



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

## UPHLS NARRATIVE ANNUAL REPORT

(January - December 2019)



December 2019

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## Abbreviations

- AKA: AkaziKanoze
- AIDS: Acquired Immune Deficiency Syndrome
- ART: Anti-Retroviral Therapy;
- BYOB: Be Your Own Boss
- CDC: Centers for Disease Control and Prevention
- CHW: Community Health Worker
- CRPD : Convention on the rights of Persons with disabilities
- CWDs: Children with Disabilities
- DPOs: Organizations of Persons with Disabilities;
- DRF: Disability Rights Fund
- EDC: Education Development Center
- HC: Health Centre
- HBC: Home Based Care
- HIV: Human Immunodeficiency Virus
- HD: HugukaDukore
- IEC: Information, Education and Communication
- LCI: Local Capacity Initiative
- L&S: Learning and Sharing
- MoH: Ministry of Health;
- M&E: Monitoring & Evaluation;
- NCPD: National Council of Persons with Disabilities;
- NGOs: Non-governmental Organizations
- NISR: National Institute of Statistics of Rwanda
- OI: Opportunistic infections
- PE: Peer Education / Peer Educator;
- PWDs: Persons with Disabilities;
- PMTCT: Prevention Mother To Child Transmission
- RHA: Rwanda Housing Authority
- RHCC: Rwanda Health Communication Center
- RBC: Rwanda Biomedical Centre;
- ToT: Training of Trainers
- UPHLS: Umbrella des Organisations des Personnes en Situation de Handicap  
Luttant contre le VIH&SIDA et pour la promotion de la Santé
- USAID: United States Agency for International Development
- WHO : World Health Organization
- YWDs: Youth with Disabilities

## **BACKGROUND**

Globally, it is estimated that 1 billion people have a disability. Of those aged over 15 years, approximately 110 - 190 million (2.2 - 3.8%) experience significant disabilities; Disability is increasing in prevalence due to ageing populations, trauma, accidents and the increase in chronic health conditions, including HIV (World report on disability, Geneva: WHO and World Bank; 2011). Persistent discrimination against and exclusion of PWDs, in particular women and girls with disabilities, increases their vulnerability, including their risk of HIV infection (Disability and HIV, UNAIDS 2017).

While the Millennium Development Goals were silent on disability, the new Sustainable Development Goals feature a strong will to “leave no one behind”, including people with disabilities (Transforming our world: the 2030 agenda for sustainable development. New York: United Nations; 2015). Similarly, the CRPD (Convention on the Rights of PWDs; New York: United Nations; 2008) calls on state parties to ensure the rights of people with disabilities to participate and be included in all spheres of life, including specific articles relating to the right to access health services, including sexual and reproductive health, and rehabilitation services.

CRPD also recognizes that “women and girls with disabilities are at greater risk” and need specific protection from negligence and violence (Disability and HIV, UNAIDS 2017). Considering the facts above mentioned, persons with disabilities shall begin to be included in all HIV&AIDS policy formulation, interventions planning, programming and implementation.

Despite many advances in HIV&AIDS response in Rwanda to date, there have been few interventions that have directly targeted (or indirectly included) persons with disabilities and almost none of these interventions have been systematically monitored or evaluated.

As a contribution towards the inclusion of Persons with disabilities in HIV response, health promotion, skills development and Employment; the Umbrella of organizations of Persons with Disabilities in the fight against HIV and AIDS and for Health Promotion (UPHLS) advances the rights of PWDs through policy making, programming and implementation.

## **I. 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 with 4 regional offices across the country and is composed by 8 member DPOs.

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 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 7 projects and other small projects for a period from January to December 2019 namely: Scaling up access to HIV and AIDS services, Strengthening HIV Clinical Services in the Republic of Rwanda, Every Life Matters, WASH for All, EmployAble phase II and USAID Huguka Dukore Akazi Kanoze and strengthening the voice of voiceless.

## **II. UPHLS ADMINISTRATION**

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

From January to Decembers 2019, different governing organs meetings were held as follows:

- ✓ One General Assembly composed by all Members organizations representatives held on 25<sup>th</sup> May 2019 which elected a new Board of Directors as well as other UPHLS governing Organs.
- ✓ Two Consultative meetings with Members organizations
- ✓ Four Board meetings
- ✓ Four Bureau meetings.
- ✓ Two audit committee meetings with audit exercises and one Capacity building training.
- ✓ Social events where Board members or members organizations Representatives participated on behalf of UPHLS.
- ✓ Participation in the implementation of activities by member's organizations.

2019 was characterized by a strong collaboration between UPHLS's organs which helped to achieve more from National Level to the Community Level where the organization is implementing different activities using its Volunteers and Regional Offices.

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

From January to December 2019, UPHLS equipment's and staffs were managed according to the UPHLS Administrative and financial manual and Rwandan laws. UPHLS has a total of 23 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. UPHLS Field staffs and volunteers participated in JDAF and CDLS' meeting.

### **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 projects' activities, collect and consolidate different reports and presented them to funders on a regular basis.

#### **4. Fundraising and resource mobilization**

UPHLS in collaboration with its partners developed a number of Proposals for sustaining the interventions.

All of these have been passed through by the team of to submit a number of proposals as shown by some examples in the following list:

- **Proposal to European commission:** Social protection and healthcare intervention services for people with intellectual disabilities,

- **Proposal to UNDEF:** Civic and community participation of young women and men with disabilities,

- **Proposal to Common Grant Application:** understanding the barriers to inclusion faced by people with disabilities and older people in humanitarian programming,

- **Proposal to Enable** – Belgium development Cooperation: transitional process to facilitate access to employment opportunities for vulnerable youth through pilot by a digital platform,

- **Proposal to RGB:** Improved access to health and early intervention services for people with mental illness

- **Proposal to UKAID:** Breaking barriers with Innovation in WASH and

#### **5. 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.

An annual sport system among UPHLS staff is put in place at National and District level.

UPHLS staff and some of board members participated in the commemoration of the genocide perpetrated against Tutsi in 1994 in collaboration with NCPD as well as other social events organized by DPOs members of UPHLS and its Partners.

### **III. UPHLS PROJECTS IMPLEMENTATION**

## ***1 Scaling up access to HIV and AIDS services with focus on prevention***

UPHLS has been selected as one of the CSOs that implement HIV NSP Operational Plan 2018/2020 funded by GF and the Government of Rwanda through the Ministry of Health with focus on HIV&AIDS, SRH and Health Promotion among persons with disabilities.

### **A. Training of Youth with Disabilities on SRH and HIV (out and in school)**

Sexual and reproductive health and rights (SRH) are fundamental human rights, which are enshrined in national, regional<sup>1</sup>, and international laws and agreements. The UNCRPD makes provisions for protecting the sexual and reproductive health and rights of persons with disabilities, first by making accessibility a cross-cutting principle, and specifically in five of its articles:

- Article 9 addresses access to information and medical facilities
- Article 16 calls on state parties to put measures in place to protect persons with disabilities from all forms of violence and abuse, including gender-based violence and abuse
- Article 22 states the equal rights of persons with disabilities to privacy, including privacy of personal health information
- Article 23 calls for elimination of discrimination against persons with disabilities in all matters relating to marriage, family, parenthood, and relationships, including family planning, fertility, and family life
- Article 25 requires states to provide equal access to health services for persons with disabilities, including SRH and population-based public health programmes.

Despite this, SRHR and sexuality remain contentious issues, as seen in the negotiations for the UN Convention on the Rights of Persons with Disabilities (CRPD). Lack of recognition of the rights of Persons with Disabilities in sexual and reproductive health resulting in the violation of their sexual and reproductive health rights particularly girls and women with disabilities,

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<sup>1</sup>For example, the ASEAN Human Rights Declaration recognizes that every person (including PWDs) has the right to the highest attainable standard of reproductive health. It is unfortunate that sexual health is not included. See: [http://www.asean.org/storage/images/ASEAN\\_RTK\\_2014/6\\_AHRD\\_Booklet.pdf](http://www.asean.org/storage/images/ASEAN_RTK_2014/6_AHRD_Booklet.pdf).

including lack of access to sexual and reproductive health information and services, as well as physical, mental, and sexual violence.

During 2019, we have organized the training of 180 youth with disabilities (out and in school). This training was carried out in March from 5th to 17th March 2019 at Hotel St. Andre Kabgayi in Muhanga and at Bethany Investment Group Ltd. in Rubavu. In total 179 youth with disabilities attended the training including 93 girls and 86 Boys.



Pictures that were taken during the training of Youth Disabilities in Hotel in Muhanga and Rubavu

### **Topics covered during the training**

During the trainings, YWDs were trained on:

- ✚ Introduction to Disability and disability Rights with much focus on UNCRPD provisions protecting the sexual and reproductive health and rights of persons with disabilities as mentioned above;
- ✚ Disability and SRH;
- ✚ Female and Male Reproductive System;
- ✚ Sexuality and Stages of Sexual Development;
- ✚ Sex, gender, Gender Roles and Gender Based Violence (GBV);
- ✚ Safe motherhood and childbearing;
- ✚ Contraceptive and Family Planning methods for adolescents;
- ✚ Sexually transmitted Infections and HIV&AIDS,
- ✚ Adolescents Risk; persons with disabilities and drug abuse;

### **B. Training of Peer Educators**

The objective of the training was to equip peer educators with necessary knowledge and skills on HIV&AIDS and disability needs, behavior change communication that will enable them to conduct peer education through disability friendly outreach sessions within their self-help groups. The training report summed up 211 persons with disabilities who were trained in peer education. These trainings took place at St. Andre Kabgayi in Muhanga and at Bethany Investment Group Ltd. in Rubavu from 25 – 30 March 2019.



