



**UMBRELLA OF ORGANISATION PERSONS WITH DISABILITIES  
IN THE FIGHT AGAINST HIV AND AIDS IN RWANDA  
(U.P.H.L.S)**

*Annual Report  
2020*

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## Abbreviations

- AIDS: Acquired Immune Deficiency Syndrome
- ART: Anti-Retroviral Therapy;
- CCM: Country Coordination Mechanism
- CDC: Centers for Disease Control and Prevention
- CHW: Community Health Worker
- COVID-19: Corona Virus Disease
- UNCRPD : United Nation Convention on the rights of Persons with disabilities
- CSOs: Civil Society Organizations
- CWDs: Children with Disabilities
- DHMT: District Health Management Team
- DISC: Disability Inclusion Score Card
- DPOs: Organizations of Persons with Disabilities;
- DRC: Democratic Republic of Congo
- DRF: Disability Rights Fund
- EDC: Education Development Center
- EVD: Ebola Virus Disease
- HC: Health Centre
- HD/ AKA: Huguken Dukore/ Akazi Kanoze
- HIV: Human Immunodeficiency Virus
- IDPD: International Day of Persons with Disabilities
- IEC: Information, Education and Communication
- JADF: Joint Action Development Forum
- MIYCN: Maternal, Infant, and Young Children Nutrition
- MoH: Ministry of Health;
- NCPD: National Council of Persons with Disabilities;
- NGOs: Non-governmental Organizations
- OI: Opportunistic infections
- PHEOC: Public Health Emergency Operating Centre
- PMTCT: Prevention Mother To Child Transmission
- PWDs: Persons with Disabilities;
- RBC: Rwanda Biomedical Centre;
- RCCE: Risk Communication and Community Engagement
- RHCC: Rwanda Health Communication Center
- RNUD: Rwanda National Union of the Deaf
- RRT: Rapid Response Team
- RUB: Rwanda Union of the Blind
- SRHR: Sexual and Reproductive Health and Rights
- UKB: Umurimo Kuri Bose
- UPHLS: Umbrella des Organisations des Personnes en Situation de Handicap luttant contre le VIH/ SIDA et pour la Promotion de la Sante
- USAID: United States Agency for International Development
- WASH: Water, Sanitation and Hygiene
- WHO : World Health Organization
- YWDs: Youth with Disabilities


## **FOREWORD**

The Umbrella of organizations Persons with Disabilities in the Fight against HIV&AIDS and for Health Promotion in Rwanda would like to take this occasion to express its deep appreciation and sincere thanks to all who financially and technically contributed to the achievements of UPHLS in 2020 which are summarized in this annual report.

This report represents results of collaboration between UPHLS, its members and its Partners as well as the beneficiaries from national level up to community level.

We would like to acknowledge the effort and contribution of dedicated UPHLS staff and partners who worked tirelessly to complete the achievements in this report. Despite COVID -19 challenges, results from all Projects have been well achieved as planned.

We believe that this report provide a realistic picture of UPHLS achievements from January to December 2020



**Dr. SUUBI Patrick**

**The Legal Representative**

**UPHLS**



## **INTRODUCTION**

UPHLS is an Umbrella of organizations of Persons with Disabilities in the Fight against HIV&AIDS and for Health Promotion in Rwanda created on September 21<sup>th</sup>, 2006 by DPOs, registered under final Registration No 048/NGO/2015 by RGB. The head office is located in Kimihurura Sector, Gasabo District KG 625 Av 7 with 4 regional offices across the country and is composed by 9 Member National Disability Persons Organisations.

UPHLS's Vision is to have an inclusive society where people with disabilities are empowered and enjoy wellbeing and dignity. Its Mission is to strengthen the capacities of member organizations, support, and guide and coordinate programs to promote the rights of PWD for inclusive services in HIV&AIDS, health and employability.

UPHLS is recognized for its contributions to awareness raising on the rights of PWDs, inclusive governmental policies and implementation, in particular in the areas of HIV&AIDS and Health, and lately also in Employability. The organization has built up expertise in training service providers, setting up model disability inclusive health facilities and, recently developed experience in facilitating Multi-stakeholder processes.

In 2016, UPHLS developed a new Strategic Plan 2017-2022 in close consultations with its member organizations and partners. A SWOT analysis showed that much has been achieved by the disability movement in Rwanda. Currently there is a broad awareness and acceptance of disability in society and among policy makers. However, gaps remain between governmental policies and implementation. Many PWDs continue to struggle with exclusion and poverty.

By confronting the opportunities and challenges with UPHLS strengths and weaknesses, a number of strategic issues were identified in the Strategic Planning process. UPHLS will deepen its central focus on HIV&AIDS, the reason why the umbrella was originally established. Access to appropriate Health Care for PWDs and improvement of their health, in all aspects, is crucial to prevent, treat and mitigate the effects of HIV&AIDS. Decent (self-) employment of PWD and/or

their families/care givers, leading to improved livelihoods, is crucial to sustain improved health, enhance inclusion in society and break the vicious disability-poverty circle.

The present report presents a summary of achievements of three programs including:

- **An inclusive HIV and AIDS:** with one project namely Scaling up access to HIV&AIDS services with focus on prevention in Rwanda (RBF project) funded by Global Fund through RBC.
- **An inclusive Health Promotion:** with 5 projects including “Strengthening HIV Clinical Services in the Republic of Rwanda under PEPFAR (MOH-CDC COAG) Funded by CDC/MoH, Inclusive WASH Project funded by Disability Rights Fund Strengthening the voice of voiceless funded by Amplify change (SRH&R), Every life Matters Project Funded by L4W (Eye care services &SRH) and Mainstreaming disability in Ebola emergency preparedness and response in Rwanda funded by UNICEF.
- **The Employability Program:** With two projects one funded by the L4W and Huguka Dukore /Akazi Kanoze Project funded by USAID through EDC but due COVID-19 there were some disturbances that ended by project suspension and due to this disturbance any activity has been implemented under this program as planned but at the end of August, we were lucky to find a new project called Umurimo Kuri Bose (UKB) funded by USAID which is in kick off process and will last two years.

From January to December 2020 UPHLS in Collaboration with Its Partners and members implemented different activities from National level to the Community level which are summarized in this report.

## **I. UPHLS ADMINISTRATION**

### **1. The UPHLS Organs meetings and board members participation in the events**

From January to Decembers 2020, different Governing organs meetings were held as follows:

- ✓ One General Assembly composed by all Members organizations representatives held on 22 February 2020 with four ordinary Board of Directors meetings
- ✓ One internal audit committee meeting with audit exercises with a training on auditing.
- ✓ Social events where Board members or members organizations Representatives participated on behalf of UPHLS.
- ✓ Participation in the implementation of activities by DPOs and BoDs of UPHLS.

2020 was characterized by a strong collaboration between UPHLS's organs from national level to the community level where the UPHLS is implementing different activities.

### **2. Management of staff and materials**

From January to December 2018, UPHLS equipment and staffs were managed according to the UPHLS Administrative and financial manual and Rwandan laws. UPHLS has a total of 22 staff as well as many equipment and materials which are registered and managed in a database system.

The Staff meetings and management meetings were held and matters arising were solved accordingly and smoothly. Some changes happened in the staffing where one staff left the organization who is replaced by an International volunteer. The Executive secretariat participated in national disability and/or HIV&AIDS, CCM, Different TWGs local/District level meetings as well as international conferences and workshop where UPHLS was invited.

### **3. Administration**

Generally the Executive Secretariat of UPHLS has successfully ensured daily management of resources and property of UPHLS, Coordinated the development process of consolidated action plans at different levels; oversaw the design and execution of activities, collect and consolidate different reports and presented them to Funders on a regular basis.

### **4. The Social activities**

UPHLS social fund is in place and is supporting social events as well as working as fund to support staff economically, its regulation is in place and bank account is opened. This year , UPHLS BoD and staff in collaboration with NCPD held in Kigali visiting the Kigali Genocide against Tutsi memorial Centre. UPHLS team also participated in other social events organized by DPOs members of UPHLS and its Partners while Field officers participated in JADF meetings.

## II. ORGANISATIONAL DEVELOPMENT & RESOURCE MOBILIZATION

Based on the organizational assessment conducted in 2017 with its organizational development plan 2020, This Organizational Development (OD) Plan describes the journey and the actions needed for UPHLS as it strive to commission the best possible innovative approaches to a sustainable organization. The Organizational Development is crucial to ensure we are a fit organization to take responsibility for spending considerable amounts of donor money for the benefit of persons with disabilities.

Key priorities issues have been achieved that include.

- The Finance, HR & internal policies Plan is being implemented and followed.
- The Joint advocacy with key Strengthening the voice of voiceless project partners based on different projects being implemented by UPHLS have been done.
- The Governance & Leadership, New governance board were elected in 2019 and meet regularly on organizational development issues, DPO membership engagement and strengthening plans per each DPO were done.

For the plan 2021 UPHLS plans to:

- Review UPHLS name and branding approaches
- Review programs trajectory based on the previous or ongoing projects
- Review the strategic plan and identify gaps and give recommendations to the board for a new strategic direction for next five years.

Regarding the resources mobilization, UPHLS in collaboration with its partners developed a number of Proposals for sustaining the interventions. In this Period, a total of 12 Proposals were done with more than 4.5Million USD and one new project has been funded with a continuation of seven out of eight projects implemented by UPHLS in 2019/2020.

UPHLS implemented its fundraising strategy 2017 – 2020 successfully.

The fundraising strategy focused on three key elements:

- The establishment of a funding framework and baseline for key thematic programs;
- A guidance on possible funding mechanisms to sustain the core infrastructure and delivery capacity of UPHLS;
- The organizational aspects for the effective coordination of the fundraising functions.

Although the year 2020 we faced a challenge of the global pandemic COVID-19 which resulted in donors cancelling submitted proposals.

UPHLS developed researches which can be founded on UPHLS online library:  
<http://105.178.105.40:2600/>



### III. UPHLS PROGRAMS IMPLEMENTATION 2020

#### 3.1. Scaling up access to HIV & AIDS services with focus on prevention / HIV-NSP/RBF

To ensure the inclusion of persons with disabilities in HIV response, PWDs have been considered in Rwanda HIV and AIDS National strategic plan. UPHLS is one of the CSOs, which contribute to the implementation of HIV NSP Operational Plan. With this regard that during 2020, UPHLS interventions under the financial support of Global Fund through the Ministry of Health turned around the capacity building of person with disabilities in the areas of disability rights through their self-help groups, ensuring that persons with disabilities have access to information on HIV and AIDS through the trainings, disability friendly outreach campaigns and dissemination HIV&AIDS Information, Education and Communication materials that are designed or adapted to different categories of Persons with disabilities.

##### 3.1.1. Trainings

This year, UPHLS have organized different trainings targeting persons with disabilities on HIV and AIDS and other STIs, FP, SRH, GBV and the rights of Persons with disabilities and where possible we have organized the sessions for specific groups. The following are the training carried out during this year:

##### *a. Training of Youth with Disabilities on Sexual and Reproductive Health both in and out of school*

During this year, UPHLS have conducted the training of Youth with Disability both in and out of school. This training aims at equipping youth with different types of disabilities (both in schools and out of schools) with necessary knowledge and tools on sexual and reproductive health and rights and HIV. The training brought together 177 youth with different types of disabilities including 98 females and 79 males as the table below shows.

The table below shows more details:

Category of disability	Age Range		Total by category of Disability
	15-24		
	Sex		
	F	M	

<b>Physical impairment</b>	39	30	69
<b>Hearing impairment</b>	21	14	35
<b>Visual impairment</b>	17	16	33
<b>Mental/ intellectuals impairment</b>	11	10	21
<b>Others</b>	10	9	19
<b>Total</b>	<b>98</b>	<b>79</b>	<b>177</b>

***b. Training of Peer Educators***

During this year, we have organized the refresher training of peer educators who support UPHLS to organize disability friendly outreach sessions within the self-help groups of persons with disabilities at the grass root level. The main objective of the training is to help peer educators to increase their knowledge on HIV&AIDS, disability rights and specific needs, leadership and cooperative management that will allow them to conduct peer education within their self-help groups and coach the leadership of their self-help groups on leadership and cooperatives management. During the training we added the topic on leadership and cooperative management as most of persons with disabilities are poor and the majority of people we reach in outreach campaigns are in the self-help groups (associations/ cooperatives) that are not well managed while these self-help groups are very important to lift PWDs in poverty if they are well managed. This is the reason why we included a session on leadership and cooperative management during the training to help the trainees to increase the knowledge and support their self-help leadership.

