Republic of Rwanda
Ministry of Local Government

NATIONAL COUNCIL FOR PERSONS WITH DISABILITIES

# National Survey of Residential Centres for Children with Disabilities in Rwanda

2021

Republic of Rwanda
NATIONAL CHILD DEVELOPMENT AGENCY

hope and homes for children

UKaid
from the British people

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# LIST OF ACRONYMS

| | | |
|---|---|---|
| **DRC** | : | Democratic Republic of Congo |
| **ESSP** | : | Education Sector Strategic Plan |
| **FRW** | : | Rwandan Franc |
| **HHC** | : | Hope and Homes for Children |
| **ICDR** | : | International Centre for Disabilities and Rehabilitation |
| **IDRC** | : | International Development Research Centre |
| **MIGEPROF** | : | Ministry of Gender and Family Promotion |
| **MINALOC** | : | Ministry of Local Government |
| **MINEDUC** | | Ministry of Education |
| **NCC** | : | National Commission for Children |
| **NCDA** | | National Child Development Agency |
| **NCPD** | : | The National Council of Persons with Disabilities |
| **NGOs** | : | Non-governmental Organization |
| **NISR** | : | National Institute of Statistics of Rwanda |
| **RBC** | : | Rwanda Biomedical Centre |
| **SPSS** | : | Statistical Package for the Social Sciences |
| **TWG** | : | The technical working group |
| **UNICEF** | : | United Nations International Children's Emergency Fund |
| **WG** | : | Washington Group |
| **WHO** | : | World Health Organization |

# FOREWORD

This National Survey of Residential Centers for Children with Disabilities has been produced as a result of the partnership between the National Council for Persons with Disabilities (NCPD), the National Child Development Agency (NCDA), and Hope and Homes for Children (HHC) to mainly support the implementation of the National Strategy for Child Care Reform so that all children including children with disabilities can experience family life and achieve their full potential. We acknowledge that a lack of updated, comprehensive, and disaggregated data on children with disability living in residential centers has been one of the challenges when trying to operationally plan, implement, monitor, and evaluate the strategy.

This report not only fills that data gap and informs the implementation of the National Strategy for Childcare Reform but also different national strategies and policies including the Strategic plan for Integrated Child Rights Policy (2019-2024), and Operational Guidance on Inclusive Children's Reintegration. Findings also determine the situation of residential centers in line with the minimum standards for institutions for children, youth, and adults with disabilities and can inform the refinement of the mission of residential centers for children with disabilities. Furthermore, this report will provide policymakers, planners, researchers, and analysts with information to monitor and evaluate progress in implementing programs and policies related to children with disabilities in residential centers.

One of the compelling findings from this survey is that most residents were placed in institutions to have easy access to specialized education and health services. This highlights the need to improve access to/accessibility to an integrated network of quality inclusive mainstream services based in the community including health and education. Family and community-based care for children with disabilities can only be achieved when inclusion is mainstreamed across services provision.

This report showcases the magnitude of the task ahead of us in our endeavor to ensure that the right of every child to be raised in a family is fulfilled. It is the right of every child, including children with disabilities, to be raised in a family environment. This right is enshrined in the United Nations Convention on the Rights of the Child (UNCRC) (ratified by Rwanda on January 24, 1991), the Convention on the Rights of Persons with Disabilities (UNCRPD) (ratified by Rwanda on December 15, 2008)[1] and Rwandan law No 01/2007 of 20/01/2007 (Article 5) on the protection of persons with disabilities in general, which states that *"a disabled person has the right to live in the family in the same conditions as others."*[2]

1. United Nations. (2006). United Nations Convention on the Rights of Persons with Disabilities. Articles 19 and 23. Retrieved from http://www.un.org

2. Republic of Rwanda, Ministry of Justice, Law No -1/2007 of 20/01/2007 relating to protection of disabled persons in general.

The success of this survey was made possible by a number of organizations and individuals. We thank the UK aid from the UK Government for their financial support. We are most grateful to the leadership of the residential centers that care for children with disabilities, staff members, and caregivers who agreed to respond to the research questionnaire. We are thankful to Dr. Epaphrodite Nsabimana (HHC), Emmanuel Murera (NCPD), Marcel Nkurayija (NCPD), Florentine Uwamaliya (NCPD), Ange Marius Uwurukundo (NCDA), Brigitte Hitimana (HHC), and Jacques Mucyuranyana (HHC) to have coordinated this study at all its stages. We also extend a special thanks to the entire team of data collectors for their unique contributions. We would also like to greatly acknowledge the contribution of Prof. Vincent Sezibera and Josias Izabayo, who analysed the data and drafted the study report.

We call for a collective effort of different stakeholders, including Government and Non-Government Organisations, the private sector, international agencies, and other development partners to use this report in informing their decisions and plans, and allocate their resources and efforts to support the implementation of the National Strategy for Child Care Reform, specifically for children with disabilities.

**NDAYISABA Emmanuel**

Executive Secretary
National Council for Persons with Disabilities

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*With gratitude,*

**Innocent Habimfura**
Country Director, Regional Director-ESA
Hope and Homes for Children (HHC)

# EXECUTIVE SUMMARY

## Introduction

This report presents the findings from the National Survey of Residential Centres for Children with Disabilities in Rwanda. The survey aimed at gathering comprehensive and disaggregated data related to residents' characteristics, staff profile, and the minimum standards for the centres. Using a digitalized questionnaire with Kobo Toolbox, data was collected from all centres recognized by NCPD and local authorities as caring for children and youths with disabilities in Rwanda on an overnight basis. The questionnaire comprised three sections: face-to-face interview questions, a document verification checklist, and an observation guide. The assessment reflects the situation of 30 June 2020, so new entries or exits after 30 June 2020 are not captured in this report. Permission to conduct this survey was obtained from the National Institute of Statistics of Rwanda (NISR). During data collection, the research team followed guidelines provided by the Government of Rwanda through the Ministry of Health to control and manage the COVID-19 Global Pandemic.

## Results

### Total number of residents currently living in institutions

The survey found that there are 34 residential centres in Rwanda. The total number of children and young people living or attending services in these centres is 2,040. The proportion of male residents (51.1%) is slightly higher than that of females (48.9%). The Southern Province reported the greatest number of institutions (35.3%) and the largest number of residents (46.3%). Interestingly, Kigali City accommodates the lowest number of residential centres (8.8%) and residents (9.6%).

Regarding the district where institutions are located, 24 of Rwanda's 30 districts have at least one residential centre for children with disabilities. Huye, Musanze, and Ngororero house a third of all institutions, the most significant number of institutions for children with disabilities. With 15.1% of the total number of residents in the centre, Nyanza is the district with the highest number of children with disabilities in residential centres in Rwanda. In Nyanza, all residents attend HVP Gatagara/Nyanza, a well-known boarding centre for persons with disabilities in Rwanda. Huye and Nyarugenge follow with 11.5% and 8.1% of residents, respectively.

### Number of residents by institution, location, and type of institution

Four residential centres were included: residential institutions, boarding centres, boarding schools, and mixed centres (part residential institution and part boarding centre). Most of the included centres (15 out of 34) are boarding centres accommodating the second largest number of residents (39.8%), followed by boarding schools (9 out of 34), in which the most significant number of residents (46.9%) live or attend different services including education. 6 out of 34 centres are residential institutions with 5.6% of the total number of residents, while 4 out of 34 are mixed centres (part residential

institution and part boarding centre). Mixed centres accommodate 156 residents (7.6%).

**Origin of residents in institutions**

Children with disabilities in residential care come from all 30 districts of Rwanda, including those without residential centres. The majority of residents originate from Gasabo District 129 (6.3%), followed by Huye and Musanze Districts which has 108 (5.3%) and 94 (4.6%) respectively. Rubavu, Ngoma, and Rulindo are the districts with the fewest number of children with disabilities being placed into residential care, with 1.2%, 1.5%, and 2.0% children with disabilities in institutions, respectively. The origin of 104 (5.1%) children with disabilities was reported to be unknown. Interestingly, Nyanza District, which accommodates 308 children with disabilities (the largest number of children with disabilities in one district and one boarding centre), is the origin of only 44 (2.6%) of the total number of children with disabilities in residential centres in Rwanda.

**The age profile of residents.**

The age of residents ranges from 1 to 94 years. The average is 15.4 years. Around 70% (1,427) of residents are under the age of 18, the legal age limit to be defined as a "child." The remaining 30% (613) are aged 18 and above. The age groups of 6-12 and 13-17 are highly represented in residential centres in Rwanda, with 708 (34.7%) and 672 (32.9%) of the total residents, respectively. Another important finding is that five children under the age of three were found registered in boarding centres. The minimum standards of institutions in Rwanda strongly recommends that no child under three should be placed in institutions. Another remarkable finding is that most residents aged 30 and above are in residential institutions. This is because 3 out of 6 residential institutions, accommodating 40 out of 115 of this type of institution, include the oldest population of the surveyed residents. Only 10% of those 40 residents are under the age of 18, while 42.5% are above the age of 45.

**Residents' functioning**

Most of the residents have difficulties in communicating and hearing, representing 41.6% and 33.2% of all 2,040 residents in residential centres in Rwanda, respectively. Almost half of all residents have functioning difficulties in more than one domain (1,003 or 49.2%). Of the 329 residents with walking difficulties, 73.5% reside in a boarding centre. Of the 957 children with disabilities residing in boarding schools, 55%, 53.7%, and 24% have difficulties with hearing, communication, and eyesight, respectively. Self-care, controlling their behaviour, concentrating on activities, and remembering things are rare functioning difficulties among residents in boarding schools representing 0.62%, 0.83%, 1.0%, and 2.3% of 957 residents in boarding schools, respectively. Children with hearing and eyesight disabilities are less likely to be placed in residential institutions. Of 115 children with disabilities in residential institutions, 72.1% have difficulties in more than one domain, but only 6.9% and 4.3% have eyesight and hearing difficulties, respectively.

**The leading cause of residents' disabilities**

The majority of residents' disabilities are congenital (1,515 or 74.3%), 131 (6.4%) were due to unintentional injuries, 128 (6.3%) were due to non-communicable chronic diseases, and 30 (1.5%) were caused by infectious diseases. The leading cause of disabilities was reported as unknown for 236 (11.6%) residents.

**Status of residents' parents**

The parents of most residents are still alive. 1,493 (73.2%) have both a mother and father. 1,771 (87%) have a mother and 1,562 (76.8%) have a father.

**Factors leading to residents being placed in institutions**

The majority of residents were placed in an institution to facilitate easy access to specialized education services (1,144 residents or 56.1%) and to have easy access to home care services (473 children or 23.2%), attributing this to a lack of specialized services for children with disabilities at the community level. "Easy access to specialized home care services" (36.5%) and "abandonment" (28.6%) are the main contributing factors leading to the placement of children into residential institutions. As expected, the overwhelming majority of children (88.5% of 957) reside in boarding schools for "easy access to specialized education services." As well, the three main reasons why 812 children with disabilities reside in boarding centres are "easy access to specialized home care services" (39.6%), "easy access to specialized education services" (28.8%); and "easy access to specialized health services/rehabilitation" (18.9%). Female residents are more likely to be placed into a residential centre due to "abuse or neglect." Of 19 children with disabilities placed due to "abuse and neglect," 73.6% are female. Females are also more likely to be placed in a residential centre due to the death of their father or the death of both parents. Of 16 children with disabilities placed due to the death of their mother or the death of both parents, 68.7% are female.

**The person who placed children in the institution**

The largest number of residents enrolled in the institutions were brought by their parents/guardians (1,648 or 80.8%) or relatives (96 or 4.7%). Unrelated community members brought 89 residents (4.4%). Other persons who placed residents in institutions include staff from another institution (3.2%), local authorities (district, sector, cell, NCPD, NCDA, Police - 2.3%), or being recruited/picked up by the institution or self-admission (0.8%). As expected, children with disabilities are more likely to be brought by their parents or guardians to boarding schools (85% of 957) and boarding centres (86.4% of 812) than in residential institutions (21.7% of 115). Another remarkable finding is that females are more likely to be "recruited/picked by the institution/unknown person" than males. Of 33 children with disabilities "recruited/picked by the institution/unknown person," 63.6% are female. Even though children with disabilities should be admitted into residential institutions by a competent local authority, this is only the case for 15% of these children.

**Residents' length of stay in institutions**

Approximately half of residents (49.5% of 2,040) have spent between 0 and 3 years in residential centres in Rwanda. Almost one-third of all residents have spent six years or more in institutions (31%, or 633), whereas 329 (16.1%) have spent 4 to 5 years. Of 115 residents in residential institutions, the most frequent length of stay is "more than 15 years" (22.6%), followed by "between 11 and 15 years" (21.7%) and "6-10 years" (21.7%).

Around 87.8% of school-aged residents (6-12 years old or 693) have spent up to 5 years in institutions in Rwanda. Of 574 children with disabilities who are aged 18 and above, 203 (35.3%) have spent less than four years in an institution so were admitted when they were at least 15 years

old. Of 739 children with disabilities under the age of 12, 654 (88.4%) have spent at least five years in institutions.

**Contact with family members**

In residential institutions, 29% of 115 children have no contact with any family member, unrelated adult, close relative, or parents/legal guardian. 27.8% have contact with their parents/legal guardian and 13.9% with close relatives, while 28.6% are in contact with an unrelated adult outside the institution. Females are much more in contact with close relatives than males in residential institutions. This pattern tends to be repeated across other types of institutions because, out of 119 children with disabilities in contact with close relatives, 62.1% are female residents. As expected, most of the children with disabilities in boarding schools and boarding centres are in contact with their parents/legal guardians (90% of 957 and 87.8% of 812 respectively). However, 1.3% of 957 residents in boarding schools and 3.9% of 812 residents in boarding centres have no contact with anyone outside the institution. This suggests that they live there all the time alike residents in residential institutions.

**Residents' education status**

Regarding the education level of residents, half of the residents currently living in institutions have a primary level of education (1,017 or 50.15%), 374 (18.4%) have at least a secondary level of education, 206 (10.1%) attended preschool, nursery, or ECD, whereas 154 (7.7%) have vocational training and 255 residents (12.5%) did not go to school or have a formal education. In residential institutions, 80.8% of 115 residents did not go to school or have a formal education. Most children with disabilities in boarding schools and boarding centres have a primary level of education (60.7% of 957 and 47.7% of 812 respectively). In 2015, the Government of Rwanda banned boarding for primary schools to emphasize the principle of a child being raised in families and with their parents. However, boarding schooling for pupils would be allowed by the Ministry of Education under notable exceptions such as children living with disabilities. This was in line with the policy of closing orphanages since some people wanted to change the status of orphanages into boarding primary schools.

Around half of the residents who don't have an education or who didn't go to school are aged between 6 and 17 years. While in Rwanda the typical age of children attending primary school ranges between 6 and 12 years, 54.2% of children with disabilities in residential centres in Rwanda who attend primary school are over the age of 13. Similarly, 27.6% of 206 residents in preschool/nursery/ECD are older than 13, while the typical preschool-age in Rwanda is between 3 and 6.

Of the 255 residents who did not go to school or who have no education, 125 (49%) of them reported that they are unable to learn like others, whereas 66 (25.9%) reported there is no known school with program/facility/trained personnel to address their special educational needs. Most of those who cannot learn like others are in residential institutions (46.4% of 125).

**Place where residents obtain an education**

The vast majority of residents (73.1%) obtain an education inside the institution. As can be expected, 98.6% of children with disabilities in boarding schools obtain an education inside the institution. Unexpectedly, 1.3% of children with disabilities in boarding schools receive

an education outside the institution or do not attend any formal education, which suggests that these children reside in boarding schools for a purpose other than education. In boarding centres, 35.2% of residents obtain an education inside the centre while 24.7% receive it outside the centre.

**The person who pays most of the residents' schooling costs**
According to the data, for 544 residents (26.7%), their schooling costs are paid by foreign institutional/individual donors, for 428 (21%) it is paid by Rwandan individual/ private institutional donors, whereas for 400 (19.6%) it is paid by parents/ guardians.

**Health status of residents**
More than half of the residents currently living in institutions were assessed by a physician/general practitioner/specialist medical doctor (1,125 or 55.1%), whereas 361 (17.7%) were evaluated by unlicensed institution staff trained to complement professional services and 369 (18.%) were not assessed.

As a result of the assessment, it was reported that 359 (17.6%) have skeletal or muscular disfunction, 388 (19%) have sensory difficulties/disorders, 206 (10.1%) have a neurological and developmental disease, 197 (9.7%) have specific or general learning disorders/difficulties, and only 29 (1.4%) are reported to be without any significant health problem. Most of the residents' health costs are paid for by their parents/ guardians (439 or 21.5%) and funds from the institution (432 or 21.2%). Only 11 (0.5%) residents reported that they have nobody to pay for their health costs.

**Residents requiring and currently using supportive devices**
Only 35 (1.7%) residents do not need any assistive devices. The majority of residents are currently using wheelchairs 1,246 (61.7%).

**Residents' reintegration plan**
59% of residents were reported as not having a reintegration plan to return to their families. More than half of residents with reintegration plans are from boarding schools. Among the 1,205 residents who were reported as having no reintegration plan, 555 (46%) said that they are still studying, 166 (13.7%) reported that they are still attending a rehabilitation/health service, whereas 81 (6.7%) reported that their families are unknown.

## Staff characteristics

**Number, sex, and age**.
This survey found 609 staff members working in 34 institutions in Rwanda, among which 355 (58.3%) are female and 254 (41.7%) are male. Over half of staff (50.4%) are teachers while 20.5% are carers. Carers are defined as staff working directly with children, including "housemother/father/caregiver," "nurse," "nutritionist," "therapist," and "social worker." Considering there are 2,040 children with disabilities in residential centres and 125 carers, the overall carer-to-child ratio in residential centres in Rwanda is 1:16.
Staff members are aged between 16 and 78 years of age. Most of them (87.5%) are aged between 21 and 50 years, whereas 62 (10.2%) are aged over 50. Although all staff in institutions should be over 21 years of age according to the minimum standards, 2.3% are under the age of 21.

**Levels of Education**
Regarding the education level of staff members, the survey found the majority of staff members to have a secondary level education (280 or 46%), whereas 150 (24.6%) have university level and 127 (20.9%) have a primary level of education. 33 staff members (6%) have vocational and continuous professional development certification, while 17 (2.8%) have no formal education. Educators and institution managers are mostly the ones to have the highest level of education. Of the 150 staff with a university level of education, 62.6% are educators while 17.3% are institution managers/directors.

**Length of time working in an institution**
The results show that 41.5% of staff members have spent three years or less working in the institutions by time of survey. This is consistent throughout all types of institutions. Only 5.7% have worked for more than 15 years in institutions.
Social workers, therapists, security guards, and caregivers are the categories of staff who spend the least amount of time serving in residential centres, with 87.5%, 72.7%, 52.6%, 52.1% of them serving three years or less respectively. Half of the nutritionists and nurses also spend three years or less. Managers/directors, teachers, cleaners, and accountants spend a relatively long time in their job; 71.4%, 67.1%, 55.8%, 55.5% of them having served more than three years respectively.

**Paid staff and unpaid volunteers**
526 out of 609 assessed staff members (86.4%) are paid, whereas 75 (12.3%) are unpaid volunteers. Most of the reported unpaid staff members include house mothers/fathers/caregivers, educators, and manager/directors.

**Number of staff by function and type of institution**
609 staff members are currently working in 34 residential centres in Rwanda. Over half of the staff (50.4%) are teachers while 20.5% are carers. Carers are defined as staff working directly with children. In this survey "housemother/father/caregiver," "nurse," "nutritionist," "therapist," and "social workers" were included in this category of carers. Compared to males, female "teachers" and female "carers" form the overwhelming majority with 60.2% and 76% respectively. In residential institutions, the number of female staff is almost three times that of male staff, and nearly all carers are female. Similarly, in mixed centres, the number of females is twice that of males. Considering there are 2,040 children with disabilities in residential centres and 125 carers, the overall carer-to-child ratio in residential centres in Rwanda is 1:16. This ratio varies depending on the type of institution; 1:29 in boarding schools, followed by mixed centres (1:17) and boarding centres (1:15). Residential institutions reported the lowest carer-to-children ratio of 1:4 children.

## Institutions

**Registration status of institutions**
19 out of 34 institutions in Rwanda are registered with RGB (55.9%). This is primarily the case for boarding centres and mixed centres where 10 out of 15 and 4 out of 4 are registered with RGB. 7 out of 9 boarding schools are registered with MINEDUC. While they are supposed to be registered with MINEDUC, two boarding schools are registered with RGB. One residential institution and one boarding centre are not registered at all. While the minimum standards suggest that every residential institution should be registered

with NCPD, only four institutions, including two residential and two boarding centres, are registered with NCPD.

**Ownership of institution buildings**
Half of the institutions reported that their buildings are owned by the founders, while almost another half said that the buildings are the property of the institution. One institution reported the buildings to be rented.

**Children who left the institution because of Covid-19**
This report shows that 1,585 (77.6%) of residents with a disability registered in Rwanda left the institution because of the Covid-19 pandemic. Of these children with disabilities, almost all returned to their family (99.1%) or extended family (0.63%). Boarding centres returned the largest proportion of their residents (87.3%), followed by boarding centres (76.8%). Only one child with disabilities was returned to their family from a residential institution during the pandemic.

**Institutions' budget and sources of funding**
30 out of 34 institutions disclosed their budget information for activities and salaries (1,066,052,431 RWF during 2019). The lowest budget was 4,000,000 RWF while the highest was 174,920,224 RWF. The average budget was 35,535,081.03 RWF (standard deviation = 37,424,850) while the median was 24,665,250 RWF. The most frequently reported total budget was 28,000,000RWF, which was reported by three institutions. The five residential institutions that disclosed their budget accommodate 102 residents. They used a total budget of 79,000,000 RWF which equates to 2,151 RWF per child per day. The minimum budget in a residential institution was 10,000,000 RWF, while the maximum was 28,000,000 RWF. 12 boarding centres accommodating a total of 764 children with disabilities reported that they used 409,341,015 RWF during 2019, which is approximately 1,488 RWF per child per day. 9 boarding schools with 915 children with disabilities reported a total budget of 478,639,851 RWF, equating to 1,389 RWF spent on each child per day. The minimum budget in boarding schools was 24,000,000 RWF, while the maximum was 140,000,000 RWF. The 4 mixed residential and boarding centres used 99,071,565 RWF to care for 156 children during 2019, which equated to 1,764 RWF per child per day.

27 out of 30 institutions that disclosed their financial situation received funding from government or local authority agencies in 2019, whereas 55.9% collected it from institutions'/founders' fees. Other sources of funding include donations from parents/guardians, contributions from local churches/mosque or Rwandan individual/private institutional donors, and others.