*Some pictures captured during the training*

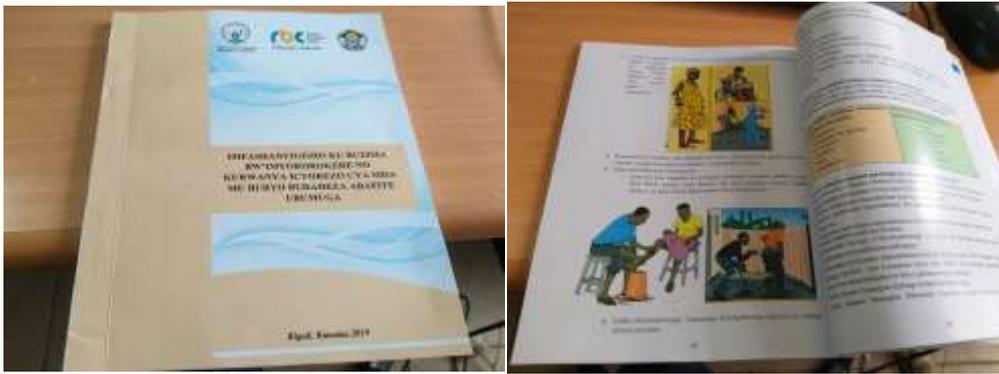
During this training most of the categories of disabilities were represented including little people, people with albinism, persons with multiple disabilities, etc. after the training peer educators committed to share the knowledge acquired through disability friendly outreach sessions within their self-help groups.

### **C. HIV and AIDS IEC Materials**

The activities related to the training manual including design, printing and the dissemination were planned in the last quarter but due the delays of funds disbursement, we ended up the period with final document which had to be approved by the Health Promotion Technical Working/ RHCC before that we processed with the printing and the dissemination. Therefore, the printing and dissemination were completed in this quarter after the approval.

#### **C.1. Design of the training manual on HIV/STI awareness, FP & GBV, SRH adapted to people with disabilities**

This UPHLS contracted a consultant to design the training manual on HIV/STIs awareness, FP and GBV, SRH adapted to persons with disabilities. This training manual has been validated by DPOs members and has been approved by Rwanda Health Communication Center Health Promotion Technical Working ) after reviewing it.



## C.2. Printing training manual

After the approval of the training manual by Health Promotion Technical Working Group /RHCC, the following activity was to print it out and disseminating it.

## C.3. Dissemination of training manual

After the printing of the training manual, UPHLS organized a dissemination workshop on 13 September 2019 in the Great Seasons Hotel. Different stakeholders were invited and participated in the workshop including those from health centers in Kigali, the delegate from RBC, the delegate from CSOs, Disability Organizations (DPOs) and peer educators. The dissemination will continue up to the grassroots level.



## D. Disability-friendly outreach sessions on HIV prevention, STIs, SRH, VMMC

### D.1. Outreach Sessions in the self-help groups of PWDs and schools/centers

During the ending year, 352 disability friendly outreach sessions were conducted both in the self-help groups of persons with disabilities at the grass root level and in schools/ centers that hosting youth with disabilities.

During outreach sessions the following topics have been given attention:

- ✓ Awareness creation on Sexual Transmitted Infections (STIs), HIV and AIDS among PWDs and their families: on this topic, much emphasis raise the awareness of PWDs on the symptoms of STIs and prevention, HIV and AIDS, risk factors/ modes of transmission, prevention methods including Safe sex practices and the role of

condoms, Voluntary Counselling and Testing (VCT), Treatment of STIs, Prevention from Mother-to Child Transmission (PMTCT), Male Circumcision, etc.

- ✓ Awareness rising on Sexual and reproductive health to youth with disabilities both in school and out of schools/ centers. During the session we've focused on Female and Male Reproductive System, sexuality and stages of sexual development. Even though we used to discuss this while we are together with Youth with Disabilities, we also discussed this topic to the parents who have children with mental/ intellectual disabilities (most of them are in the age of adolescence) to capacitate them on how they should help their children in terms of SRH,
- ✓ Sexual and Gender Based Violence. This topic was discussed specifically when we reached the parents of Children with mental/intellectual disabilities as sometimes these children face violence but also to make them aware that this is possible because there are some parents who don't mind that their children can be violated.
- ✓ Awareness creation on the rights of persons with disabilities to enable persons with disabilities to advocate for their rights where necessary.

The reports summed up 4,953 persons with disabilities including 2,203 males and 2,750 females.



## D.2. VCT Sessions

During outreach sessions, we have collaborated with the health centers where the self-help groups are located to provide VCT services. Where possible, PWDs went to the health centers but in some cases health centers reached PWDs to their village (some time to the group seat). The field works were arranged for PWDs living far from the health facility or those self-help groups that many who have difficulties in mobility.



The reports summed up 1,645 PWDs that have been tested including 974 females and 671 males. HIV testing results are registered by the health centers that tested these people.

Note: The number of persons tested for HIV was reduced due to new guideline that discourage the mass testing by reinforcing index testing where testing service is delivered to the person after assessing the reason why he/she is in need of the service. It is in this framework that some health centers have refused to test persons we referred to them.

## D.3. Awareness Campaign on HIV and Disability during Special Needs Convention hosted by 7th Day Adventist Church

In July, the 7th Day Adventist Church in collaboration with the National Council of Persons with Disabilities (NCPD) organized a Special Needs Convention for more than 400 persons with disabilities who came across the whole country, from 21<sup>st</sup> to 27<sup>th</sup> July 2019 at IPRC Kicukiro. One of the topics discussed during this week is HIV and AIDS among of Persons with Disabilities. It is this framework that UPHLS was invited to facilitate this session. It was a good opportunity to inform this good audience on all projects, programs and activities that are being carried out to address HIV and AIDS and Health Promotion in favor of Persons with Disabilities in Rwanda. After the awareness raising on HIV and Disability, the participants requested for HIV testing and to respond to their request we collaborated with Kicukiro

Health center for VCT session. For this end, 94 persons with disabilities were tested for HIV where one woman got HIV positive.



As there were many deaf who needed to be tested communication was challenging at the point that the nurses were incapable to have identification of some persons. But all of them were tested.

#### **D.4. Training for youth with hearing impairment on Sexual and Reproductive Health**

In collaboration with Rwanda National Union of the Deaf (RNUD), we organized a one day session on sexual and reproductive health targeting youth with hearing impairment. During this session we focused on sexual transmitted diseases with particular emphasis on HIV and AIDS. This training took place at UPHLS premises on 30<sup>th</sup> September where 20 youth with hearing impairment participated in the session.



#### **E. The celebration of World AIDS Day**

World AIDS Day is commemorated each year on the 1st of December and is an opportunity for every community to unite in the fight against HIV, show support for people living with HIV and remember those who died from AIDS-related illnesses. On 1st December 2019, Rwanda joined the rest of the World to commemorate the

World AIDS Day at national level. The 2019 World AIDS Day global theme is "Communities make the difference". Similarly, every year, Rwanda identifies a particular theme for the celebration of World AIDS Day therefore this year theme is "Let's support the role of beneficiaries in fighting HIV and AIDS".

This year's World AIDS Day National campaign aims to raise HIV awareness to all citizens through comprehensive actions toward reducing new HIV infections and HIV/AIDS related deaths. It also aims to increase communities' ownership in the prevention of new HIV infections through improved utilization of HIV services starting by the knowledge of HIV status, starting point of HIV continuum prevention, care and treatments services.

Implementation of this campaign involved different stakeholders in the HIV response such as the community, government institutions, NGOs/ CSOs. It is in this framework that UPHLS participated in the celebration of WAD. This was an opportunity to acknowledge the inestimable contribution of peer educators in reaching persons with different categories of disabilities with the message on HIV and AIDS. The celebration of the event at the National level was on the 1<sup>st</sup> of December 2019, in the City of Kigali at Rwanda Revenue Authority ground.

During this event, UPHLS mobilized Persons with Disabilities particularly youth with disabilities through DPOs to participate like other Rwandese for them to raise their awareness on HIV through comprehensive actions toward reducing new HIV infections and HIV/AIDS related deaths. The participation of persons with disabilities was very important as they were sensitized on HIV&AIDS, informed on free HIV testing. It was an opportunity for PWDs to be informed on NCDs and get tested freely. UPHLS exhibited HIV communication materials that are adapted to persons with Disabilities.

#### **D.1. Activities**

During WAD celebration, different activities were conducted with aim to increase HIV awareness, uptake and utilization of HIV services and disseminate key messages related to this year's theme.

##### **➤ Mass sport**



*The marching started at Amahoro Stadium to RRA and continued to RRA ground at Kimihurara.*

- The official launch of 2019 World AIDS Day Campaign (WAD):



The official launch of this year's WAD Campaign was conducted under the coordination of the Ministry of Health in collaboration with partners in HIV response. The WAD event was integrated into car free day with mass sports and short speeches that took place after sports.

- **HIV Awareness**

World AIDS day was an opportunity to raise HIV awareness through the use of different communication channels including radio and TV spots, radio talk shows, dramas, newsletter supplements, HIV prevention message dissemination on social media, mentions, sketches, music, distribution of IEC materials; T-shirts and/or Jerseys, banners, pull-up banners, flyers and booklets.