**Persons reached during the training**

<b>Category of disability</b>	<b>Age Range</b>				<b>Total by category of Disability</b>
	15-24		>25		
	<b>Sex</b>				
	F	M	F	M	
<b>Physical impairment</b>	15	17	8	11	51
<b>Hearing impairment</b>	9	7	1	1	18
<b>Visual impairment</b>	7	4	6	2	19
<b>Mental/ intellectuals impairment</b>	6	7	2	1	16
<b>Others</b>	5	7	2	3	17
<b>Total</b>	<b>42</b>	<b>42</b>	<b>19</b>	<b>18</b>	<b>121</b>

The table shows that 121 peer educators including 61 females and 60 males have been trained. This include 51 persons with physical impairment, 18 persons with hearing impairment, 19 persons with visual impairment, 16 persons with mental impairment and 17 other impairment. In other categories we have reached persons with persons with albinism where we trained 4 persons and little people where we trained 6 and 8 persons with multiple disabilities.



*JADF Officer Muhanga participated in the closing of the training of Peed Educators*

#### **4.1.2 Conduct Disability Friendly Outreach Sessions**

We have organized Disability Friendly Outreach campaigns in 210 self-help groups of persons with disabilities in 15 Districts including Bugesera, Ngoma, Rwamagana in Eastern Province, Gicumbi, Rulindo and Musanze in Northern Province; Muhanga, Huye and Ruhango in Southern Province; Rusizi, Nyamasheke and Ngororero in Western Province, Kicukiro, Nyarugenge and Gasabo in the city of Kigali. In general 200 self-help groups of persons with disabilities and some specialized centres in the mentioned Districts have been reached during outreach sessions.

These activities have been organized by the peer educators under the supportive supervision of UPHLS staff at provincial level. During these sessions the participants have increased their knowledge on different areas including generalities on HIV and AIDS: HIV/AIDS & STIs, Sexual and Reproductive health, VMMC, Family planning and Rwandan legal framework on the rights of persons with disabilities particularly the rights on Health services.

The reports summed up 2,807 persons with disabilities including 2,171 persons with physical impairment, 317 Persons with hearing impairment, 341 Persons with visual impairment, 485 Persons with mental/ intellectual impairment and 493 persons in other category of disabilities including persons with albinism, people with short stature or little people, people with multiple disabilities, etc.

1.1. 340 persons with disabilities including 182 females and 158 males have been referred to the health centers to be tested for HIV where 5 females and 2 males were tested HIV positive. These people tested HIV positive are under the follow up of health centers.

The table below shows more details about persons reached in age group, sex and categories of disability:

Category of disability	Age Range				Total by category of Disability
	15-24		>25		
	Sex				
	F	M	F	M	
<b>Physical impairment</b>	674	521	529	447	2171
<b>Hearing impairment</b>	107	86	48	76	317
<b>Visual impairment</b>	69	63	97	112	341
<b>Mental/ intellectual impairment</b>	152	116	106	111	485
<b>Others</b>	114	141	122	116	493
<b>Total</b>	<b>1116</b>	<b>927</b>	<b>783</b>	<b>435</b>	<b>3807</b>

#### 4.1.3 Community Awareness for Prevention of COVID-19 as well as Utilization of Health Services during this Pandemic

##### 1.2.

The COVID-19 pandemic, in the first year of its existence, has impacted the lives of most people on Earth in one way or another. It is the first truly global pandemic in modern times and each of us has been forced to grapple with its effects, both individually and collectively. Rwanda as the rest of the world took the serious measures to ensure that the pandemic is controlled where much emphasis was put in awareness raising about the pandemic and informing the population about the preventive measures including handwashing, limitation of undesired movements, keeping Physical distancing, wearing face mask, etc. The governments are urged to make extra efforts to protect the rights of persons with disabilities in responding to the pandemic.

In the framework of ensuring that all the citizens including Persons with Disabilities have information on the pandemic, RBC under the RBF project provided the additional to UPHLS to conduct community awareness for the prevention of COVID-19 as well as utilization of Health services during the pandemic with the main objective of raising awareness of persons with

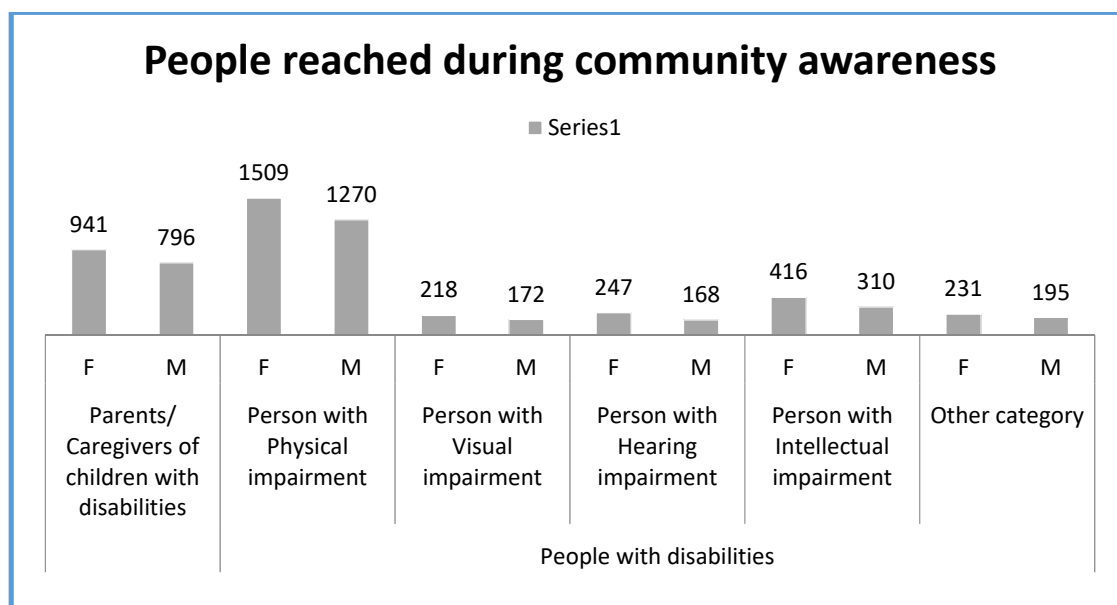
disabilities through the self-help groups at the grass root level on COVID-19 and the related preventive measures as well as utilization of Health Services during this Pandemic.

The community awareness took place in the association, cooperatives or the self-help groups of persons with disabilities in 15 Districts including Nyagatare, Bugesera, Kayonza and Rwamagana in Eastern Province; Gucumbi, Rulindo and Gakenke Districts in Northern Province; Nyabihu, Nyamasheke and Rusizi in Western Province; Nyarugenge in the City of Kigali; Gisagara, Myhanga, Huye and Nyaruguru Districts in Southern Province.



🇷🇺 *People reached during the community awareness campaigns*

As the chart below shows, during community awareness we have reached 4456 persons with disabilities including 2016 males and 2440 females. 1737 parents/ care givers of children with disabilities including 941 females and 796 males were also reached with COVID-19 message.



The chart above shows the disaggregated data on gender and types of disabilities including 2779 persons with physical impairment (1509 and 1270 males), 390 persons with visual impairment (218 females and 172 males), 415 persons with hearing and speaking impairment (247 females

and 168 males), 726 persons with intellectual/ mental impairment (416 females and 310 males) and 426 persons with other category of disability (231 females and 195 males) including persons with albinism, little people and those with multiple disabilities.

#### 4.1.4 Celebration of World AIDS Day

On the 1<sup>st</sup> December every year, the world celebrates the World AIDS Day. This is an opportunity to call for the community to unite in the fight against HIV, show support for people living with HIV and remember those who died from AIDS-related illness. This year, Rwanda joined the rest of the world to commemorate the World AIDS Day at National level on December 2020. 2020 Global theme is “Global Solidarity, Shared Responsibility”. This year the world focused the efforts to COVID-19 pandemic, on health and how pandemics affect lives and livelihood. The National theme is “**Defeating HIV/AIDS is our joint responsibility**”. The event was celebrated under the leadership of MoH and RBC with partners in HIV response, CSOs and the general population. UPHLS as the member of Technical Working Group preparing the World AIDS Day participated in different preparatory meetings for the event. Our role in this meeting was not only providing ideas for the event to be celebrated in successful way but also on how the event could be inclusive for persons with disabilities.



***Pictures taken during the launch of WAD***

The celebration of world AIDS Day took place at the Convention Center and it brought together the government officials, UN agencies and the representatives of international and national organizations working in the area of HIV. CSOs were represented in the event and UPHLS as an Umbrella advocating for the inclusion of Persons with disabilities in HIV Response. During the celebration, UPHLS also ensured inclusivity of the event by providing sign language interpreters to facilitate persons with hearing impairment to follow the program both on RBA and through social media. UPHLS also provided sign language on TV Spots designed for World AIDS Day aired on the TV.

## **3.2. Strengthening HIV Clinical Services in the Republic of Rwanda under PEPFAR**

UPHLS and Finacial support from MoH/CDC is implementing a Strengthening HIV Clinical Services in the Republic of Rwanda focused on strengthening structures to induce the change in the way HIV services are being provided to PWDs. It has been characterized by involvement of selected stakeholders from Rubavu, Gicumbi, Nyabihu, Gasabo, Kicukiro, Nyagatare, Rwamagana, Gicumbi, Kamonyi, Ruhango and Rulindo Districts in mainstreaming disability into HIV/AIDS services provision with a number of activities.

### **3.2.1. Conduct accessibility check for health facilities among which 5 will be upgraded**

UPHLS organized accessibility check for 10 health facilities (two health centers per province) to identify the gaps that hinder PWDs accessing health services and provide the proposed solutions to be able to serve persons with different types of disabilities. This activity aimed generally at assessing and providing health centers and the Ministry of Health a picture of what needs to be corrected or adjusted and how it should be done in a way of having HIV&AIDS services that are disability friendly and specifically using the Disability Inclusion Score Card (DISC) to assess level of inclusion of Health Center, to assess physical accessibility of selected Health Centers for Persons with different categories of disabilities (Physical accessibility, information accessibility, etc.), To orient and guide health centers on the way of correcting the identified gaps in terms of inclusive service provision, and physical accessibility, develop a joint report on the findings from the assessment.

During this activity 10 health facilities were visited including: Nyange A in Ngororero district, Rambura health center in Nyabihu, Nyarurama health center in Ruhango district and Kayenzi health center in Kamonyi district, Nyagasambu health center in Rwamagana district, Jali health center in Gasabo district and Cyabayaga health center in Nyagatare district.

This activity focused on different components including: DISC, Location of health facility and directions, Health facility entrance and directions, Movement inside the health facility, Service delivery at the health facility, Health facility equipment and other items and the DISC focused on six components including: Governance, management practices, human resources, financial resources, accessibility and external relations and it came up with the picture of inclusiveness and have a sight on where to put more efforts to provide Disability friendly services.

Through this activity and after observing the nature of most health centers need more renovations to be accessible basing on its nature and locations, and others, regarding the physical accessibility



and service provision, we realized that inside part of the health facilities people with Disabilities can move and access some of services exclusively toilets, laboratory, water fountains and laundry which need the renovation and other parts which need the walkways to be accessible and other and the conducted accessibility check found out that the visited health facilities are generally physically inaccessible and the health care providers have limited knowledge on disability and special needs, so this activity contributed to the correction of the identified gaps to provide inclusive health services and raise disability related understanding among health care providers.



*UPHLS and Nyange A*

*A team conducting DISC at Nyange A hc    The existing inaccessible toilet*

### ***3.2.2. Training of Healthcare providers from upgraded Health centers on specific needs of PWDs, basic sign language, mobility and orientation***

UPHLS organized a training of 30 Healthcare providers from Kayenzi health center in Kamonyi district, Rambura health center in Nyabihu district, Jali health center in Gasabo district, Byumba health center in Gicumbi district and Nyagasambu health center in Rwamagana district where by six health care providers per per model Health facility on specific needs, basic sign language and HIV/AIDS prevention, care and treatment service provision for Persons with Hearing Impairment. The training brought together 30 health care providers to learn how to provide inclusive health care services reducing such challenges and cover Disability and specific needs, Models of Disability, disability terminologies, Disability and HIV, Principles of communication with Persons who are deaf by providing with them the basic Rwandan sign language and the terminology used in health, Sign language and HIV&AIDS, sharing Communication tools for healthcare providers in sign language in order to contribute to the better health of PWDS and lead to barriers reduction in health services delivery especially. The training of health care providers has been the way to raise awareness of health care providers on disability friendly health service delivery which made them saying that there need many changes to have Disability friendly health services and they all committed to change their mindset, attitudes towards PWDs and help their peers and society in general to remove barriers hindering PWDS from accessing health services. So it is their role to make the available health services disability friendly as they ended developing disability friendly plans which will contribute to the inclusive service provision.