**Community outreach programs**
Advocacy for the rights of disabled children is the most popular community outreach program run by 60% of institutions that disclosed this information. Education including specialized education and "other education support") come second (60%), followed by activities related to health. Institutions revealed that they provide health insurance (30%), physiotherapy (30%), assistive devices (26.7%) and orthopedy services (10%) in their catchment area. Other programs include farming activities, income generating activities for vulnerable families, and direct financial support to vulnerable families. 10% of institutions provide nutrition support to community members in need.

**Standards for professional care**

The standard is that each institution should have an accessible statement of its aims and objectives, indicating why it was formed and what it wants to achieve. Results presented in Figure 2 show that five residential centres in Rwanda did not meet this standard while 29 met it. 4 out of 5 centres that did not meet the standard are boarding centres. All boarding schools and residential institutions met the standard so responded "yes" to the question asking them whether they do or do not have a written, accessible statement of their aims and objectives.

Regarding the protection policy, the standard was that the institution has an accessible protection policy that all staff sign, including volunteers, that reflects current Rwandan law and protection practices for vulnerable populations (i.e., children and adults with disabilities), and transparent procedures of how to apply the policy in practice. Figure 2 shows that 12 institutions did not have all copies where all staff and volunteers have signed the protection policy, while 22 met this standard. 5 out of 6 residential centres met this standard, while 3 out of 4 mixed centres did not. Half of the boarding centres and half of the boarding schools met this standard, while the remaining half did not.

For the referral system, the standard stipulates that a clear referral, admission, and exit strategy would be in place that upholds the rights and best interests of the individual and prioritizes family-based alternative care options. This process should be led by the district social worker or psychologist or other relevant social welfare authorities. As shown in Figure 2, no institution in Rwanda was found to fully meet this standard, but they all partly meet it. To fully meet the standard, each child in the institution has to have their placement reviewed regularly; to have records of an individualized assessment conducted before the child's admission/ registration in the institution. The institution also has to have a documented policy, procedures, and guidelines for the child's application, admission, and registration or deregistration. No child under the age of three should be living in an institution. For the care plans, the standard is that each child in the institution must have a detailed care plan that is reviewed and updated at least every six months to reflect the changing needs of the child over time. Figure 2 shows that 9 out of 34 institutions in Rwanda failed to fully meet this standard. Two fully met this standard, while 23 partly met this standard. 4 out of 6 residential institutions did not meet this standard, while the remaining two residential institutions met it. The vast majority of boarding centres (13 out of 15) and boarding schools (6 out of 9) partly met the standard, while 2 out of 15 and 3 out of 9 did not meet the standard for boarding centres and boarding schools respectively. All mixed schools partly met the standard. In most cases, children had a care plan that has been developed based on their individual needs, but the care plans had not been reviewed and updated by a multi-disciplinary team.

Regarding rehabilitation, the standard is that there should be a system in place for rehabilitation and habilitation. Figure 2 shows that 19 out of 34 institutions in Rwanda did not meet this standard while 15 met it. Many institutions that did not meet this standard were reported from mixed centres (3 out of 4) and residential institutions (4 out of 6).

**Standards for staff**

For recruitment and selection, the standard stipulates that procedures should be documented and effectively identify high-quality staff to protect children and minimize turnover. Figure 4 shows that all 34 institutions partly met this standard. One indicator that most institutions met was to have at least two staff members on duty at night, taking it in turns to be awake and regularly check on the children. However, many institutions failed to have the minimum staff required for an institution, including a manager, two social workers, nurse, cook, security guard, cleaner, house mother/father, accounts officer, administrative assistant/officer, and nutritionist. Also, many staff in institutions were found to be under the age of 21, while the standard indicator recommends that all staff in institutions be over 21 years of age.

Regarding reporting and supervision, the standard is that there should be a formal reporting process, and staff receive regular supervision and feedback from management and support from local authorities. 7 out of 34 institutions did not meet this standard, while 27 met it (Figure 4). All boarding schools and 5 out of 6 residential centres met this standard. Boarding centres and mixed centres represented the largest number of institutions that did not meet this standard.

The standard related to professional development and training stipulates that staff receive regular training to support the children's individual needs. The survey found that in almost all institutions (33 out of 34), managers conduct formal or informal performance reviews each year, and staff receive regular supervision and feedback from management and support from local authorities.

**Standards for resources**

The minimum standards specify that the location and design of the institution should be accessible and appropriate for its purpose. Figure 5 shows that only 7 institutions met the standard, and the remaining 27 institutions partly met it. The evidence shows that many institutions have tried to meet many of the indicators of this standard even if they didn't fully meet it. For example, most institutions reported that they are safe and secure and that their institution is located in an area that is not too isolated to promote community integration, where possible.

The standards for resources also state that institutions should provide a reasonable standard of living in terms of accommodation for children. Figure 5 shows that only 6 out of 34 institutions met the standard while 28 partly met it. Half of the institutions that met the standard are boarding schools, while the other half are residential institutions and boarding centres.

**Standards for administration**

According to standards related to registration and governance, an institution has to be registered with authorities and have a documented governance structure which outlines positions, responsibilities, and lines of authority. Figure 5 shows that 18 out of 34 partly met this standard, 12 met it but 4 (two boarding centres, one residential institution, and one mixed centre) did not meet it at all.

When reporting incidents, the standard is that the operator or staff at the institution must report any incident (including injury, death, suspected abuse, missing person) to the relevant authorities, the child's family (if known), and the child's case manager within 24 hours of the incident.

The data collected suggests that 18 out of 34 institutions did not meet this standard. Only two of these institutions met the standard, while the remaining 14 partly meet the standard. Many institutions do not have a clear or documented process for reporting incidents that happen to children living in the institution, including what needs to be reported and to whom.

Another standard in administration is that records relating to the administration of the institution should be available and maintained and that there should be a file for each child. Only one institution, a boarding centre, managed to meet this standard. Seven institutions, including six boarding centres and one residential institution, didn't meet this standard at all. All boarding schools and mixed centres partly met this standard. Many institutions managed to meet indicators like having an up-to-date personal file for each child, yet failed to update it, or the file did not contain the minimum required information. Additionally, institutions were unable to meet the indicator of having a budget line allocated to reintegration activities.

The standard around confidentiality is that there should be a clear policy on privacy that is understood and adhered to by staff. As shown in Figure 5, 9 out of 34 institutions did not meet this standard while 15 met it. Boarding schools and mixed centres are the types of institutions with the highest proportion of institutions that did not meet the standard. The evidence shows that most institutions managed to meet the indicator related to the security of files and records for staff and children but on the other hand, "having a documented policy on confidentiality" in most institutions was not met.

## Conclusion and recommendations

- In 2012, the Government of Rwanda adopted the childcare reform and deinstitutionalization strategy. According to internal data from Hope and Homes for Children Rwanda, by 2020, more than 87% of residents residing in institutions for children, mostly without disabilities, have been reintegrated into their families or alternative family or community-based care services. Despite this significant progress, this survey found that 2,040 children with disabilities are still suffering from institutionalization in 34 institutions for children with disabilities in Rwanda. Children with disabilities are often the last to be deinstitutionalized in many countries. However, "experience shows that, with appropriate support, children with disabilities can fully enjoy their rights to family life." The Government and development partners should develop efforts to ensure all children with disabilities currently in institutions are appropriately transitioned into their families or alternative family or community-based care services.

- Deinstitutionalization of all children with disabilities in residential institutions should continue. By the time of writing this report, three pilot projects were being undertaken by Hope and Homes for Children and UNICEF in collaboration with the Government of Rwanda following the National Child Care Reform Strategy. The projects include reintegrating all residents into family or community-based care and transforming the facilities into inclusive community daycare, educational, or health care services.

- The majority of residents were placed in the institution to have easy access to specialized education and health services. This suggests a lack of sufficient and adequate specialized services for children with disabilities at the community level. Developing or improving access to/accessibility of an integrated network of quality mainstream services based in the community (e.g., health, education, community hubs, ECD centres, etc.) is recommended.

- To ensure better access to the needed specialized health care services for children with disabilities, it is necessary to strengthen the healthcare system to enhance complete equal access to affordable, accessible, sustainable, and high-quality healthcare.

- Children with disabilities come from all over the country to be institutionalized for a long period of time in a limited number of centralized specialized facilities, like HVP-Gatagara, to receive specialized health care services. Decentralize the most needed healthcare rehabilitative services for children with disabilities like physical therapy and orthopedy to all health centres and possibly to the health post.

- Apart from accessibility, affordability of specialized health care services is another reason children with disabilities are sent to institutions in Rwanda. Relevant authorities should make it possible for Community Based Health Insurance (Mutuelle de Santé) to cover all drugs, medical services, and supportive devices for children with disabilities provided at the health post or health centre.

- The majority of children with disabilities in residential centres in Rwanda are residing in boarding schools. In 2015, the Government of Rwanda banned boarding for primary schools to emphasize the principle of a child being raised in families and with their parents. However, as an exception, boarding schools for children living with disabilities is allowed by the Ministry of Education. It is the right of every child, including children with disabilities, to be raised in a family environment. Some people might want to change the status of other types of residential centres into boarding primary schools. The Government should ensure that children with disabilities are equally considered and guaranteed the same opportunity, by banning primary boarding schools for children with disabilities.

- Efforts should be made to reduce the reliance on specialized schools for children with disabilities. For that, education authorities, together with partners in the education sector, should strengthen the capacity of existing primary and secondary schools in terms of skilled human resources, training on education inclusiveness, and infrastructure development to accommodate special needs of children with disabilities.

- It has been demonstrated that institutional care is far more expensive than family or community-based care services. Findings from this survey are no exception. Yet, many assessed institutions receive funding from the Government of Rwanda. The GoR and development partners should allocate or increase budgetary allocations to the relevant agencies to facilitate the reintegration of children with disabilities

into their family, alternative family, or community-based-care services from residential centres. Much effort is still required to encourage donor agencies to reallocate their funding from institutional care towards the development and support of alternative family and community-based care services.

- This survey found that many children with disabilities have been reintegrated due to the Covid-19 pandemic. It is therefore recommended to conduct a specifically informed follow-up for better support whenever it is needed. Strengthen avenues through which families with reintegrated children with disabilities can access services that facilitate integration into community life. Children with disabilities who have been reintegrated should have monitoring support to ensure that families can cope and children with disabilities are not subjected to abuse.

- The survey found that most staff members have been trained to care for children with disabilities, mainly in residential care settings. It is recommended to re-train institutional care staff to develop the much-needed skills to work in the new family and community-based services to perform their social roles. To adequately perform the deinstitutionalization of children with disabilities, a workforce should be developed and enhanced. The workforce should include direct informal carers, care professionals, and related social services at national and subnational levels. In terms of training, the following topics should be emphasized: conducting child and family assessments, case management systems, follow-up monitoring after reintegration, forms of alternative care, training of trainers, special care for children with disabilities.

- All assessed residential centres have functional outreach community-based services. Residential centres in Rwanda should be supported to redefine or refine their missions to sustainably provide community-based services, including rehabilitation, health, education, socio-economic empowerment, etc. solely to their catchment areas.

- While the definition of what "boarding schools" and "residential institutions" are in Rwanda can be found in different policy and program instruments, the definition of a "boarding centre" is lacking. The absence of a clear definition implies that their missions need to be clarified to ensure the quality of care provided to children with disabilities reaches an expected minimum standard. Rather they should, for example, be supported to provide community-based daycare or inclusive education services.

- Empower at-risk families with children with disabilities to develop their capacity to be able to meet the needs of children with disabilities. One way of doing this is to support at-risk families with children with disabilities to undertake income-generating activities so they can generate a sustainable flow of income and meet the needs of their children with disabilities. The support might include professional and entrepreneurship training courses, microfinance schemes, and mentoring, creating an enabling environment for digital work, designing and rolling out employment policies, developing

business incubators and investment support for self-employment, micro-enterprises, and business creation.

- While the current minimum standards suggests that every residential institution in Rwanda should be registered with NCPD, only 4 institutions out of 34 assessed institutions are registered with NCPD. Centres are currently registered with a wide range of agencies, including the Ministry (e.g., MINEDUC, MOH, NCDA, NCPD) or another authority (e.g., district, RGB, REB). It is important to clarify which local authorities an institution will register with, who will be responsible for conducting inspections and monitoring compliance, and what the implications are for non-compliance.

- All institutions, whether publicly or privately run, should be registered, licensed, monitored, and standards enforced through regular, independent inspections by the relevant government authority.

- No institution in Rwanda was found to be fully meeting the standard of having a clear referral, admission, and exit strategy in place, meaning that the child's admission was performed without appropriate prior individualized assessment by competent authorities, and the placement has never been reassessed. All institutions in Rwanda should be supported to develop and implement this strategy. This would involve re-assessment of all institutionalized children to assess the necessity and suitability of their placement and whether the arrangement upholds the rights and best interests of the individual.

- Most institutions do not have a clear admission and exit strategy. Policies and strategies related to the childcare reform of children with disabilities should be amended to address terms and conditions for residents leaving care.

- Within the context of Rwanda's childcare reform and deinstitutionalization strategy, institutions that continue to operate while waiting for complete transformation should abide by minimum standards to ensure the quality of care for children living within those institutions. Efforts should be made to ensure institution managers, staff, local authorities, and all relevant authorities and partners are aware and properly trained to implement and monitor the standards.

- Scheduled and unannounced inspections and monitoring visits should be conducted for all residential centres in Rwanda to monitor and deeply assess compliance of minimum standards. Non-compliance should be followed by measures including, where possible, improvement of services and capacity building.

- The Government and development partners should organize awareness-raising campaigns and programs to promote greater social awareness towards children with disabilities in institutions, to inform the general public of their different needs and abilities in society, to dispel myths and superstitions, and to affirm their rights and dignity as human beings.

# 1. INTRODUCTION

## 1.1 Background of the survey

Persons with disabilities in the world are estimated to be 15% of the global population, with up to 150 million children and youths with disabilities according to the World Health Organization (WHO) and World Bank[1]. It is difficult to determine the precise number of persons with disabilities in Rwanda. The National Census (2012) estimated that 446,000 of 10.5 million people live with cognitive, physical, and sensory disabilities. Disability prevalence rates for individuals aged five and above are estimated to be 5.2% for males and 4.8% for females and those aged 5-18 are approximately 87,900. Little is known on prevalence rates for those under the age of five and the degree of disability. In recent years, the government has been working closely with several service providers and advocacy organizations to better estimate the population of adults and children with disabilities living in families/communities or care and treatment facilities.

Care and treatment facilities, often referred to as residential institutions, for children including children with disabilities, have been in place since the late 1950s in Rwanda. The range of services provided has increased dramatically over the years. Today, institutions assist children and families through various health, education, psychosocial, and social protection programs. While it is believed that the vast majority of children and young people with disabilities (estimated to be at least 90%) live in family and community settings, the number of children left behind in institutions is often unavailable and unreliable.

Children and youths with disabilities, including those living in residential care centres, should enjoy their rights and fundamental freedoms on the same level as other children[2]. This is possible if their living conditions are known and well documented to inform relevant decision-makers and parties in charge to take care of them.

In 2012, the Ministry of Gender and Family Promotion (MIGEPROF), in partnership with Hope and Homes for Children (HHC), carried out a National Survey of Institutions for Children in Rwanda that surveyed children living in institutional care[3]. The survey covered 33 orphanages registered with MIGEPROF at the time of the study. Among the 3,323 children and youths who resided in those institutions, the survey found 144 to have disabilities.

Apart from that survey, little is known about children currently residing in Rwanda's residential centres for children with disabilities. Most of the handful of reports available to the public tend to be small-scale assessment exercises, general in nature, and tend to provide qualitative information. Exceptionally, an assessment conducted in 2016 is one of the few available studies that contributed to the knowledge of service provision for children with disabilities in Rwanda. It revealed 49 centres (15 residential institutions, 20 mixed facilities with both residential and day

users, and 14-day care) providing care to 4,349 children and youths with disabilities. The report also highlighted that most of these residential centres were founded in 2000, and most are operated either by NGOs, church-based organizations or parents' groups.

Even though the assessment attempted to portray the situation of children with disabilities living in residential centres, it mainly emphasized the profile of the centres (which are either daycare or residential/institutional, or both), their infrastructure, and the general services available in the centres.

Almost a third of institutions that participated in the study were unable to provide accurate documentation. Data was collected and analysed for 49 of the 59 residential centres listed by the NCPD. The report does not share disaggregated data such as the number of children by crucial characteristics such as gender and age range. Details to inform effective and appropriate strategic planning, such as reasons for placement, place of origin, contact with families, age at institutionalization, length of stay within the institution, rate of new admissions and exits, services provided, and their capacities, are not reported. In addition, the report reflected the 2015 situation and recommended maintaining an updated, detailed, accurate, and comprehensive database of children with disabilities in residential centres in Rwanda.

The lack of regularly collected and analysed data on the number or circumstances of children with disabilities being cared for outside their original families in Rwanda is challenging. It makes it difficult for the Ministries in charge and other relevant stakeholders to plan effectively, monitor the situation, and measure the quality of services provided in residential institutions. Experience shows that contextual and programmatically accurate and updated data is essential to inform a successful childcare reform strategy. Without adequate data, it is almost impossible to assess progress in preventing separation, promoting family reunification, and ensuring the provision of appropriate alternative care for children who have lost adequate parental care. The UN Convention on the Rights of Persons with Disabilities encourages states to collect relevant information, including statistical and research data, to formulate and implement policies to affect the Convention (art. 31). The limits of the data available and the importance of improving statistical information on disability to develop internationally comparable indicators for policy purposes have also been stressed by the UN General Assembly 2011 in a special section on "Status of the Convention on Rights of the Child" and in the World Disability Report 2011 (WHO, 2011).

Therefore, a crucial measure to address the shortcomings above is needed to acquire data that reflects the current picture of children with disabilities residing in residential institutions and the state of residential institutions that provide institutional care and rehabilitation services in Rwanda. This research will generate essential evidence to inform advocacy and social mobilization on issues affecting children with disabilities and their families and improve strategies, policies, and programs for children with disabilities in institutional care and children with disabilities living in their communities in Rwanda. Findings also have the

potential to inform the implementation of different national strategies and policies. These include the National Strategy for Childcare Reform, Strategic plan for Integrated Child Rights Policy (2019-2024), and Operational Guidance on Inclusive Children's Reintegration. Findings will also determine the situation of residential centres in line with the minimum standards, and help residential centres refine their mission. Furthermore, findings can be used as a baseline against which relevant stakeholders can evaluate future progress. The tools and database created for the assessment will be used by relevant authorities to collect and aggregate data in the future, to maintain an accurate and up-to-date picture of the situation and assess changes against the baseline.

## 1.2 Objectives of the survey

This survey aims to gather comprehensive disaggregated data and create a database containing all residential centres catering for children with disabilities in Rwanda.

Specifically, the scope of work focuses on two main areas:

- **Children**. Counting the number of children being cared for, disaggregated by critical characteristics. Characteristics include identity, family relations, health, and education status.
- **Institutions.** Mapping out institutions:
  - (a) facilities (location, history and stated purpose, physical infrastructure, equipment, occupancy/capacity, rate of new admissions and exits from the system);
  - (b) provision of services within residential centres (health, education, psychosocial);
  - (c) human resources (number of staff and other caregivers, structures/role, skills, experience, and training);
  - (d) good practices (data recording practices, outreach community program, exit strategy, care leaving support service) and
  - (e) financial profile (budget, sources of funding, income and assets), registration status. Institutions have also been evaluated in line with the minimum standards for residential institutions in Rwanda.

The secondary objectives are:

(1) to develop a replicable assessment protocol including tools for proper in-depth assessment of residential centres for children with disabilities in Rwanda; and

(2) to create an engagement framework/strategy necessary to support the usage of the findings from the present in-depth assessment.

Apart from the primary and specific objectives indicated above, this survey also developed a replicable assessment protocol including tools for proper in-depth assessment of residential centres for children with disabilities in Rwanda; and an engagement framework/strategy necessary to support the usage of the findings from the present survey. The strategy is available in a separate document.

## 1.3 Terminology

**Children:** The term "child" is understood as any human being under the age of 18. Any resident over this age was still included in the study population. We recognize that

individuals have grown up in that setting as children and are now youths or adults. This report refers to the children, youths, and adults with disabilities living in these institutions as '*children*' or the '*child*.'

**Disability:** "long-term physical, mental, intellectual or sensory impairment which, in interaction with various barriers, may hinder a person's full and effective participation in society on an equal basis with others."[4] Breaking away from the past which medicalized disability and placed disability within the person and characterized it by impairments or deficits in bodily functions, disability is now conceptualized by the World Health Organization's International Classification of Functioning, Disability and Health (ICF) as a dynamic, complex process that must be understood and 'unravelled' to create a measurement tool that can have international relevance and produce cross-nationally comparable data[5]. The ICF presents a bio-psychosocial model that locates disability as the interaction between a person's capabilities (limitation in functioning) and environmental barriers (physical, social, cultural, or legislative) that may limit their participation in society.

**Daycare for children or adults with special needs:** These are centres where children or adults who require special services for physical, psychosocial development, or learning difficulties can attend during the day but live in their home each day and on the weekends. Daycare can include "day activation, special high support, and special intensive day services for adults and developmental daycare for children."[6]

**Institutional care:** "Residential care settings where children [or adults with disabilities who are unable to live independently] are looked after due to the temporary or permanent inability or unwillingness of their parents to provide care, in any public or private facility with a capacity of more than 10, staffed by salaried carers or volunteers working pre-determined hours/shifts, and based on collective living arrangements".[7]

**Residential care:** "A group living arrangement in a specially designed or designated facility where salaried staff or volunteers ensure care [...] for children [or adults with disabilities who are unable to live independently] who cannot be looked after by their family due to the latter's inability or unwillingness to do so."[8]

**Residential centres:** In this survey, residential centres are facilities where children or adults can stay overnight, attend special services including rehabilitation, specialized/inclusive education, or simply accommodation services. Residential centres are categorized into the following four categories depending on available care options or services in the centre:

(1) **Residential institutions** are defined as institutions where children permanently live without any planned holidays to families. The primary mission of the residential institution is to provide alternative care for children without adequate parental care.

(2) **Boarding centres** are facilities where children stay overnight Monday to Friday and spend the weekends or quarterly holidays with their families. Boarding centres usually accommodate children to receive a particular service like rehabilitation services or inclusive/

specialized education located nearby the centre.

(3) **Boarding schools** are learning institutions registered by the Ministry of Education. Residents are accommodated during the study period and spend the holidays with their families. Boarding schools include specialized and inclusive schools.

(4) **Mixed centres** are a combination of two or more types of institution, as mentioned above. In this survey, mixed centres are both boarding centres and residential institutions.

