action Plan outlines high level outcome areas that could map the direction of UPHLS program efforts to support its beneficiaries (DPOs). While this could provide a broad framework under the banner of a three year plan of action, as with clear outcomes. A Program team could be set up to oversee implementation of the plan.

UPHLS Program planning in the next 3 years	Brief Analysis	3 year goal	3 year action
1.Secure Livelihood for health financing Recognizing that inclusiveness & diversity is an important component of UPHLS program strategy aimed at such areas as poverty reduction, sustainable development, health rights, youth empowerment, secure livelihood, social protection, humanitarian action in particular, overcoming social exclusion and discrimination,	The statement can be used for general advocacy purposes. It addresses both inclusiveness' effect in terms of enhancing development results in different thematic areas as well as its intrinsic added value.	Enable people with disabilities to be engaged in contributing to their own development	Form national joint coalition advocacy group to lobby & advocate for inclusive services to incorporate missing social policy gaps into country policies and programming
2.**Joint coalition/ Networking** Acknowledging the existing DPOs partnership at country	Strengthen a collaborative DPOs network in Rwanda, at regional level and at global level.	Strengthen collaboration among DPOs and expand partnerships with key stakeholders	increase opportunities for collaboration, joint programming and knowledge brokering between DPOs at

level in support of development programs to promote disability mainstreaming.			national, regional and global levels
Accepting key stakeholder in efforts to overcome challenges and to retain ownership of the community, and calls for a people-centred, holistic approach in order to build an inclusive and resilient society, supported by a social bond among the people through community based approaches that facilitate inclusiveness & diversity;	Explicit emphasis on the connection between DPOs and the grass- root disabled persons, the connection imperative be needs-based. Provides a bridge between structured forms of networking and spontaneous citizen action at community level aggregated through the use of ICT (technologies).	Enhance understanding of traditional forms of engaging ordinary citizens in spontaneous community action to break barriers within a broader organized framework.	Strengthen joint advocacy to include policy gaps as well as new forms of citizen participation. Increase opportunities for participative forms of community based tracking and monitoring of development change promises of government programs combining onsite and online technologies. Increase opportunities for concrete inclusive action to address key change promises of government policy objectives at community level.
3.**SRH & HIV/AIDS SERVICES** Advocate for comprehensive SRH product & services for different categories of disability.			
4.Rehabilitation services Devise a way forward to establish affordable rehabilitation services for orthopaedics devices in the country away from private sector.			

5.Health insurance policy, Continue to advocate for inclusive health policy friendly to PWDs			

Recommendations

- Joint advocacy and coalition on health insurance policy (MUSA).
- Organize annual national forums in response to strategically defined issues during celebration of international disability day.
- Support DPOs in connecting officially sponsored programmes with special groups, e.g. women, & youth with disabilities to address key concerns that affects them.
- Encourage respective government departments to promote the engagement of their constituencies in disability actions.
- Organize and/or facilitate online platforms targeting contributions by women & youth with disabilities.
- Establish or support national and regional disability information centres for, *inter alia*, community engagement for inclusive programs.
- Empower cooperatives of PWDs to become self –sustaining so as to contribute to health financing to easy on challenges faced to access health insurance at community health centre.
- Organize online platform opportunities to attract the widest range of people, e.g. combining short-, medium- and long-term UPHLS activities and community based volunteer assignments.
- Promote social inclusion through, for example, secure livelihood & mentorship program for students, the unemployed people with disabilities.
- Set up and facilitate local networks among DPOs to share best practices.
- Facilitate the training of trainers in social protection.
- Facilitate research in different thematic areas in disability including GBV.