*Health care providers learning sign language January 2020*

**3.2.3. Train local partners and local authorities in the design and implementation of HIV interventions in which PWDs are included**

To foster the inclusion of persons with disabilities in HIV response in Rwanda, UPHLS organized a 5 days training for districts development partners and local authorities working in Health promotion especially in HIV prevention from six Districts namely Ruhango, Kamonyi, Rulindo, Rwamagana, Nyabihu and Rubavu Districts respectively. The training brought together 31 participants including: district officials with development partners selected in the mentioned districts so as to discuss on how they can make their plans inclusive and it took place from 2<sup>nd</sup> up to 6<sup>th</sup> March. In Rwanda, few initiatives are being developed in order to make sure of the inclusion of the People living with disability in the prevention and care programs of the HIV and AIDS, reason why districts and their partners should be involved and it aimed at providing knowledge on disability and disability inclusive planning to partners operating in HIV/AIDS response, health promotion and local authorities.

The training covered different topics including: Historical background of disability in Rwanda, Quest for inclusive health services, Models of disability, Disability Mainstreaming concepts, Structural modifications in existing HIV service delivery stations / centers, Planning and running disability inclusive HIV&AIDS and health advocacy programs / campaigns, and Monitoring and evaluating for the integration, participation and involvement of PWDs in national and community based HIV&AIDS and health programs.



*Participants discussing on the challenge, Kabgayi, March 2020*



*Participants looking for the sustainable solution*

Through group discussions, the participants identified the common challenges that hinder PWDs access health services and other services they offer, from all the groups, were the physical inaccessibility of service providers buildings, lack of communication skills specifically with deaf persons, negative mindset on disability and persons with disabilities and lack of proper knowledge about disability and related issues, lack of Disability related data and after that they developed disability friendly plan that will guide them while implementing their projects.

#### **3.2.4. Conduct induction training on disability mainstreaming for planners from MoH/RBC**

To foster the inclusion of PWDs in HIV response in Rwanda, UPHLS has been contracted by the MoH to overseeing the inclusion of PWDs in HIV program at health facilities and communities' level through the partnership, mentoring and coaching of community structures and stakeholders; the ultimate goal being to mainstream disability into HIV response in Rwanda. In order to address this concern, UPHLS organized a 5 days induction workshop on disability mainstreaming with planners from MoH and RBC.

The training was conducted from 10<sup>th</sup> to 13<sup>rd</sup> August and 18<sup>th</sup> to 21<sup>st</sup> August 2020 at Hotel Saint Andre in Muhanga District. The workshop focused on sharing the reality on disability through the quest for inclusive health services' game, disability models, laws / rights, disability inclusion auto-assessment, disability friendly planning, monitoring and evaluation mechanisms.

One of the results of the training was that the participants came out with strategies to include Persons with disabilities in their current and future initiatives. The participants appreciated the content of the training and came up with different commitments and strategies to include Persons with disabilities in their current and future initiatives.



During this training, the planners committed to advocate for upgrading of HMIS in order to have disability related data and to integrate disability component on the M&E health related system which will be one of solutions that will come up with disability disaggregated data.

### **3.2.5. Coaching and mentoring for trained health professionals and involved partners in HIV around selected HC**

The overall objective of this activity was to conduct coaching and mentorship visits to trained health care professionals, local authorities and development partners in disability friendly HIV services provision around HC being upgraded.

Through this activity, UPHLS team DPO and MoH visited the trained people to share experiences about the implantation of developed disability friendly plans from the training and share the faced challenges and then look for solutions jointly.

Most of the visited trained people have shared the acquired knowledge to the other staff and put in place accessible toilets with some accessible walkways. Through coaching and mentoring we realized that people are no longer fearing to serve people with disabilities especially people with hearing impairment but they try to use different communication channels including writing one another, using guide or using local sign language and provide services, this resulted a number of people with disabilities accessing the services and the health service providers could identify the number of people with disabilities who are in their catchment areas which is success because they could know their needs.



*UPHLS, MoH and DPOs with trained people*

### **3.2.6. Conduct quarterly coordination meeting with upgraded Health Center, MoH, RBC, NCPD and DPOs to discuss on critical issues in HIV services provision to PWDs**

To foster the inclusion of persons with disabilities in HIV response in Rwanda, UPHLS has been contracted by the Ministry of Health to overseeing the inclusion of PWDs in HIV program at health facilities and community level through the partnership, mentoring and coaching of community structures and stakeholders; the ultimate goal being to mainstream disability into HIV response in Rwanda. In order to address this concern, and among other interventions, UPHLS organized quarterly coordination meetings with selected Health Center, MoH, RBC, NCPD, DPOs, local authorities and partners in Kamonyi, Ruhango, Rwamagana, Nyabihu and Rulindo districts. The overall objective was to bring together key stakeholders to discuss on critical issues

in HIV services provision to PWDs, share progress of the implementation of developed Disability friendly plans to make existing HIV&AIDS services disability friendly and agree on the way forward.

Through such quarterly coordination meetings different trained participants could share what they did basing on the developed disability friendly plans where by it was realized that most of them tried their best to have the best practices due to what they did mainstreaming PWDs within their daily activities implementation including: development of inclusive action plans, integration of PWDs within the projects implementations, adaptation of Monitoring and evaluation tools making them disability friendly and the renovation of some parts of offices where services are provided.

### **3.2.7. Conduct training of Healthcare providers from CoAg supported sites for basic awareness of PWDs' rights, basic needs and help them to access HIV services**

This training brought together 154 heads of CoAg supported sites for basic awareness of people with disabilities rights, basic needs and help them to access HIV services aiming at providing basic awareness on PWDS' rights, basic needs of PWDs to help them to access HIV services and in order to improve their communication and service delivery to clients with disability and clients with hearing impairment in particular. The specific objectives were: improve the skills and knowledge of the health care professionals on disability and specific needs ; improve the interactions of the healthcare professionals and persons with disabilities in general and persons with hearing and visual impairments in particular; better understanding of the principles of communication with persons with hearing impairments and possible application with hearing impairments, Understand the basics of mobility and orientation and the application of those principles the utilization of HIV&AIDS services provision.

The training of health care providers has been the way of raising awareness of health care providers on disability friendly health service delivery which made them saying that they need many changes to have Disability friendly health services and they all committed to change their mindset, attitudes towards PWDs and help their peers and society in general of removing barriers hindering PWDS from accessing health services. So it is their role to make health services disability friendly.



Picture captured during the training

### **3.2.8. Renovation for five Health Centers to get more accessible HIV services for Persons with disabilities**

Contributing to the Rwandan Government Program of inclusiveness everywhere, UPHLS under financial and technical support of MoH CDC CoAg is renovating five Health Centers across the country to serve as model health facilities in the provision of disability friendly HIV/AIDS services. UPHLS has chosen one health center in each Province precisely: Nyarusange health center in Muhanga, Southern province, and Rukumberi health center in Ngoma district and Kamabuye health center in Bugesera district in Eastern province, Kamonyi health center in Nyamasheke district, and Rukozo health center in Rulindo district.

The renovating works comprises different areas to allow persons with disabilities to access every single bloc/ building located in Health Center Compound from the main entrance to the exit point with focus existing infrastructure like toilets, walk ways to be disability friendly and secure, fixing clear and high visibility indicators signs complying with international standards, and renovation of consultation room by increasing the ground surface for disability user. The following are the results of renovation so far: accessible toilets for persons with disabilities with a lowered sink hand rails which is friendly mostly for persons with physical disabilities wheelchair users in particular, Sign posts were fixed directing clients/guests to services provided starting from the parking to other departments. This facilitates deaf people who are able to read and others and Accessible parking spaces were constructed and reserved for persons with disabilities and connected to the access ramp after the transfers from the parking.



*Nyarusange Upgraded HC*



*Rukumberi Upgraded HC*



### **3.2.9. Facilitate 10 health facilities per Province to carry out study tours to the model health facilities and learn from the upgraded health facilities**

UPHLS has organized a study tour to the 5 health facilities that were renovated in the previous period including: Matimba health facility in Nyagatare district, Eastern province, Busanza health facility in Kicukiro district in the City of Kigali, Kibeho health facility in Nyaruguru district in Southern province and Munyinya health facility in Gicumbi district in Northern province making them model in facilitating persons with disabilities in accessing health services and HIV services in general by having accessible walkways, accessible toilets, tactile floor facilitating people with visual impairment, signposts with high visibility, accessible parking and others to meet the accessibility needs of clients with disabilities.



*Sign post at Kibeho health facility*

*HCPs touring the renovated parts of health facilities*

This activity aimed specifically at exchanging knowledge and practices on disability friendly health services offered at the upgraded model health facility, facilitating networking among health care providers on providing disability friendly health services especially HIV&AIDS related services, demonstrating best practices on the inclusion of PWDs in HIV&AIDS and health services by health practitioners and community health workers, Showcase the accessibility features of the upgraded model health facilities in the catchment Districts of the project and introduce accessible IEC tools to the visiting health center. Fifty health care providers including heads of health facilities and in charge of ART toured all parts of the model health facilities observing the situation before and after learning from changes made to facilitate people with disabilities. This has been a good opportunity to share and exchange the best practices on inclusive HIV&AIDS services and support learning on how to make health services disability friendly at their health facilities of origin.

### **3.2.10. Conduct annual joint visit with MOH, RBC, NCPD, DPOs and Local authorities to model health facilities to advocate for scale up in the Province**

The joint visit was conducted in August at the renovated health facilities including: Byahi health facility in Rubavu istrict, Kibeho health facility in Nyaruguru district, Busanza health facility in

Kicukiro district, Munyinya health facility in Gicumbi district and Matimba health facility in Nyagatare ditrict and it brought together UPHLS, NCPD, MoH, RBC, Disability organizations, District Hospital, District officials and persons with disabilities. During the tour, the participants observed all renovated parts of health centers including: both directive and indicative sign posts, accessible parking, walkways, accessible toilets and yellow line that facilitate people with visual impairment.



*Annual joint visist at Kibeho health centers in Nyaruguru District*

After touring all accessible different features, the participants were surprised by the activities which have been done by UPHLS and some of them were commenting that it was their first time to see such things, others were delaying taking pictures and others were too busy taking notes for everything they saw. The common thing which was observed is that taking into consideration persons with disabilities is very important to help them accessing different services and that it is their right as human beings. It was observed that they were all need to learn a lot and this made them get committed to mainstream disability within their working interventions.

The Director General of Gisenyi hospital, the vice mayor Social Affairs, My Right country coordinator and NCPD Executive Secretary , all mentioned that the disability mainstreaming way is for everybody and every organization both public and private and all committed t be the first and the advocates for it.



*Annual Visit at Byahi HC in Rubavu*

### **3.3. Mainstreaming Disability in Ebola Emergency Preparedness and Response in Rwanda**

In August 2018, the Democratic Republic of Congo (DRC) declared Ebola Virus Disease (EVD) outbreak in Nord Kivu province, which shares a border with Rwanda. The Government of Rwanda immediately activated the preparedness teams to developed strategies for readiness and response. The Public Health Emergency Operating Centre (PHEOC) was established with eight pillars including Risk Communication and Community Engagement (RCCE). In various contingency plans that were implemented, inclusion of persons with disabilities was considered as one of the key aspects.

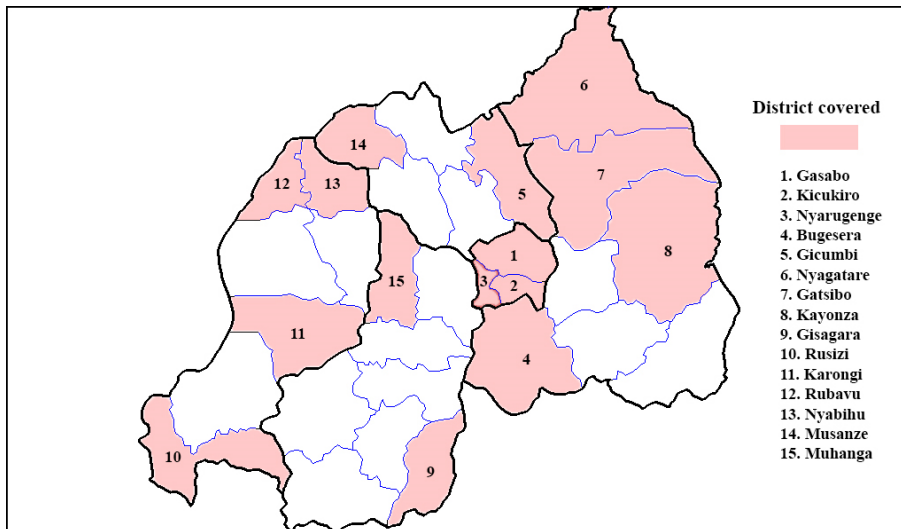
UPHLS was identified as a critical implementing partner to ensure disability mainstreaming in EVD and later COVID-19 preparedness, control and response activities. It is in this framework that the project entitled “*Mainstreaming disability in Ebola emergency preparedness and response in Rwanda*” was implemented in collaboration with RBC and NCPD.