**Staff:** "Individuals who work in the daycare setting, whether paid or voluntary, full-time or part-time, casual, relief, agency or contract."[9]. They are "*persons* [including volunteers] *charged with attending to the [physical], health, nutrition, emotional, social, language and intellectual development needs of a child* [or adult with disabilities] *including parents, children and other persons accorded with such duties*." [10]

**Standards:** Set of expectations (conditions) which, when implemented, monitored, and enforced, can support the delivery of high-quality care and respects the rights and needs of those within that care setting.[11] In Rwanda, minimum standards and corresponding assessment tools were developed for three types of centres providing care for persons with disabilities, including community-based family-like homes, day centres, and institutions. Each set of standards is organized into five categories:

(1) professional care,

(2) personal care,

(3) caregivers,

(4) resources, and

(5) administration.

Each standard includes the standard which describes the conditions that need to be met when providing care or services; the rationale for each standard based on Rwandan law, UNCRC, UNCRPD, and good practice experience; and indicators to use when assessing the extent to which the standard is being met or not. While the focus of the standards is centres that provide care for children with disabilities, these standards also consider the needs of adults with disabilities who live in or receive care from these centres. Standards for professional care include aims and objectives, protection policy, referral, admission and exit strategies, care plans and rehabilitation, habilitation, and aftercare. Standards for personal care include nutrition; health care; play, recreational activities and community participation; privacy; support in sharing opinions and making an informed choice; dignity and respect; relationships and attachment; sense of identity; methods of care, control, and the use of sanctions; and access to education. Standards for staff include recruitment and selection; supervision and support; professional development; and training. Standards for resources include location and design; and accommodation. Standards for administration include registration and governance; reporting incidents; records; and confidentiality. A summary of the standards is in Annex 1.

# 2. METHODOLOGY

## 2.1 Survey Population

Data was collected on all residential centres offering institutional or residential care for children with disabilities requiring alternative care, all children living/residing permanently or cared for on an overnight basis in identified residential centres in Rwanda, and all staff working in those centres. The assessment reflected the situation by 30 June 2020. New entries and exits after 30 June 2020 were not incorporated in the report. The entry and exit flow in the institutional care system was considered between 2015 and 2019. The inclusion and exclusion criteria were based on the definition of "institutional care," "person with a disability," and "children" from the "Minimum Standards and Indicators For Institutions For Children, Youth And Adults With Disabilities" in Rwanda [12].

**Inclusion criteria**

- The centre looks after residents based on collective living arrangements
- The centre has more than ten residents
- The centre looks after residents on an overnight basis, aka "residents live in the centre."
- The centre is staffed by salaried carers or volunteers working pre-determined hours/shifts
- The centre looks after residents who have long-term physical, mental, intellectual or sensory impairments
- The centre looks after children (individuals aged under 18) and children who have grown up in that setting and are now youths or adults
- The centre is for adults with disabilities but has one or more child(ren) resident

**Exclusion criteria**

The centre solely provides daycare services.

## 2.2 Tools

An electronic version of a quantitative questionnaire was developed to capture the characteristics of all residents and the institution itself to collect data. The questionnaire was comprised of three sections:

(1) profile of the institution,

(2) characteristics of residents, and

(3) profile of children.

The questionnaire was translated into Kinyarwanda. The translation used the forward and backwards translation method. Consensus between the research team members and an independent bilingual translator was sought to get the final version of the Kinyarwanda questionnaire.

Relevant indicators with meaningful importance to the objectives of this assessment were included in the questionnaire. The questionnaire considered the minimum standards and indicators for residential centres for children, youths, and adults with

disabilities in Rwanda. A set of relevant questions assessed each standard. Functional difficulties in different domains including hearing, vision, communication/ comprehension, learning, mobility, and emotions were evaluated. This survey used an adapted set of questions from the Washington Group Short Set on Functioning (WG-SS) and their module on Child Functioning developed in conjunction with UNICEF to get internationally comparable data[13]. The WG questions were designed to provide comparable data cross-nationally for populations living in various cultures with varying economic resources. A significant reason for this choice is the pivotal importance of social participation and equal rights from a policy perspective as illustrated by the UN Convention on the Rights of Persons with Disabilities and the requirements established in the 2030 Sustainable Development Agenda[14].

Each section was comprised of three parts: face-to-face interview questions, a document verification checklist, and an observation guide. The face-to-face interview was administered to managers/ directors of institutions or another member of staff appointed by the manager/director to be well informed of children and the institution's situation. They were requested to provide comprehensive data about each individual child/person with disabilities currently residing in the institution, information related to the facility as well as information pertaining to staff. Interview questions included questions assessing child functioning (a short version of the Washington Group) and the minimum standards for institutions for children, youth, and adults with disabilities[15].

Observations were conducted by a group of at least 3 different surveyors for each institution included in the survey using the observation guide in the questionnaire. The main areas of observation included building and sanitation facilities, interactions between staff and children, sleeping arrangements, eating and play areas, bathrooms and toilets, fire equipment and wardrobes, and the general surroundings. For the 'Verification' document, key documents were requested on-site for verification during the assessment. These included institutional policies and files of children and staff.

Sources of data included archival records such as institution registers, family tracing documentation, child history reports, documents from local authorities, and records on the child's health and education status. Information was also obtained from discussions with institution staff, children, or any other relevant and reliable informant.

## 2.3 Training of enumerators

All enumerators (30) and supervisors (5) attended a 4-day training before starting to collect data. The training included:

- Survey purpose.
- Roles and responsibilities.
- Content and use of the questionnaires/tools.
- Item-by-item review of the questions.
- Respondent selection procedures.
- HHC child protection and safeguarding policy, informed consent and confidentiality procedures.

- Proper interviewing techniques, including listening skills and probing techniques.
- Proper supervision and quality-control procedures in the field.
- Final pre-testing of the questionnaire and logistics planning.

The training also included defining the strategy for supporting the interviewers and troubleshooting problems that may arise in the field to ensure the quality of data collected. For example, this included checking all questionnaires were filled out. The trained survey team were then deployed to the field and a structure for each team was determined, agreeing hours and days allotted for the survey implementation, site assignments, all administrative and logistical preparations, and distributing all supplies and materials for interviewers and supervisors.

The training also included a pre-test of the survey instruments in the field. The questionnaire was tested for one day in two residential centres selected from the essential list of residential centres obtained from the NCPD. Pre-testing of survey instruments ensured that terminologies and phrases used in the instruments were well-understood both by the interviewers and respondents. This also made it possible to validate the translation of the survey instruments into Kinyarwanda from English.

## 2.4 Data collection process

In this survey, 30 surveyors and 5 supervisors were appointed to participate in this survey. To increase ownership and control, reduce the costs and build the skills of the team, enumerators were recruited from NCPD district and province committees, NCDA/TMM, and independent surveyors recommended by HHC following a pre-determined list of skills and qualifications required. In addition, 3 NCPD, 1 NCDA, and 1 HHC staff played the role of field supervisors.

During this survey, enumerators were divided into six teams where each team had one supervisor, six surveyors, and one driver. Also, each team was split into three sub-teams, each with 1 NCPD/DDMO and other decentralized entities and 1 NCDA/TMM. In each sub-team, the NCPD member was the one to take the lead.

Each team was assigned a number of districts. No surveyor was appointed in the same district as the district of their usual duties/work to ensure full coverage. This deployment was adapted after completing the primary listing of residential centres. The deployment was instead based on the number of residential centres and the approximative number of residents.

The process of data collection involved the following three steps:

(1) Listing all residential centres for children with disabilities in Rwanda based on inclusion and exclusion criteria:

- The basic listing included information about names of residential centres, type, physical address, and contact details. Lists were obtained from NCPD and desk review
- District Disability Mainstreaming Officer (DDMO) provided a list of known residential centres operating in their respective district

- District Project Coordinators from Hope and Homes for Children contacted focal sector staff in charge of matters around disability to see if they were aware of any other residential centres for children with disabilities in their respective sectors.
- Obtained lists were compared between them and against predefined inclusion criteria to obtain the final lists that were used for the present survey;
- The consolidated list of centres from the above informants were validated by the Technical Working Group led by the NCPD
- A snowball method was used, whereby every listed institution was asked if there were any other residential centres in the area. This approach gave confidence that every institution has been identified;

(2) Collecting data on residential centres and their residents

- Packs of information about the survey together with all necessary soft copies of questionnaires were sent to each listed institution;
- Residential centre managers were requested to share data;
- Data collection methods were carried out in all residential centres to collect and electronically enter the data in the database;
- The questionnaire was completed, and a visit report was compiled on each institution. The report noted observations such as quality of data sources, limitations or notable issues;

## 2.5 Adherence to COVID-19 control measures

The research team followed guidelines provided by the Government of Rwanda through the Ministry of Health regarding the control and management of COVID-19. As recommended, a vehicle did not carry more than three people and every surveyor was given a personal hand sanitizer and a face mask. The interview was conducted respecting a distance of at least 1.5m between individuals. Wherever needed, there was strict adherence to social distancing. In situations where a physical briefing or debriefing to surveyors was required, this was conducted in spaces which allowed for socially distanced interaction. An additional training session on COVID-19 prevention was provided to the study teams. Rusizi District was under strict lockdown during the data collection period so two qualified staff residing in Rusizi received online data collection training and collected data in collaboration with the institution's management.

## 2.6 Ethical issues

Permission to conduct this survey was obtained from the National Institute of Statistics of Rwanda. Surveyors were trained on ethics and child safeguarding. To avoid an overly intrusive approach, institution staff members and management teams were the ones to provide information about children. Anonymity and confidentiality was ensured by coding and hiding from the public any information that would enable a third party to uncover the respondent's identity. No names were entered into the software database. Codes

were created and passwords saved in a separate file. All data were securely stored, and subsequent reports will maintain the anonymity of all children, parents, and staff. Surveyors and supervisors were trained on HHC safeguarding and child protection policy which they signed.

## 2.7 Data quality control and management

Data was collected using KoBoToolbox[16], which made it possible to create a central database to organize information and catch and correct potential errors before the data was analysed. Each team had a team leader or deputy team leader who clarified responses that was unclear. The electronically programmed questionnaires had built-in quality measures that prevented team members from accidentally asking unnecessary questions (built-in skip-logic). Each surveyor was responsible for inputting the data they collected. Surveyors were requested to conduct a regular check for completeness and accuracy of the collected information before leaving the respondent's place. Supervisors constantly monitored the data being entered into the database and highlighted any gaps and conflicting data. At the end of each day, supervisors were responsible for reviewing data files for completeness and accuracy. Further, supervisors randomly conducted supervisory visits to check data quality and adherence to study protocol.
Moreover, supervisors performed a backup of their team's data every day and sent an aggregated data file to the data manager through a secure server. In the office, the data manager then conducted a preliminary data check to ensure the quality of the data. If any data-related issue arose, the problem was immediately communicated to the team leader in the field. The data supervisor was responsible for providing regular progress updates to the data manager during data collection.

## 2.8 Data analysis and reporting

Data was cleaned in Excel before being imported into SPSS. After importing the data into SPSS, frequencies were generated for the entire data set. A syntax and error list were produced that informed the data quality enhancement strategy. Basic descriptive statistics like frequencies and percentages were used to describe the characteristics of children/young adults with disabilities living in the institutions. Each key data variable was tabulated based on the four categories of residential centres.

Regarding minimum standards, each standard had one or more measurement indicator. Each indicator was evaluated using different relevant questions. Answers from those questions related to the same indicator were combined to form indices. The performance on a standard was then computed by summing all indices of the standard. The obtained sum was then categorized into met, partially met, and not met. The questionnaire (Annex 5) shows which question assessed which standard. For the functionality, as recommended by the Washington group, the four answer categories were utilized, including 'no difficulty', 'some difficulty', 'a lot of difficulties', and 'cannot do at all'. These four options were dichotomized into two categories. Those with intended functional difficulties included "a lot of difficulties" and "cannot do at all" answers, while those without intended functional difficulties included "no difficulty and "some difficulty" answers[17].

## 2.9 Limitations

The first limitation is about the availability of children and staff in the institutions. The survey was conducted during the Covid-19 pandemic. Nearly 75% of residents had been sent back to their families. It was not possible to implement additional data quality assurance as planned. Indeed, it was planned to randomly select a sample of 10% of all children and 10% of staff per institution to physically verify the accuracy and consistency of data on relevant residents' and staff's pre-determined characteristics. Because institutions are themselves the primary source of records, it was impossible to independently verify such data through any form of triangulation like headcount of residents to appreciate their physical residence. Nevertheless, the team ensured that they got the best quality information from reliable sources.

Questions requiring surveyors' observations might have led to observer bias. The same questions were responded to by different interviewers to minimize this bias, and an average opinion was considered to increase the chance of an accurate report.

The survey used the categorization of disability based on the Washington Group. It did not consider categorization based on Rwandan Law categories, which assumes various forms of disability including physical disability, mental disability, visual disability, speech impairment, hearing impairment, multiple disability, and others. However, Rwandan Law suggests that the categorization should be based on licensed medical practitioners' diagnoses, which means that children undiagnosed by a medical doctor would not have been categorized.

In addition, policies and guidelines related to persons with disabilities in Rwanda are actively being adapted to reflect the International Classification of Functioning, which considers advances in the conceptualization of disability.

This study failed to collect data from Ubumwe Community Centre (UCC) which provides residential care services for children with disabilities and daycare services. The centre is located in Rubavu District. It was created in 2008 with a mission of taking care of people with disabilities. Ubumwe community centre provides various services to about 658 beneficiaries, including four children who permanently live there and are cared for overnight and 15 children with disabilities referred by the Rwanda Union of the Blind to learn skills in the UCC TVET School. This means that the 15 children with disabilities reside there most of the time but spent some weekends and a few annual holidays with their families.

# 3. RESULTS

## 3.1 Characteristics of residents

### *3.1.1 Total number of residents currently living in institutions.*

The survey found that there are 34 residential centres in Rwanda. The total number of children and young people living or attending services in these centres is 2,040. As shown in Table 1, the proportion of male residents (51.1%) is slightly higher than that of females (48.9%). The Southern Province is the only province that reported more female residents than males, and also reported the most number of institutions (35.3%) and the largest number of residents (46.3%). Interestingly, Kigali City accommodates the lowest number of residential centres (8.8%) and residents (9.6%).

**Table 1: Number of residents and institutions, by province and sex**

| Province | Number of institutions | Number of residents | | |
|---|---|---|---|---|
| | | Female | Male | Total |
| South | 12 | 485 | 460 | **945** |
| West | 7 | 134 | 150 | **284** |
| North | 6 | 134 | 155 | **289** |
| East | 6 | 146 | 179 | **325** |
| Kigali city | 3 | 99 | 98 | **197** |
| **Total** | **34** | **998** | **1042** | **2040** |

### *3.1.2 Number of residents by institution type and location*

Based on this survey's four types of residential centres, most of the included centres (15 out of 34) are boarding centres accommodating the second largest number of residents (39.8%), followed by boarding schools (9 out of 34) in which the most significant number of residents (46.9%) live or attend different services including education. 6 out of 34 centres are residential institutions with 5.6% of the total number of residents, while 4 out of 34 are mixed centres (part residential institution and part boarding centre). Mixed centres accommodate 156 (7.6%) residents. As shown in Table 2, the proportion of females compared to males are only substantially higher in residential centres (56.5% female versus 43.5% male).

**Table 2: Number of residents, by institution type and location**

| Type of institution | Name of institution | District of location | No. of residents | | |
|---|---|---|---|---|---|
| | | | Female | Male | Total |
| Residential institutions | Organization ADAR Tubahoze | Huye | 23 | 4 | **27** |
| | AVEH UMURERWA | Bugesera | 6 | 11 | **17** |
| | Centre Inshuti Zacu | Kicukiro | 15 | 16 | **31** |
| | URUGO RW'AMAHORO /KABARONDO | Kayonza | 6 | 4 | **10** |
| | URUGO RW'AMAHORO /MUKARANGE | Kayonza | 7 | 10 | **17** |
| | URUGO RW'AMAHORO /BARE/MUTENDERI | Ngoma | 8 | 5 | **13** |
| | **Sub-Total: Residential institutions** | | **65** | **50** | **115** |
| Boarding centres | APAX-MURAMBA | Ngororero | 10 | 10 | **20** |
| | ASFA/ Amie de St Francois d'Assise / Nyaruguru | Nyaruguru | 5 | 5 | **10** |
| | CEFAPEC/ Kamonyi | Kamonyi | 34 | 22 | **56** |
| | CENTRE AMOUR ET MISERCORDE (APAX Janja) | Gakenke | 32 | 38 | **70** |
| | CENTRE DES HANDICAPES ST FRANCOIS D'ASSISE/ NYAMAGABE | Nyamagabe | 14 | 12 | **26** |
| | CENTRE DES HANDICAPES ST FRANCOIS D'ASSISE/KARAMBI | Ruhango | 8 | 8 | **16** |
| | Centre IZERE | Gicumbi | 14 | 13 | **27** |
| | Centre pour Enfants handicapes Mugombwa | Gisagara | 9 | 13 | **22** |
| | Centre Saint Vincent | Musanze | 27 | 12 | **39** |
| | CENTRE WIBABARA | Ngororero | 4 | 7 | **11** |
| | CENTTRE DES HANDICAPES ST FRANCOIS D'ASSISE/RUSIZI | Rusizi | 13 | 9 | **22** |
| | Palotti- children's Hope Centre | Gisagara | 32 | 33 | **65** |
| | DEAF CHILDREN Traing Centre BARERWE | Musanze | 10 | 22 | **32** |
| | HVP Gatagara/NYANZA | Nyanza | 141 | 167 | **308** |
| | Maison d'Accueil d'Esperance et Paix ( MAE/ Rulindo) | Rulindo | 36 | 52 | **88** |
| | **Sub-Total: Boarding centres** | | **389** | **423** | **812** |
| Mixed (residential and boarding centre) | Inclusive School Ecole primaire La Misercorde(EX.HRD/ MUHANGA | Muhanga | 36 | 32 | **68** |
| | Alvera Centre/Ex. Ngwino Nawe | Nyamasheke | 20 | 27 | **47** |
| | ORGANIZATION INEZA KABAYA | Ngororero | 16 | 13 | **29** |
| | Organization Umwana nk'abandi | Nyarugenge | 7 | 5 | **12** |
| | **Sub-Total: Mixed centres** | | **79** | **77** | **156** |
| Boarding schools | Blessing School for visually impaired | Musanze | 15 | 18 | **33** |
| | Centre des Jeunes Sourds Muets (CJSM) | Huye | 83 | 76 | **159** |
| | CENTRE KOMERA | Rutsiro | 35 | 46 | **81** |
| | Institut Filippo Samaldone | Nyarugenge | 77 | 77 | **154** |
| | Nyabihu Demonstration School for the Deaf | Nyabihu | 36 | 38 | **74** |
| | Educational Institute of Blind of Franciscan Sisters of the Cross | Nyaruguru | 70 | 69 | **139** |
| | GS HVP Gatagara/HUYE | Huye | 30 | 19 | **49** |
| | HVP Gatagara/Rwamagana | Rwamagana | 60 | 94 | **154** |
| | UMUTARA DEAF SCHOOL | Nyagatare | 59 | 55 | **114** |
| | **Sub-Total: Boarding schools** | | **465** | **492** | **957** |
| **Total** | | | **998** | **1042** | **2040** |

### *3.1.3 Number of residents in institution, by type, sex and location*

Table 3 shows the total number of residents in each district where the institution is located. Regarding the district where institutions are located, Table 3 shows that 24 out 30 districts in Rwanda have at least one residential centre for children with disabilities. Huye Musanze and Ngororero house a third of all institutions, the most significant number of institutions for children with disabilities per district. With 15.1% of the total number of residents in the centre, Nyanza is the district with the highest number of children with disabilities in residential centres in Rwanda. They all attend services in HVP Gatagara/NYANZA, a well-known boarding centre for persons with disabilities in Rwanda. Huye and Nyarugenge follow with 11.5% and 8.1% of residents respectively.

**Table 3: Number of residents in institutions, by sex, type and district where the institution is located**

| Resident's district where the institution is located | Type of institution | | | | | | | | Total | % |
|---|---|---|---|---|---|---|---|---|---|---|
| | Residential | | Boarding centre | | Mixed (residential and boarding centre) | | Boarding school | | | |
| | Sex | | Sex | | Sex | | Sex | | | |
| | Female | Male | Female | Male | Female | Male | Female | Male | | |
| Nyanza | 0 | 0 | 141 | 167 | 0 | 0 | 0 | 0 | **308** | **15.1** |
| Huye | 23 | 4 | 0 | 0 | 0 | 0 | 113 | 95 | **235** | **11.5** |
| Nyarugenge | 0 | 0 | 0 | 0 | 7 | 5 | 77 | 77 | **166** | **8.1** |
| Rwamagana | 0 | 0 | 0 | 0 | 0 | 0 | 60 | 94 | **154** | **7.5** |
| Nyaruguru | 0 | 0 | 5 | 5 | 0 | 0 | 70 | 69 | **149** | **7.3** |
| Nyagatare | 0 | 0 | 0 | 0 | 0 | 0 | 59 | 55 | **114** | **5.6** |
| Musanze | 0 | 0 | 37 | 34 | 0 | 0 | 15 | 18 | **104** | **5.1** |
| Rulindo | 0 | 0 | 36 | 52 | 0 | 0 | 0 | 0 | **88** | **4.3** |
| Gisagara | 0 | 0 | 41 | 46 | 0 | 0 | 0 | 0 | **87** | **4.3** |
| Rutsiro | 0 | 0 | 0 | 0 | 0 | 0 | 35 | 46 | **81** | **4.0** |
| Nyabihu | 0 | 0 | 0 | 0 | 0 | 0 | 36 | 38 | **74** | **3.6** |
| Gakenke | 0 | 0 | 32 | 38 | 0 | 0 | 0 | 0 | **70** | **3.4** |
| Muhanga | 0 | 0 | 0 | 0 | 36 | 32 | 0 | 0 | **68** | **3.3** |
| Ngororero | 0 | 0 | 14 | 17 | 16 | 13 | 0 | 0 | **60** | **2.9** |
| Kamonyi | 0 | 0 | 34 | 22 | 0 | 0 | 0 | 0 | **56** | **2.7** |
| Nyamasheke | 0 | 0 | 0 | 0 | 20 | 27 | 0 | 0 | **47** | **2.3** |
| Kicukiro | 15 | 16 | 0 | 0 | 0 | 0 | 0 | 0 | **31** | **1.5** |
| Gicumbi | 0 | 0 | 14 | 13 | 0 | 0 | 0 | 0 | **27** | **1.3** |
| Kayonza | 13 | 14 | 0 | 0 | 0 | 0 | 0 | 0 | **27** | **1.3** |
| Nyamagabe | 0 | 0 | 14 | 12 | 0 | 0 | 0 | 0 | **26** | **1.3** |
| Rusizi | 0 | 0 | 13 | 9 | 0 | 0 | 0 | 0 | **22** | **1.1** |
| Bugesera | 6 | 11 | 0 | 0 | 0 | 0 | 0 | 0 | **17** | **0.8** |
| Ruhango | 0 | 0 | 8 | 8 | 0 | 0 | 0 | 0 | **16** | **0.8** |
| Ngoma | 8 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | **13** | **0.6** |
| **Total** | **65** | **50** | **389** | **423** | **79** | **77** | **465** | **492** | **2040** | **100.0** |
| | **115** | | **812** | | **156** | | **957** | | | |

### *3.1.4 Origin of residents in institutions*

Table 4 shows that children with disabilities in residential centres come from all 30 districts of Rwanda, including districts without residential centres. The majority of residents originate from Gasabo District (129 or 6.3%), followed by Huye (108 or 5.3%) and Musanze (94 or 4.6%) Districts. Rubavu, Ngoma, and Rulindo are the districts from which the fewest number of children with disabilities are placed into residential care with 1.2%, 1.5%, and 2.0% of children with disabilities in institutions respectively. The origin of 104 (5.1%) children with disabilities was reported as unknown. Table 4 also shows that all districts in Rwanda have several children with disabilities attending a boarding school. Gasabo, Nyagatare, Huye, and Musanze have the largest number in boarding schools; 8.0%, 6.4%, 6.3% and 5.2% of the total number of children with disabilities in boarding schools in Rwanda respectively. Interestingly, Nyanza District, which accommodates 308 children with disabilities (the largest number of children with disabilities in one district and one boarding centre), is the origin of only 44 (2.6%) of the total number of children with disabilities in residential centres in Rwanda. Figures in Table 4 also show that the origin of 35% of children with disabilities in residential institutions was reported as unknown. Of the 17 whose origin is known, they come from 16 districts. More than 66.2% of them originate from districts where residential institutions are located (Bugesera, Kayonza, Huye, Ngoma, and Kicukiro).