- **HIV self-test toolkits awareness**

## Other activities conducted during the launch of WAD

- ✚ Promotion of biomedical interventions which include, HIV testing as gateway to HIV prevention, care and treatment, condom distribution, and voluntary medical male circumcision
- ✚ Exhibition of different HIV communication materials, including work done by civil society organizations and umbrella members particularly the IEC tools that are adapted to persons with disabilities
- ✚ Free condoms distribution and education on how to use them correctly
- ✚ Strengthening the implementation of the Treat all strategy and Differentiated Service Delivery Model (DSDM)

## On the side of UPHLS the following activities were conducted:

- UPHLS is one of the members of TWG preparing World AIDS Day Campaign,
- Mobilization of PWDs particularly youth with disabilities to participate in WAD celebration, where around 100 persons with Disabilities participated,



- Like other participants, persons with disabilities participated in mass sport that started at Amahoro Stadium- Remera,
- Exhibition of communication materials that are adapted to persons with disabilities and the cooperative Icyizerecy'EjoHazaza of Deaf Women exhibited their products,



- This was good moment for youth with disabilities to have information on HIV

through different channels as planned including information in self-testing as there was the awareness of this test through private pharmacies.

- Contribution of 140 T-Shirts.
- Provision of Sign language interpreters,

## **F. Participation in ICASA**

The [International Conference on AIDS and Sexually Transmitted Infections in Africa \(ICASA\)](#) is a major bilingual international AIDS conference which takes place in Africa. This year the 20th International Conference on AIDS and STIs in Africa took place in Kigali, Rwanda. The event represents a tremendous opportunity to highlight the diverse nature of the African region's HIV epidemic and the unique response to it.

The conference theme "*AIDS Free Africa - Innovation, Community, and Political Leadership*" engages the whole continent and all stakeholders in the Post-SDG Framework, where sustainability of the response in reaching 90, 90, 90 UNAIDS will not be possible if Human rights are not key priority for a new of leadership in the context of strengthening the application of science-based evidence.

During this conference, UPHLS was chairing the Disability Networking Zone (DNZ) in community village together with Humanity and Inclusion as co-chair. UPHLS, HI in West Africa, VSO, UWEZO, RNUD and UNABU are the organizations that participated actively in DNZ. During this conference, the vulnerability of people with disabilities to HIV and limited access to SRHR was highlighted through various sessions and presentations provided both in community village and plenary sessions auditorium/ KCC.

During the 20<sup>th</sup> ICASA, persons with disabilities, people living with HIV, researchers, donors and conference shared experiences, learn from each other and raise awareness of the interrelations between disability and HIV.

On 3rd December 2019, the participants in ICASA (village particularly persons with disabilities) celebrated the International Day of Persons with Disabilities in the community under the theme "the Future is Accessible to Persons with Disabilities".

### **Some pictures captured during the conference**



**The celebration of International Day of Persons with Disabilities on 3<sup>rd</sup> December 2019**



### Participation in the celebration of International Day of Persons with Disabilities

A part from the celebration of IDPD in ICASA, UPHLS also joined others in Nyamagabe District where the event was celebrated and it was a good occasion to convey the message on HIV and AIDS to people who participated in the event particularly Persons with Disabilities and in collaboration with Cyanika health center we organized HIV testing.

## **2. Strengthening HIV Clinical Services in the Republic of Rwanda**

This year from January to December 2019, the project 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 Nyaruguru, Muhanga, Nyamasheke, Rusizi, Kicukiro, Kayonza, Ngoma, Bugesra, Nyagatare, Gicumbi and Rulindo, Rutsiro, Rubavu, Ruhango, Kamonyi, Rwamagana, Ngororero and Nyabihu Districts in mainstreaming disability into HIV/AIDS services provision. The project covered a number of activities as follows:

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



UPHLS organized accessibility check for 10 health facilities to assess their accessibility to persons with different categories of disabilities (Physical accessibility, accessible information and management knowledge on disability, etc.) in order to show the gaps and guide them in having their services accessible.

The accessibility check was carried out for Kamonyi in Nyamasheke district, Mushubati in Rutsiro district, Muramba in Ngororero district, Bungwe in Burera district, Rukumberi in Ngoma district, Kamabuye in Bugesera district, Gikondo in Kicukiro district, Butamwa in Nyarugenge district, Cyahinda in Nyaruguru district, Rukoza in Rulindo district, Nyarusange in Muhanga district, Nyarurama in Ruhango district, Kayenzi in Kamonyi district, Nyange A in Ngororero district, and Rambura in Nyabihu district, Health Centers. Together with the Head of the Health Center or their representatives while the heads were not available, the targeted components were: Location of Health facility and directions, Health facility entrance and directions, movement inside the health facility, Services, equipment and, other items such as the awareness on disability and involvement of PWDs, etc.

The accessibility check examined the location, accessibility of main entrance, parking, signage, walkways, ramps, lighting, doors, reception, restrooms, exam room, water fountains, policies, visibility, information, confidentiality, weighing scales, wheelchair, exam tables, regular follow up, training, focal persons and feedback.

The accessibility check further provided recommendations to redress and upgrade existing services to make them disability friendly. Main services visited were: Head office, Reception, Waiting room, VCT, ART, Vaccination, Consultation rooms, Laboratory, Hospitalization, PMTCT, and Maternity.

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

Due to different actors highlighting the need to acquire basic skills on sign language, mobility and orientation towards disability and inclusion of PWDs in HIV projects, UPHLS trained 82 health care providers from different health facilities including: Kamonyi, Mushubati, Bungwe, Rukumberi, Kamabuye, Gikondo, Butamwa, Cyahinda, Rukozo, Nyarusange, Rukomo, Gakenke, Gahini health centers. These health care providers include 25 HCPs who were planned and other 57 HCPs who were trained through reallocation budget.



***Sign language instructor training health care providers on sign language (17th to 21st Dec 2018& 7th to 11st Jan 2019)***

Health care providers identified at each health center are The Head of the Health Centre, In charge of ARVs, in charge of VCT, in charge of Community health workers, the In Charge of PMTCT and customer cares. All health care providers were trained in the following areas: Knowledge on disability and HIV&AIDS and the linkage between the two concepts, Specific issues and needs for persons with disabilities per category concerning access to HIV&AIDS and health services, Basic training on sign language, Mobility and orientation training to enable them provide quality services to blind people and Knowledge on the rights of persons with disabilities and the legal Framework.

**B. 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 professionals and partners in disability friendly HIV services provision around HC to be upgraded.





*UPHLS Staff and UNFPA trained staff in Nyamasheke in June 2019*

*UPHLS staff with Gikuriroprograam Manger in Ngoma in July 2019*

### **Realizations of trained health professionals and partners involved in HIV services provision around upgraded HC after training**

- Regular training sessions on how to provide inclusive health services through staff meeting
- The trained HCPs provide the regular sign language training
- Sensitization of patients about disability inclusion through morning talk
- Mobilization of PWDs to access health services
- Construction of an inclusive wells
- Conducted self-assessment finding out whether they have PWDs among their beneficiaries
- Identification of PWDs accessing Gikuriro programs
- Appoint the disability focal person
- Construction of an inclusive toilet to some schools including : GS Ndekwe
- Adapted the reporting format making it disability friendly
- Mobilization of community within the project catchment area to mainstream disability
- Providing funds to PWDs cooperatives in Rutsiro district
- Integration of PWDs within family Sexual reproductive health special event
- Mobilization of World Vision about the integration of PWDs within their programs
- Increase of the budget allocated to disability related activities (sport, health, purchase of orthosis and prosthesis, etc...)
- Carrying out the mobilisation of the community to remove the misunderstanding and misconceptions about disability (some people say that disability is a curse others say that disability is caused by evil).

Challenges faced in implementing developed plans to make their interventions disability friendly:

- Inaccessible infrastructure of health centers that do not allow movement to persons with physical impairments
- The community was not aware of PWDs rights and do not know that PWDs have the rights to health services
- The budget is still limited and insufficient to cover all disability related issues
- Some selection criteria for vulnerable persons to be supported do not put a specific particularity on persons with disabilities
- Negative mindset of service providers considering that all PWDs looking for services have to be oriented to social department only
- Extreme poverty of PWDs and their families
- Limited trained staff on disability and disability specific needs, sign language
- Negative mindset of the community towards PWDs
- No strategies put in place to mobilize the community

Strategies to overcome some of the raised challenges:

- Mobilization of community on disability and on the rights of PWDs
- Collect data of PWDs in their catchment area for advocacy plan accordingly and facilitate them in outreach campaigns
- Continuous joint advocacy for disability inclusion between district and concerned ministrie such as MOH, MINALOC and others
- Share also resolutions taken from different meetings and events that target PWDs and aiming at disability inclusion
- Awareness campaign for the authorities to own disability inclusion and integrate
- Community awareness campaigns from villages up to the highest level to facilitate the community embrace the inclusiveness culture
- Mobilisation of the community about disability
- Put in place disability related data collection way which may contribute to the inclusive planning (Data for use not data for only submission)
- Integration of disability awareness within the planned Schedule of morning talk.

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

The training of local partners, and local authorities (JADF officers, Health promotion and Disease prevention and Social protection officer) aimed at providing knowledge on disability, specific needs and disability inclusive planning to partners operating in HIV/AIDS response, health promotion and local authorities.



***Local authorities and partners during the training on 17<sup>th</sup> May 2019***

The trainings have been carried out from May 13<sup>th</sup> to 17<sup>th</sup>, 2019 at Hotel Saint Andre Kabgayi in Muhanga District bringing together 34 local authorities and partners from Muhanga, Ngoma, Burera, Nyamasheke, and Bugesera district. The workshop focused on sharing the reality on disability through the quest for inclusive health services’ game, Historical background of disability in Rwanda, Disability Mainstreaming concepts, Disability Models, Planning and running disability inclusive services.