In order to respond effectively to the project expectations, achieve and measure outlined results, UPHLS has undertaken different activities that are in line with the above mentioned results.

#### **3.3.1. Conduct an exploratory survey to assess knowledge, attitudes, practices, myths and misconceptions related to EVD among different categories of persons with disabilities (including children and youth with disabilities) in 15 high-risk districts**

This is the first activity that could be conducted before other activities to serve as baseline and informing other activities to follow. It was conducted as the pre assessment to (1) determine the knowledge and awareness levels of persons with different types of disabilities on EVD, specifically on the mode of transmission, symptoms, prevention, and care; (2) assess the attitudes and beliefs of persons with different types of disabilities towards EVD; (3) explore the PWD’s current practices for prevention and control of EVD and to determine the accessibility of PWDs to the credible sources of information on EVD. This exercise was conducted in 15 Districts that were selected conveniently basing on the prevalence of PWDs (Reference to the Population and Housing Census, Rwanda 2012), Districts at the borders and Number of active self-help groups in selected districts.





A total of 30 self-help groups of PWDs (2 groups in each District) were selected conveniently and at least one center/school in district where possible were selected purposively. The report showed that 183 PWDs were reached through 30 self-help groups, 17 health care providers from different health facilities and 8 leaders from specialized centers for PWDs.



The findings revealed that there are specific categories of Persons with Disabilities that are still facing the challenges during the outbreak preparedness including mainly persons with mental impairment, persons with visual impairment and persons with hearing impairment. The main challenge are communication challenges, the channels used in community mobilization are not accessible to the mentioned categories, communication materials that are not friendly to persons with disabilities and the preventive materials like the hand washing in public places that are not taking into consideration the specific needs of PWDs. The survey report is available for more information.

### **3.3.2. Adapting the existing COVID-19 and EVD multi-media and print communication materials to the needs of different categories of persons with disabilities and producing them**

EVD and COVID-19 multi-media and print communication materials were adapted to specific needs of persons with disabilities that was done through participatory audience-centred approaches and based on formative research (the mentioned above). These include Posters, Audio-visual materials, and message for persons with intellectual disabilities, the message for the caregivers and the messages printed in braille format for persons with visual impairment. All the adapted materials have been approved by Rwanda Health Communication Center. In collaboration with RBC/RHCC, we have also adapted different TV spots on COVID-19 by incorporating Sign language translation. Example: (1) Video for Itetero RBA show for Kids 0-6 Years old, (2) Video on COVID 19 for Children 6-15 years old, (3) Video for RBC 15+ version 1 on COVID 19, (4) Video for RBC 15+ version 2 on COVID 19, etc.

All the above messages after being approved have been reproduced in different format (mainly Audio visual, braille materials for persons with visual impairment, print materials, etc.) for dissemination.

### **3.3.3. Dissemination of adapted EVD communication materials among different groups of persons with disabilities with focus on children under the age of 18 years old**

In total we have disseminated 4321 IEC materials including audio visual messages with sign language interpretation (TV Spots) that were aired on RBA TV, messages printed in braille materials, messages for the caregivers, and messages for children and adults with intellectual disability and posters for PWDs in general. The dissemination was done in the self-help groups of PWDs, specialized/ rehabilitation centres and to the offices of organizations of persons with disabilities.



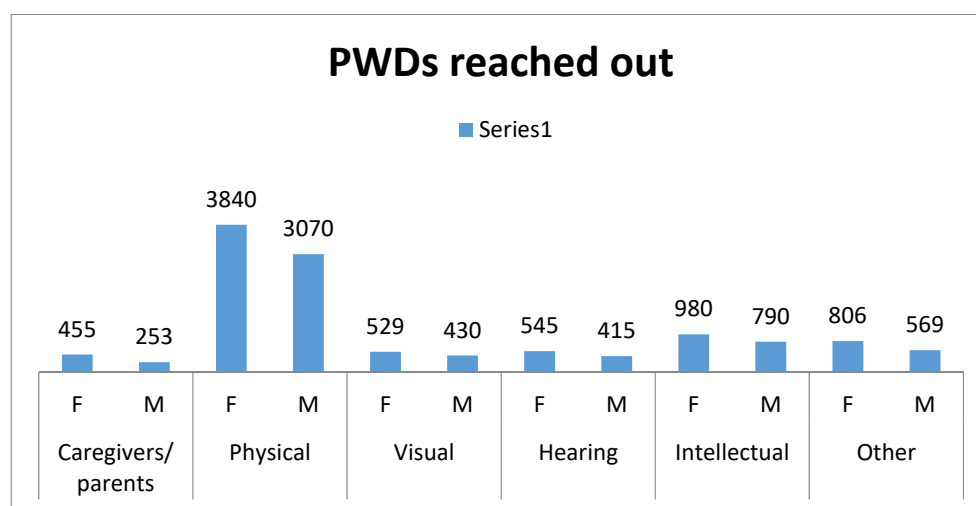
In general around 60,000 persons with disabilities were reached through various types of adapted communication materials, including sign language interpretation of TV/video spots.

### 3.3.4. Conduct awareness raising campaigns among grassroots groups of Persons with disabilities on Ebola virus disease and COVID-19 to cover 30 districts

To ensure that PWDs have increased knowledge on Ebola Virus Disease and COVID-19 and corresponding prevention measures we have conducted awareness raising campaigns in 300 self-help groups of Persons with disabilities in all Districts. Prior to awareness campaigns, we have trained 280 ToTs to support in conducting community mobilization within their self-help groups and the rehabilitation centers.



In total we conducted 300 awareness campaigns and we have reached 12, 682 PWDs including 7155 females and 5527 males as indicated in the chart below:



### 3.3.5. Conduct accessibility check of selected Health Facilities in high-risk districts using the Disability Inclusion Score Card

In order to respond effectively to the project expectations as mentioned above UPHLS in collaboration with NCPD and RBC organized the accessibility check for 30 selected health facilities in 15 districts as the table below shows. The objective of this activity was to assess the accessibility of the selected health centres and provide a picture of what needs to be addressed or adjusted and how it should be done in a way of ensuring that persons with disabilities are mainstreamed in Ebola emergency preparedness and response in Rwanda and in health care

services provision in general. Specifically the assessment aimed at using Disability Inclusion Score Card (DISC) to assess level of inclusion of Health Center; to assess physical accessibility of selected Health Centers for Persons with different categories of disabilities (Physical accessibility, information accessibility, etc.); to orient and guide health centers on the way of correcting the identified gaps in terms of inclusive service provision, and physical accessibility and develop a joint report on the findings from the assessment. Apart from the DISC, the accessibility check focused on the following components: location of health facility and directions, Health facility entrance and directions, Movement inside the health facility, Service delivery at the health facility, Health facility equipment and other items



#### The list of visited health centers

No	Health Center	District	#	Health Center	District
1	Nyakarenzo	Rusizi	16	Bisesero	Karongi
2	Mont Cyangugugu	Rusizi	17	Ruhuha	Bugesera
3	Mukoma	Nyamasheke	18	Mayange	Bugesera
4	Bushenge	Nyamasheke	19	Gahanga	Kicukiro
5	Tabagwe	Nyagatare	20	Kabuga	Kicukiro
6	Kagitumba	Nyagatare	21	Gitega	Nyarugenge
7	Nyarusange	Nyanza	22	Nyarugenge	Nyarugenge
8	Kibirizi	Nyanza	23	Nyacyonga	Gasabo
9	Kibingo	Rutsiro	24	Gikomero	Gasabo
10	Musasa	Rutsiro	25	Cyumba	Gicumbi
11	Kabari	Rubavu	26	Rubaya	Gicumbi
12	Bugeshi	Rubavu	27	Cyanika	Burera
13	Kora	Nyabihu	28	Ntaruka	Burera
14	Kabatwa	Nyabihu	29	Busogo	Musanze
15	Rugabano	Karongi	30	Gataraga	Musanze

The common challenges identified are related to physical accessibility of the health centers, the health care providers who are not aware of disability specific needs including communication barriers with PWDs particularly deaf people, persons with intellectual disabilities and mobility and orientation of persons with visual impairment. Lack of data on disability around the health centers visited was also identified.



During the accessibility check exercise, we have exchanged with the leadership of health centers visited on disability issues and provided recommendations for the gaps identified and they have committed to do their best to ensure the accessibility of health services to Persons with disabilities.

### **3.3.6. Provincial Advocacy Meeting with the representative of District Health Management Teams (Vice Mayor Social Affairs and the Director General of Hospital)**

UPHLS in collaboration with NCPD conducted two provincial advocacy meetings with the member of District Health Management Teams (DHMT) in Western Province and the City of Kigali including the vice mayors in charge of social affairs and the Deputy District Executive Directors of three Districts of Kigali as the Chairs of DHMT and the Director General of District Hospitals as Co-chair. These meetings took place on 12<sup>th</sup> November in the Great Seasons Hotel and on 13<sup>th</sup> November 2020 at Bethany Hotel in Karongi.

Provincial advocacy meetings aimed raising awareness of the members of District Management Health Management Teams (DHMT) on disability rights and disability specific needs for disability inclusion and ensure that the specific needs of persons with disabilities are taken into consideration in the District Health Management Teams and other Public Health Task Forces like the district task force for the preparedness and response for COVID-19 pandemic and possible Ebola Virus Disease outbreak. Specifically the meetings aimed at (1) raising the awareness of the DHMT representatives on disability and specific needs of persons with different types of disabilities, (2) exchange on the barriers that hindering persons with different types of disabilities to access the health services, (3) Discuss particularly on the challenges that persons with disabilities are facing during COVID-19 pandemic, (4) hear from the District authorities what is being done to ensure the inclusion of persons with disabilities in the COVID-19 response, and (5) discuss on what can be done to ensure that persons with disabilities are not left behind in DHMT and other District health taskforces particularly during COVID-19 pandemic.



### **3.3.7. Conduct Workshop to develop an action plan laying out strategies and prioritization to address identified needs of different categories of PWDs, to build the capacity of Emergency task forces (Ebola and COVID-19 response teams) from Health Facilities and improve the accessibility of HCs**

In order to respond effectively to the project results particularly the one related to the Improvement accessibility of Health Facilities, Ebola prevention and control services for persons with disabilities, UPHLS in collaboration with the National Council of Persons with Disabilities and Rwanda Biomedical Center (RBC) organized three days' workshop to develop an action plan laying out strategies and prioritization to address identified needs of different categories of PWDs. This workshop was conducted in two sessions (the first one in July for 14 head of health centers and the second one for 11 Director General of the selected Districts Hospitals in September with the main purpose of fostering the inclusion of persons with disabilities in COVID-19 and Ebola Emergency preparedness and Response by developing action plan laying out strategies addressing the identified needs of different categories of persons with disabilities.

During the workshop, the participants have increased the knowledge on disability and rights through the following areas: Disability Equality Training, Disability and specific needs during COVID-19 emergency response and Ebola outbreak preparedness and response, Disability mainstreaming in COVID-19 and Ebola Virus Disease preparedness and Response, Risk Communication and Community Engagement and Disability models.

Apart from these topics mentioned, we organized the group works every day to work on action plan as it was the main aim of the session which allows us to come up with the action plans (general for all participants and some specific/ additional activities to some health centers).



*The workshop of DGs and the heads of health centers of Hospitals at Hotel St. Andre*

During these workshops we have reached 14 head of health centers including 5 males and 9 females from Cyanika (Burera), Gatarage (Musanze), Kora (Nyabihu), Bugeshi (Rubavu), Tubaya Gicumbi, Kibilizi (Nyanza), Mukoma (Nyamasheke), Rugabano (Karongi), Kagitumba (Nyagatare), Musasa (Rutsiro), Nyacyonga (Gasabo), Ruhuha (Bugesera), Muhima (Nyarugenge)

and Kabuga (Kicukiro). For the Workshop of DGs, we have reached 11 participants coming from Nyagatare Hospital, Kigeme Hospital, Byumba Hospital, Kibilizi Hospital, Kibagabaga Hospital, Kiziguro Hospital, Bushenge Hospital, Kabutare Hospital, Remera Rukoma Hospital, Nyamata Hospital and Kabgayi Hospital.