**Table 4: Number of residents, by district of origin, type of institution, and sex**

| Resident's district of origin | Type of institution | | | | | | | | Total | % |
|---|---|---|---|---|---|---|---|---|---|---|
| | Residential | | Boarding centre | | Mixed (residential and boarding centre) | | Boarding school | | | |
| | Sex | | Sex | | Sex | | Sex | | | |
| | Female | Male | Female | Male | Female | Male | Female | Male | | |
| Gasabo | 2 | 1 | 20 | 26 | 1 | 2 | 42 | 35 | **129** | **6.32** |
| Huye | 9 | 1 | 16 | 17 | 4 | 0 | 36 | 25 | **108** | **5.29** |
| Musanze | 0 | 0 | 28 | 31 | 2 | 0 | 17 | 16 | **94** | **4.61** |
| Gisagara | 1 | 2 | 26 | 28 | 0 | 0 | 13 | 14 | **84** | **4.12** |
| Kicukiro | 2 | 5 | 15 | 8 | 2 | 1 | 28 | 22 | **83** | **4.07** |
| Nyagatare | 0 | 0 | 8 | 8 | 5 | 0 | 32 | 30 | **83** | **4.07** |
| Ruhango | 1 | 0 | 20 | 22 | 5 | 3 | 16 | 13 | **80** | **3.92** |
| Gakenke | 0 | 0 | 20 | 23 | 0 | 1 | 16 | 16 | **76** | **3.73** |
| Kamonyi | 0 | 0 | 22 | 21 | 4 | 3 | 10 | 16 | **76** | **3.73** |
| Nyamagabe | 2 | 0 | 24 | 25 | 0 | 1 | 13 | 8 | **73** | **3.58** |
| Nyaruguru | 1 | 0 | 13 | 18 | 0 | 0 | 14 | 24 | **70** | **3.43** |
| Karongi | 0 | 0 | 14 | 11 | 2 | 2 | 18 | 22 | **69** | **3.38** |
| Nyarugenge | 1 | 0 | 13 | 16 | 2 | 3 | 14 | 15 | **64** | **3.14** |
| Gicumbi | 0 | 0 | 18 | 19 | 0 | 0 | 10 | 16 | **63** | **3.09** |
| Muhanga | 0 | 0 | 5 | 11 | 6 | 5 | 16 | 17 | **60** | **2.94** |
| Bugesera | 6 | 7 | 6 | 8 | 2 | 1 | 11 | 18 | **59** | **2.89** |
| Kirehe | 2 | 2 | 5 | 5 | 7 | 6 | 14 | 17 | **58** | **2.84** |
| Rwamagana | 3 | 4 | 6 | 9 | 0 | 0 | 15 | 21 | **58** | **2.84** |
| Rusizi | 0 | 0 | 20 | 15 | 4 | 9 | 6 | 3 | **57** | **2.79** |
| Ngororero | 1 | 0 | 15 | 21 | 3 | 5 | 6 | 4 | **55** | **2.70** |
| Burera | 0 | 0 | 14 | 15 | 0 | 0 | 11 | 11 | **51** | **2.50** |
| Kayonza | 5 | 6 | 4 | 3 | 0 | 0 | 18 | 15 | **51** | **2.50** |
| Nyamasheke | 0 | 0 | 5 | 4 | 13 | 14 | 6 | 8 | **50** | **2.45** |
| Nyabihu | 0 | 0 | 9 | 10 | 4 | 1 | 10 | 14 | **48** | **2.35** |
| Rutsiro | 0 | 0 | 3 | 6 | 0 | 0 | 16 | 23 | **48** | **2.35** |
| Gatsibo | 0 | 1 | 1 | 2 | 0 | 1 | 17 | 23 | **45** | **2.21** |
| Nyanza | 1 | 0 | 10 | 9 | 0 | 0 | 13 | 11 | **44** | **2.16** |
| Rulindo | 0 | 0 | 15 | 17 | 0 | 0 | 3 | 7 | **42** | **2.06** |
| Ngoma | 5 | 3 | 3 | 3 | 0 | 0 | 7 | 11 | **32** | **1.57** |
| Rubavu | 0 | 0 | 3 | 6 | 0 | 1 | 10 | 6 | **26** | **1.27** |
| Not known | 23 | 18 | 8 | 6 | 13 | 18 | 7 | 11 | **104** | **5.10** |
| **Total** | **65** | **50** | **389** | **423** | **79** | **77** | **465** | **492** | **2040** | **100.0** |
| | **115** | | **812** | | **156** | | **957** | | | |

### *3.1.5 Age profile of residents*

The age of residents ranges from 1 to 94 years. The average age is 15.4 years. As shown in Table 5, around 70% (1,427) of residents are under the age of 18, the legal age limit to be defined as a "child." The remaining 30% (613) are aged 18 and above. The age groups of 6-12 and 13-17 are highly represented in Rwanda's residential centres, with 708 (34.7%) and 672 (32.9%) of total residents respectively. Another important finding is that five children under the age of three were found registered in boarding centres. The minimum standards of institutions in Rwanda strongly recommends that no child under the age of three should be placed in an institution. Another remarkable finding is that most residents aged 30 and older are in residential institutions. This is because 3 out of 6 residential institutions accommodating 40 out of 115 children, include the oldest population of the surveyed residents. Only 10% of those 40 residents are under the age of 18, while 42.5% are above the age of 45.

**Table 5: Age profile of residents, by sex and type of institution**

| Age group of resident | Type of institution | | | | | | | | Total | % |
|---|---|---|---|---|---|---|---|---|---|---|
| | Residential | | Boarding centre | | Mixed (residential and boarding centre) | | Boarding school | | | |
| | Sex | | Sex | | Sex | | Sex | | | |
| | Female | Male | Female | Male | Female | Male | Female | Male | | |
| under 3 | 0 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | **5** | **0.2** |
| 3-5 | 1 | 2 | 11 | 19 | 1 | 2 | 2 | 4 | **42** | **2.1** |
| 6-12 | 6 | 14 | 145 | 170 | 28 | 26 | 149 | 170 | **708** | **34.7** |
| 13-17 | 8 | 6 | 137 | 142 | 21 | 28 | 162 | 168 | **672** | **32.9** |
| 18-30 | 30 | 17 | 88 | 91 | 22 | 15 | 152 | 149 | **564** | **27.6** |
| 31-45 | 10 | 4 | 2 | 1 | 7 | 6 | 0 | 1 | **31** | **1.5** |
| Over 45 | 10 | 7 | 1 | 0 | 0 | 0 | 0 | 0 | **18** | **0.9** |
| **Total** | **65** | **50** | **389** | **423** | **79** | **77** | **465** | **492** | **2040** | **100.0** |
| | **115** | | **812** | | **156** | | **957** | | | |

### *3.1.6 Residents' functioning*

Table 6 shows that most residents have difficulties in communicating and hearing, representing 41.6% and 33.2% of 2,040 residents in residential centres in Rwanda, respectively. Of the 957 children with disabilities residing in boarding schools, 55%, 53.7%, and 24% have hearing, communicating, and eyesight difficulties, respectively. Self-care, controlling their behaviour, concentrating on activities, and remembering things are the rare functioning difficulties among residents in boarding schools, representing 0.62%, 0.83%, 1.0%, and 2.3% of 957 residents in boarding schools respectively. Table 6 also shows that children with a hearing or eyesight disability are less likely to be placed in residential institutions. Of 115 children with disabilities in residential institutions, 72.1% have difficulties in more than one domain but only 6.9% and 4.3% have eyesight and hearing difficulties, respectively. Almost half of all residents have functioning difficulties in more than one domain (1,003 residents or 49.2%). From Table 6, it is also remarkable that of 678 residents with hearing difficulties, males (52.6%) have more hearing difficulties than females (47.3%). Of 329 with walking difficulties, 73.5% reside in boarding centres.

**Table 6: Functioning difficulties of residents, by type of institution and sex.**

| Type of difficulty | Type of institution | | | | | | | | Total |
|---|---|---|---|---|---|---|---|---|---|
| | Residential | | Boarding centre | | Mixed (residential and boarding centre) | | Boarding school | | |
| | Sex | | Sex | | Sex | | Sex | | |
| | Female | Male | Female | Male | Female | Male | Female | Male | |
| communicating | 32 | 29 | 96 | 111 | 32 | 35 | 255 | 259 | **849** |
| hearing | 1 | 4 | 49 | 68 | 11 | 18 | 260 | 267 | **678** |
| learning | 38 | 31 | 88 | 79 | 36 | 30 | 17 | 19 | **338** |
| walking | 19 | 23 | 113 | 129 | 9 | 16 | 12 | 8 | **329** |
| remembering things | 30 | 26 | 78 | 72 | 32 | 26 | 11 | 11 | **286** |
| self-care | 33 | 31 | 70 | 86 | 15 | 13 | 4 | 2 | **254** |
| eyesight | 2 | 6 | 5 | 4 | 4 | 2 | 100 | 130 | **253** |
| concentrating on an activity | 34 | 28 | 59 | 53 | 17 | 16 | 7 | 3 | **217** |
| controlling behaviour | 28 | 27 | 54 | 53 | 19 | 10 | 4 | 4 | **199** |
| difficulty in more than one domain | 43 | 40 | 140 | 163 | 47 | 44 | 261 | 265 | **1003** |

Table 7 presents the functioning difficulties of residents by age. All reported children who are under the age of three have problems in more than one domain. The main difficulty among children aged between 3 and 5 is communicating, followed by learning (64.2% and 59.5% of 42 children with disabilities respectively). Difficulties with eyesight and controlling behaviour are the least frequent in that age group, each representing 14.2% of 42 children with disabilities.

**Table 7: Functioning difficulties of residents, by age group**

| Age of resident | Eyesight | | Hearing | | Walking | | Self-care | | Communicating | | Learning | | Controlling behaviour | | Remembering things | | Concentrating on things | | More than one domain | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Sex | | Sex | | Sex | | Sex | | Sex | | Sex | | Sex | | Sex | | Sex | | Sex | |
| | Female | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | Male |
| under 3 | 0 | 0 | 0 | 0 | 5 | 0 | 3 | 0 | 5 | 0 | 3 | 0 | 0 | 0 | 2 | 0 | 3 | 0 | 5 | 0 |
| 3-5 | 3 | 3 | 5 | 6 | 9 | 15 | 10 | 14 | 11 | 16 | 11 | 14 | 0 | 6 | 11 | 11 | 11 | 13 | 13 | 22 |
| 6-12 | 53 | 61 | 90 | 112 | 51 | 71 | 47 | 62 | 126 | 146 | 57 | 61 | 44 | 43 | 56 | 57 | 42 | 40 | 155 | 178 |
| 13-17 | 29 | 46 | 109 | 120 | 47 | 46 | 25 | 27 | 133 | 141 | 41 | 41 | 24 | 20 | 37 | 31 | 25 | 21 | 145 | 158 |
| 18-30 | 25 | 30 | 116 | 117 | 37 | 37 | 27 | 23 | 134 | 128 | 47 | 36 | 27 | 22 | 31 | 28 | 26 | 19 | 155 | 143 |
| 31-45 | 0 | 1 | 0 | 1 | 2 | 3 | 6 | 3 | 2 | 1 | 14 | 3 | 6 | 0 | 10 | 4 | 6 | 3 | 12 | 6 |
| Over 45 | 1 | 1 | 1 | 1 | 2 | 4 | 4 | 3 | 4 | 2 | 6 | 4 | 4 | 3 | 4 | 4 | 4 | 4 | 6 | 5 |
| **Total** | **111** | **142** | **321** | **357** | **153** | **176** | **122** | **132** | **415** | **434** | **179** | **159** | **105** | **94** | **151** | **135** | **117** | **100** | **491** | **512** |

Functioning difficulties of residents by their level of education are presented in Table 8. It shows that the majority of residents with functioning difficulties have a primary level of education.

**Table 8: Functioning difficulties of residents, by level of education**

| Residents' level of education | Eyesight | | Hearing | | Walking | | Self-care | | Communicating | | Learning | | Controlling behaviour | | Remembering things | | Concentrating on things | | More than one domain | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Sex | | Sex | | Sex | | Sex | | Sex | | Sex | | Sex | | Sex | | Sex | | Sex | |
| | Female | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | Male |
| Did not go to school/No formal education | 8 | 9 | 9 | 13 | 46 | 55 | 63 | 55 | 67 | 58 | 76 | 65 | 48 | 42 | 66 | 54 | 64 | 51 | 86 | 79 |
| Preschool/ nursery/ECD | 0 | 1 | 19 | 33 | 15 | 29 | 23 | 38 | 35 | 63 | 35 | 43 | 24 | 30 | 35 | 41 | 21 | 27 | 55 | 82 |
| Primary | 77 | 88 | 176 | 197 | 61 | 63 | 25 | 29 | 189 | 201 | 42 | 40 | 20 | 18 | 34 | 34 | 24 | 18 | 213 | 232 |
| Vocational training | 1 | 0 | 63 | 55 | 5 | 4 | 0 | 1 | 64 | 52 | 7 | 4 | 2 | 0 | 1 | 0 | 0 | 0 | 65 | 52 |
| Secondary + | 25 | 42 | 52 | 58 | 26 | 23 | 7 | 6 | 52 | 56 | 7 | 3 | 2 | 0 | 3 | 1 | 1 | 1 | 60 | 62 |
| Unknown | 0 | 2 | 2 | 0 | 0 | 2 | 4 | 3 | 8 | 4 | 12 | 4 | 9 | 4 | 12 | 5 | 7 | 3 | 12 | 5 |
| **Total** | **111** | **142** | **321** | **357** | **153** | **176** | **122** | **132** | **415** | **434** | **179** | **159** | **105** | **94** | **151** | **135** | **117** | **100** | **491** | **512** |

### *3.1.7 Main cause of residents' disabilities.*

Table 9 shows that the majority of residents' disabilities are congenital (1,515 or 74.3%). 131 (6.4 %) of disabilities were due to unintentional injuries, while 128 (6.3%) were due to non-communicable chronic diseases. Other reported causes included infectious diseases (30 or 1.5 %), while the cause of disabilities among the remaining 236 (11.6%) children with disabilities was unknown.

**Table 9: Main causes of disabilities among residents, by type of institution**

| Main cause of the resident's disability | Type of institution | | | | | | | | Total | % |
|---|---|---|---|---|---|---|---|---|---|---|
| | Residential | | Boarding centre | | Mixed (residential and boarding centre) | | Boarding school | | | |
| | Sex | | Sex | | Sex | | Sex | | | |
| | Female | Male | Female | Male | Female | Male | Female | Male | | |
| Congenital | 25 | 24 | 318 | 335 | 55 | 64 | 351 | 343 | **1515** | **74.3** |
| Unintentional Injuries | 6 | 0 | 17 | 32 | 3 | 1 | 32 | 40 | **131** | **6.4** |
| Non-communicable chronic diseases | 2 | 6 | 26 | 15 | 8 | 4 | 27 | 40 | **128** | **6.3** |
| Infectious diseases | 2 | 2 | 2 | 4 | 0 | 3 | 6 | 11 | **30** | **1.5** |
| Not known | 30 | 18 | 26 | 37 | 13 | 5 | 49 | 58 | **236** | **11.6** |
| **Total** | **65** | **50** | **389** | **423** | **79** | **77** | **465** | **492** | **2040** | **100.0** |
| | **115** | | **812** | | **156** | | **957** | | | |

### *3.1.8 Status of residents' parents*

As shown in Table 10, the parents of most residents are still alive. 1,493 residents (73.2%) have both a mother and father. 1,771 (87%) have a mother and 1,562 (76.8%) have a father.

**Table 10: Status of residents' parents, by type of institution**

| Status of residents' parents | Type of institution | | | | | | | | Total | % |
|---|---|---|---|---|---|---|---|---|---|---|
| | Residential | | Boarding centre | | Mixed (residential and boarding centre) | | Boarding school | | | |
| | Sex | | Sex | | Sex | | Sex | | | |
| | Female | Male | Female | Male | Female | Male | Female | Male | | |
| **Mother** | | | | | | | | | | |
| Alive | 21 | 21 | 347 | 392 | 55 | 58 | 427 | 454 | 1775 | **87.0** |
| Dead | 22 | 14 | 26 | 19 | 11 | 2 | 28 | 25 | 147 | **7.2** |
| Unknown | 22 | 15 | 16 | 11 | 13 | 17 | 8 | 12 | 114 | **5.6** |
| Information not provided | 0 | 0 | 0 | 1 | 0 | 0 | 2 | 1 | 4 | **0.2** |
| **Father** | | | | | | | | | | |
| Alive | 17 | 12 | 313 | 352 | 50 | 49 | 376 | 397 | 1566 | **76.8** |
| Dead | 22 | 12 | 43 | 37 | 15 | 4 | 65 | 64 | 262 | **12.8** |
| Unknown | 26 | 26 | 32 | 32 | 14 | 24 | 23 | 30 | 207 | **10.1** |
| Information not provided | 0 | 0 | 1 | 2 | 0 | 0 | 1 | 1 | 5 | **0.2** |
| **Both parents** | | | | | | | | | | |
| Alive | 10 | 8 | 299 | 342 | 46 | 48 | 361 | 379 | 1493 | **73.2** |
| Dead | 14 | 9 | 10 | 10 | 7 | 0 | 14 | 12 | 76 | **3.7** |
| Unknown | 21 | 13 | 15 | 9 | 13 | 17 | 6 | 6 | 100 | **4.9** |

### *3.1.9 Factors leading to residents being placed in institutions*

Table 11 shows the main reasons why children were placed in institutions. The majority of residents were placed in an institution to facilitate easy access to specialized education services (1,144 residents or 56.1%) and to have easy access to home care services (473 children or 23.2%), attributing this to a lack of specialized services for children with disabilities at the community level. "Easy access to specialized home care services" (36.5%) and "abandonment" (28.6%) are the main contributing factors leading to the placement of children into residential institutions. As expected, the overwhelming majority of children (88.5% of 957 children) reside in boarding schools for "easy access to specialized education services." Of the 812 children with disabilities living in boarding centres, the three main reasons for placement are "easy access to specialized home care services" (39.6%), "easy access to specialized education services" (28.8%); and "easy access to specialized health services/rehabilitation" (18.9%). Table 11 also shows that female residents are more likely to be placed in a residential centre due to "abuse or neglect." Of 19 children with disabilities placed due to "abuse and neglect", 73.6% are female. Females are more likely to be placed in a residential centre due to the death of their father or both parents. Of 16 children with disabilities placed due to the death of their mother or both parents, 68.7% are female.

**Table 11: Factors leading to residents being placed in institutions, by sex and type of institution**

| Factors leading to residents being placed in institutions | Type of institution | | | | | | | | Total | % |
|---|---|---|---|---|---|---|---|---|---|---|
| | Residential | | Boarding centre | | Mixed (residential and boarding centre) | | Boarding school | | | |
| | Sex | | Sex | | Sex | | Sex | | | |
| | Female | Male | Female | Male | Female | Male | Female | Male | | |
| Easy access to specialized education services | 0 | 0 | 107 | 127 | 29 | 34 | 404 | 443 | **1144** | **56.1** |
| Easy access to specialized home care services | 22 | 20 | 151 | 171 | 19 | 15 | 38 | 37 | **473** | **23.2** |
| Easy access to specialized health services/ rehabilitation | 1 | 2 | 77 | 77 | 3 | 0 | 3 | 4 | **167** | **8.2** |
| Parent(s)/Guardian(s) disability/ailments | 3 | 3 | 31 | 36 | 12 | 11 | 6 | 2 | **104** | **5.1** |
| Abandonment | 20 | 13 | 9 | 7 | 12 | 17 | 1 | 1 | **80** | **3.9** |
| Abuse or neglect | 5 | 4 | 6 | 1 | 2 | 0 | 1 | 0 | **19** | **0.9** |
| Family conflict/parents' divorce/separation | 1 | 4 | 4 | 1 | 2 | 0 | 0 | 0 | **12** | **0.6** |
| Death of mother | 4 | 2 | 2 | 0 | 0 | 0 | 0 | 0 | **8** | **0.4** |
| Death of both parents | 5 | 2 | 0 | 1 | 0 | 0 | 0 | 0 | **8** | **0.4** |
| Parent(s) in jail | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **1** | **0.0** |
| Other | 3 | 0 | 1 | 0 | 0 | 0 | 11 | 4 | **19** | **0.9** |
| Not known | 0 | 0 | 1 | 2 | 0 | 0 | 1 | 1 | **5** | **0.2** |
| **Total** | **65** | **50** | **389** | **423** | **79** | **77** | **465** | **492** | **2040** | **100.0** |
| | **115** | | **812** | | **156** | | **957** | | | |

### *3.1.10 Person who placed children in the institution*

Table 12 shows that most of the children enrolled in the institutions were brought by their parents/guardians or relatives (1,744 or 85.5%). 89 residents (4.4%) were placed in institutions by unrelated community members. Several children were also referred by a local authority (district, sector, cell, NCPD, NCC, Police). As expected, children with disabilities are more likely to be brought by their parents or guardians to boarding schools (85% of 957) and boarding centres (86.4% of 812) than to residential institutions (21.7% of 115). Another remarkable finding is that females are more likely to be "recruited/picked by the institution/ unknown person" than males. Of 33 children with disabilities "recruited/picked by the institution/unknown person," 63.6% are female. Of the 115 children with disabilities in residential institutions, an "unrelated community member" (20%) and "another institution"(16%) are important actors in placing children after parents/ guardians (21.7%). Even though children with disabilities should be admitted into residential institutions by a competent local authority, this is only the case for 15% of these children.