Through Quest for inclusive health services, the participants became aware of challenges faced by PWDs in accessing health services and how to find quick solutions and sustainable solutions for such challenges, this contributed to the mindset change where by the service providers used to transfer PWDs requesting them survives thinking they are not able to receive them, not only this but also they came up with disability friendly planning which will help them to integrate people with disabilities within different development programs which will later help them accessing HIV/AIDS services like other people without disabilities.

***E. 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 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, and among other interventions, UPHLS organized quarterly coordination meeting with selected Health Centers, MoH, NCPD, DPOs, local authorities and partners in Muhanga, Ngoma, Burera, Nyamasheke, and Bugesera districts respectively. 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.

Critical issues in HIV services provision to PWDs	Proposed solutions
Lack of awareness of disability inclusion and Inclusive Policies	<ul style="list-style-type: none"> <li>✓ Inclusive planning</li> <li>✓ Include a column of PWDs in data collection</li> <li>✓ To engage PWDs in daily activities</li> <li>✓ Sensitization for upgrading the offices to provide inclusive services</li> </ul>
Stigma and discrimination	Supporting PWDs financially to improve their livelihood in order to have basic needs
Inaccessible environnement (physicalaccessibilitybarriers)	To adapt their facilities to universal design standard
Communication barriers	
No friendly guidelines within social protection which focus on targeting list instead of universal support	<ul style="list-style-type: none"> <li>✓ Training and awareness campaigns on Rules and regulations enforcement</li> <li>✓ To give opportunity to PWDs to express their potential</li> </ul>
The officials focus on charity model instead of social model (supporting people without their involvement)	<ul style="list-style-type: none"> <li>✓ Conducting sensitizations district officials to prepare the citizens before supporting them for sustainable change by involving them within what to do for them</li> </ul>

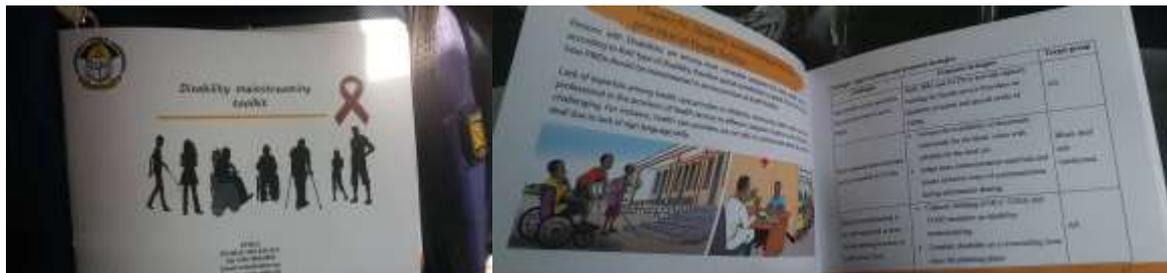
	✓ Conducting PWDs needs assessment
Lack of data of PWDs which contribute to duplication	<ul style="list-style-type: none"> <li>✓ Develop a database of PWDs comprising the supported PWDs and PWDs to be supported</li> <li>✓ Establish the regular strategies to update the list of beneficiaries</li> </ul>
Negative perception/stigmatization	<ul style="list-style-type: none"> <li>• Training local authorities on disability and specific needs to change their attitudes towards PWDs</li> <li>• Sensitizing and supporting PWDs to have income generating activities and join others in cooperatives and associations</li> <li>• Training of health practitioners on disability and specific needs and basic sign language</li> <li>• Mobilization of families of PWDs about how to care and treat PWDs</li> </ul>
Limited health services provided to PWDs	<ul style="list-style-type: none"> <li>• Training district officials on how to serve PWDs of different categories of disabilities</li> <li>• Linking the ubudehe categories with the categories of PWDs basing on their real socio economic living conditions</li> </ul>

***G. Reproduce a disability mainstreaming toolkit/guide for Health providers at upgraded Health centers***

UPHLS reproduced and disseminated disability mainstreaming toolkit/guide (with topics / references to CRPD, Law protecting PWDs of 2007, appropriate disability terminology,

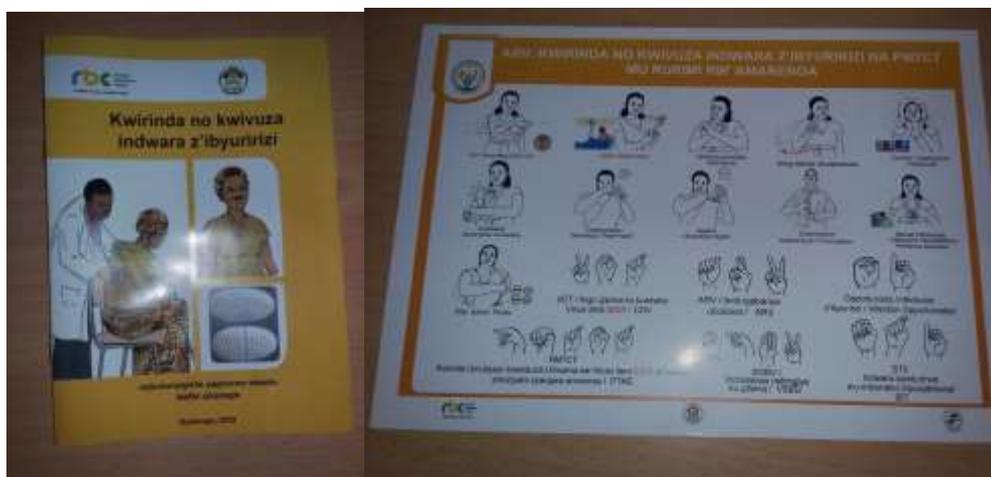
accessibility check and basic sign language poster) that will help health services providers in the provision of disability friendly HIV services

The Disability Mainstreaming tool kit/Guide was designed to equip the trained health care providers with disability mainstreaming skills that will enable them to engage in transformative disability mainstreaming work.



***H. Reproduce adapted IEC materials on VCT, ART and OI for PWDs self-help groups around health centers supported by the CDC***

Over three thousand copies of adapted IEC tools on general information on HIV, ART, OI and PMTCT and 100 copies of disability mainstreaming toolkit have been reproduced and disseminated to health facilities and surrounding communities of PWDs. Samples of reproduced IEC materials are provided below:





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

During this year, five health facilities were upgraded to serve as model where one health facility was per province including: Byahi health center in Rubavu district, Western province, Munyinya health center in Gicumbi district, Northern province, Busanza health center in Kicukiro district, City of Kigali and Matimba health center in Nyagatare district, Eastern province. Through this activity with disabilities at each health facility, the following has been done to make them accessible for persons with disabilities:

1. Constructing accessible ramps from the main gate to the reception, offices, ARV Department, Consultation rooms, Laboratory, VCT, Pharmacy,
2. 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
3. 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
4. Accessible parking spaces were constructed and reserved for persons with disabilities and connected to the access ramp after the transfers from the parking
5. Access ramps have tactile walkways in yellow colour to facilitate and direct the blind who uses white cane.



### **3. Every life Matters Project (ELM)**

#### **A. Baseline data collection and registration of PWDs at health/youth centre**

Under this activity each health/youth centre through his disability focal person collect the data of the person with disabilities using SRH and Eye care services by monthly basis. Due to their register are not disability

friendly each health/youth centre have been created their own format for collection of PWDs. at the end of the month disability focal person pass through each service or work with the customer care for compilation and send it to UPHLS for data entry. We have reached 1401 PWDs using SRH and eye care services for this year of 2019.

We have identified also deaf persons who don't know sign language in the catchment area of the health centre where 77 deaf people are reached

#### **B. Outreach services/Community mobilization and awareness raising**

This activity is conducted with health centre at community level both with DPO's, they can organized small group of PWDs and discuss on different area related to SRH or bring some services of eye care services at community level in order to facilitate PWDs to access easily





Uwezo and Nyundo, Shyogwehealth center during outreach services and community mobilization

### C. Capacity building

5 DPO's (RNUD, AGHR, RUB, UWEZO and CollectifTubakunde) have been supported to revive their constituencies meeting at community level. Each DPO's have conducted 2 days training on leadership among their members in order to help them in mobilization at community level. Each DPO has their representative at community level which will help us for better mobilization next year. After being given money to revive their constituencies, three of them (RNUD, UWEZO and RUB) have been also supported to make a follow up with their members in order to know what was done and if there are challenges what are them and look how this year can be improved by mobilization of PWDs to use .

**Achievement:** Each DPO has their representative at community level which will help us for better mobilization next year



UWEZO & CollectifTubakunde on the revived constituencies meeting with their members



AGHR and RUB during their revived constituencies meeting with their members

**D. SRH on job training of healthcare provides**

After developing the tools in SRH, the next step was to train healthcare providers on their usage at their workplace. RNUD have started to conduct that activity on two health center namely Biryogo and Nyundo health center by using the prenatal care and family planning. 15 healthcare providers have been participated in the training.



**E. Tools development process (specifically related to your country context)**

UPHLS has adapted two image boxes on RSH (10-14 years and 15 to 25 years) for facilitation of health/youth centre to provide the full message by using the tools adapted for PWDs

RNUD in partnership with Right for the world has started to make a training manual in SRH



Adapted image box on SRH by UPHLS

**F. Accessibility modifications**

Two health centers namely Nyundo and Biryogo have committed to upgrade the health facilities where this activity will be implemented in partnership with UPHLS. Each health/youth center has upgraded the toilet and walkways to others services.