During the workshop the participants have identified different challenges that hindering PwDs to access health care services in their working place and what can be done to make their health facilities to be disability friendly where they came up with the action plan laying out the strategies and prioritization to address identified challenges.

### **3.3.8. Conduct the trainings of trainers for Ebola and COVID-19 Rapid response teams (RRT) from all Health facilities to cover 30 districts on Disability inclusive during the response and preparedness of the diseases outbreaks (2 persons per district)**

These trainings aimed at ensuring that persons with disabilities are not left behind during the response and preparedness of diseases outbreaks particularly during COVID-19 pandemic by providing basics on disability inclusion. Specifically the trainings aimed at: Improving the skills and knowledge of the representatives of District Hospitals task forces in charge of case management on disability and specific needs; improve the capacity of the representatives of District Hospitals task forces in charge of case management on the communication with persons with disabilities particularly persons with hearing/ speaking impairment and visual impairments; better understanding of the principles of communication with persons with hearing/ speaking impairments and understand the basics of mobility and orientation for persons with hearing impairment.

These training were conducted in two categories: the first category concerned the head of health centers that were visited during accessibility check where we have trained 31 health workers who in rapid response teams in the selected 15 Districts as follows: Kicukiro, Gasabo, Nyarugenge, Nyagatare, Kirehe, Bugesera, Burera, Musanze, Gicumbi, Nyamasheke, Nyabuhu, Karongi, Ngororero, Rutsiro and Nyanza Districts with two health facilities within the District that were visited during accessibility check.

The second category was for district hospitals who are serving as frontline staff in charge of COVID-19 case management where we have trained 51 health workers including 12 females and 39 males from 42 hospitals countrywide.



*Pictures taken during the training of the health workers from District Hospitals who are serving as frontline in charge of COVID-19 case management*

### **3.3.9. Conduct mentorship and coaching to disease outbreaks rapid response teams (EVD and COVID-19 RRT) through routine monitoring of disability inclusive response of Disease outbreak to cover 30 districts**

The activity of coaching and mentorship was one of the major activities that marked the project and it has covered 30 Districts where we have visited 93 health facilities including 51 health centers and 42 Hospitals. The main objective of these sessions was Coach the ToTs at the trained health workers from the District hospitals in charge COVID-19 case management during awareness sessions with their counterparts at the hospital and the head of health centers in their catchment area as the member of COVID-19 task force at the sector level, Discuss on challenges faced by health workers in provision of disability friendly services and in implementing disability friendly plans, Sharing and discussion on developed plans to address identified needs of of PWDs and improve the accessibility of health facilities . In general 620 health workers have been reached including 265 females and 355 males.

During the coaching we have realized due to activities conducted before including accessibility checks, training and workshops organized for the health workers, the later started the initiatives aiming at improving the accessibility by removing the barriers that hindering PWDs to access health services which the goal of the project.

### **3.3.10. Development the training materials on disability inclusion guide for health care providers who support parents/caregivers of children under 5 years and training materials for caregivers/parents with disability to improve MIYCN practices in the context of EVD and COVID-19**

In order to respond to the last result of the project which is “Increased knowledge and skills of health care providers who support caregivers/parents with disability (mental, speech impairment, blind, deaf) of children under 5 years on good maternal, infant, and young children nutrition (MIYCN) practices in the context of EVD and COVID-19” the following materials were



developed: posters for caregivers/ parents of children with disabilities or parents with disabilities who have children under 5, messages on COVID-19 preventive measures, Booklet for health care providers who support parents/ caregivers of children under 5 years to improve MIYCN practices in the context of EVD and COVID-19. There are also the messages printed in braille for parents with visual impairment.

### **3.3.11. Training of health care providers that support parents with disability (speech impairment, blind, deaf) on improving MIYCN in the context of EVD and COVID-19**

In collaboration with NCPD and Collective Tubakunde, we have organized the training of 16 health workers in charge of nutrition including 8 females and 8 males were trained from the selected District Hospitals we trained on disability with particular emphasis on children with disabilities specific needs. The trainees came from the following hospitals: Masaka Hospital in Kicukiro District, Kibagabaga in Gasabo District, Muhima in Nyarugenge, Remera Rukoma in Kamonyi District, Kabgayi in Muhanga District, Kabutare in Huye District, Kibilizi in Gisagara District, Gihundwe in Rusizi District, Kabaya in Ngororero Distrit, Kibungo in Ngoma District, Ngarama in Gatsibo District, Nyamata in Bugesera District, Nemba in Gakenke District, Muramba in Rutsiro District and Kinihira in Rulindo District.



The objective of the training was to ensure those children with disabilities or those born from the parents with disabilities whether hearing/ speaking or visual impairment are not left behind in MIYCN by increasing the knowledge and skills of the health care providers in charge of nutrition. Specifically, the training aims at: (1) Improving the skills and knowledge of the health care providers in charge of nutrition on disability and specific needs for children with disabilities, (2) Improve the capacity of health care workers in charge of nutrition on the communication with parents with different types disabilities and how to handle the challenges of children with mental/ intellectual disabilities; and (3) Improve the communication with persons with different types of disabilities.

### **3.3.12. Engagement to strengthen the capacity of caregivers/parents with disabilities (speech impairment, blind, deaf and mental) of children under 5 to improve MIYCN practices in the context of EVD and COVID-19.**

Under this activity we have organized awareness sessions to the families/ caregivers of children with disabilities to improve parental feeding practices for children with disabilities (on nutrition, hygiene and sanitation conducted at health center level and home visit where deemed necessary. The awareness sessions took place in Kicukiro, Gasabo, Nyarugenge, Kamonyi, Muhanga, Gakenke, Ngoma, Bugesera and Ngororero where we identified the associations of parents of children under 5 years. These sessions were conducted in collaboration with the health workers in charge of nutrition that were trained and the nutritionists at health centers. In total we have reached 143 parents of children with disabilities and 30 parents with disabilities (women) who have children under five (including 20 parents with hearing impairment and 10 parents with visual impairment).

We have also identified 20 vulnerable households with children with disabilities or parents with disabilities who have children under 5 to be supported in order to improve the nutrition status, hygiene and sanitation status. The identified vulnerable households were supported depending on the identified needs after working with the household in question with the consultation of the nutritionists at health centers and CHWs. Mainly we have supported the identified vulnerable households in the following areas: Installation of kitchen gardens, Provision of livestock for animal protein intakes (including goats and hens) , Sewing machine and hand washing points/facilities according to the identified needs and the choice of the beneficiaries with the consultation of the nutritionist at the health centers and the community health workers.



*Support for the vulnerable households in Rubavu and Gakenke District*

### **3.4. WASH for all Project**

Under the financial support of Disability Rights Advocacy Fund, UPHLS is implementing a mid-level coalition project entitled "**Water, Sanitation, and Hygiene for all**" to ensure that national legislation and policies address the rights of persons with disabilities to eliminate the accessibility barriers faced by persons with disabilities in WASH-related policies, programs, strategies, and services. This project is being implemented in partnership with Water Aid and Pax Press.

#### **3.4.1. Develop a position document stating the rationale for the review of the procurement policies and how it will impact on the accessibility of the persons with disability to WASH facilities**

The paper was developed by external consultant and it is validated so far and ready to be presented to the concerned institutions. The document presents different barriers that persons with disabilities encounter to access WASH facilities in Rwanda and suggests actionable policy recommendations to sustainably address the issue. It concludes with the implementation plan of the above-mentioned policy options.

#### **3.4.2. Present the position paper in the WTSAN platform to gather support for the review of the procurement legislation and influence procurement policies and practices of those actors**

The developed position paper was presented to WASH actors, MININFRA and RPPA and all comments provided were incorporated in the paper and after this stage we are planning to present it to the targeted policy makers for the review of existing policies to consider the specific needs of persons with disabilities.

#### **3.4.3. Organize and conduct a National Forum on Disability and WASH to discuss the challenges in accessing WASH facilities and propose recommendation for mainstreaming disability in WASH programs in Rwanda**

The National Forum was organized in collaboration with NCPD in November during Disability week at Marriot Hotel where 54 participants including WASH actors, DPOs, Public Institutions, FBOs and the recommendations undertaken were shared related to barriers encounter PWDs in accessing available WASH services and programs. The forum main objective was to bring together WASH actors, Government Institutions, and Organizations of persons with disabilities (OPDs) to discuss on disability and WASH, explore different challenges and opportunities referring to UNCRPD and SDGs.

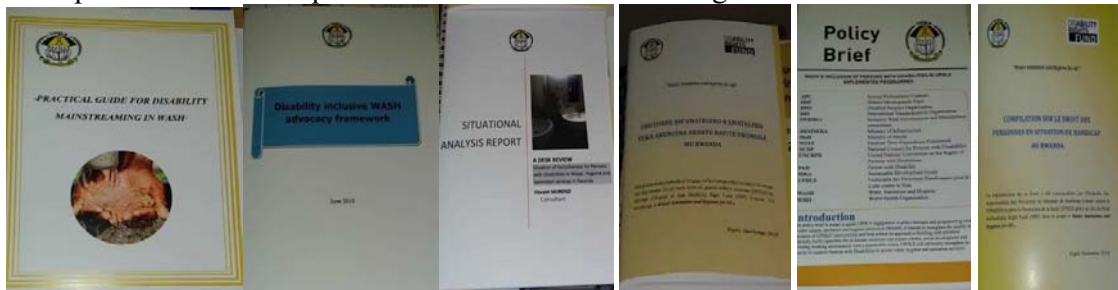


**Group photo and the panelists during the Forum on WASH and Disability**

At the end of forum the following are the main key action undertaken: (1) Conduct a gap assessment and on WASH related policies and setting strategies to address the identified gaps, (2) Accelerating the design of the disability mainstreaming guidelines on WASH Program to ensure that the WASH actors have the guidance on disability mainstreaming, (3) Engagement of organizations of persons with disabilities in WASH related programs from the planning, implementation and Monitoring Evaluation to ensure specific needs of PWDs, (4) Establish the National taskforce to support the inclusion of PWDs in WASH services and building synergy among partners WASH Actors, (5) Setting disability inclusive WASH facilities with fully disability inclusive standards to serve as Model for WASH Actors and Establish the strong M&E mechanism for the inclusion of PWDs in WASH Program.

**3.4.4. Disseminate Disability Mainstreaming Guide to and provide mentorship visits for its use to 10 local actors across two districts Gisagara and Gicumbi**

During the project lifespan, UPHLS has developed disability mainstreaming guide and other related documents that provide guidance of WASH actors. It was time to organize workshops for dissemination to the WASH actors and the District authorities of Gisagara and Gicumbi District and provide mentorship for its use. The following are the documents disseminated:



***Disability mainstreaming guides in WASH services provision disseminated***

### **3.4.5. Joint monitoring visit of the coalition to track the progress towards making District Development Strategy disability inclusive and guide them in developing solutions to address identified gaps**

The joint monitoring visits of the coalition have been carried out in Gisagara and Gicumbi Districts. This visits focused mainly on WASH facilities and services in the District infrastructure and in select public places. Specific objectives were to: to track the progress towards making DDS disability inclusive, To discuss on encountered challenges that prevent the District to make DDS disability inclusive and discuss on the proposed solutions, to orient and guide the District on the way of correcting the identified gaps in terms of WASH inclusive service provision, and physical accessibility and to develop a joint report on the findings from the joint visit

This exercise targeted the WASH actors at district level and the District authorities. During the joint monitoring visits, we have focused on the following components which are specified in the DISC (Disability Inclusion Score Card): WASH facility (Shower room) entrance and directions, Movement inside the WASH facility (Shower room) , WASH facility and service delivery , WASH shower rom equipment , Knowledge, policies and practices of staff and management (with focus on District Development Strategy) and Other items.

During the activity, DISC has been conducted to assess the progress in ensuring the inclusion of PWDs and discussions were based on **Governance, Management practices , Human Resources, finance resources** about the allocated budget on WASH interventions, **accessibility** which concerns how WASH facilities are accessible inside the District and on public places and **external relations with organizations of persons with disability and** WASH actors and on the IEC tools disseminated at District and community level.

Apart from DISC, the accessibility check was also conducted inside the District infrastructure and in public places: market and car park station.



*Accessibility check in public places: Market and Car stations*

With the joint monitoring visits, Districts Officials and the WASH actors have improved their level of understanding on disability mainstreaming and why it is important. It is for this reason



that they have agreed to organize internal monitoring visit with Directors and managers in order to put proposed solutions into practice.