**Table 12: Person who placed child in the institution, by sex and type of institution**

| Person who placed the child | Type of institution | | | | | | | | Total | % |
|---|---|---|---|---|---|---|---|---|---|---|
| | Residential | | Boarding centre | | Mixed (residential and boarding centre) | | Boarding school | | | |
| | Sex | | Sex | | Sex | | Sex | | | |
| | Female | Male | Female | Male | Female | Male | Female | Male | | |
| Parent/Guardian | 18 | 7 | 334 | 368 | 53 | 54 | 407 | 407 | **1648** | **80.8** |
| Relatives | 5 | 2 | 18 | 17 | 5 | 3 | 18 | 28 | **96** | **4.7** |
| Unrelated community member | 12 | 11 | 6 | 14 | 9 | 3 | 13 | 21 | **89** | **4.4** |
| Another institution | 7 | 12 | 6 | 5 | 5 | 12 | 8 | 10 | **65** | **3.2** |
| Local authority (District, Sector, Cell, NCPD, NCDA, Police) | 5 | 10 | 4 | 7 | 5 | 5 | 4 | 7 | **47** | **2.3** |
| Recruited/picked by the institution/ Unknown person | 11 | 5 | 7 | 5 | 2 | 0 | 1 | 2 | **33** | **1.6** |
| Self-admission | 0 | 1 | 4 | 0 | 0 | 0 | 3 | 8 | **16** | **0.8** |
| Health Facility | 4 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | **5** | **0.2** |
| Other | 3 | 2 | 7 | 4 | 0 | 0 | 10 | 9 | **35** | **1.7** |
| Not known | 0 | 0 | 2 | 3 | 0 | 0 | 1 | 0 | **6** | **0.3** |
| **Total** | **65** | **50** | **389** | **423** | **79** | **77** | **465** | **492** | **2040** | **100** |
| | **115** | | **812** | | **156** | | **957** | | | |

### *3.1.11 Residents' length of stay in institutions*

Approximately half (49.5% of 2,040) of residents have spent between 0 and 3 years in residential centres in Rwanda. Almost one-third of the total residents enrolled in the institutions have already spent six years or more in institutions (633 or 31%), whereas 329 (16.1%) have spent 4 to 5 years. Length of stay is presented in Table 13. Children with disabilities are more likely to spend up to three years in boarding centres (56.0% of 812) and boarding schools (48.3% of 957) than in residential institutions (17.3% of 115). Of the 115 children in residential institutions, the most frequent length of stay is "more than 15 years" (22.6%), then "between 11 and 15 years" (21.7%) and "6-10 years" (21.7%).

**Table 13: Length of stay in institutions, by sex and type of institution.**

| Length of stay in an institution | Type of institution | | | | | | | | Total | % |
|---|---|---|---|---|---|---|---|---|---|---|
| | Residential | | Boarding centre | | Mixed (residential and boarding centre) | | Boarding school | | | |
| | Sex | | Sex | | Sex | | Sex | | | |
| | Female | Male | Female | Male | Female | Male | Female | Male | | |
| 0-3 years | 8 | 12 | 203 | 252 | 36 | 36 | 211 | 251 | **1009** | **49.5** |
| 4-5 years | 9 | 9 | 64 | 52 | 14 | 14 | 80 | 87 | **329** | **16.1** |
| 6-10 years | 16 | 9 | 77 | 72 | 15 | 10 | 135 | 121 | **455** | **22.3** |
| 11-15 years | 16 | 9 | 30 | 23 | 4 | 3 | 30 | 26 | **141** | **6.9** |
| Over 15 years | 15 | 11 | 3 | 5 | 1 | 1 | 1 | 0 | **37** | **1.8** |
| Unknown | 1 | 0 | 12 | 19 | 9 | 13 | 8 | 7 | **69** | **3.4** |
| **Total** | **65** | **50** | **389** | **423** | **79** | **77** | **465** | **492** | **2040** | **100.0** |
| | **115** | | **812** | | **156** | | **957** | | | |

Table 14 shows that around 87.8% of school-aged residents (693 children aged 6-12 years old) have spent up to 5 years in institutions in Rwanda. Of 574 children with disabilities who are aged 18 and above, 203 (35.3%) have spent less than four years in the institution so were admitted when they were at least 15 years old. Of 739 children with disabilities aged under the age of 12, 654 (88.4%) have spent at least five years in institutions.

**Table 14: Length of stay in institutions, by age group**

| Residents' length of stay in the | Age group of resident | | | | | | | Total | % |
|---|---|---|---|---|---|---|---|---|---|
| | under 3 | 3-5 | 6-12 | 13-17 | 18-30 | 31-45 | Above 45 | | |
| 0-3 years | 5 | 37 | 484 | 280 | 197 | 2 | 4 | **1009** | **51.19** |
| 4-5 years | 0 | 3 | 125 | 132 | 66 | 2 | 1 | **329** | **16.69** |
| 6-10 years | 0 | 1 | 80 | 201 | 163 | 7 | 3 | **455** | **23.08** |
| 11-15 years | 0 | 0 | 3 | 44 | 83 | 6 | 5 | **141** | **7.15** |
| Over 15 years | 0 | 0 | 1 | 1 | 26 | 4 | 5 | **37** | **1.88** |
| **Total** | **5** | **41** | **693** | **658** | **535** | **21** | **18** | **1971** | **100** |
| % | **0.25** | **2.08** | **35.16** | **33.38** | **27.14** | **1.07** | **0.91** | **100** | |

### *3.1.12 Contact with family members.*

In residential institutions, 29% of 115 children have no contact with any family member, unrelated adult, close relative, or parent/legal guardian. 27.8% have contact with their parents/legal guardian and 13.9% have contact with close relatives, while 28.6% are in contact with an unrelated adult outside the institution. Females are in much more in contact with close relatives than males in residential institutions. As can be seen in Table 15, this pattern tends to be repeated across other types of institutions because, out of 119 children with disabilities in contact with close relatives, 62.1% are female residents. As can be expected, most of the children with disabilities in boarding schools and boarding centres are in contact with their parents/legal guardians (90% of 957 children and 87.8% of 812 children respectively). However, 1.3% of 957 residents in boarding schools and 3.9% of 812 residents in boarding centres have no contact with anyone outside the institution. This suggests that they live there all the time alike residents in residential institutions.

**Table 15: Contact with family members, by sex and type of institution**

| Family member of resident | Type of institution | | | | | | | | Total | % |
|---|---|---|---|---|---|---|---|---|---|---|
| | Residential | | Boarding centre | | Mixed (residential and boarding centre) | | Boarding school | | | |
| | Sex | | Sex | | Sex | | Sex | | | |
| | Female | Male | Female | Male | Female | Male | Female | Male | | |
| Parents/legal guardian | 17 | 15 | 333 | 380 | 56 | 58 | 425 | 443 | **1727** | **84.7** |
| Close relatives (e.g. uncle, aunt, grandparent, siblings, cousins) | 15 | 1 | 28 | 20 | 5 | 1 | 26 | 23 | **119** | **5.8** |
| Unrelated adult | 18 | 15 | 15 | 8 | 10 | 1 | 10 | 17 | **94** | **4.6** |
| No contact at all | 15 | 19 | 13 | 15 | 8 | 17 | 4 | 9 | **100** | **4.9** |
| **Total** | **65** | **50** | **389** | **423** | **79** | **77** | **465** | **492** | **2040** | **100.0** |
| | **115** | | **812** | | **156** | | | **957** | | |

### *3.1.13 Residents' level of education*

Regarding the education level of residents, half of the residents currently living in institutions have a primary level of education (1,019 or 50%), 374 (18.3%) have at least a secondary level of education, 206 (10.1%) have preschool, nursery, or ECD, whereas 158 (7.7%) have vocational training and 255 residents (12.5%) do not go to school or have a formal education (see Table 16). In residential institutions, 80.8% of the 115 residents did not go to school or have a formal education. Most children with disabilities in boarding schools and in boarding centres have a primary level of education (60.7% of 957 children and 47.7% of 812 children). In 2015, the Government of Rwanda banned boarding for primary schools to emphasize the principle of a child being raised in families and with their parents. However, boarding schooling for pupils would be allowed by the Ministry of Education under notable exceptions such as children living with disabilities. This was in line with the policy of closing orphanages since some people wanted to change the status of orphanages into boarding primary schools[18]

**Table 16: Residents' level of education, by sex and type of institution**

| Residents' level of education | Type of institution | | | | | | | | Total | % |
|---|---|---|---|---|---|---|---|---|---|---|
| | Residential | | Boarding centre | | Mixed (residential and boarding centre) | | Boarding school | | | |
| | Sex | | Sex | | Sex | | Sex | | | |
| | Female | Male | Female | Male | Female | Male | Female | Male | | |
| Did not go to school/No formal education | 52 | 41 | 52 | 64 | 23 | 23 | 0 | 0 | **255** | **12.5** |
| Preschool/nursery/ECD | 1 | 3 | 49 | 62 | 18 | 26 | 20 | 27 | **206** | **10.1** |
| Primary | 4 | 4 | 190 | 198 | 23 | 19 | 278 | 303 | **1019** | **50.0** |
| Vocational training | 1 | 1 | 24 | 18 | 12 | 6 | 53 | 43 | **158** | **7.7** |
| Secondary + | 3 | 0 | 65 | 76 | 0 | 1 | 112 | 117 | **374** | **18.3** |
| Unknown | 4 | 1 | 9 | 5 | 3 | 2 | 2 | 2 | **28** | **1.4** |
| **Total** | **65** | **50** | **389** | **423** | **79** | **77** | **465** | **492** | **2040** | **100.0** |
| | **115** | | **812** | | **156** | | **957** | | | |

As shown in Table 17, around half of the residents who don't have an education or didn't go to school are aged between 6 and 17 years. While in Rwanda the typical age of primary school children ranges between 6 and 12 years, 54.2% of children with disabilities in residential centres in Rwanda who attend primary school are over the age of 13. Similarly, 27.6% of 206 residents in preschool/nursery/ECD are older than 13, while the typical preschool-age in Rwanda is between 3 and 6.

**Table 17: Residents' level of education, by age group.**

| Residents' level of education | Age group | | | | | | | Total | % |
|---|---|---|---|---|---|---|---|---|---|
| | under 3 | 3-5 | 6-12 | 13-17 | 18-30 | 31-45 | Over 45 | | |
| Did not go to school/No formal education | 5 | 29 | 88 | 42 | 56 | 18 | 17 | **255** | **12.5** |
| Preschool/nursery/ECD | 0 | 10 | 139 | 41 | 13 | 3 | 0 | **206** | **10.1** |
| Primary | 0 | 3 | 463 | 401 | 148 | 4 | 0 | **1019** | **50.0** |
| Vocational training | 0 | 0 | 3 | 34 | 120 | 1 | 0 | **158** | **7.7** |
| Secondary + | 0 | 0 | 6 | 147 | 219 | 2 | 0 | **374** | **18.3** |
| Unknown | 0 | 0 | 9 | 7 | 8 | 3 | 1 | **28** | **1.4** |
| **Total** | **5** | **42** | **708** | **672** | **564** | **31** | **18** | **2040** | **100.0** |

### *3.1.14 Reasons why residents do not attend school*

Table 18 provides information of the main reasons why residents do not go to school or have an education. Among 255 residents who do not go to school or have an education, 125 (49%) reported that they are unable to learn like others whereas 66 (25.9%) reported there is no known school with program/facility/trained personnel to address their special educational needs. Most of those who cannot learn like others are in residential institutions (46.4% of 125). Of 93 children with disabilities in residential institutions who do not attend school, 62% are unable to learn like other children.

**Table 18: Reasons why residents do not attend school, by type of institution**

| Reason for not attending school | Type of institution | | | | | | | | Total | % |
|---|---|---|---|---|---|---|---|---|---|---|
| | Residential | | Boarding centre | | Mixed (residential and boarding centre) | | Boarding school | | | |
| | Sex | | Sex | | Sex | | Sex | | | |
| | Female | Male | Female | Male | Female | Male | Female | Male | | |
| The child is unable to learn like other children | 36 | 22 | 17 | 25 | 12 | 13 | 0 | 0 | **125** | **49.0** |
| No known school with a program/facility/trained personnel to address the child's special educational needs | 7 | 5 | 19 | 22 | 5 | 8 | 0 | 0 | **66** | **25.9** |
| The child does not have an assistive device/technology that he/she needs to attend school | 2 | 3 | 0 | 1 | 0 | 0 | 0 | 0 | **6** | **2.4** |
| No means of transport is available to travel to/from school | 0 | 0 | 0 | 0 | 4 | 0 | 0 | 0 | **4** | **1.6** |
| Insufficient funds to pay for the costs of (his/her) schooling | 1 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | **3** | **1.2** |
| School is too far away | 0 | 0 | 0 | 2 | 0 | 1 | 0 | 0 | **3** | **1.2** |
| The child was refused entry into a school | 0 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | **3** | **1.2** |
| Other | 6 | 9 | 15 | 12 | 2 | 1 | 0 | 0 | **45** | **17.7** |
| **Total** | **52** | **41** | **52** | **64** | **23** | **23** | **0** | **0** | 255 | **100** |
| | **93** | | **116** | | **46** | | **0** | | | |

### *3.1.15 Place where residents obtain an education*

Table 19 shows the vast majority of residents (73.1%) receive an education inside the institution. As can be expected, children with disabilities in boarding schools receive an education inside the institution. Unexpectedly, 1.3% of children with disabilities in boarding schools receive an education outside the institution or do not attend any formal education, which suggests that these children reside in boarding schools for a purpose other than education. 35.2% of residents receive their education inside the centre in boarding centres, while 24.7% receive it outside the centre.

**Table 19: Place where residents are educated, by type of institution**

| Place where residents are educated | Type of institution | | | | | | | | Total | % |
|---|---|---|---|---|---|---|---|---|---|---|
| | Residential | | Boarding centre | | Mixed (residential and boarding centre) | | Boarding school | | | |
| | Sex | | Sex | | Sex | | Sex | | | |
| | Female | Male | Female | Male | Female | Male | Female | Male | | |
| Inside the institution | 2 | 3 | 232 | 253 | 33 | 24 | 457 | 487 | **1491** | **73.1** |
| Outside the institution | 7 | 5 | 101 | 100 | 17 | 24 | 4 | 3 | **261** | **12.8** |
| N/A(Did not go to school/No formal education/Unknown) | 56 | 42 | 56 | 70 | 29 | 29 | 4 | 2 | **288** | **14.1** |
| **Total** | **65** | **50** | **389** | **423** | **79** | **77** | **465** | **492** | **2040** | **100.0** |
| | **115** | | **812** | | **156** | | **957** | | | |

Table 20 presents information on the person who pays most of the residents' schooling cost. According to the data, for 544 (26.7%) residents, their schooling costs are paid by foreign institutional/individual donors, for 428 (21%) residents it is paid by Rwandan individual/ private institutional donors, whereas 400 (19.6%) children are funded by parents/guardians.

**Table 20: Person who pays most of the residents' schooling cost, by sex and type of institution**

| Person who pays most of the residents' schooling cost | Type of institution | | | | | | | | Total | % |
|---|---|---|---|---|---|---|---|---|---|---|
| | Residential | | Boarding centre | | Mixed (residential and boarding centre) | | Boarding school | | | |
| | Sex | | Sex | | Sex | | Sex | | | |
| | Female | Male | Female | Male | Female | Male | Female | Male | | |
| Foreign institutional/ individual donor | 1 | 1 | 124 | 137 | 25 | 25 | 115 | 116 | **544** | **26.7** |
| Rwandan individual/ institutional private donor | 0 | 0 | 72 | 79 | 8 | 8 | 128 | 133 | **428** | **21.0** |
| Parents/guardian (eg: school fees, other contributions) | 3 | 1 | 77 | 82 | 7 | 6 | 117 | 107 | **400** | **19.6** |
| Government/Local authority agency | 3 | 2 | 30 | 27 | 6 | 6 | 48 | 51 | **173** | **8.5** |
| Donations from local church/Mosque | 2 | 2 | 17 | 17 | 0 | 4 | 12 | 31 | **85** | **4.2** |
| Other | 0 | 1 | 12 | 12 | 5 | 0 | 41 | 46 | **117** | **5.7** |
| N/A(Did not go to school/No formal education/unknown) | 56 | 43 | 57 | 69 | 28 | 28 | 4 | 8 | **293** | **14.4** |
| **Total** | **65** | **50** | **389** | **423** | **79** | **77** | **465** | **492** | **2040** | **100.0** |
| | **115** | | **812** | | **156** | | **957** | | | |

### *3.1.16 Health status of residents*

Prior to entering the institution, he/she has to be assessed by appropriate health care professionals. As shown in Table 21, over half of the residents currently living in the institutions were evaluated by a physician/general practitioner/specialist medical doctor (1125 or 55.1%), whereas 361 (17.7%) residents were assessed by unlicensed institution staff trained to complement professional services and 369 (18.1%) were not evaluated.

**Table 21: Residents assessed, by health care worker**

| Health care worker | Type of institution | | | | | | | | Total | % |
|---|---|---|---|---|---|---|---|---|---|---|
| | Residential | | Boarding centre | | Mixed | | Boarding school | | | |
| | Sex | | Sex | | Sex | | Sex | | | |
| | Female | Male | Female | Male | Female | Male | Female | Male | | |
| Physician/general practitioner/ specialist medical doctor | 14 | 17 | 299 | 337 | 43 | 56 | 166 | 193 | **1125** | **55.1** |
| Unlicensed institution staff trained to complement professional services | 1 | 0 | 3 | 5 | 6 | 5 | 182 | 159 | **361** | **17.7** |
| Nurse | 2 | 7 | 25 | 18 | 2 | 3 | 39 | 40 | **136** | **6.7** |
| Optician/audiologist | 0 | 0 | 6 | 9 | 0 | 0 | 55 | 62 | **132** | **6.5** |
| Licensed rehabilitation professional | 1 | 1 | 40 | 38 | 6 | 3 | 18 | 19 | **126** | **6.2** |
| Social worker/psychologist | 1 | 0 | 15 | 24 | 3 | 1 | 17 | 26 | **87** | **4.3** |
| Other licensed paramedical professional | 0 | 0 | 33 | 37 | 0 | 0 | 0 | 1 | **71** | **3.5** |
| Spiritual leaders (Church leader, family elder, etc) | 1 | 1 | 0 | 0 | 0 | 0 | 6 | 8 | **16** | **0.8** |
| Local herbalist (traditional healer) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** | **0.0** |
| Unknown | 4 | 0 | 3 | 2 | 1 | 0 | 8 | 9 | **27** | **1.3** |
| The child has not been assessed | 44 | 32 | 49 | 43 | 23 | 14 | 76 | 88 | **369** | **18.1** |

The health status of 1,125 residents is presented in Table 22. Only 29 (1.4%) do not have a significant health problem. The most frequent disorder was skeletal or muscular dysfunction (359 or 17.6%), followed by sensory difficulties/ disorders (388 or 19%) and neurological and developmental disorders (206 or 10.1%). Many residents (197 or 9.7%) also suffer from general learning disorders/ difficulties.

**Table 22: Diagnosed condition of residents, by sex and type of institution**

| Disorder | Type of institution | | | | | | | | Total | % |
|---|---|---|---|---|---|---|---|---|---|---|
| | Residential | | Boarding centre | | Mixed | | Boarding school | | | |
| | Sex | | Sex | | Sex | | Sex | | | |
| | Female | Male | Female | Male | Female | Male | Female | Male | | |
| Sensory difficulty/disorder with eyesight, hearing, speaking or other | 2 | 1 | 43 | 45 | 11 | 11 | 125 | 150 | **388** | **34.49** |
| Skeletal or muscular disfunction or dislocation | 5 | 7 | 149 | 173 | 4 | 9 | 6 | 6 | **359** | **31.91** |
| Neurological and developmental disorder (e.g: cerebral palsy, Parkinson's disease, or epilepsy) | 9 | 10 | 64 | 69 | 15 | 22 | 10 | 7 | **206** | **18.31** |
| Specific or general learning disorder/ difficulties with letters (dyslexia), with numbers (dyscalculia), with hands and eye coordination (dysgraphia) or other | 5 | 6 | 45 | 53 | 13 | 21 | 23 | 31 | **197** | **17.51** |
| Mental health disorder (depression, post-traumatic stress disorder, anxiety, autism, or intellectual disorder) | 5 | 7 | 29 | 26 | 20 | 21 | 3 | 2 | **113** | **10.04** |
| Respiratory illnesses (e.g: chronic obstructive pulmonary disease or asthma) | 1 | 2 | 2 | 3 | 2 | 1 | 1 | 3 | **15** | **1.33** |
| Immune system disorder (e.g: HIV/AIDS, lupus, rheumatoid arthritis) | 1 | 0 | 1 | 3 | 0 | 1 | 3 | 2 | **11** | **0.98** |
| Other | 1 | 2 | 45 | 43 | 4 | 7 | 38 | 39 | **179** | **15.91** |
| Information not provided | 0 | 0 | 13 | 12 | 0 | 0 | 9 | 12 | **46** | **4.09** |

### *3.1.17 Person who pays most of the residents' health costs*

Table 23 provides information on the person(s) who covers most of the residents' health costs. The results show that most residents' health costs are paid for by their parents/ guardians (439 or 21.5%) or institution funds (432 or 21.2%). Only 11 (0.5%) residents reported that they have nobody to pay for their health costs.