Nyundo health center after being upgraded



Photo of walkways and ramps to the accessible toilet at Biryogo health center

### **G. Target interventions**

This the activity conducted with the objective to reach one category of person with disabilities and provide the area which they need to be more informed on it and UPHLS in partnership with health centre organize a session for them by using the developed tools

under ELM. For this year we have conducted the targeted session with deaf girls and with parents of girls with mental impairment. They have chosen the following topic during that session: Menstrual cycle, Pregnancies process and consequences, Women development body. All of them have an opportunity to be free to ask any question about the topic and appreciate the session



Deaf girls and girls with mental impairment during targeted session on SRH

## H. Partnerships

On this category of partnership we have different partners under ELM project which help us to implement the project in a good way divided into two categories as follows:

### 1. General partners

- DPOs (RNUD, RUB, AGHR, UWEZO and Collectif Tubakunde)
- Government institutions: Ministry of Health, Rwanda Biomedical Center, National Council of PWDs, 3 Districts (Nyarugene, Muhanga and Rubavu)

### 2. Implementing partners

1. Kabgayi Eye Unit
2. Shyogwe Health center

3. Nyundo Health center
4. Biryogo Health center
5. Rubavu Youth Center
6. Vision Jeunesse Nouvelle

## **I. Learning and sharing in Ethiopia**

Learning and sharing event was organized in the week November 11-13, 2019 in Arba Minch, Ethiopia. The main purpose of this Learning & Sharing workshop was to reflect on the program achievements in 2019 and formulate the program focus for the year 2020 which will be the final year for the program 1st phase. The Learning & Sharing event took place in Ethiopia and was organized by ELM local partner ECDD. All three ELM program teams from Rwanda, Ethiopia and Mozambique participated in the event.

The ELM Learning & Sharing was organized in an interactive way allowing participants to exchange their practices through presentations and discussions in the plenary, visiting two health centers (in Sodo and Arba Minch) for witnessing the changes at the place and reflecting on the process together with disability people's representatives.



**Rwandan team in leaning and Sharing in Ethiopia**

## **J. Joint monitoring visit**

UPHLS has organized a joint monitoring which brought together UPHLS team, Partners, Districts and Sectors authorities and Disability people Organization (DPO) members for conducting the visit to the youth/health centers with the main objectives of supporting them and discuss with them on the progress of disability inclusion in SRH and Eye care, experience sharing, best practice, and challenges faced in order to undertake the recommendations to redress them. The visit was focused also on the following elements:

- Daily procedures,

- Inclusive Communication
- Attitude
- Accessibility
- Inclusive Management
- Partnerships

Three health/youth centers including Nyundo and Shyogwe health centres, Vision Jeunesse Nouvelle and Kabgayi Eye Unit were visited and discussed with them on the progress of the project activities. General observation from all of them is that they have changed their mind set, attitude regarding the persons with disabilities, they are now aware of disability specific needs and disability rights, even their staff and clients at health center are sensitized to facilitate PWDs to be served at the first place. The only challenge is related to accessibility improvement where the health center/youth center are not able now to commit any funds due to other challenges into their organizations, except Kabgayi Eye Unit which started to consider accessibility standards in the new building and now is finalized with fully accessible



Picture of visit at health/youth center and KEU

### **K. Routine monitoring visit**

This visit was conducted in order to discuss on ELM project progress, improvement made on last recommendations especially on PWDs mobilization and accessibility modification of Nyundo health center. Three health/youth center were visited namely Nyundo health center, Rubavu youth center and Vision Jeunesse Nouvelle and discuss on different topics especially PWDs mobilization, outreach services and accessibility modifications

### **L. Technical working group**

Two sessions on technical working group meeting were organized with different partners on SRH and Eye care services and one session combining all of them both with the objective of evaluating the progress of the implementation of the every life matter's project. During the meeting they take the opportunity to share their experience, best practice and take the recommendations for more improvement. For the last one which combining them together in

order to evaluate together the end of the years what we have been achieved .all of those meeting we have reached 48 participant coming from health center, District, MOH and local authorities.



TWG on SRH, Eye care and both together

**M. Participation in a shot research on contraceptive use of family planning by PWD**

This study was conduct in Nyarugenge,Muhanga and Rubavu District with the objective of knowing at which extent the persons with disabilities use family planning and where they get the informations.We have understand that some of them have the information on it but mainly of them are not aware of family planning and don ;t know where they can get the information but some of them especially in Rubavu knows the community health workers and use them



*Visited groups in Muhanga, Rubavu and Nyarugenge during the research*

## **N. Distribution of tools to the health/youth center**

After developing or adapting the tools on SRH UPHLS has distributed to the health/youth center for using it.



Distribution of tools at Nyundo&VJN

## **4. Water, Sanitation and Hygiene for All**

### **A. Consultative meeting with WASH actors to share and discuss on disability rights and accessibility provisions in the Rwanda Building Code**

The main objective of this activity was to share and discuss on disability rights and accessibility provisions in the Rwanda building code with WASH actors, local authorities, National Council of Persons with Disabilities (NCPD), organizations of people with disabilities (DPO). This activity was carried out in 6 Districts of the country covered by the Project, namely Ngororero, Rusizi, Nyamagabe, Gisagara, Ngoma and Bugesera. During these consultative meetings, discussions were focused on the rights of persons with disabilities and barriers they face to access available WASH services. Participants, after a similar understanding of disability and its specific needs, they discussed on the importance of WASH

services in the life of every human being include persons with disabilities and the provisions of the Rwanda Building Code.

The participants concluded that, even if Rwanda Building Code has given guidelines so that all buildings and infrastructures are accessible to all including people with disabilities, a list of barriers has been given and this still requires strong advocacy by each like for example:

- Lack details specification of persons with disabilities from the program and strategies on WASH,
- Limited knowledge on disability and specific needs among service providers,
- M&E system in place that does not consider indicators on disability,
- Reports provided which do not track disaggregated data on disability,
- Lack of communication skills with persons with hearing impairment
- Lack of self-esteem among persons with disabilities,
- Lack of involvement of Organizations of Persons with Disabilities (DPOs) during planning sessions,
- Lack of collaboration between service providers and beneficiaries include persons with disabilities.

From this, the recommendation was that all buildings and infrastructures could be accessible to all as specified by Rwandan building code and District engineers could pay attention and check accessibility before sign the occupation permit.



*(Discussion with Mayor of Rusizi District) (Consultative meeting in Ngoma District)*



*(Consultative meeting in Gisagara District)*



*(Consultative meeting in Ngororero District)*



*(Consultative meeting in Bugesera District)*



*(Consultative meeting in Nyamagabe District)*

**B. Development of WASH advocacy framework built on the commitments made by the government of Rwanda during the Global Disability summit of 2018, especially those in relation to CRPD Article 9 (Accessibility) and Article 25 (Health), to guide coalition efforts**

With the advocacy framework UPHLS expected to achieve the following results: Make public aware on the needs of PWDs while accessing and using the water, hygiene and sanitation systems that are in place, bring on board different interlocutors interested on how water, hygiene and sanitation systems can be appropriately developed, lobby for mechanisms to deliver inclusive WASH services at all levels (policy, service and community), Influence national legislation, programming and budgeting in order to improve WASH services in an inclusive way and provide different WASH actors with some highlights and insights on a clear, inclusive WASH feasibility and technicality plan.

For this document to be relevant, different stakeholders were consulted: WASH actors (Ministry of Infrastructure-MININFRA, Water and Sanitation Corporation WASAC, UNICEF, JICA-Rwanda, World Vision, Caritas Rwanda and SFH-Rwanda-Society for Family Health, Pax Press, Water AID Rwanda), DPOs: Association Générale des Personnes Handicapées au Rwanda (AGHR):, UWEZO Youth Empowerment, RULP (Rwanda

Union of Little people), RNUD (Rwanda Union of the Deaf) and RUB (Rwanda Union of the Blind) and National Council of Persons with Disabilities (NCPD), District authorities including hygiene and Sanitation officers and the directors of health. The WASH users were also consulted including two persons with disabilities (adults), two elders, and young beneficiaries with disabilities. This document like others developed through “WASH FOR ALL Project” will be distributed to the WASH actors to be used in the matter of inclusion of people with disabilities.



*(Actors who validate the WASH advocacy framework)*

**C. Capacity building of District Disability Mainstreaming Officer, Hygiene and Sanitation officer, and Director of planning on disability-inclusive planning and monitoring**

On 24-26 September 2019 at St Andre Kabgayi Hotel in Muhanga District, UPHLS organized a capacity building on disability inclusive planning and monitoring to Disability mainstreaming officers, Director of planning and Sanitation and Hygiene officers from 6 District where “WASH FOR ALL Project” implement its interventions namely Ngoma, Bugesera, Nyamagabe, Gisagara, Ngororero and Rusizi. The total number of participants was 17/18 invited.

The capacity building started with the presentation of each of participants, where they come from as well as their expectations on disability as well as disability mainstreaming. Topics planned for this workshop were: *Quest for inclusive health services, Main challenges faced by PWDs to access WASH services, Historical background of Disability in Rwanda, Disability Legal framework, Disability Equality training and models of disability, Disability Mainstreaming concepts, Linkage between Disability and Hygiene & Sanitation and how to make a disability inclusive planning.*



*(Participants during the training on disability inclusive planning and monitoring)*

As recommendations, participants listed some as followed:

- ✚ Provide trainings to policy makers, local authorities and other community leaders on disability mainstreaming and how to remove barriers they face to access WASH services
- ✚ In-depth mobilization on the challenges faced by PWDs to access WASH services and make appropriate strategies
- ✚ Prepare and disseminate leaflets giving message on disability as well as challenges they encounter in their daily life and the consequences of discrimination done at community level.
- ✚ Organize awareness campaigns, workshops and meetings for PWDs on their rights according to UNCRPD so that they can be able to make self- advocacy and contribute in avoiding stigma and discrimination.
- ✚ Organize workshops with church leaders as they are among the health services providers of including those related to WASH. In addition to this they are ones who meet a lot of persons and they know how to convince beneficiaries

***D. Develop Disability Inclusion Score Card (DISC) to use in assessment of the inclusion of DDS***

On 22<sup>th</sup> to 24<sup>th</sup> October 2019 at St Andre Hotel in Muhanga District, UPHLS organized a workshop session to develop Disability Inclusion Score Card tool (DISC) which will going to be used to assess and highlight gaps in District Development Strategy (DDS) and propose ways to improve them for being inclusive to PWDs.