#### **3.4.6. Conduct exchange visits among WASH actors from Gasagara and Gicumbi on disability inclusive WASH services and programs.**

The objective was to see how they have considered the specific needs of PWDs and provide recommendations for where need improvement. District officials representing by (JADF) have made commitments that they will organize a same visit to other partners to talk not only about accessibility of PWDs but also about the cleanliness of the services provisions. This activity was a good opportunity to know what each partner is doing, but also an opportunity to strengthen everyone's knowledge of WASH interventions.

#### **3.4.7. Activities related to COVID-19 response**

As the year 2020 was marked by the COVID-19 outbreak, some activities were redirected in order to respond to the pandemic exigence. It is in this framework that the following activities have been undertaken:

- ✚ Creating space for expression of persons with disabilities by capturing short stories (videos) on challenges that PWDs are facing due to COVID-19 pandemic and sharing them on an ongoing basis through social media and Websites***

This activity was conducted by the consultant who captured stories from selected PWDs in different categories related to the challenges faced due to COVID-19 outbreak. The captured stories are shared as documentary film and a song is done on these stories and has been shared through different project interventions and through social media and they are found on UPHLS YouTube links:

[https://www.youtube.com/channel/UCZEd0T3WM9VOBa3\\_KNRFBgg](https://www.youtube.com/channel/UCZEd0T3WM9VOBa3_KNRFBgg).

- ✚ Facilitate the hosting and airing of a radio and TV talk show to debate on the challenges that PWDs are facing during the COVID-19 outbreak***

Radio and TV talk show were organized at RBA and Isango Radio. NCPD, RBC, UNICEF and DPOs participated in these talk shows to debate on COVID-19 among persons with disabilities. The key participants as mentioned include RBC, UNICEF, NCPD as well as the representatives of DPOs. These discussions awakened the general public to the challenges that PWDs have encountered but also understood the measures to be taken to eliminate these challenges.

- ✚ *Develop a position document to advocate for the review for existing government emergency response mechanisms to consider the specific needs of PWDs and propose the strategies to address the challenges that PWDs are facing*

This document has been developed by an external consultant who has consulted the selected institutions include organizations for PWDs to discuss on challenges faced PWDs in the relation of existing emergency preventive measures include COVID-19. The position document was developed and reviewed by different stakeholders including DPOs, Rehabilitation centres and Disability Coordination Forum and it is ready to be presented.

### 3.5. Every Life Matters

Under the financial support of the Light for the World, the Netherland, UPHLS is implementing a 4 year project entitled “**Every Life Matters**” with overall objective to mainstream disability inclusion throughout the health care system and eye care services in Rwanda and the specific objective is to demonstrate how persons with disabilities can be included in the health services provided by the partners in 'Every Life Matters' program.

Light for the World and partners in Rwanda have come together to learn and understand how healthcare services can be made accessible for persons with disabilities. Through a four-year project, titled Every Life Matters, which will run from 2017-2020, the partners aim to document and develop good practices on inclusive health care in the three countries including Rwanda, Ethiopia and Mozambique, with a particular focus on eye care and sexual and reproductive health services.

#### 3.5.1. Accessibility modification of health centers

In partnership with the health centers, UPHLS has planned to modify Biryogo and Nyundo health centers and Vision Jeunesse Nouvelle to make them accessible to persons with disabilities.



The mentioned centers have committed some funds and UPHLS give them the support to modify toilets, walkways and sign posts in order to foster the accessibility of the health center to persons with different categories of disability in terms of physical and information accessibility. Biryogo

and Nyundo health centers and Vision Jeunesse Nouvelle are upgraded and accessible for facilitating PWDs in accessing health services

### **3.5.2. SRH On job training of healthcare providers**

After developing the tools in SRH, the next step was to train healthcare providers on their usage at their workplace. The main objective of this training was to facilitate the healthcare providers to be familiar with sign language and helping Deaf community to access on SRH services at their work places. RNUD continued this activity that has been started last year with Biryogo, Shyogwe and Vision Jeunesse Nouvelle by using the prenatal care and family planning.



**The training of healthcare providers staff on sign language**

On each health center 13 sessions (in two hours per day) have been conducted depending on the availability of the staff. They have appreciated the activity because it will help them to have knowledge on sign language and will be able to communicate with persons with hearing and speaking impairment. All 3 health centers namely Biryogo, Shyogwe and Nyundo have finished the activity except Youth center and we expect that the health care providers are now familiar with sign language (For youth center they will continue after COVID-19)

### **3.5.3. Identification of persons with disabilities around Nyundo and Shyogwe health center**

This activity of identification was organized by UPHLS in collaboration with community health workers around Nyundo and Shyogwe health centers with the objective of knowing the exact numbers of persons with disabilities living in the health center catchment area which will facilitate in the planning accordingly. The methodology used during the identification is the Washington Group Question (WGQ). Therefore, prior to the identification we have organized the preparatory meeting with CHWs to explain them about data collection format using Washington group question. For this end 16 community health workers were selected to conduct data collection around Nyundo health center and 8 community health workers around Shyogwe health center.



#### **3.5.4. Training of youth with disabilities as peer educators on SRH**

This training was organized in the project with the objective to empower peer educators to conduct disability friendly outreach campaigns as well as sharing experience with their peers and working with disability focal persons at health center to mobilize their peers and use SRH and Eye care services. This training was conducted from 07<sup>th</sup> July to 09<sup>th</sup> July with 14 participants coming from DPOs partnering with UPHLS in project implementation namely Rwanda National Union for the Deaf (RNUD), Rwanda Union for the Blind (RUB), AHGR and UWEZO) in order to be equipped with skills and helping their peers to use the SRH and Eye care services. During the three days workshop participants discussed on Sexual and reproductive health and its component, Definition of disability and categories of disabilities, UN Conventions on the rights of persons with disabilities and the National legal framework on disability, Challenges faced by PWDs in accessing SRH services and Make a plan for mobilization of persons with disabilities



*Peer educators in the training on SRH*

In total 14 youth coming from four DPOs partnering with UPHLS in project implementation (RNUD, UWEZO, AGHR and RUB), and all categories of disabilities were represented during the training of peers educators except mental impairment because we reach them through their rehabilitation centers.

#### **3.5.5. Targeted activities through sensitization campaign of girls with visual impairment at Muhanga District**

These sessions were organized by UPHLS with the objectives of raising awareness of young girls with visual impairment in Muhanga District and those with hearing/ speaking impairment in Rubavu District on SRHR services to ensure that they have enough information on sexual and reproductive health and rights by using the developed tools on SRH. The following topic were covered during the session: Menstrual cycle for women, Different issues related on Sexual and reproductive health skills, Family planning, HIV&AIDS, Condom use, Female genital organ and Pregnant process and consequences of early pregnant. The main importance of this session was to

provide a free space for exchange questions and responses on the above topics. The healthcare provider have explained more about the subject and using some tools. In total we have trained 7 girls with visual impairment in Muhanga and 25 women/ girls with hearing/ speaking impairment for Rubavu Districts.



*Girls with visual impairment during Muhanga*



*Girls with hearing impairment for the session in Rubavu*

### **3.5.6. Disability inclusion score card at Shyogwe and Biryogo health center**

This activity was conducted at the starting of the project in order to have a baseline on the inclusiveness of the health center. The tool helps the health center to identify the strengths and opportunities for change in terms of making the health center more inclusive. This time, Disability Inclusion Score Card was conducted at Biryogo and Shyogwe health center with the aim of measuring the progress where we found that there is a big progress made in terms of governance, management practices, human resources, financial resources, accessibility and external relations.

### **3.5.7. Joint monitoring visit**

This activity was planned with the objective of supportive supervision to the health/youth center to discuss with them on the Progress of disability inclusion in SRH and Eye care sharing experience, Sustainability best practice, and challenges faced in order to formulate recommendations to redress them. Since the project is partnering with different stakeholders from grassroots, DPOs, District officials and health centers, the Joint monitoring visit brought together all stakeholders in their respective districts. In Rubavu district, the participants of the visit were RNUD, RUB, Vision Jeunesse nouvelle, NCPD and Rubavu Youth Center. The indicators such as: Collection of Disability disaggregated data, Budget allocation for disability mainstreaming, Sustainability of the project achievements, Cooperation with PWDs' grassroots, Usage of inclusive developed tools and Mobilization of persons with disabilities to use health services especially SRH and Eye care services.

**The following table shows us the progress**

Respondent	Vision jeunesse Nouvelle/Rugerero	Rubavu Youth center	Nyundo health Center	Shyogwe Health center	KEU	Biryogo health center
<b>Disability disaggregated data</b>	Disability Disaggregated Data available	Disability Disaggregated Data available	Disability Disaggregated Data available	Disability Disaggregated Data available	Disability Disaggregated Data available	Disability Disaggregated Data available
<b>Budget allocation for disability mainstreaming</b>	Under different projects PWDS' special needs and care are addressed	Not yet fully committed to allocating the budget	Committed to allocating the budget for PWDS' special needs and care	Not yet fully committed to allocating the budget but promise to think on it for next year AP	Not allocating the budget but starting the new project on the inclusion of PWDS	Already renovated in partnership with UPHLS but still they plan some amount for social support including PWDS
<b>Cooperation with PWDS' grassroots</b>	A strong cooperation exist between them	Cooperation exist as they work closely with PWDS' representatives	Cooperation exist as they work closely with PWDS' representatives	Cooperation exist as they work closely with PWDS' representatives and plan to involve one in health committee	A strong cooperation exist between them	A strong cooperation exist between the PWDS cooperatives
<b>Usage of inclusive IEC materials developed</b>	Not sufficient and not used often		Inclusive IEC materials available only from UPHLS	Available and being used especially those provided by UPHLS	Those provided by UPHLS are being used	Available and being used

### 3.5.8. Mobilization of youth with disabilities in the community

This activity was carried out by youth with different category of disability coming from their Organization (DPO) namely RNUD, RUB, AGHR, and Uwezo. Those youth were trained by UPHLS in July on SRH/Eye care services and how they can approach their peers in the community to sensitize them on the available services at health/youth center.



### 3.5.9. COVID-19 Response

As this year was marked by COVID-19 pandemic all over the world, Light for the World have been supported UPHLS to address some challenges faced by persons with disabilities. UPHLS has proposed activities to address the challenges faced by persons with disabilities a certain number of interventions to be conducted as follows:

- ✚ *Conduct a quick Baseline assessment on the needs and effects of COVID-19 among PWDs*



This activity was conducted in June to assess the potential short-term impacts of COVID-19 both the health crisis and the economic impacts of the response. Towards the fulfillment of the general objective of the study, the following were the specific objectives: to assess the knowledge of PWDs about the COVID-19 and preventive measures in place, to assess the attitudes and beliefs of PWDs towards COVID-19 and To assess at which extent the specific needs of PWDs are being considered in the socio-economic interventions during Covid-19 at the community level.

It was conducted in ten District including 5 District of ELM and Employable program (Nyarugenge, Musanze, Muhanga, Rubavu and Rulindo) and others 5 District which are closer to the border as Nyamasheke, Nyabihu, Kirehe, Nyagatare and Gicumbi. This activity was done and the validation of the report is under process, it will be shared to the Light for the World after finalizing it. For more details see the baseline report on UPHLS website.

**✚ Provision of protective materials including hand sanitizers, masks to the vulnerable families of PWDs, self-help groups, ELM and Employable Beneficiaries and DPOs members**

During the Covid-19 some households with persons with disabilities and the rehabilitation centers have difficult to practice the preventive measures, therefore the vulnerable persons with disabilities have been facilitated to have a face masks and hand sanitizer through their self-help groups, DPO's members of UPHLS and the rehabilitation centers, three hundred thousand masks were distributed to different category of PWDs. For this protective materials depending of the needs of children with disabilities living in rehabilitation centers, UPHLS after consulting these centers have provided to them the soaps and sanitary pads for the girls who live in these centers.

**✚ Provision food to the vulnerable families of PWDs affected by COVID 19**

In collaboration with DPO members of UPHLS, 368 vulnerable families of PWDs affected by COVID-19 were identified in Musanze, Nyarugenge, Muhanga, Rulindo and Rubavu as mainly but depending of the working areas of our members others districts have been supported including Gasabo, Kicukiro, Bugesera Districts.

District	Rice in Kg	Beens in kg	Rice in kg	Oil in L
<b>Musanze</b>	630	315	315	126
<b>Rubavu</b>	500	250	250	100
<b>Muhanga</b>	580	290	290	116
<b>Nyarugenge</b>	800	400	400	160
<b>Kicukiro</b>	820	410	410	164
<b>Bugesera</b>	150	75	75	30
<b>TOTAL</b>	<b>3680</b>	<b>1840</b>	<b>1840</b>	<b>736</b>

**✚ Organize and conduct TV show on how PWDs should be involved in COVID-19 response**

During this TV show invitees /also have been discussed on the role of LNGO in prevention of COVID-19 where UPHLS has shared with others some activites conducted by itself and partners. The big role is about the advocay to different partners and DPO's to involve PWDs in their activities,



mobilization of PWDs, Covid-19 task force from the hospitals, training of health care providers, providing of accessible IEC materials and capacity building of DPO's.