**Table 23: Person who pays most of the residents' health costs, by sex and type of institution**

| Person(s) who pays most of the residents' health costs | Type of institution | | | | | | | | Total | % |
|---|---|---|---|---|---|---|---|---|---|---|
| | Residential | | Boarding centre | | Mixed (residential and boarding centre) | | Boarding school | | | |
| | Sex | | Sex | | Sex | | Sex | | | |
| | Female | Male | Female | Male | Female | Male | Female | Male | | |
| Parents/guardian | 2 | 1 | 83 | 98 | 4 | 5 | 142 | 104 | **439** | **21.5** |
| Institution's own funds | 16 | 15 | 45 | 47 | 46 | 50 | 99 | 114 | **432** | **21.2** |
| Foreign institutional/ individual donor | 0 | 0 | 129 | 137 | 4 | 1 | 44 | 41 | **356** | **17.5** |
| Government/Local authority agency | 32 | 26 | 24 | 26 | 7 | 6 | 41 | 49 | **211** | **10.3** |
| Rwandan individual/ institutional private donor | 0 | 0 | 58 | 57 | 7 | 5 | 25 | 43 | **195** | **9.6** |
| Donations from local church/Mosque | 2 | 3 | 25 | 17 | 1 | 4 | 8 | 20 | **80** | **3.9** |
| Other | 0 | 0 | 12 | 7 | 2 | 0 | 2 | 6 | **29** | **1.4** |
| None | 0 | 0 | 1 | 6 | 0 | 2 | 2 | 0 | **11** | **0.5** |
| Unknown | 13 | 5 | 12 | 28 | 8 | 4 | 102 | 115 | **287** | **14.1** |
| **Total** | **65** | **50** | **389** | **423** | **79** | **77** | **465** | **492** | **2040** | **100.0** |
| | **115** | | **812** | | **156** | | **957** | | | |

### *3.1.18 Residents requiring and currently using supportive devices*

As shown in Table 24, most residents are currently using wheelchairs (1,246 or 61.7%) and only 35 (1.7%) do not require any assistive devices.

**Table 24: Residents currently using supportive devices, by sex and type of institution**

| Supportive devices | Type of institution | | | | | | | | Total | % |
|---|---|---|---|---|---|---|---|---|---|---|
| | Residential | | Boarding centre | | Mixed (residential and boarding centre) | | Boarding school | | | |
| | Sex | | Sex | | Sex | | Sex | | | |
| | Female | Male | Female | Male | Female | Male | Female | Male | | |
| Wheelchairs | 40 | 25 | 185 | 219 | 59 | 57 | 314 | 347 | **1246** | **61.1** |
| Adapted chairs | 7 | 6 | 38 | 28 | 7 | 5 | 42 | 56 | **189** | **9.3** |
| Visual aid | 2 | 1 | 81 | 71 | 0 | 0 | 6 | 7 | **168** | **8.2** |
| Prostheses/orthosis | 17 | 19 | 50 | 50 | 2 | 5 | 5 | 1 | **149** | **7.3** |
| Hearing aids | 0 | 1 | 61 | 65 | 2 | 1 | 6 | 2 | **138** | **6.8** |
| Communication board | 0 | 1 | 11 | 18 | 4 | 4 | 50 | 42 | **130** | **6.4** |
| Modified eating utensils | 0 | 0 | 4 | 1 | 0 | 0 | 29 | 14 | **48** | **2.4** |
| Crutches/Walking cane | 0 | 1 | 6 | 11 | 3 | 8 | 6 | 11 | **46** | **2.3** |
| White cane | 1 | 1 | 3 | 2 | 0 | 0 | 0 | 0 | **7** | **0.3** |
| Other equipment | 0 | 0 | 1 | 0 | 0 | 0 | 36 | 43 | **80** | **3.9** |
| Does not require any assistive device | 2 | 5 | 13 | 10 | 4 | 0 | 1 | 0 | **35** | **1.7** |

As presented in Table 25, of 2,040 residents assessed, 432 residents (21.2%) require hearing aids. 264 residents (12.9%) need a white cane. 183 residents (9%) require crutches/walking cane, and 715 residents (35%) are reported as not requiring any assistive device.

**Table 25: Residents requiring supportive devices, by sex and type of institution**

| Supportive devices | Type of institution | | | | | | | | Total | % |
|---|---|---|---|---|---|---|---|---|---|---|
| | Residential | | Boarding centre | | Mixed (residential and boarding centre) | | Boarding school | | | |
| | Sex | | Sex | | Sex | | Sex | | | |
| | Female | Male | Female | Male | Female | Male | Female | Male | | |
| Hearing aids | 1 | 2 | 36 | 53 | 14 | 14 | 143 | 169 | **432** | **21.2** |
| White cane | 0 | 1 | 0 | 0 | 1 | 0 | 113 | 149 | **264** | **12.9** |
| Crutches/Walking cane | 3 | 2 | 77 | 75 | 1 | 4 | 12 | 9 | **183** | **9.0** |
| Visual aid | 4 | 1 | 8 | 5 | 0 | 1 | 81 | 77 | **177** | **8.7** |
| Wheelchairs | 14 | 23 | 55 | 57 | 6 | 7 | 6 | 5 | **173** | **8.5** |
| Prostheses/orthosis | 1 | 0 | 65 | 66 | 3 | 4 | 10 | 7 | **156** | **7.6** |
| Communication board | 2 | 4 | 6 | 16 | 7 | 13 | 45 | 50 | **143** | **7.0** |
| Adapted chairs | 3 | 8 | 18 | 13 | 3 | 1 | 6 | 4 | **56** | **2.7** |
| Modified eating utensils | 0 | 2 | 6 | 13 | 1 | 1 | 1 | 0 | **24** | **1.2** |
| Other equipment | 13 | 7 | 43 | 41 | 28 | 29 | 61 | 80 | **302** | **14.8** |
| Does not require any assistive device | 35 | 21 | 161 | 185 | 32 | 26 | 137 | 118 | **715** | **35.0** |

### *3.1.19 Residents' reintegration plan*

835 (40.9%) out of 2,040 assessed residents were reported to have a plan to be reintegrated into their families. More than half of residents with reintegration plans are from boarding schools (see Table 26).

**Table 26: Residents' reintegration plan, by sex and type of institution**

| Reintegration plan | Type of institution | | | | | | | | Total | % |
|---|---|---|---|---|---|---|---|---|---|---|
| | Residential | | Boarding centre | | Mixed (residential and boarding centre) | | Boarding school | | | |
| | Sex | | Sex | | Sex | | Sex | | | |
| | Female | Male | Female | Male | Female | Male | Female | Male | | |
| Reintegration plan for children into their families | 21 | 16 | 142 | 151 | 34 | 34 | 214 | 223 | **835** | **40.9** |
| **Total** | **37** | | **293** | | **68** | | **437** | | | |

As shown in Table 27 below, among the 1,208 residents who were reported as having no reintegration plan, 555 (45.9%) said they are still studying, 166 (13.7%) reported they are still attending a rehabilitation/health service, whereas 81 (6.7%) reported that their families are unknown.

**Table 27: Reasons why residents lack a reintegration plan, by sex and type of institution**

| Reason why resident lacks a reintegration plan | Type of institution | | | | | | | | Total | % |
|---|---|---|---|---|---|---|---|---|---|---|
| | Residential | | Boarding centre | | Mixed (residential and boarding centre) | | Boarding school | | | |
| | Sex | | Sex | | Sex | | Sex | | | |
| | Female | Male | Female | Male | Female | Male | Female | Male | | |
| The child is still attending an education program | 0 | 0 | 68 | 85 | 17 | 8 | 166 | 211 | **555** | **45.9** |
| The child is still attending a rehabilitation/health service | 4 | 4 | 76 | 75 | 1 | 2 | 2 | 2 | **166** | **13.7** |
| Child's family is unknown | 23 | 13 | 8 | 6 | 14 | 17 | 0 | 0 | **81** | **6.7** |
| The child has too severe a disability to live in a family | 6 | 9 | 2 | 4 | 2 | 0 | 7 | 5 | **35** | **2.9** |
| Parents are economically disadvantaged, under-resourced | 7 | 4 | 0 | 6 | 0 | 0 | 6 | 6 | **29** | **2.4** |
| Unwillingness of the family to receive the child | 11 | 6 | 2 | 1 | 2 | 1 | 0 | 0 | **23** | **1.9** |
| Parents' illness/disability/ morbidity | 3 | 3 | 2 | 1 | 1 | 0 | 0 | 1 | **11** | **0.9** |
| Institution does not have enough resources to engage in reintegration activities | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 1 | **3** | **0.2** |
| **Other** | **3** | **4** | **114** | **125** | **5** | **10** | **25** | **19** | **305** | **25.2** |
| **Total** | **57** | **43** | **273** | **303** | **42** | **38** | **207** | **245** | **1208** | **100.0** |
| | **100** | | **576** | | **80** | | **452** | | | |

## 3.2 Characteristics of Staff

### *3.2.1 Number of staff by age and sex*

This survey interviewed 609 staff members; 355 (58.3%) females and 254 (41.7%) males aged between 16 and 78 years. The vast majority of staff members are between 21 and 50 years old (87.5%), whereas 62 (10.2%) are older than 50 and the remaining 14 staff members (2.3%) are under 21 (see Table 28).

**Table 28: Number of staff members, by age group, sex and type of institution**

| Age group of staff member | Type of institution | | | | | | | | Total | % |
|---|---|---|---|---|---|---|---|---|---|---|
| | Residential | | Boarding centre | | Mixed (residential and boarding centre) | | Boarding school | | | |
| | Sex | | Sex | | Sex | | Sex | | | |
| | Female | Male | Female | Male | Female | Male | Female | Male | | |
| 16-20 years | 1 | 0 | 2 | 4 | 3 | 1 | 0 | 3 | **14** | **2.3** |
| 21-30 years | 5 | 3 | 42 | 19 | 8 | 8 | 50 | 44 | **179** | **29.4** |
| 31-40 years | 11 | 5 | 38 | 35 | 10 | 6 | 55 | 62 | **222** | **36.5** |
| 41-50 years | 13 | 3 | 24 | 20 | 12 | 1 | 35 | 24 | **132** | **21.7** |
| 51-60 years | 5 | 1 | 17 | 1 | 4 | 0 | 13 | 7 | **48** | **7.9** |
| 61-78 years | 1 | 0 | 0 | 1 | 1 | 0 | 1 | 2 | **6** | **1.0** |
| Information not provided | 1 | 0 | 0 | 3 | 0 | 0 | 3 | 1 | **8** | **1.3** |
| **Total** | **37** | **12** | **123** | **83** | **38** | **16** | **157** | **143** | **609** | **100** |
| | **49** | | **206** | | **54** | | **300** | | | |

### *3.2.2 Levels of Education*

Regarding the education level of staff members, Table 29 shows the majority of staff members have a secondary level of education (280 or 46%), whereas 150 (24.6%) have a university level of education and 127 (20.9%) have a primary level of education. 33 staff members (6%) have a vocational and continuous professional development certification, while 17 (2.8%) have no formal education.

**Table 29: Level of education of staff members, by sex and type of institution**

| Level of education | Type of institution | | | | | | | | Total | % |
|---|---|---|---|---|---|---|---|---|---|---|
| | Residential | | Boarding centre | | Mixed (residential and boarding centre) | | Boarding school | | | |
| | Sex | | Sex | | Sex | | Sex | | | |
| | Female | Male | Female | Male | Female | Male | Female | Male | | |
| No formal education | 3 | 3 | 0 | 2 | 0 | 3 | 4 | 2 | **17** | **2.8** |
| Primary | 11 | 2 | 38 | 29 | 4 | 5 | 18 | 20 | **127** | **20.9** |
| Continuous Professional Development (CPD) certification | 1 | 0 | 5 | 1 | 3 | 0 | 2 | 1 | **13** | **2.1** |
| Secondary | 18 | 1 | 56 | 28 | 28 | 5 | 95 | 49 | **280** | **46.0** |
| Vocational | 1 | 1 | 7 | 3 | 0 | 2 | 1 | 5 | **20** | **3.3** |
| University | 3 | 5 | 17 | 20 | 3 | 1 | 35 | 66 | **150** | **24.6** |
| Unknown | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | **2** | **0.3** |
| **Total** | **37** | **12** | **123** | **83** | **38** | **16** | **157** | **143** | **609** | **100** |
| | **49** | | **206** | | **54** | | **300** | | | |

Table 30 shows staff members in high positions are more likely to have higher levels of education. For example, 74% of managers/directors have a university degree unlike any house mother/father/caregiver.

**Table 30: Level of education of staff members, by sex and position**

| Position of staff member | Level of education of the staff member | | | | | | | | | | | | | | Total | % |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | No formal education | | Primary | | Continuous Professional Development (CPD) certification | | Secondary | | Vocational | | University | | Information not provided | | | |
| | Sex | | Sex | | Sex | | Sex | | Sex | | Sex | | Sex | | | |
| | Female | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | Male | | |
| Educator | 0 | 1 | 8 | 0 | 2 | 1 | 133 | 59 | 3 | 5 | 38 | 56 | 1 | 0 | **307** | **50.4** |
| House mother/ father/ caregiver | 4 | 0 | 33 | 6 | 3 | 0 | 34 | 11 | 0 | 1 | 0 | 0 | 0 | 0 | **92** | **15.1** |
| Manager/ Director | 0 | 0 | 0 | 0 | 2 | 0 | 3 | 3 | 1 | 0 | 9 | 17 | 0 | 0 | **35** | **5.7** |
| Cleaner | 2 | 1 | 11 | 9 | 2 | 0 | 7 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | **34** | **5.6** |
| Security guard | 0 | 3 | 0 | 16 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **19** | **3.1** |
| Accounts Officer | 0 | 0 | 0 | 0 | 0 | 0 | 6 | 3 | 0 | 0 | 4 | 5 | 0 | 0 | **18** | **3.0** |
| Nutritionist | 0 | 1 | 4 | 3 | 0 | 0 | 1 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | **12** | **2.0** |
| Therapist | 0 | 0 | 0 | 0 | 2 | 1 | 2 | 0 | 0 | 0 | 1 | 5 | 0 | 0 | **11** | **1.8** |
| Social Workers | 0 | 0 | 2 | 0 | 0 | 0 | 5 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | **8** | **1.3** |
| Nurse | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | **2** | **0.3** |
| Administrative Assistant/ Afficer | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | **1** | **0.2** |
| Other | 1 | 4 | 13 | 22 | 0 | 0 | 5 | 5 | 3 | 4 | 2 | 8 | 1 | 0 | **68** | **11.2** |
| Unknown | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | **2** | **0.3** |
| **Total** | **7** | **10** | **71** | **56** | **11** | **2** | **197** | **83** | **9** | **11** | **58** | **92** | **2** | **0** | **609** | **100** |
| | **17** | | **127** | | **13** | | **280** | | **20** | | **150** | | **2** | | | |

### *3.2.3 Relevant training received by institution staff members.*

Regarding relevant training received by staff members in institutions, Table 31 shows many staff members received training related to caring for children with disabilities (414 or 68%), followed by teacher-related training (247 or 40.6%) and communication methods (245 or 40.2%).

**Table 31: Relevant training received by institution staff members, by type of institution**

| Relevant training received | Type of institution | | | | | | | | Total | % |
|---|---|---|---|---|---|---|---|---|---|---|
| | Residential | | Boarding centre | | Mixed (residential and boarding centre) | | Boarding school | | | |
| | Sex | | Sex | | Sex | | Sex | | | |
| | Female | Male | Female | Male | Female | Male | Female | Male | | |
| Caring for children with disabilities | 25 | 3 | 97 | 48 | 30 | 10 | 108 | 93 | **414** | **68.0** |
| Teacher training and related skills | 5 | 2 | 32 | 18 | 11 | 3 | 85 | 91 | **247** | **40.6** |
| Communicate with each child using tailored strategies and methods | 10 | 2 | 43 | 22 | 4 | 1 | 80 | 83 | **245** | **40.2** |
| Personal boundaries and how to respect the privacy of children | 11 | 3 | 34 | 11 | 4 | 2 | 25 | 42 | **132** | **21.7** |
| First aid training (health care) | 15 | 2 | 29 | 18 | 11 | 7 | 20 | 29 | **131** | **21.5** |
| Managing challenging behavior | 10 | 2 | 32 | 16 | 8 | 1 | 20 | 23 | **112** | **18.4** |
| Child's individual developmental needs | 16 | 3 | 27 | 13 | 5 | 2 | 10 | 13 | **89** | **14.6** |
| The importance of play and leisure activities for the children | 10 | 2 | 15 | 12 | 6 | 1 | 9 | 20 | **75** | **12.3** |
| Care plan development | 10 | 2 | 17 | 9 | 8 | 0 | 12 | 11 | **69** | **11.3** |
| Nutritional and feeding needs of children | 15 | 0 | 15 | 9 | 5 | 0 | 7 | 6 | **57** | **9.4** |
| Therapeutic services | 5 | 1 | 9 | 2 | 1 | 0 | 8 | 9 | **35** | **5.7** |

### *3.2.4 Length of time working in an institution*

Table 32 provides information on the length of time staff members have spent working in the institutions. The results show that almost half (41.5%) of staff members spend three years or less working in the institutions, and this is consistent throughout all types of institutions. The number of staff who spend three years or less is more common in residential institutions (44.8% of 49 staff) than other types of residential centres and least common in boarding schools.

**Table 32: Length of time working in an institution, by type of institution**

| Length of time | Type of institution | | | | | | | | Total | % |
|---|---|---|---|---|---|---|---|---|---|---|
| | Residential | | Boarding centre | | Mixed (residential and boarding centre) | | Boarding school | | | |
| | Sex | | Sex | | Sex | | Sex | | | |
| | Female | Male | Female | Male | Female | Male | Female | Male | | |
| 0-3 years | 14 | 8 | 53 | 38 | 13 | 11 | 51 | 65 | **253** | **41.5** |
| 4-5 years | 5 | 3 | 15 | 9 | 5 | 2 | 21 | 22 | **82** | **13.5** |
| 6-10 years | 9 | 1 | 27 | 24 | 8 | 2 | 55 | 37 | **163** | **26.8** |
| 11-15 years | 4 | 0 | 18 | 10 | 8 | 1 | 20 | 9 | **70** | **11.5** |
| More than 15 years | 5 | 0 | 7 | 2 | 4 | 0 | 10 | 7 | **35** | **5.7** |
| Unknown | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 3 | **6** | **1.0** |
| **Total** | **37** | **12** | **123** | **83** | **38** | **16** | **157** | **143** | **609** | **100** |
| | **49** | | **206** | | **54** | | **300** | | | |

As shown in Table 33, social workers, therapists, security guards, and caregivers are the categories of staff who spend the least amount of time serving in residential centres, with 87.5%, 72.7%, 52.6%, and 52.1% of them serving three years or less respectively. Half of nutritionists and nurses also spent three years or less. Managers/directors, teachers, cleaners, and accountants spent a relatively longer time in their job; 71.4%, 67.1%, 55.8%, and 55.5% of them having served more than three years respectively.

**Table 33: Length of time working in an institution, by sex and position**

| Position of staff member | Duration in employment | | | | | | | | | | | | Total | % |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 0-3 years | | 4-5 years | | 6-10 years | | 11-15 years | | More than 15 years | | Unknown | | | |
| | Sex | | Sex | | Sex | | Sex | | Sex | | Sex | | | |
| | Female | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | Male | | |
| Educator | 56 | 45 | 26 | 21 | 53 | 34 | 27 | 14 | 20 | 6 | 3 | 2 | **307** | **50.4** |
| House mother/ father/ caregiver | 38 | 10 | 9 | 2 | 15 | 5 | 9 | 0 | 3 | 1 | 0 | 0 | **92** | **15.1** |
| Manager/ Director | 2 | 8 | 3 | 3 | 4 | 8 | 3 | 0 | 3 | 0 | 0 | 1 | **35** | **5.7** |
| Cleaner | 11 | 4 | 3 | 1 | 7 | 3 | 2 | 2 | 0 | 1 | 0 | 0 | **34** | **5.6** |
| Security guard | 0 | 10 | 0 | 3 | 0 | 5 | 0 | 1 | 0 | 0 | 0 | 0 | **19** | **3.1** |
| Accounts officer | 5 | 3 | 1 | 0 | 3 | 5 | 1 | 0 | 0 | 0 | 0 | 0 | **18** | **3.0** |
| Nutritionist | 2 | 4 | 1 | 1 | 2 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | **12** | **2.0** |
| Therapist | 2 | 6 | 1 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **11** | **1.8** |
| Social worker | 7 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | **8** | **1.3** |
| Nurse | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | **2** | **0.3** |
| Administrative assistant/officer | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **1** | **0.2** |
| Other | 6 | 32 | 2 | 5 | 12 | 3 | 5 | 2 | 0 | 1 | 0 | 0 | **68** | **11.2** |
| Information not provided | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | **2** | **0.3** |
| **Total** | **131** | **122** | **46** | **36** | **99** | **64** | **50** | **20** | **26** | **9** | **3** | **3** | **609** | **100** |
| | **253** | | **82** | | **163** | | **70** | | **35** | | **6** | | | |

### *3.2.5 Number of employees and volunteers*

Results shown in Table 34 reveal that 526 (86.4%) out of 609 staff members assessed are paid, whereas 75 (12.3%) are unpaid volunteers. Another small number of staff (0.3%) said that they are occasionally paid.

**Table 34: Number of paid staff or unpaid volunteers, by sex and type of institution**

| | Type of institution | | | | | | | | Total | % |
|---|---|---|---|---|---|---|---|---|---|---|
| | Residential | | Boarding centre | | Mixed (residential and boarding centre) | | Boarding school | | | |
| | Sex | | Sex | | Sex | | Sex | | | |
| | Female | Male | Female | Male | Female | Male | Female | Male | | |
| Paid staff | 12 | 8 | 105 | 80 | 35 | 16 | 137 | 133 | **526** | **86.4** |
| Occasionally paid | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | **2** | **0.3** |
| Unpaid volunteer | 25 | 4 | 11 | 3 | 3 | 0 | 19 | 10 | **75** | **12.3** |
| Unknown | 0 | 0 | 5 | 0 | 0 | 0 | 1 | 0 | **6** | **1.0** |
| **Total** | **37** | **12** | **123** | **83** | **38** | **16** | **157** | **143** | **609** | **100** |
| | **49** | | **206** | | **54** | | **300** | | | |

Table 35 provides information on paid and unpaid staff members by position. The most frequently reported unpaid staff members include house mothers/fathers/caregivers, educators, and managers/ directors.

**Table 35: Number of paid staff or unpaid volunteers, by sex and position**

| Position of staff member | Paid staff | | Occasionally paid | | Unpaid volunteer | | Information not provided | | Total | % |
|---|---|---|---|---|---|---|---|---|---|---|
| | Sex | | Sex | | Sex | | Sex | | | |
| | Female | Male | Female | Male | Female | Male | Female | Male | | |
| Educator | 168 | 119 | 0 | 0 | 14 | 3 | 3 | 0 | **307** | **50.4** |
| House mother/father/caregiver | 48 | 16 | 1 | 0 | 24 | 2 | 1 | 0 | **92** | **15.1** |
| Manager/Director | 5 | 14 | 1 | 0 | 9 | 6 | 0 | 0 | **35** | **5.7** |
| Cleaner | 19 | 11 | 0 | 0 | 3 | 0 | 1 | 0 | **34** | **5.6** |
| Security guard | 0 | 19 | 0 | 0 | 0 | 0 | 0 | 0 | **19** | **3.1** |
| Accounts officer | 8 | 7 | 0 | 0 | 2 | 1 | 0 | 0 | **18** | **3** |
| Nutritionist | 4 | 6 | 0 | 0 | 2 | 0 | 0 | 0 | **12** | **2** |
| Therapist | 4 | 6 | 0 | 0 | 1 | 0 | 0 | 0 | **11** | **1.8** |
| Social worker | 5 | 0 | 0 | 0 | 2 | 0 | 1 | 0 | **8** | **1.3** |
| Nurse | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **2** | **0.3** |
| Administrative assistant/officer | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **1** | **0.2** |
| Other | 24 | 38 | 0 | 0 | 1 | 5 | 0 | 0 | **68** | **11.2** |
| Unknown | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | **2** | **0.3** |
| **Total** | **289** | **237** | **2** | **0** | **58** | **17** | **6** | **0** | **609** | **100** |
| | **526** | | **2** | | **75** | | **6** | | | |

### *3.2.6 Number of staff over the last five years*

As shown in Table 36, the number of staff employed in residential centres for children with disabilities in Rwanda has increased from 557 to 590 staff between 2015 and 2019.