*(Participants during the development of Disability inclusion scorecard)*

**E. Conduct joint assessment of District Development Strategy (DDS) to highlight the gaps and propose ways to improve them.**

After development of the Disability inclusion score card (DISC) we conducted a joint assessment of District Development Strategy (DDS) in 6 Districts that the “WASH FOR ALL” Project implements its interventions including Rusizi, Ngororero, Nyamagabe, Gisagara, Ngoma and Bugesera.

The specific objectives of this activity were to assess the accessibility of WASH facilities and services inside the District for PWDs with different categories (availability, entrance, WASH equipment, accessible information, etc) and identify related gaps, 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 findings from assessment. The activity is conducted by UPHLS staff in partnership with PAX PRESS and NCPD staff.

Targeted staff in the District was the Director of Planning, the Hygiene and Sanitation officer and the Disability mainstreaming officer. These three persons were trained by UPHLS on Disability specific needs, disability inclusion and the link between disability and WASH. This means that these people have knowledge about Disability inclusion so that they can easily understand the gaps existing in the Districts which prevent persons with disabilities to access available services like any other citizen.



*(Discussing on DIDS in Ngoma and Ngororero District)*



*(Community Water taps visited in Ngoma and Ngororero District)*



*(Toilet inside Gisagara District)*



*(Urinals inside Ngoma District)*

During this activity, people with disabilities near the District were visited in collaboration with District staff to see together the obstacles related to the accessibility they encounter in their daily lives. Advocacy for these families will be made so that they can have accessible services at their house.



*(Ngoma community taps by USAID Giluriro) (Private Modern market in Rusizi District)*

**F. Organize Public debates with community leaders on topics relating to disability inclusive WASH services**

UPHLS under “WASH FOR ALL” Project organized public debates with community Leaders, Local authorities and PwDs on disability inclusive WASH services, which took place on 17<sup>th</sup> to 20<sup>th</sup> December in Nkanka sector of Rusizi District, Kibilizi sector of Gisagara District and Rukumbeli sector of Ngoma District. The discussion in these 3 Districts was facilitated by MrNizeyimana Elias, the Pax Press production manager and brought together 49 participants include 31 community leaders and 18 Persons with disabilities in different categories

The main objective of debates was to raise awareness on disability specific needs in WASH and support the advocacy towards the disability inclusive WASH services through different activities done at community level. The debates were covered the following main topics on disability inclusive:

- ✓ The challenges PWDs faced to access available WASH services and how to make WASH services disability friendly.
- ✓ Responsibilities of the community leaders among PWDs in WASH interventions
- ✓ Behaviour change of the community on WASH among PWDs
- ✓ The consequences of lack access services
- ✓ Responsibilities of PWDs on WASH services.

The discussion was also on the accessibility of public water and toilets like at schools, Health facilities, and other area for services provision which are not disability friendly, the poverty as one which makes PwDs to have ineffective hygiene and sanitation at their household, Inaccessibility of environment which also lead to lack of hygiene and sanitation among PWDs and lack of lack of information on WASH services.

From the debate, recommendations and debates are made:

- ✓ PWDS have to be involved in selecting places where water tap must be located so that people with disabilities can independently access these services.
- ✓ Local leaders have to multiply campaigns on the importance of accessible services and the consequences of lacking them
- ✓ Persons with disabilities through their local communities include NCPD coordinators at different levels in collaboration with WASH officers and disability mainstreaming officers

could rise their voices so that Districts with their partners could install WASH services accessible to people with disabilities with disabilities

- ✓ Local authorities should to consider disability issues in accessing WASH services as priority during preparation of performance contracts
- ✓ For people with severe disabilities must be helped to get standard toilet at their homes
- ✓ UPHLS in collaboration with Disability organizations and local authorities must continue advocacy with partners for disability inclusion on WASH interventions

**G.** Reproduce and disseminate copies of education, information and communication materials on disability rights to WASH.

**The following documents are reproduced:**

- 1) Compilation of Rwandan legal framework
- 2) Desk review to assess gaps in WASH related policies, programmes and strategies which are not disability friendly
- 3) Policy brief on the inclusion of PWDs in WASH policies, programmes and strategies
- 4) Practical guide for disability mainstreaming disability in WASH interventions with accessibility check on WASH facilities and services.
- 5) CDs and DVDs which are still done by PAX Press on the capturing videos on the stories of change

***5. Employable Project Phase II***

EmployAble Purpose: inclusion of youth with disabilities in labor market through facilitation of their technical and business skills development.

- ❖ Intermediate Result 1: YWDs are economically self-reliant and contribute to the economic development of their families and community.
- ❖ Intermediate Result 2: YWDs gained relevant technical and soft skills, they are supported to join meaningful waged jobs and self-employment.
- ❖ Intermediate Result 3: The public authorities and other policy actors responsible for skills development and employment of youth have relevant experience and practices that influence their policies and programs.

Really, the last year 2019 of EmployAble Program was mainly focusing on monitoring and evaluation and employment youth accompaniment of the youth group formed. Whereas the two first years were concentrated on *Mobilization, selection of YWDs, technical skills training and group formation.*

The tables below, achievements per district, are showing the formed youth groups accompanied during the year 2019, the activities/business by each youth group and support provided as startup capital.

#### A. RUBAVU DISTRICT

Sector	Group Name	# of members	Activity/Business	Start-up capital
Nyamyumba	DUKOREREHAMWE	20	Tailoring	1,751,300
	TUZAMURANE SOUDEUR	9	Welding	1,062,000
	ABESAMIHIGO	9	Knitting	500,000
Kanama	AKANOZE	8	Mech. & Weld.	350,000
	TWUNGUBUMWE	10	Tailoring	903,600
Kanzenze	DUKOREREHAMWE	6	Welding	1,054,000
	ABARIKUMWE	6	Carpentry	761,500
	TUNOZUMURIMO	10	Tailoring	700,000
Mudende	TWITEZIMBERE	12	Tailoring	1,082,700
Rubavu	ICYIZERE	10	Tailoring	912,700
Busasamana	UBUMWE	6	Tailoring	600,000
Gisenyi	GARUKUREBE	4	Electronic	400,000
	COHWI	6	Knitting	1,612,200
<b>TOTAL</b>		<b>116</b>		<b>11,690,000</b>

#### B. MUSANZE DISTRICT

Sector	Group Name	# of members	Activity/Business	Start-up capital (RWF)
Muko	TWIGIRIRE ICYIZERE	9	Carpentry	939,200
Remera	TWISUNGANE RUBYIRUKO	7	Tailoring	549,300

	JYAMBERE MUKINGA	3	Tailoring	300,700
Muhoza	TWIHESHAGACIRO	10	Hairdressing	1,905,700
Cyuve	DUKORANUMURAVA	10	Hairdressing	1,905,700
	TUGIRUBUMWE	10	Tailoring & Knitting	1,435,100
Gacaca	TWIYUBAKE RUBYIRUKO	20	Leather work	2,870,280
Nyange	COOPAP	11	Knitting	2,162,500
	COOTIN	8	Tailoring	1,308,000
<b>TOTAL</b>		<b>88</b>		<b>13,376,480</b>



### C. RULINDO DISTRICT

Sector	Group Name	# of members	Activity/Business	Start-up capital (RWF)
Base	TWIYUBAKE	7	Leatherworks	1,300,000
	DUSHYIGIKIRANE	19	Tailoring	810,100
Masoro	UMURAVA	10	Hairdressing	3,097,800
		14	Tailoring	
Kinihira	HEZA DUKORE	6	Tailoring	761,200

	BETTER TOMORROW	7	Welding	700,000
Mbogo	TWISUNGANE Gitaba	4	Tailoring & Knitting	400,000
	RUBYIRUKO DUKORE	5	Tailoring & Knitting	400,000
Cyungo	ICYIZERE	7	Knitting	876,200
	KORAWIGIRE	5	Hairdressing	845,700
	TERIMBERE	11	Tailoring	912,700
	HAGURUKA URABAGIRANE	13	Tailoring & Knitting	900,000
<b>TOTAL</b>		<b>108</b>		<b>11,003,700</b>

Some pictures from technical skills training/Rulindo District



#### D. MUHANGA DISTRICT

Sector	Group Name	# Members	Activity/Business	Startup Capital RWF
SHYOGWE	ABANYAMUGISHA	8	Leatherworks	900,000
NYAMABUYE	DUKORANIMBARAGA	1	Mechanics	150,000
		14	Leather work	800,000
NYARUSANGE	DUHANGUMURIMO	10	Carpentry/ Welding	1,000,000

	URUMURI A	8	Tailoring	500,000
	URUMURI B	7	Tailoring	500,000
MUSHISHIRO	IMBARAGAZACU	7	Carpentry	761,000
	INEZAYIMANA	6	Tailoring	650,000
RUGENDABARI	TWIGIRIRICYIZERE	9	Hairdressing	1,130,700
	DUTERIMBERE	7	Carpentry	892,700
	TWIHANGIRUMURIMO	10	Tailoring	912,700
<b>TOTAL</b>		<b>87</b>		<b>8,197,100</b>

**Some pictures from technical skills training/Muhanga District**



## LAB Innovation Results

The idea of LAB challenge came out and the challenge was formulated to solve the following problem: “*How to train youth with hearing impairment who don’t know sign language?*” for the following reasons:

- Deaf youth who don’t know sign language were identified together with other Youth With Disabilities
- Dropouts of the deaf youth
- The cause of dropout was identified and communicated to L4W

The LAB activities during the year 2019 were based on following up the employed deaf youth graduated in 2018 and enrolment of the new deaf youth. The LAB activities are continuous in 2020 and is implemented in partnership together with RNUD.