The executive Director of RUB talked about the challenges faced by their members during the lock down where they have been used their capital in to support their families due to their always occupation were not working and after lock down they are in extreme poverty ,challenges to receive individual hand sanitizer ,issues related to the guides to help persons with visual impairment, transport issues. She proposed that it will be better if we make an identification of all persons with visual impairment and their needs in terms of Covid-19 prevention and help them to receive those all materials but also continue to provide to them the information on COVID-19 especially in braille format as it was done by UPHLS. RNUD also suggest to continue to support their members to receive informations in accessible ways.

***🚩 Reproduction of and dissemination of communication Materials on COVID to PWDs with all categories***

During the Covid-19 period, PWDs needs to be aware of the message provide by the Ministry of Health in different channels to prevent Covid-19, where we can ask information if needed, and others guidelines and rules for helping citizens to against that Covid-19. It is in that regards UPHLS with the support of Light for the World have reproduced 1056 adapted communication materials on COVID-19 and distributed them to the users.

To ensure PWDs are mainstreamed in COVID-19 response, UPHLS has contracted with BTN to ensure that to provide the inclusive messages on the prevention of COVID-19 for the weekly show/ emissions on COVID-19 messages and airing TV spot delivering COVID-19 message interpreted in sign language. These activities started in midi December to last Six weekly show holding COVID-19 message of 1h, TV spot delivering COVID-19 message interpreted in sign language every day between 7:00 PM and 9:00 with a period of Six weeks, to motivate PWDs to indulge into COVID-19 response in order to increase community resilience against the pandemic.



### **3.6. Strengthen the Voice of the Voiceless**

UPHLS seeks to address the denial of human rights of persons with disabilities in Rwanda. It aims to legitimize the SRH needs of disabled persons as rights holders as declared in the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). Its role in strengthening SRHR include the use of UNCRPD and Rwanda reproductive health policies as tools for our advocacy to ensure human rights of disabled persons are recognized in Rwanda by ensuring that all national SRH programs and policies reach and serve disabled persons for social inclusion by SRH programs designed to reach the general community especially in rural area. It is in this framework that during 2021 under the project entitled “Strengthen the Voice of the Voiceless supported by Amplify Change has conducted the following activities:

#### **3.6.1. SRHR Roundtable - Stories of change**

The Objectives of the Round table engagement were to Find ways to build a strong relationship with SRHR & disability actors in the region of Rwanda for inclusive approaches , to build a common understanding on National SRHR policies and Government National SRHR strategic framework and come up with engagement action plan to be shared with RBC/Ministry of health, to Plan effective, efficient communications plans utilizing paid and earned strategies to get the word out about SRHR policies & strategies with national SRH coalition actors and to find opportunities for strategic shifts and adjustments in SRHR calendars and timelines at the state, regional and national level.

#### **3.6.2 The Baseline**

This engagement brought SRHR and disability actors to share learning for the first in Rwanda in different districts. At the roundtable the room was bustling, full of different stakeholders each keen to share their views, expertise and experience, and to listen and contribute to an open, frank discussion that would help break down barriers, find solutions to challenges and identify opportunities to collaborate. Amongst the stakeholders present were youths, including those with disabilities; along with policymakers; civil society organizations, researchers, practitioners and program staff working

with youths with disabilities, those at risk females. Bringing such a diverse group together led to an interesting and informative panel session.

Then, the floor was open and there was a multitude of questions and comments from the audience ranging from policy change adoption to lack of budgetary allocation during implementation thus creating gaps coupled now with COVID-19 effect, since now COVID-19 is taken as a priority. The role of digital communications in sharing SRHR & disability information by creating coalition online platforms and the need to combine economic empowerment and SRHR services to address poverty among persons with disabilities.

### **3.6.3 The regional SRHR and disability roundtable engagement**

The regional SRHR and disability roundtable engagement aims was to generate insights in, and a better understanding of, processes that determine and strengthen the sexual and reproductive health of persons with disabilities in Rwanda, as well as their ability to claim their sexual and reproductive rights. The engagement aims was to contribute to improving SRHR policies and practices affecting youth with disabilities in Rwanda. Critical to this process was linking the state with key SRHR stakeholders to foster and support SRHR actors in Rwanda to leverage and build upon their shared strength as problem solvers to create success stories.

### **3.6.4. DISC assessment**

During this year we have conducted the Disability Inclusion Score Card assessment at Karora health center in Karongi, Kinigi health center in Musanze, Kabarore health center in Gatsibo

### **3.6.5. Posters on COVID -19 available**

During the COVID-19 pandemic after the lockdown, UPHLS under the project has provided handwashing stations to DPOs who partner in the project implementation, Digital thermometers, and the communication materials on COVID-19.

### 3.6.6. SRHR Documentary - second series/available

This documentary was to capture the stories of change and they were captured at Musanze and at Masaka during the celebration of the International Day of Persons with disabilities.

### 3.6.7. Annual SRHR Coalition Meeting

The overall objectives of SRHR annual stakeholder meeting was to inform key players on the ongoing project activities and bottle necks faced during the duration of the project implementation. Young people with disabilities – defined here as individuals between 15 and 32 years of age – need access to inclusive , age-appropriate, sexual and reproductive health (SRH) services, but the evidence demonstrating effective strategies to meet this challenge is still developing. Further study and dissemination of successful approaches can help governments, communities, health providers and young people with disabilities themselves meet the needs of this diverse and growing group.



*Participants annual SRHR stakeholders engagement at Musanze*

The workshop focused mainly on national SRHR policies and barriers to access comprehensive SRH products and services in Rwanda faced by PWDs. Identifying and scaling up effective strategies to help young people with disabilities make informed, healthy choices about their sexual and reproductive lives is critical. According to baseline survey carried out under this project, it was discovered that PWDs have limited information about SRH and many others face discrimination when they do try to seek services. Alongside education, ensuring that young people with disabilities have access to a comprehensive package of SRH services delivered in a supportive and respectful environment is key to empowering young people with disabilities and preventing poor health, thus contributing to the national Development on maternal and child health, gender equity and HIV.

## **Affirmative actions and way forward from participates to inclusive SRHR in Rwanda**

During two days engagement workshop, participates brain stormed on the way for ward based on the SRHR gaps for young persons with disabilities and gaps worked during the Amplify Change project implementation and the following were addressed.

- Adolescent girls and boys with disabilities living in remote or urban poor areas, from ethnic minorities – Little people), critical groups for achieving SRHR goals, should be more targeted in the next project engagement.
- The next focus of the proposal should also include strengthening public and community health systems to better respond to the needs of youth with disabilities, including planning and provision of sexuality education and SRHR information and services, and on enabling the environment for the sustainable financing and effective delivery of these services as well as for the protection of adolescents’ sexual and reproductive rights.
- The linkage of UPHLS with both public and community systems and leaders, at both national and primary care/community/grassroots’ level, are expected to be an integral part of the action and aimed at enabling the legal, societal and service environment and ensuring that youth with disabilities are being reached per category of disability. Need to have a data tracking system.
- Advocacy for domestic resource mobilization for SRHR -in particular adolescent persons with disabilities-, directed at parliamentarians, political and cabinets of ministers and government institutions at the level where decisions are made on budget allocations; this advocacy may include awareness raising about the negative impacts of disruptions in adolescents’ access to inclusive basic SRH services.
- Advocacy to increase availability of quality SRH/FP commodities in general and specifically for youth with disabilities to include essential SRH/FP commodities in national essential drugs lists (and national budgets)
- Awareness raising and policy dialogue on SRHR of youth with disabilities, including family planning and youth involvement to advance gender equity and leave no one behind. Advocacy to ensure existing policies and laws are conducive to facilitate access to SRHR for all adolescents’ disabled youth.
- Pilot delivery of integrated SRHR information and services across the continuum of care targeting youth with disability. The design and piloting of an innovative service delivery

model will need to be adequately integrated into existing health settings and also be supported by clear co-financing measures and a credible sustainability plan by UPHLS.

### 3.6.7. The celebration of International Day of Persons with Disabilities

The International Day of Persons with Disabilities (IDPD) is annually observed on 3 December since 1992 to promote the full and equal participation of persons with disabilities and to take action for the inclusion of persons with disabilities in all aspects of society and development. The theme for this year 2020 is: *“Building Back Better: toward a disability-inclusive, accessible and sustainable post COVID-19 World”*.



*During the celebration of IDPD Celebration at Masaka Resource Centre for the Blind*

This year UPHLS under the financial support of Amplify Change under the project “Strengthening the Voice of the Voiceless” brought together 80 youth with disabilities to celebrated the International Day of Persons with Disabilities at Masaka Resource Center of the Blind where we will bring together with Disabilities coming from the Organizations of Persons with Disabilities (OPDs) and the Youth with Visual impairment who are in the rehabilitation center of Masaka.

### 3.6.8. TOLL FREE LINE:

To ensure that all the questions that YWDs are responded and they have raised their awareness on SRHR, COVID-19 and other health issues, we have put in disposition the toll free line.



### **3.7. Employable and Huguka Dukore Akazi Kanoze**

The year started with the completion EmployAble project phase II phasing out process and we had Huguka Dukore Akazi Kanoze which was in process.

#### **3.7.1 The EmployAble Project phase I,**

The project closed in December 2019, with the first three months of 2020 were to collaborate with the donor, Light for the World/The Netherlands, for the final narrative and financial reports and data achieved for the project phase 2. Additionally, within these three months it was to finalize the LAB challenges where nine youth deaf, enrolled in October 2019 would graduate and be retained by the company partners.

#### **3.7.2. The USAID HDAK Project**

The project should be implemented during this period of 2020 but due to the COVID 19 it has been disturbed and most of implementing partners on this project have been reduced including UPHLS. Despite this, many preliminary activities were done before fund transfer during the three first months of the year before the pandemic including Local Labor Market Assessment was conducted in the three following Districts, Huye, Ngoma and Musanze and the youth identification process was started; LLMA findings dissemination; Concept note/Scope of Work developed and during the lockdown period, needs assessment to analyze local challenges/gaps and identify opportunities to grow the business (within the project area) has been conducted through phone calls.

#### **3.7.3. Umurimo Kuri Bose (UKB)**

Out of these both projects, UPHLS in collaboration with EDC Rwanda and some of the DPOs members have worked on a proposal “Umurimo Kuri Bose activity (UKB Project)”, already launched in December 2020 to start with January 2021.



## IV. FINANCIAL UTILIZATION

### 5.1. OPENING AND CLOSING BALANCES FOR THE YEAR 2020

At the beginning of the present report, we shall begin by presenting the beginning and ending images of the financial situation of UPHLS as shown by the bank and cash balances, situation that will be further explained by the consolidated financial statements that are being developed.

*For the I&M Bank Ltd,*

UPHLS has got a main account from which 4 sub-accounts are attached as shown here below with bank closing balances as at 31/12/2020:

**Table No 1: UPHLS bank accounts in I&M Bank Ltd with opening&closing balances**

No	Account No	Bank	Account name	Project	Opening balance as at 01/01/2020	Closing balance as at 31/12/2020
1	25034654001 (0010-5034654-01-39)	I&M Bank (Rwanda) LTD	UPHLS/RWF	Main account	442,238	25,598
5	25034654002 (0010-5034654-10-12)		UPHLS/LFW- Employable	LFW/Employable programme funded by LFW/Netherlands	9,027,935	-
2	25034654004 (0010-5034654-14-97)		UPHLS/Smart saver Account /RWF	Saving Account	19,877,907	8,822,834
3	25034654005 (0010-5034654-15-94)		UPHLS/ELM/RWF	Every Life matters project funded by LFW/Netherlands	16,124,640	17,572,080
4	25034654006 (0010-5034654-16-91)		UPHLS/EDC/RWF	HD project funded by USAID through EDC	1,380,093	-
<b>I&amp;M Bank Ltd</b>					<b>46,852,813</b>	<b>26,420,512</b>

1)The UPHLS main account (row No 1) has experienced few operations mainly because there was no sufficient fund to allow such movements but also by the existence of the Common Basket Fund account that comprises the big part of organizational operations out of project implementations. This account needs to be closed due to excessive bank charges without any expenditure linked with it.

2)The EmployAble project has been officially closed at the end of 2019; however due to continuous activities (Lab challenge, etc) its account was closed in August; with a balance of RWF 8,469,285 transferred to the Saving account on 25/08/2020 as Project implementation proceeds (Savings from accounting rates and other financial fluctuations since 2014).