**Table 36: Number of staff over the last five years, by type of institution**

| Year | Type of institution | | | | |
|---|---|---|---|---|---|
| | Residential | Boarding centre | Mixed (residential and boarding centres) | Boarding schools | Total |
| 2019 | 42 | 204 | 56 | 288 | **590** |
| 2018 | 38 | 199 | 32 | 291 | **560** |
| 2017 | 39 | 195 | 32 | 273 | **539** |
| 2016 | 36 | 200 | 31 | 280 | **547** |
| 2015 | 33 | 209 | 32 | 283 | **557** |

### *3.2.7 Number of staff, by function and type of institution*

Table 37 shows 609 staff are currently working in 34 residential centres in Rwanda. Over half (50.4%) are teachers while 20.5% are carers. Carers are defined as staff working directly with children. In this survey "housemother/father/caregiver," "nurse," "nutritionist," "therapist," and "social workers" were included in this category of carers. Compared to males, female "teachers" and female "carers" form the overwhelming majority with 60.2% and 76% respectively. In residential institutions, the number of female staff is almost three times that of male staff, and nearly all carers are female.

Similarly, in mixed centres, the number of females is twice that of males. Considering there are a total of 2,040 children with disabilities and 125 carers, the overall carer-to-child ratio in residential centres in Rwanda is 1:16. This ratio varies depending on the type of institution: 1: 29 in boarding schools, followed by mixed centres (1:17) and boarding centres (1:15). Residential institutions reported the lowest carer-to-child ratio of 1:4.

**Table 37: Number of staff, by function and type of institution**

| Function | Type of institution | | | | | | | | Total | % |
|---|---|---|---|---|---|---|---|---|---|---|
| | Residential | | Boarding centre | | Mixed (residential and boading centre) | | Boarding school | | | |
| | Sex | | Sex | | Sex | | Sex | | | |
| | Female | Male | Female | Male | Female | Male | Female | Male | | |
| Accountant officer | 1 | 0 | 3 | 3 | 2 | 0 | 4 | 5 | **18** | **2.96** |
| Administrative Assistant/Officer | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | **1** | **0.16** |
| Teacher | 3 | 0 | 51 | 31 | 27 | 3 | 104 | 88 | **307** | **50.41** |
| House mother/father/caregiver | 25 | 0 | 28 | 7 | 3 | 4 | 18 | 7 | **92** | **15.11** |
| Manager/Director | 3 | 4 | 6 | 7 | 2 | 1 | 4 | 8 | **35** | **5.75** |
| Nurse | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | **2** | **0.33** |
| Nutritionist | 0 | 0 | 2 | 2 | 0 | 1 | 4 | 3 | **12** | **1.97** |
| Therapist | 1 | 1 | 4 | 4 | 0 | 0 | 0 | 1 | **11** | **1.81** |
| Social worker | 1 | 0 | 6 | 0 | 1 | 0 | 0 | 0 | **8** | **1.31** |
| Security guard | 0 | 3 | 0 | 7 | 0 | 5 | 0 | 4 | **19** | **3.12** |
| Cleaner | 2 | 1 | 8 | 5 | 3 | 0 | 10 | 5 | **34** | **5.58** |
| Other | 1 | 3 | 12 | 17 | 0 | 2 | 12 | 21 | **68** | **11.17** |
| Information not provided | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | **2** | **0.33** |
| Subtotal Carers[3] | 27 | 1 | 42 | 13 | 4 | 5 | 22 | 11 | **125** | **20.53** |
| **Total** | **37** | **12** | **123** | **83** | **38** | **16** | **157** | **143** | **609** | **100.00** |

## 3.3 Institutions

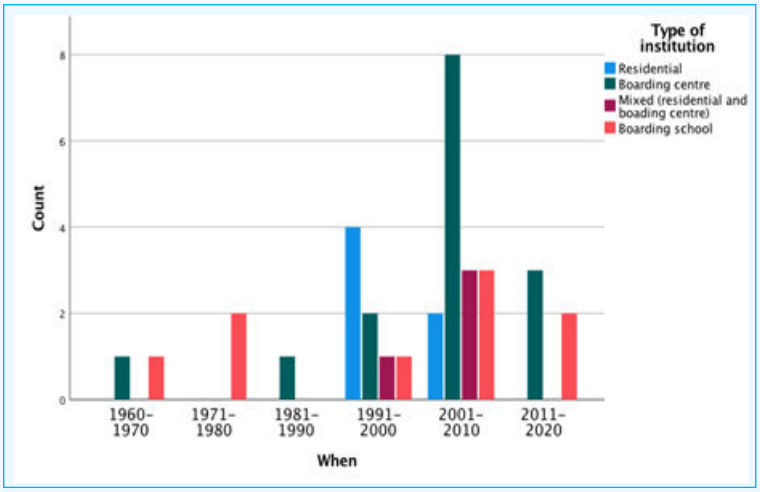


**Figure 1:** Date when institutions were founded

### *3.3.1 Date when institutions were founded*

HVP Gatagara/NYANZA was the first institution for children with disabilities founded in Rwanda; it was founded in 1960 by an individual. The next established institution was HVP Gatagara/Rwamagana, founded in 1962 by the catholic church. Figure 1 shows the majority of the other institutions in Rwanda were established between 2001 and 2010.

3. Carers are staff working directly with children. In this survey were included house mother/father/caregiver, nurse, nutritionist, therapist and social workers.

### *3.3.2 Registration status of institutions*

Table 38 shows that 19 out of 34 institutions in Rwanda are registered with RGB (55.9%). This is primarily the case for boarding centres and mixed centres where 10 out 15 and 4 out of 4 are registered with RGB. 7 out of 9 boarding schools are registered with MINEDUC. Where they are supposed to be registered with MINEDUC, two boarding schools are registered with RGB. One residential institution and one boarding centre are unregistered. While the minimum standards suggest that every residential institution should be registered with NCPD, only four institutions, including two residential and two boarding centres, are registered with NCPD.

**Table 38: Registration of institutions, by type of institution**

| Registration status of institution | Type of institution | | | | Total | % |
|---|---|---|---|---|---|---|
| | Residential | Boarding centre | Mixed (residential and boarding centre) | Boarding school | | |
| RGB | 3 | 10 | 4 | 2 | **19** | **55.9** |
| MINEDUC | 0 | 1 | 0 | 7 | **8** | **23.5** |
| NCPD | 2 | 2 | 0 | 0 | **4** | **11.8** |
| District Authority | 0 | 1 | 0 | 0 | **1** | **2.9** |
| Unregistered | 1 | 1 | 0 | 0 | **2** | **5.9** |
| **Total** | **6** | **15** | **4** | **9** | **34** | **100.0** |

### *3.3.3 Mission of institutions*

As presented in Table 39, the primary mission of institutions is different depending on the type of residential centre. As can be expected, all boarding schools have "education" as their primary mission. Almost half of all boarding centres also have "teaching" as their primary mission. Unlike other types of institutions, there are no residential institutions in Rwanda whose primary mission is education. Half of residential institutions have "caring for children without parental care" as their primary mission.

**Table 39: Mission of institutions, by type of institution**

| Mission of institution | Type of institution | | | | Total | % |
|---|---|---|---|---|---|---|
| | Residential | Boarding centre | Mixed (residential and boarding centre) | Boarding school | | |
| Educational | 0 | 8 | 1 | 9 | **18** | **52.9** |
| Therapeutical/rehabilitational | 2 | 5 | 2 | 0 | **9** | **26.5** |
| Taking the family burden due to children's disability | 1 | 2 | 1 | 0 | **4** | **11.8** |
| Caring for children without parental care | 3 | 0 | 0 | 0 | **3** | **8.8** |
| **Total** | **6** | **15** | **4** | **9** | **34** | **100.0** |

### *3.3.4 Ownership of institution buildings*

Table 40 provides information on the ownership of institution buildings. Half the institutions reported that their buildings belonged to the founders, while almost another half said that the facilities are the property of the institution. One institution reported the buildings to be rented.

**Table 40: Ownership of institution buildings, by type of institution**

| Ownership of institution buildings | Type of institution | | | | Total | % |
|---|---|---|---|---|---|---|
| | Residential | Boarding centre | Mixed (residential and boarding centre) | Boarding school | | |
| Owned by the founder(s) | 4 | 9 | 0 | 4 | **17** | **50** |
| Owned by the institution | 2 | 6 | 3 | 5 | **16** | **47** |
| Rented | 0 | 0 | 1 | 0 | **1** | **3** |
| **Total** | **6** | **15** | **4** | **9** | **34** | **100** |

### *3.3.5 Trends in the number of new admissions into institutions*

Table 41 shows the trends in the number of children admitted inro the institutions between 2015 and 2019. The number of children admitted decreased from 2,309 in 2015 to 2,174 in 2019.

**Table 41: Trends in the number of children admitted into institutions, by type of institution**

| Year | Type of institution | | | | Total |
|---|---|---|---|---|---|
| | Residential | Boarding centre | Mixed (residential and boarding centre) | Boarding school | |
| 2019 | 131 | 863 | 183 | 997 | **2174** |
| 2018 | 133 | 967 | 126 | 987 | **2213** |
| 2017 | 131 | 1057 | 124 | 1035 | **2347** |
| 2016 | 129 | 976 | 126 | 1013 | **2244** |
| 2015 | 218 | 946 | 133 | 1012 | **2309** |

### *3.3.6 Trends in the number of children who left institutions, by type of institution*

The number of children who left the institutions between 2015 and 2019 increased from 176 to 204. Admissions into residential institutions rose exponentially in 2018 and 2019 (see Table 42). During the last five years, the number of exits from the institutions is far below that of new admissions.

**Table 42: Trends in the number of children who left institutions, by type of institution**

| Year | Type of institution | | | | Total |
|---|---|---|---|---|---|
| | Residential | Boarding centre | Mixed (residential and boarding centre) | Boarding school | |
| 2019 | 10 | 93 | 20 | 81 | **204** |
| 2018 | 10 | 104 | 15 | 108 | **237** |
| 2017 | 1 | 86 | 5 | 90 | **182** |
| 2016 | 1 | 69 | 7 | 113 | **190** |
| 2015 | 2 | 66 | 27 | 81 | **176** |

### *3.3.7 Destination of children who left institutions*

Table 43 presents information on the destination of children who left institutions between June 2019 and June 2020. According to the results, 447 children were reintegrated into their families (biological and extended), 30 were moved to other institutions, and 13 moved to independent living. Another 7 children were placed in foster care, and 5 were adopted.

**Table 43: Destination of children who left institutions in the last 12 months, by type of institution**

| Destination of children who left institutions | Type of institution | | | | |
|---|---|---|---|---|---|
| | Residential | Boarding centre | Mixed (residential and boarding centres) | Boarding schools | Total |
| Reintegrated into their biological family | 12 | 100 | 12 | 317 | **441** |
| Moved to another institution | 0 | 8 | 8 | 14 | **30** |
| Independent living | 1 | 0 | 1 | 11 | **13** |
| Foster Care | 1 | 0 | 3 | 3 | **7** |
| Extended Family | 4 | 2 | 0 | 0 | **6** |
| Adopted | 1 | 0 | 2 | 2 | **5** |

### *3.3.8 Children who left the institution because of Covid-19*

This report shows that 1,585 (77.6%) of residents with a disability registered in institutions in Rwanda left the institution because of the Covid-19 pandemic. Almost all children with disabilities returned to their families (99.1%) or extended family (0.63%). The type of institution that reintegrated many of their residents was boarding schools, which returned 87.3% of their total residents, while boarding centres returned 76.8% of their total residents. Only one child with disabilities was reintegrated into their family from residential institutions during the pandemic. Table 44 provides information on the destination of children who left institutions because of Covid-19.

**Table 44: Destination of children who left institutions because of the Covid-19 pandemic, by type of institution**

| Destination of children who left institutions because of the Covid-19 pandemic | Type of institution | | | | |
|---|---|---|---|---|---|
| | Residential | Boarding centre | Mixed (residential and boarding centres) | Boarding schools | Total |
| Reintegrated into their families | 0 | 624 | 111 | 836 | **1571** |
| Extended family | 0 | 10 | 0 | 0 | **10** |
| Moved to another institution | 0 | 1 | 0 | 0 | **1** |
| Foster care | 0 | 0 | 0 | 1 | **1** |
| Adopted | 0 | 1 | 0 | 0 | **1** |
| Independent living | 1 | 0 | 0 | 0 | **1** |

### *3.3.9 Number of children who died in institutions*

Table 45 shows the number of children who died in institutions. 10 cases were reported in 2019 and 7 in 2020. Assuming that 2,174 children with disabilities were living in institutions in Rwanda, the crude mortality rate is 4.6 per 1,000.

**Table 45: Number of children who died between January 2019 and June 2020, by type of institution**

| Year | Type of institution | | | | |
|---|---|---|---|---|---|
| | Residential | Boarding centre | Mixed (residential and boarding centres) | Boarding schools | Total |
| January-June 2020 | 2 | 2 | 1 | 2 | 7 |
| 2019 | 3 | 1 | 2 | 4 | 10 |

### *3.3.10 Institutions' budget and sources of funding*

30 out of 34 institutions disclosed their budget information for activities and salaries (1,066,052,431 RWF during 2019). The lowest budget was 4,000,000 RWF, while the highest was 174,920,224 RWF. The average budget was 35,535,081.03 RWF (standard deviation = 37,424,850) while the median was 24,665,250 RWF. The most frequently reported total budget was 28,000,000 RWF, reported by three institutions. The five residential institutions that disclosed their budget accommodate 102 residents. They used a total budget of 79,000,000 RWF which equates to 2,151 RWF per child per day. The minimum budget in a residential institution was 10,000,000 RWF, while the maximum was 28,000,000 RWF (see Table 46). 12 boarding centres accommodating a total of 764 children with disabilities reported that they used 409,341,015 RWF during 2019, which is approximately 1,488 RWF per child per day. Nine boarding schools with 915 children with disabilities reported a total budget of 478,639,851 RWF, equating to 1,389 RWF per child per day. The minimum budget in boarding schools was 24,000,000 RWF, while the maximum was 140,000,000 RWF. The four mixed residential and boarding centres used 99,071,565 RWF to care for 156 children during 2019, which equates to 1,764 RWF per child per day.

**Table 46: Estimated budget (in RWF) for 2019 activities and salaries, by type of institution**

| Type of institution | Estimated budget (RWF) | | | |
|---|---|---|---|---|
| | Minimum | Maximum | Total | Average |
| Residential | 10,000,000 | 28,000,000 | 79,000,000 | 15800000 |
| Boarding centre | 4,000,000 | 174,920,224 | 409,341,015 | 34111751.25 |
| Mixed (residential and boarding centre) | 9,080,000 | 41,191,492 | 99,071,565 | 24767891.25 |
| Boarding school | 24,000,000 | 140,000,000 | 478,639,851 | 53182205.67 |
| **Total** | **4,000,000** | **174,920,224** | **1,066,052,431** | **35535081.03** |

Table 47 shows that 27 out of 30 institutions (90%) that disclosed their financial situation received funding from government or local authority agencies in 2019, whereas 63% obtained it from institution/founder fees. Other sources of funding included donations from parents/guardians, contributions from local churches/mosque, Rwandan individual/private institutional donors, and others.

**Table 47: Main sources of funding for institutions during the last 12 months, by type of institution**

| Main source of funding | Type of institution | | | | Total (n=30) | % |
|---|---|---|---|---|---|---|
| | Residential | Boarding centre | Mixed (residential and boarding centre) | Boarding school | | |
| Government/Local authority agency | 6 | 11 | 3 | 7 | **27** | **90** |
| Institutions'/founders own fees | 4 | 7 | 3 | 5 | **19** | **63** |
| Donations from parents/guardian | 0 | 6 | 1 | 4 | **11** | **37** |
| Donations from local church/mosque | 3 | 6 | 1 | 1 | **11** | **37** |
| Rwandan individual/institutional private donor | 3 | 1 | 2 | 1 | **7** | **23** |
| Other | 1 | 3 | 1 | 6 | **11** | |

### *3.3.11 Community outreach programs*

As shown in Table 48, advocacy for the rights of disabled children is the most popular community outreach program, run by 60% of institutions that disclosed this information. Education including "specialized education" and "other education support" came in second (60%) followed by activities related to health. 30% of institutions revealed that they provide health insurance, 30% give physiotherapy, 26.7% provide assistive devices and 10% offer orthopedy services in their catchment area. Other programs include farming activities, income generating activities and direct financial support to vulnerable families. 10% of institutions provide nutrition support to community members in need.

**Table 48: Community outreach program provided, by type of institution**

| Community outreach program | Type of institution | | | | Total | % |
|---|---|---|---|---|---|---|
| | Residential | Boarding centre | Mixed (residential and boarding centre) | Boarding school | | |
| Advocacy for rights of disabled children | 3 | 7 | 2 | 6 | **18** | **60** |
| Specialized education | 1 | 4 | 1 | 4 | **10** | **33.3** |
| Health insurance | 2 | 3 | 1 | 3 | **9** | **30** |
| Physiotherapy | 1 | 8 | 0 | 0 | **9** | **30** |
| Education support | 0 | 5 | 2 | 1 | **8** | **26.7** |
| Assistive devices | 1 | 5 | 1 | 1 | **8** | **26.7** |
| Farming activities | 3 | 3 | 0 | 2 | **8** | **26.7** |
| Direct financial support to vulnerable families | 1 | 3 | 1 | 0 | **5** | **16.7** |
| Income generating activities to vulnerable families | 1 | 3 | 1 | 0 | **5** | **16.7** |
| Nutrition support | 1 | 0 | 2 | 0 | **3** | **10** |
| Orthopedy | 2 | 1 | 0 | 0 | **3** | **10** |
| Adult literacy | 0 | 1 | 0 | 0 | **1** | **3.3** |
| Other | 0 | 1 | 1 | 4 | **6** | **20** |

Table 49 presents the services offered inside the institution from which outsiders can benefit from, including informal essential education services, vocational training, specialized schools, primary and secondary schools, psychosocial support, and others.

**Table 49: Services inside the institution from which outsiders can benefit from, by type of institution**

| Services inside the institution which outsiders can benefit from | Type of institution | | | | Total (n=30) | % |
|---|---|---|---|---|---|---|
| | Residential | Boarding centre | Mixed (residential and boarding centre) | Boarding school | | |
| Informal basic education services in residential centres | 1 | 6 | 3 | 2 | **12** | **40** |
| Vocational training | 1 | 5 | 1 | 3 | **10** | **33** |
| Specialised school (eg: deaf school, blind school) | 0 | 2 | 0 | 6 | **8** | **27** |
| Secondary school | 0 | 3 | 0 | 3 | **6** | **20** |
| Occupational therapy | 1 | 4 | 1 | 0 | **6** | **20** |
| Primary school | 0 | 3 | 0 | 2 | **5** | **17** |
| Psychosocial support | 2 | 2 | 1 | 0 | **5** | **17** |
| Physiotherapy | 0 | 2 | 0 | 0 | **2** | **7** |
| Orthopaedic services | 0 | 1 | 0 | 0 | **1** | **3** |
| Other | 2 | 4 | 2 | 2 | **10** | **33** |

## 3.4 Minimum standards for institutions


**Figure 2:** Standards for professional care

### *3.4.1 Standards for professional care*

Standards for professional care include aims and objectives, protection policy, referral, admission and exit strategies, care plans and rehabilitation, habilitation and aftercare. Figure 2 shows how each type of residential centre in Rwanda performed in terms of fully meeting ("met"), partially meeting ("partially met") or not meeting at all ("not met") these standards.

For aims and objectives, the standard is that the institution should have an accessible statement of its aims and objectives, indicating why it was formed and what it wants to achieve. Results presented in Figure 2 show that 5 residential centres in Rwanda did not meet this standard while 29 met it. 4 out of 5 centres that did not meet the standard are boarding centres. All boarding schools and residential institutions met the standard so responded "Yes" to the question asking them whether they do or do not have a written, accessible statement of their aims and objectives.

Regarding the protection policy, the standard was that the institution has an accessible protection policy that all staff and volunteers sign that reflects current Rwandan law and protection practices for vulnerable populations (i.e. children and adults with disabilities), and transparent procedures ofr how to apply the policy in practice. Figure 2 shows that 12 institutions did not have all copies where all staff and volunteers have signed the protection policy, while 22 met this standard. 5 out of 6 residential centres met this standard, while 3 out of 4 mixed centres did not meet the standard. Also, half of the boarding centres and half of the boarding schools met this standard, while the remaining half did not.

For the referral system, the standard stipulates that a clear referral, admission, and exit strategy should be in place that upholds the rights and best interests of the individual and that prioritizes family-based alternative care options. This process should be led by the district social worker or psychologist or other relevant social welfare authorities. As shown in Figure 2, no institution in Rwanda was found to fully meet this standard, but they all partly met it. To fully meet the standard, each child in the institution had to have their placement reviewed regularly; to have records of an individualized assessment conducted before the child's admission/registration in the institution. The institution also had to have documented policy, procedures, and guidelines for the child's application, admission, and registration or deregistration. No child under the age of three should be living in an institution.

For the care plans, the standard is that each child in the institution must have a detailed care plan that is reviewed and updated at least every six months to reflect the changing needs of the child over time. Figure 2 shows that 9 out of 34 institutions in Rwanda failed to fully meet this standard. Two fully met this standard, while 23 partly met this standard. 4out of 6 residential institutions did not meet this standard, while the remaining two residential institutions met it. The vast majority of boarding centres (13 out 15) and boarding schools (6 out of 9) partly met the standard, while 2 out of 15 and 3 out of 9 did not meet the standard for boarding centres and boarding schools respectively. All mixed schools partly met the standard. In most cases, children had a care plan that has been developed based on their individual needs, but the care plans had not been reviewed and updated by a multi-disciplinary team.