The table below is showing the number of the youth enrolled in 2019 per training company:

No	COMPANY NAME	# Trainees	TRADE	CONTACT COMPANY
1	Blessed Leather Shop	1	Shoemaking	788290634
2	Belasi Saloon	2	Hairdressing	783647747
3	HeforShe Saloon	1	Hairdressing	788862475
4	ITUZE Family Saloon	2	Hairdressing	788775188
5	AKOMORWA	1	Shoemaking	781543201
6	Rosette Saloon	1	Hairdressing	788762045
7	ACOKI Ltd	1	Shoemaking	788599391
<b>TOTAL</b>		<b>9</b>		

## Program Evaluation

The year 2019 was a last year of a three years period for EmployAble 2. Therefore, an evaluation was conducted to unveil the internal strengths and weaknesses of the program and the external opportunities and threats that could enhance and constrain the scaling up of the program. The SWOT (strengths, weaknesses, opportunities and threats) analysis is presented in the table below.

STRENGTHS	OPPORTUNITIES
<ul style="list-style-type: none"> <li>• Working with local government authorities</li> <li>• Mapping of stakeholders and knowing what trades are available</li> <li>• Raising additional funds and increasing number of beneficiaries through participating in USAID HDAK project</li> <li>• Provision of start-up toolkits</li> <li>• Making local adaptations: <ul style="list-style-type: none"> <li>○ Bringing in trainers from other areas</li> <li>○ Trainer incorporating youth into his business to avoid problems of competition</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• EmployAble is in line with Districts' IMIHIGO/National Strategic Plan (which has a focus on increasing the number of jobs not related to agriculture)</li> <li>• Inclusion and overcoming exclusion is a pillar of Rwandan government</li> <li>• A new inclusive education policy was launched in 2018</li> <li>• Districts have a budget for disability-related activities</li> <li>• Districts contribute to start-up toolkits for YWDs</li> </ul>
WEAKNESSES	THREATS
<ul style="list-style-type: none"> <li>• Relationship between UPHLS &amp; NUDOR and lack of a signed MoU</li> <li>• Limited inclusion of youth with “mental” disabilities and youth with visual impairments in the program</li> </ul>	<ul style="list-style-type: none"> <li>• Poor markets or poor income generation possibilities for some trades in particular areas</li> <li>• Costs for youth to buy shares in a company or co-operative and unable to access microfinance credit without a WDA certificate</li> <li>• USAID HDAK project has not made efforts for the project to become more inclusive</li> </ul>

## 6. USAID HDAK

## USAID HDAK Purpose: Increased Stable Employment for Vulnerable Youth

- ❖ Intermediate Result 1: **Improved employability skills for vulnerable male and female youth**
- ❖ Intermediate Result 2: **Increased viable self-employment among vulnerable male and female youth**
- ❖ Intermediate Result 3: **Higher quality, more coordinated workforce development service delivery system**

To achieve the up mentioned expected results, the USAID HDAK project was implemented through three following main phases:

- **WRN!/BYOB training**
  - **Technical skills training**
  - **Youth accompaniment**
1. WRN!/BYOB training

District	Site		# trainees		Total
			F	M	
Huye	Ngoma		17	82	99
	Tumba		66	29	95
	Mukura		63	36	99
Ngoma	Kibungo		60	35	95
	Sake		24	13	37
	Karembo		32	17	49
Musanze	Musanze		26	24	50
	Cyuve	ECM	46	4	50
		Buruba	33	16	49
	Gataraga		31	19	50
<b>GRAND TOTAL</b>			<b>398</b>	<b>275</b>	<b>673</b>

After WRN!/BYOB training a certain number of the youth have been grouped into Saving and Internal Lending Communities (SILCs), whereas other went for technical skills training as showing the tables below:

2. Technical Skills Training

District	Sector	# Youth Completers			Trade	Technical Skills Providers
		M	F	Total		
Huye	Ngoma	87	28	115	14 different trades	DUFATANYE KORA
Ngoma	Kibungo	5	7	12	Shoemaking	TWITEZIMBERE
		3	9	12	Agro-proc.	PANOVITA LTD
		1	11	12	Tailoring	Atelier MONTALENT
		12	1	13	Auto-mech.	Youth Garage
		3	0	3	Carpentry	Atelier MEKA
		3	3	6	Hairdressing	Queen Saloon
		3	7	10	Hairdressing	IGNAS Saloon
	4	19	23	Tailoring	NDABUC TVET	
	Karembo	8	17	25	Juice Process	BNFCT LTD
Musanze	Cyuve	0	35	35	Tailoring	ECMI TVET
		0	8	8	Hairdressing	
		6	0	6	Auto-mech	
	Musanze	22	27	49	Agro-proc	CETRAF
<b>TOTAL</b>		<b>157</b>	<b>172</b>	<b>329</b>		

### 3. Youth accompaniment and placement

This is a kind of ongoing activity that consists of supporting/facilitating the youth to get a job or manage their different businesses.

All the youth, whether went for technical skills or in SILC groups have to be accompanied.

#### **The formed Youth SILC Groups**

District	Sector	SILC Name	# of youth by gender			Business name
			F	M	T	
Huye	Tumba	INDASHYIKIRWA ZA TUMBA	10	5	15	Agro retailing
		TUZAMURANE AKAZI KANOZE	13	3	16	Pastry/Bakery
		UBUZIMA BUSHYA	10	5	15	Pastry/Bakery

		UTUNYANGE KU MURIMO	15	5	20	Goat farming
	Mukura	ABAHUZAMUGAMBI	12	11	23	Pig farming
		EJO HEZA HACU	15	5	20	Pig farming
		INDASHYIKIRWA AKAZI KANOZE	12	8	20	Pig farming
		INGANZO	12	8	20	Pig farming
Musanze	Cyuve	ABESAMIHIGO	18	6	24	Agriculture (beans and Irish potatoes)
		DUTERIMBERE	10	9	19	Agriculture (Irish potatoes)
	Gataraga	KORAWIKORERA	18	5	23	Agriculture (wheat)
		AKAZI KANOZE	13	10	23	Agriculture (wheat)
Ngoma	Sake	EJO HEZA	15	4	19	Mushroom farming
		TUZAMURANE	9	9	18	Pig farming
	Karembo	IMENA	15	9	24	Pig farming
<b>TOTAL</b>			<b>197</b>	<b>102</b>	<b>299</b>	

The startup capital of about one million nine hundred fifty five thousand Rwandan francs (RWF 1,955,000) will be shared to those 15 Youth SILC groups

### **7. Strengthening the voice of voiceless**

Major gaps identified in SRHR knowledge/ attitudes/ behavior synthesized, which is used for evidence-based advocacy and policy engagement and increased engagement amongst service providers to actively support SRHR for PWDs

Activities Implemented in the first year of AMPLIFY Change project Feb/2019 to Feb/2020

1. Project steering committee engagement with key partners
2. National SRHR disability baseline survey
3. 5 DPOs capacity assessment and development of DPOs development plans(RNUD,RUB,THT,UWEZO & AGHR)
4. 5 DPOs support in development of their fundraising strategy and mentorship.
5. Training of health service providers on SRHR & Disability mainstreaming
6. Coalition engagement in the formation of National SRHR & Disability coalition
7. Development of coalition advocacy strategy with key SRHR stakeholders
8. Celebration in international disability on 3r /Dec/2010

#### IV. OTHER ACHIEVEMENTS

During 2019, UPHLS participated in different events organized in the area of health mainly HIV and disability, including conferences, meetings and open days (exhibitions) and initiatives organized together with its Partners.