3) The EDC/AKA project abruptly ended due to the COVID-19 pandemic. After all projects liabilities were cleaned up, the balance of RWF 204,730 from project implementation proceeds was deposited to the saving

account on 3/11/2020. However, this project produced for UPHLS considerable savings as it will be shown later.

4) The ELM project funds will be exposed in coming pages.

***For the EQUITY Bank Ltd,***

UPHLS has got a main account from which 7 sub-accounts are attached as shown here below with closing reconciled balances as at 31/12/2020

***Table No 2: UPHLS bank accounts in Equity Bank Ltd with opening&closing balances***

No	Account No	Bank	Account name	Project	Opening balance as at 01/01/2020	Closing balance as at 31/12/2020
1	401-2200446945	EQUITY Bank (Rwanda) LTD	UPHLS	The Common Basket fund account	17,137,048	7,276,537
5	401-2200446947		UPHLS/RBF/HIV NSP (Rwf)	RBF NSP VIH project funded by the GF	5,704,070	7,791,146
2	401-2200572748		UPHLS/MOH CDC COAG (Rwf)	Clinical services inclusive for PWDs funded by MOH CDC COAG	24,569,812	36,374,332
3	401-2200552510		UPHLS/Amplifychange (Eur)	SRH services/Funded by Amplifychange	-	6,457,966.95
3	401-2200573790		UPHLS/Amplifychange (Rwf)	SRH services/Funded by Amplifychange	26,692,266	7,676,278
4	401-2200481939		UPHLS/DRF(Rwf)	Wash for all/Funded by DRF	3,260,283	40,115,203
4	401-2200481940		UPHLS/Transit account (USD)	Used for the USD funds from DRF before their conversion, and other Usd funds (DRF: USD 40,000.00; UPHLS: USD 970.28)	37,711,582	2,018,158
4	401-220061886		UPHLS/UNICEF/EV D-DM Project	Mainstreaming disability in Ebola emergency response in Rwanda	21,601,122	213,302
<b>EQUITY Bank Ltd</b>					<b>136,676,183</b>	<b>107,922,923</b>

1) The UPHLS Common Basket account (Row No 1) groups all transactions linked to staff salaries, administrative expenses not supported by projects, common shared expenses between projects, taxes, etc. It also counts the CCM/GF funds.

2)The DRF project account balances includes 2021 budget funds that have been deposited on 20/12/2020 (RWF 36,482,000) 3) The DRF (USD account) counts UPHLS funds of USD USD 970.28.

In summary, at the financial year closing date, UPHLS possessed total funds of RWF 134,343,435 of which more than 90% being External Donors 'funds.

**V.2. UPHLS ANNUAL BUDGETS AT A GLANCE**

The table below presents in summary the overall budget available for the current year as and comparisons to the ended year as well as previous years. In general, the pandemic COVID-19 outbreak disturbed the budget at a rate estimated to 15% of the overall budget by losing the EDC/AKA project without counting other promising proposals from the fundraising efforts that were promising and were lost amid the global crisis (EmployAbility, etc).

**Table No 3: UPHLS CONSOLIDATED BUDGET PER PROJECT**

SOURCE OF FUNDS		ANNUAL BUDGET 2021		PREVIOUS PERIOD					
PROJECT NAME	DONOR	PLANNED BUDGET		BUDGET 2020		BUDGET 2019		BUDGET 2018	
		(RWF)	USD	(RWF)	USD	(RWF)	USD	(RWF)	USD
MOH/CDC COAG*	CDC through MOH	278,456,928	276,110	283,883,718	322,863	279,768,574	318,182	155,148,525	187,672
RBF VIH NSP	GF through RBC	139,769,608	138,592	139,769,608	158,961	139,769,609	158,961	165,933,608	200,718
HUGUKA DUKORE& UKB	USAID through EDC **	110,784,506	109,851	108,335,030	123,210	108,335,030	123,210	64,952,200	78,568
Every Life Matters***	Light for the World Netherlands	0	0	81,476,525	92,664	56,069,312	63,768	70,002,254	84,677
EmployAble Programe****	Light for the World Netherlands	0	0	0	0	50,806,230	57,782	81,219,129	98,245
WASH FOR ALL	Disability Rights Fund (DRF)	36,482,000	40,000	36,853,387	40,000	26,340,000	29,957	17,380,000	20,000
Strengthening the voices of voi	AMPLIFYCHANGE*****	0	0	64,004,875	72,793	62695664	71304.1	N/A	N/A
Short term projects/CCM/GF	Small projects	1,660,000	1,646	1,660,000	1,888	1,700,000	1,933	127,199,022	153,864
EVD Project (New PD)	UNICEF	60,000,000	59,494	75,963,272	86,393	21601622	24,568	N/A	N/A
<b>TOTAL</b>		<b>627,153,042</b>	<b>625,693</b>	<b>791,946,415</b>	<b>898,771</b>	<b>747,086,041</b>	<b>849,665</b>	<b>681,834,738</b>	<b>823,744</b>

\*The MOH CDC COAG project starts from September 30<sup>th</sup> and ends on September 29<sup>th</sup> of the following year: Thus, in addition to the three quarters of the budgetary year, we include the Q1 of the next budgetary year. That is why its amount differs from the project action plan.

\*\*For the HD/AKA in 2020, we expected it to be extended and UPHLS to receive at least a budget equaling or superior to the 2019 budget but due to the COVID-19 pandemic outbreak, the project was abruptly ended. This is the explanation of the budget highlighted in red.

Another issue on the Donor USAID through EDC, for the planned budget of year 2021, this is a new project (UKB) that UPHLS wined jointly with other DPOs (More explanation from the programmatic presentation).

The ELM project has officially ended in 2020, with promising news of its extension though we have not yet sufficient information in relation to its area, coverage, budget; etc. For the year 2020, we received funds for COVID-19 prevention in addition to the usual budget.

The EmployAble programme officially closed in 2019 with pending commitments executed in 2020 (See the following table).

The Amplifchange funded project will also close in February 2021. The whole budget was received in 2020.

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**Table No 4: SUMMARIZED FINANCIAL SITUATION FOR THE YEAR 2020**

N <sup>o</sup>	DONOR	PROJECT	Bank	OPENING BALANCE (01/01/2020)		INITIAL BUDGET		RECEIVED FUND		UNCOVERED GAP		ANNUAL EXPENSES		FINANCIAL SITUATION AS AT 31/12/2020	
				USD	RWF	USD	RWF	USD	RWF	USD	RWF	USD	RWF	USD	RWF
1	MOH/CDC COAG	Inclusive Health	Equity Bank	24,818	24,569,812	286,751	283,883,718	286,751	283,883,718	-	-	304,073	301,032,474	7,496	7,421,056
2	GF/RBC	RBF/HIV NSP Budget support	Equity Bank	5,762	5,704,070	141,181	139,769,608	141,181	139,769,608	-	-	124,435	123,190,380	22,508	22,283,298
3	Light for the World/ Netherlands	EmployAble AWP 19	I&M Bank	9,119	9,027,935	60,136	59,534,224	-	-	60,136	59,534,224	9,119	9,027,935	-	-
4		ELM&COVID-19		16,288	16,124,640	56,636	56,069,312	107,963	106,883,738	(51,328)	(50,814,426)	55,658	55,101,130	68,593	67,907,248
5	USAID through	HUGUKA DUKORE	I&M Bank	1,394	1,380,093	109,429	108,335,030	19,788	19,590,182	89,641	88,744,848	21,182	20,970,275	-	-
6	UNICEF	EVD/DM	Equity Bank	21,819	21,601,122	39,688	39,290,945	76,731	75,963,272	(37,043)	(36,672,327)	98,550	97,564,394	-	-
7	Amplify Change	SRH services	Equity Bank	26,962	26,692,266	64,651	64,004,875	63,329	62,695,664	1,322	1,309,211	53,211	52,678,408	37,080	36,709,522
8	DRF	Wash for all	Equity Bank	4,161	4,119,478	40,000	36,852,387	40,000	36,852,387	-	-	35,882	35,523,100	8,279	5,448,765
9	UPHLS SAVINGS	Saving/RWF	I&M Bank	20,079	19,877,907	-	-	16,039	15,878,410	-	-	27,206	26,933,483	8,912	8,822,834
10	UPHLS Main	Administration&HR	I&M Bank	447	442,238	-	-	-	-	-	-	421	416,640	26	25,598
11	UPHLS Common	Salaries	Equity Bank	17,310	17,137,048	-	-	47,521	47,045,640	-	-	55,919	55,360,000	8,912	8,822,688
<b>TOTAL</b>				<b>148,158</b>	<b>146,676,609</b>	<b>798,472</b>	<b>787,740,099</b>	<b>799,303</b>	<b>788,562,619</b>	<b>62,729</b>	<b>62,101,530</b>	<b>785,655</b>	<b>777,798,219</b>	<b>161,807</b>	<b>157,441,009</b>

The above table provides the overall image of organizational finances for the ended year 2020 with expenses and balances at the end of the year but the provided figures may change in the consolidated and individual projects financial statements due to assets and liabilities that will be highlighted and also some adjustments linked with exchange rates, etc. Details per project and source of funds will be compiled in the consolidated financial statements.

## V. LESSON LEARNT AND SUCCESS STORIES

The COVID -19 effects is a big lesson to organization to think outside the box for more innovation to reach out to our beneficiaries in terms of services delivery rather than advocacy approaches.

During 2020 UPHLS has organized different activities to ensure that health services are accessible to PWDs. Among them we have conducted accessibility check, the training of health workers and study tours. Due to these interventions, some initiatives started to take place to make the health facilities accessible including walkways to facilitate people with mobility issue to move freely and toilets and some health centers did the bills of quantity here for example Kigoma health center.



Mr. NSENGIYUMVA Charles is the head of Rubaya health center after participating in the workshop to develop an action plan laying out strategies to address identified needs of PWDs he immediately renovated health center by building the accessible walkways connecting all the services and accessible toilet on her own initiative by using the available resources at health center. He has also raised awareness of the staff on disability rights to have the common understanding on the inclusion of PWDs and trained them how to serve PWDs from different categories. They have already mapped out persons with disabilities in Rubaya catchment area. He has advocated to the local authorities including the Executive Secretary to make his office accessible and the head teacher of schools in the sector to make the schools accessible to children with disabilities.



## **VI. CHALLENGES**

### **6.1. COVID-19 situation**

The COVID -19 effects is a big lesson to organization to think outside the box for more innovation to reach out to our beneficiaries in terms of services delivery rather than advocacy approaches. One of the big challenge is the cut of HugukaDukore/AkaziKanoze project from February 2020 which effect the annual plan of UPHLS for 2020

### **6.2. Lack of data**

Lack of disaggregated data on disability in all visited health centers and Lack of reporting templates with component of monitoring disability inclusion is a big challenge within UPHLS and its Partners.

### **6.3. Delay and reducing of funding**

The delay of funds disbursement from some donors has disturbed the implementation of the planned activities. Due to some delays linked to the Covid -19 situation, we failed to implement some or postpone to the next quarter or year.

This year limited budget allocation to the inclusion of Persons with disabilities and limited budget to the involvement of DPOs through sub-grants for them to participate more in the implementation.

### **6.4 UPHLS Program and Strategic plan compared to the Donors orientation**

From its creation UPHLS is working hand in hand with its donors, partners and beneficiaries however key challenge is on how looks the name of UPHLS compared to its strategic direction, UPHLS need to revise its Name &Program to make more linked on their achievement and its vision.

## **VII. CONCLUSION**

We are proud that all activities planned in the year 2020 have been accomplished and it is the fruit of the commitment and hardworking of the UPHLS Governance organs, Staff, Partners and beneficiaries. We express our gratitude to UPHLS Leadership for the enabling environment offered to the executive Secretariat. We are sure that we will achieve more in year 2021.

The success has been reached through a joint effort of UPHLS and other stakeholders whom we want to express our gratitude to. We want to express our gratitude to the MoH/RBC, Global Fund, CDC/PEPFAR, USAID, UNICEF Rwanda, LFW (I see you Foundation), EDC, DRF, for the sponsorship aiming at the inclusion of persons with disabilities in health and development programs. We hope other programs may learn from them to foster the development for all respecting the principal of leave no one behind.

In conclusion, UPHLS have learnt a lot during the 2020 which was characterized by many challenges due to Covid-19 Situation and its committed to continue improving what is being done and commit to work for the pride of the organization

The implementation of Programs was an interesting and exciting learning trajectory for UPHLS, partners, local authorities, institutions and Persons with disabilities we interacted to. We are confident enough these projects will change the views and programming of stakeholders towards the provision of disability inclusive health and development programs in Rwanda.