##### **1. Back up GIZ/ Global Fund Project funded by GIZ and Global Fund**

After realizing that there is a need to strengthen constituency engagement especially for Civil Society organizations, the CCM Rwanda mobilized funds for increased CSOs constituency engagement. Mainly UPHLS make:

- Consultation Meetings of UPHLS constituencies,
- Sensitization of other CSOs not member of UPHLS,
- Participation at the National CSOs' Advocacy meeting

## V. FINANCIAL UTILIZATION

No	DONOR	Project	Bank	OPENING BALANCE (01/01/2019)		INITIAL BUDGET		RECEIVED FUND		UNCOVERED GAP		ANNUAL EXPENSES		BALANCE UP to 31/12/2019	
				USD	RWF	USD	RWF	USD	RWF	USD	RWF	USD	RWF	USD	RWF
1	MOH/CDC COAG	Inclusive Health Services	Equity Bank	21,546	18,669,184	277,187	240,182,696	329,208	285,258,820	- 52,021	- 45,076,124	287,483.3	249,104,245	63,270	54,823,759
2	GF/RBC	RBF/HIV NSP Budget support	Equity Bank	5,992	5,332,477	151,509	139,769,608	151,509	139,769,608	-	-	151,106.1	139,398,015	6,394	5,704,070
3	Light for the World/ Netherlands	Employ Able AWP 2019	I&M Bank	8,136	7,241,480	64,535	59,534,224	53,863	49,689,930	10,671	9,844,294	49,397.5	45,570,010	12,602	11,361,400
4		Lab challenge & Other extra funds		7,577	6,743,085	5,386	4,968,993	-	-	5,386	4,968,993	9,141.3	8,433,000	1,565	1,689,915
5		ELM		33,749	30,036,389	60,779	56,069,312	35,808	33,033,909	24,970	23,035,403	51,033.1	47,078,911	18,524	15,991,387
6	USAID/EDC	HUGUKA DUKORE	I&M Bank	5,251	4,673,607	117,434	108,335,030	96,199	88,744,848	21,236	19,590,182	104,812.5	96,691,362	3,363	3,272,907
7	UNICEF	EVD/DM	Equity Bank	-	-	66,006	60,892,067	23,416	21,601,622	42,590	39,290,445	-	-	23,416	21,601,622
8	Amplify Change	SRH services	Equity Bank	-	-	69,381	64,004,875	67,961	62,695,664	1,419	1,309,211	39,308.0	36,262,298	28,654	26,433,366
9	DRF	Wash for all	Equity Bank	2,973	2,645,698	30,000	26,344,977	70,000	64,142,734	- 40,000	- 37,797,757	27,891.5	25,730,392	45,081	41,058,040
10	UPHLS SAVING	Saving/RWF	I&M Bank	17,578	15,644,281	-	-	15,255	14,073,256	-	-	10,882.9	10,039,630	21,950	19,677,907
11	UPHLS Main Account	Administrative issues/BoD	I&M Bank	5,155	4,587,928	-	-	542	500,000	-	-	5,056.0	4,664,290	641	423,638
12	UPHLS CBFunds	Salaries transactions&Shared costs&BoD	Equity Bank	22,542	20,062,001	-	-	292,775	270,090,145	-	-	300,197.3	276,937,218	15,119	13,214,928
13	UPHLS/Saving	Saving/USD	Equity Bank	1,261	1,107,437	-	-	-	-	-	-	290.8	268,268	970	839,169
<b>TOTAL</b>				<b>131,758</b>	<b>116,743,567</b>	<b>842,217</b>	<b>760,101,781</b>	<b>1,136,537</b>	<b>1,029,600,536</b>	<b>14,252</b>	<b>15,164,647</b>	<b>1,036,600</b>	<b>940,177,639</b>	<b>231,695</b>	<b>206,166,464</b>

**N.B:** **A small clarification on the uncovered gaps:** For the MOH/CDC COAG, this includes the additional amount for the quarter from October to December 2019 and for the DRF, the negative gap is belonging to the Year 2020 funds transferred in December 2019. EVD/UNICEF began in December and the gap belongs to Year 2020. For the other projects with gaps, this is mainly due to non transferred funds whereas they were included in budgets.

**UPHLS ACCOUNTS CLOSING BALANCES AS AT 31<sup>st</sup> DECEMBER 2019**

**A) I&M BANK (LTD) ACCOUNTS**

No	Account No	Bank	Account name	Project	Closing balance as at 31/12/2019
1	25034654001 (0010-5034654-01-39)	I&M Bank (Rwanda) LTD	UPHLS/RWF	Main account	798,638
5	25034654002 (0010-5034654-10-12)		UPHLS/LFW-Employable programme/RWF	LFW/Employable programme funded by LFW/Netherlands	12,127,893
2	25034654004 (0010-5034654-14-97)		UPHLS/Smart saver Account /RWF	Saving Account	19,877,907
3	25034654005 (0010-5034654-15-94)		UPHLS/ELM/RWF	Every Life matters project funded by LFW/Netherlands	16,134,640
4	25034654006 (0010-5034654-16-91)		UPHLS/EDC/RWF	HD project funded by USAID through EDC	1,380,093
<b>TOTAL AVAILABLE FUNDS (RWF) AS AT 31/12/2019 AT I&amp;M Bank Ltd</b>					<b>50,319,171</b>

**A) EQUITY BANK (LTD) ACCOUNTS**

No	Account No	Bank	Account name	Project	Closing balance as at 31/12/2019
1	401-2200446945	EQUITY Bank (Rwanda) LTD	UPHLS	The Common Basket fund account	13,214,928
5	401-2200446947		UPHLS/RBF/HIV NSP (Rwf)	RBF NSP VIH project funded by the GF	5,704,070
2	401-2200572748		UPHLS/MOH CDC COAG (Rwf)	Clinical services inclusive for PWDs funded by MOH CDC COAG	53,129,443
3	401-2200552510		UPHLS/Amplifychange (Eur)	Every Life matters project funded by LFW/Netherlands	6,281.14
3	401-2200573790		UPHLS/Amplifychange (Rwf)	SRH services/Funded by Amplifychange	26,692,266
4	401-2200481939		UPHLS/DRF(Rwf)	Wash for all/Funded by DRF	3,260,283
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)	40,970.28
4	401-220061886		UPHLS/UNICEF/EVD-DM Project	Mainstreaming disability in Ebola emergency response in Rwanda	21,601,622.00
<b>AVAILABLE FUNDS (RWF) AS AT 31/12/2019 AT EQUITY Bank Ltd</b>					<b>167,887,395</b>
<b>TOTAL AVAILABLE FUNDS ON ACCOUNTS (RWF) AS AT 31/12/2019</b>					<b>218,206,566</b>

**N.B:** The balances at accounts differ from the projects funds balances due to the commitments included and differences in exchanges rates

## VI. CHALLENGES

- Limited budget allocation to the inclusion of Persons with disabilities within different development partners
- Delay in the installation of facilities for persons with disabilities at selected health centers;
- Lack of HIV prevalence among PWDs in Rwanda
- Lack of adequate disability disaggregated data collection and reporting mechanisms at health facilities and other partners
- The delay of disbursement of fund which cause not to meet the target as mentioned in the table below.
- During outreach sessions we meet many PWDs who expose the issue related to poverty but we are not able to support them to solve these problems as we don't have any grant of such kind,
- Few cases of PWDs living with HIV who are in extreme poverty,
- Lack of management skills among Cooperatives and lack of Market for their product combined with taxes issues
- Challenges related to LAB Innovation implementation where the target has not been reached
- The USAID HDAK Project has recruitment requirements that have limited a number of YWDs to benefit the program.

## VII. CONCLUSION

We are proud that all activities planned in the year 2019 have been accomplished and it is the fruit of the commitment and hardworking of the project team. We express our gratitude to UPHLS for the enabling environment offered to us. We are sure that we will achieve more in year 2020.

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, Global Fund, LFW, EDC and DRF to include and sponsor 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.

## VIII. LESSON LEARNT, SUCCESS STORIES AND BEST PRACTICES

### Lesson learnt

- 45 medical and administrative staff of Project San Francisco have been trained on disability, and specific needs and disability mainstreaming in health as a result of the project interventions.
- Through the provided trainings, most trained development partners integrated people with disabilities within their interventions like:
  - HingaWeze which provided financial support to the self-help group of people with disabilities,
  - Gikuriro program set disability friendly water cannons in Ngoma district
  - Rwanda NGO forum (Muhanga) could identify people with disabilities and integrate them within their interventions,
  - FVA (Nyamasheke) could adapt the existing beneficiaries identification tool which was used to identify beneficiaries including beneficiaries with disabilities.
- Even though PWDs in general have limitations in accessing information on HIV and SRH, Persons with hearing & speech impairment (deaf), intellectual/ mental and those with visual impairments are still lagging behind due different reasons including education background and the communication barriers,
- Vulnerability to HIV and SRH related issues is increased according to the category of disability and according to the level of education. For the youth with disabilities who are in schools have some basics on SRH than their peers who have not got the chance to go school. Deaf people have limited information on SRH and HIV compared to other categories of disabilities.

### Story

- My name is Vestine Mukayiranga and I am 36 years old. I live in Nyarugenge District with my husband and two children. I am a nurse at Biryogo Health Center and I am also a focal person for UPHLS. I was informed by our health center director that I had been selected to represent people who live with disabilities at our health center and I was going to attend



training that was being provided by UPHLS through the project called Every life matters. I felt happy and also a little curious about what the training was going to be like! It was going to be my first time attending such trainings. During the training I felt like I was in class back in high school. Imagine a 36 year old mother standing in front of people, repeating millions of times how to write her name in sign language. It was really fun! We

laughed and cracked jokes just like a primary school child would do during break time. I wish that UPHLS would plan for more training! We learned a lot including sign language and how to treat and encourage people who live with disabilities. It was really a good experience and was very different from what I was expecting to see the first time I was informed about the training. Having attended three times, now I am practicing what I have been taught! I have shared my skills with my colleagues at our health center, the skills on how we should treat people who live with disability. My colleagues seem to like it! Now we have changed the customer care rule! First come first serve to serve a person with disability first! As a result, more people with disabilities come to us because we treat them differently from other health centers that have not been lucky enough to receive the training. It is a pleasure to change how we treat people with disabilities



*My name is **Gloriose mukanyandwi**. I am 26 years old and I live in Muhanga district with my father and daughter.*

*I live with a disability of having the right leg amputated during cancer surgery. I have learned shoe making for six months through the support of the EmployAble project and I completed the trainings five months ago.*

*Before, I had lost all the hopes of life and people in my village looked down on me due to my disability.*

*You cannot imagine how those six months changed my life! Now people see me as an educated person and do not look down on me anymore. Recently, We have been given start up tools and have started our own shoemaking business.*

*I am happy, business-ready and I believe that very soon I am going to start earning money, support myself, my family and the community.*