Regarding rehabilitation, the standard is that there should be a system in place for rehabilitation and habilitation. Figure 2 shows that 19 out of 34 institutions in Rwanda did not meet this standard while 15 met it. Many institutions that did not meet this standard were reported from mixed centres (3 out of 4) and residential institutions (4 out of 6).

### *3.4.2 Standards for personal care*

As covered in Figure 3 below, standards for personal care include: nutrition, health care, play, recreational activities and community participation, privacy, support in sharing opinions and making informed choices, dignity and respect, relationships and attachments, sense of identity, methods of care, control and the use of sanctions, and access to education.

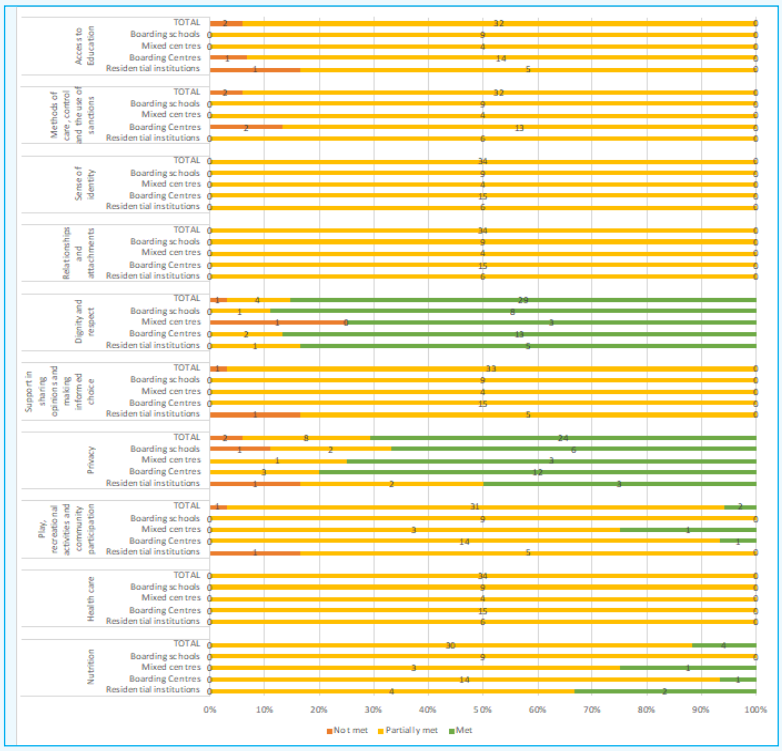


**Figure 3:** Standards for personal care

Nutrition standards require a children's daily diet to include adequate amounts of nutritious, well-balanced food that meets the nutritional needs of each child and that accommodates unique feeding disorders. 4 out of 34 institutions met this standard, while the remaining 30 partly met this standard, as presented in Figure 3. All institutions who partly met the standard failed to meet the indicator related to having special dietary and feeding requirements to sufficiently accommodate a child's needs. All institutions stated that children receive sufficient, nutritious food each day.

The standard related to health care is stipulated as follows: "there is access to regular health services including medical, rehabilitation, and mental health care for prevention and treatment." Results in Figure 3 show that all institutions partly met the standard. Most institutions failed to meet the indicator whereby each child should have a written health record with up-to-date information about immunization, illness, and treatment history. On the other hand, most institutions met the indicator related to having health insurance and conducting an individual assessment prior to the child moving into the institution.

Another standard in the section of personal care was that children should have the opportunity for play and recreation and participate in community activities and events. Results show that two institutions, including one boarding centre and one mixed centre, met this standard. One centre, a residential institution, did not meet this standard, while 31 institutions partly met this standard. The indicator which most institutions met was to have sufficient resources/equipment to support activities like music, dance, and games. However, they failed on indicators related to community participation.

Another assessed standard was respecting a child's right to privacy. Out of 34 institutions, two institutions, including one boarding school and one residential institution, did not meet this standard. As shown in Figure 3, 24 institutions in Rwanda met this standard while 8 institutions partly met it. Most institutions managed to complete the indicator of having a private place where the child can use the toilet, bathe and dress.

The standard related to children being supported in sharing their opinions and making informed choices based on their unique personality, abilities and needs was partly met by 33 institutions. No institution in Rwanda fully met this standard. One residential institution did not meet this standard. Data shows that most institutions failed to meet the indicator of offering choices to children regularly throughout the day (e.g. during mealtime, activities, clothing, etc.). They instead performed pretty well on indicators related to organizing meetings with the children to receive input about all aspects of living in the institution.

Treating children with dignity and respect at all times, regardless of their background, behaviour or abilities, was a standard fully met by many institutions. 29 out of 34 reported to have fully met this standard. One institution, a mixed centre, did not meet it at all.

Regarding relationships and attachment, children have to have positive, meaningful, and appropriate relationships with staff, other children in the institution, and the community. All institutions in Rwanda partly met this standard. In most institutions, children are supported to have contact with their family members but the indicator relating to having a one-on-one attachment was not met for most of them.

Maintaining the self-identity of children was another standard in the personal care section. All institutions partly met the measure as presented in Figure 3. Indicators of this standard, which most institutions met, includes calling children by their given and family names or a name of their choosing, and staff fostering a positive self-image among children through how they talk and interact with them.

"The strategies that are used to manage unacceptable behaviour respect Rwandan law, the child's rights and protect their dignity" is another assessed standard. Having an accessible policy that outlines acceptable methods and having strategies for control and sanctions that support positive ways of managing behaviour, were two indicators of this standard. Two boarding centres did not meet this standard.

The last standard in the personal care section was that children should have access to formal, informal, and vocational education as appropriate based on an independent assessment of their individual needs and corresponding plan. No institution fully met this standard. Two institutions, including one boarding centre and one residential institution, did not meet this standard at all. The remaining 32 institutions partly met the standard. Having adapted educational resources for children's learning and teaching was the indicator with which most institutions failed.

### *3.4.3 Standards for staff*

Standards for staff include recruitment and selection, supervision and support, professional development and training. The results are presented in Figure 4 below.

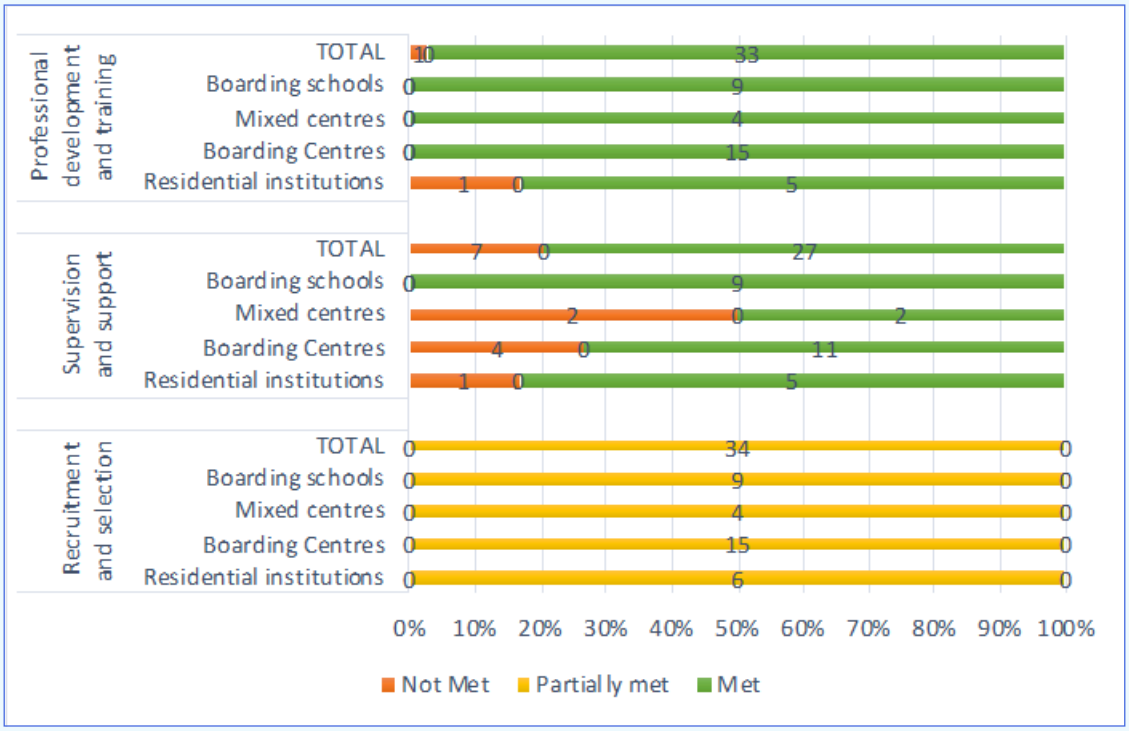


**Figure 4:** Standards for staff

For recruitment and selection, the standard stipulates that procedures should be documented and effectively identify high-quality staff, protect children, and minimize turnover. Figure 4 shows that all 34 institutions partly met this standard. One indicator that most institutions met was to have at least two staff members on duty at night, taking it in turns to be aware and regularly check on the children. However, many institutions failed to have the minimum range of staff required for an institution, including a manager, two social workers, nurse, cook, security guard, cleaner, house mother/father, accounts

officer, administrative assistant/officer, and nutritionist. Also, many staff in institutions were found to be under the age of 21, while the standard indicator recommends that all staff in institutions be over 21.

Regarding reporting and supervision, the standard is that there should be a formal reporting process, and staff receive regular supervision and feedback from management and support from local authorities. 7 out of 34 institutions did not meet this standard, while 27 met it (Figure 4). All boarding schools and 5 out of 6 residential centres met this standard. Boarding centres and mixed centres represented the biggest number of institutions that did not meet this standard.

The standard related to professional development and training stipulates that staff receive regular training to support the children's individual needs. The survey found that in almost all institutions (33 out of 34), managers conduct formal or informal performance reviews each year, and staff receive regular supervision and feedback from management and support from local authorities.

### *3.4.4 Standards for resources*

Standards for resources include location and design, accommodation. The results are presented in Figure 5 below.

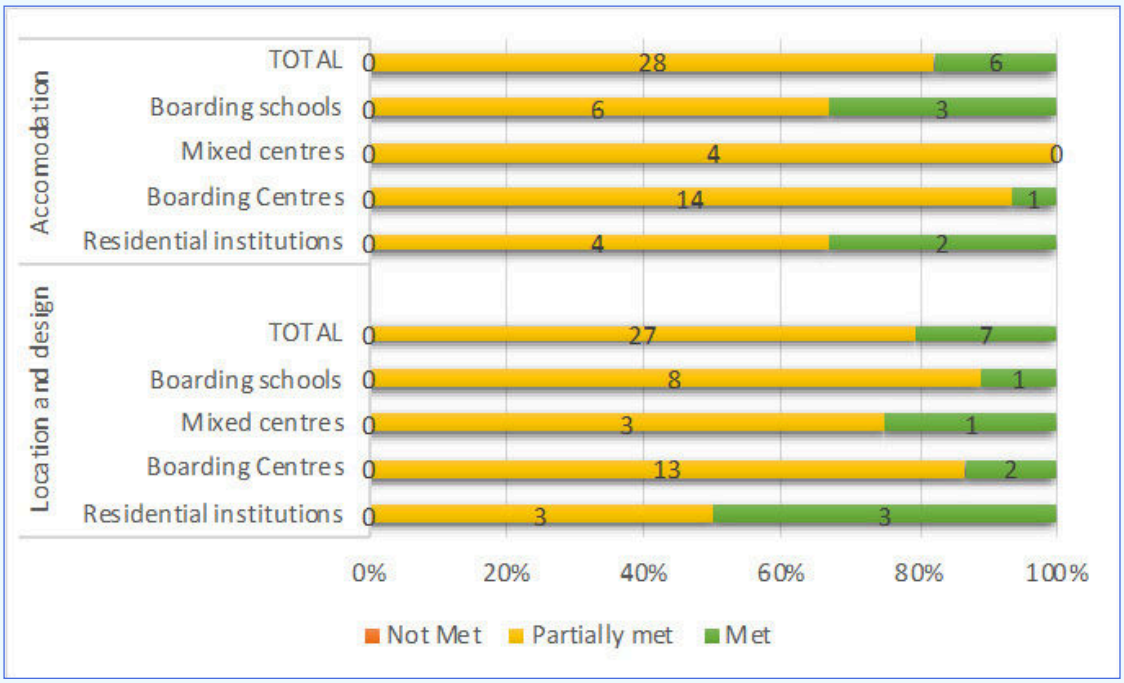


**Figure 5:** Standards for resources

The minimum standards specify that the location and design of the institution should be accessible and appropriate for its purpose. Figure 5 shows that only 7 institutions met the standard, and the remaining 27 institutions partly met it. The evidence shows that many institutions have tried to meet many of the indicators of this standard even if they didn't fully meet this standard. For example, most institutions reported that they are safe and

secure and that their institutions are located in an area that is not too isolated to promote community integration.

The standards for resources also state that institutions should provide a reasonable standard of living in terms of accommodation for the children. Figure 5 shows that only 6 out of 34 institutions met the standard while 28 partly met it. Half of the institutions that met the standard are boarding schools, while another half are residential institutions and boarding centres.

### *3.4.5 Standards for administration*

Standards for administration include registration and governance, reporting incidents, records and confidentiality. The results are presented in Figure 6.

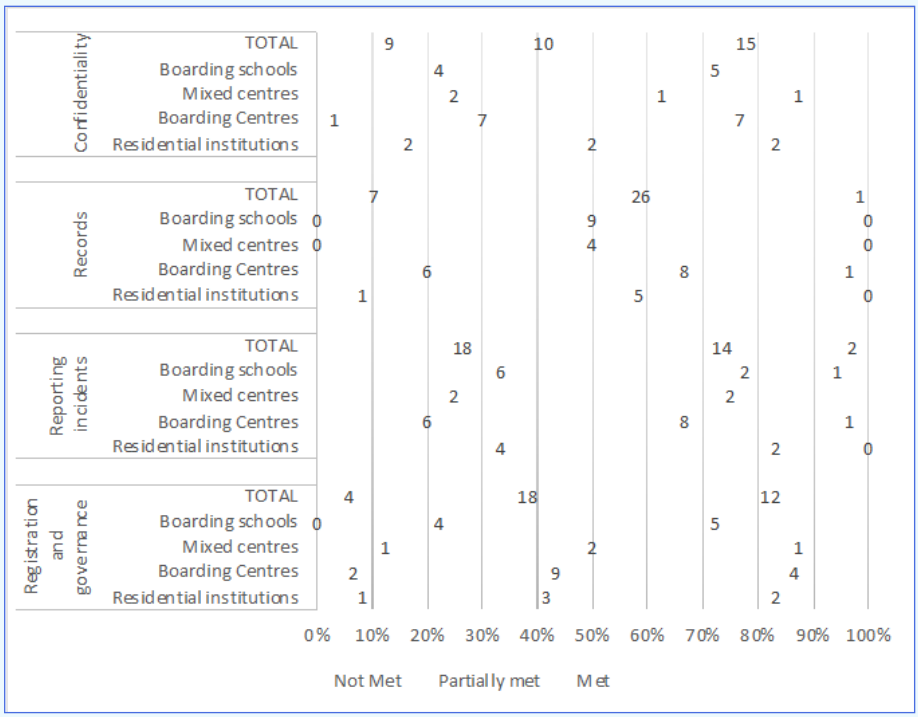


**Figure 6:** Standards for administration

According to the registration and governance standard, an institution has to be registered with authorities and have a documented governance structure which outlines positions, responsibilities, and lines of authority. Figure 6 shows that in most institutions in Rwanda, 18 out of 34 partly met this standard, 12 met it, and 4 (including two boarding centres, one residential institution, and one mixed centre) did not meet it at all.

When reporting incidents, the standard is that the operator or staff at the institution must report any incident (including injury, death, suspected abuse, missing person) to the relevant authorities, the child's family (if known), and the child's case manager within 24 hours of the incident. The data collected suggests that 18 out of 34 institutions did not meet this standard. Only two of these institutions met the standard, while the remaining 14 partly met the standard. Many institutions do not have a clear or documented process for

reporting incidents that happen to children living in the institution, including what needs to be reported and to whom.

Another standard in administration is that records relating to the administration of the institution should be available and maintained and that there should be a file for each child. Only one institution, a boarding centre, managed to meet this standard. Seven institutions, including six boarding centres and one residential institution, didn't meet this standard at all. All boarding schools and mixed centres partly met this standard. Many institutions managed to meet indicators like having an up-to-date personal file for each child, yet failed to update it, or the file did not contain the minimum required information. Additionally, institutions were unable to meet the indicator of having a budget line allocated to reintegration activities.

The standard around confidentiality is that there should be a clear policy on privacy that is understood and adhered to by staff. As shown in Figure 6, 9 out of 34 institutions did not meet this standard while 15 met it. Boarding schools and mixed centres are the types of institutions with the highest proportion of institutions that did not meet the standard. The evidence shows that most institutions managed to meet the indicator related to the security of files and records for staff and children but on the other hand, "having a documented policy on confidentiality" in most institutions was not met.

# CONCLUSION AND RECOMMENDATIONS

- In 2012, the Government of Rwanda adopted the childcare reform and deinstitutionalization strategy. According to internal data from Hope and Homes for Children Rwanda, by 2020, more than 87% of residents residing in institutions for children, mostly without disabilities, have been reintegrated into their families or alternative family or community-based care services. Despite this significant progress, this survey found that 2,040 children with disabilities are still suffering from institutionalization in 34 institutions for children with disabilities in Rwanda. Children with disabilities are often the last to be deinstitutionalized in many countries. However, "experience shows that, with appropriate support, children with disabilities can fully enjoy their rights to family life." The Government and development partners should develop efforts to ensure all children with disabilities currently in institutions are appropriately transitioned into their families or alternative family or community-based care services.

- Deinstitutionalization of all children with disabilities in residential institutions should continue. By the time of writing this report, three pilot projects were being undertaken by Hope and Homes for Children and UNICEF in collaboration with the Government of Rwanda following the National Child Care Reform Strategy. The projects include reintegrating all residents into family or community-based care and transforming the facilities into inclusive community daycare, educational, or health care services.

- The majority of residents were placed in the institution to have easy access to specialized education and health services. This suggests a lack of sufficient and adequate specialized services for children with disabilities at the community level. Developing or improving access to/accessibility of an integrated network of quality mainstream services based in the community (e.g., health, education, community hubs, ECD centres, etc.) is recommended.

- To ensure better access to the needed specialized health care services for children with disabilities, it is necessary to strengthen the healthcare system to enhance complete equal access to affordable, accessible, sustainable, and high-quality healthcare.

- Children with disabilities come from all over the country to be institutionalized for a long period of time in a limited number of centralized specialized facilities, like HVP-Gatagara, to receive specialized health care services. Decentralize the most needed healthcare rehabilitative services for children with disabilities like physical

therapy and orthopedy to all health centres and possibly to the health post.

- Apart from accessibility, affordability of specialized health care services is another reason children with disabilities are sent to institutions in Rwanda. Relevant authorities should make it possible for Community Based Health Insurance (Mutuelle de Santé) to cover all drugs, medical services, and supportive devices for children with disabilities provided at the health post or health centre.

- The majority of children with disabilities in residential centres in Rwanda are residing in boarding schools. In 2015, the Government of Rwanda banned boarding for primary schools to emphasize the principle of a child being raised in families and with their parents. However, as an exception, boarding schools for children living with disabilities is allowed by the Ministry of Education. It is the right of every child, including children with disabilities, to be raised in a family environment. Some people might want to change the status of other types of residential centres into boarding primary schools. The Government should ensure that children with disabilities are equally considered and guaranteed the same opportunity, by banning primary boarding schools for children with disabilities.

- Efforts should be made to reduce the reliance on specialized schools for children with disabilities. For that, education authorities, together with partners in the education sector, should strengthen the capacity of existing primary and secondary schools in terms of skilled human resources, training on education inclusiveness, and infrastructure development to accommodate special needs of children with disabilities.

- It has been demonstrated that institutional care is far more expensive than family or community-based care services. Findings from this survey are no exception. Yet, many assessed institutions receive funding from the Government of Rwanda. The GoR and development partners should allocate or increase budgetary allocations to the relevant agencies to facilitate the reintegration of children with disabilities into their family, alternative family, or community-based-care services from residential centres. Much effort is still required to encourage donor agencies to reallocate their funding from institutional care towards the development and support of alternative family and community-based care services.

- This survey found that many children with disabilities have been reintegrated due to the Covid-19 pandemic. It is therefore recommended to conduct a specifically informed follow-up for better support whenever it is needed. Strengthen avenues through which families with reintegrated children with disabilities can access services that facilitate integration into community life. Children with disabilities who have been reintegrated should have monitoring support to ensure that families can cope and children with disabilities are not subjected to abuse.

- The survey found that most staff members have been trained to care

for children with disabilities, mainly in residential care settings. It is recommended to re-train institutional care staff to develop the much-needed skills to work in the new family and community-based services to perform their social roles. To adequately perform the deinstitutionalization of children with disabilities, a workforce should be developed and enhanced. The workforce should include direct informal carers, care professionals, and related social services at national and subnational levels. In terms of training, the following topics should be emphasized: conducting child and family assessments, case management systems, follow-up monitoring after reintegration, forms of alternative care, training of trainers, special care for children with disabilities.

- All assessed residential centres have functional outreach community-based services. Residential centres in Rwanda should be supported to redefine or refine their missions to sustainably provide community-based services, including rehabilitation, health, education, socio-economic empowerment, etc. solely to their catchment areas.

- While the definition of what "boarding schools" and "residential institutions" are in Rwanda can be found in different policy and program instruments, the definition of a "boarding centre" is lacking. The absence of a clear definition implies that their missions need to be clarified to ensure the quality of care provided to children with disabilities reaches an expected minimum standard. Rather they should, for example, be supported to provide community-based daycare or inclusive education services.

- Empower at-risk families with children with disabilities to develop their capacity to be able to meet the needs of children with disabilities. One way of doing this is to support at-risk families with children with disabilities to undertake income-generating activities so they can generate a sustainable flow of income and meet the needs of their children with disabilities. The support might include professional and entrepreneurship training courses, microfinance schemes, and mentoring, creating an enabling environment for digital work, designing and rolling out employment policies, developing business incubators and investment support for self-employment, micro-enterprises, and business creation.

- While the current minimum standards suggests that every residential institution in Rwanda should be registered with NCPD, only 4 institutions out of 34 assessed institutions are registered with NCPD. Centres are currently registered with a wide range of agencies, including the Ministry (e.g., MINEDUC, MOH, NCDA, NCPD) or another authority (e.g., district, RGB, REB). It is important to clarify which local authorities an institution will register with, who will be responsible for conducting inspections and monitoring compliance, and what the implications are for non-compliance.

- All institutions, whether publicly or privately run, should be registered, licensed, monitored, and standards enforced through regular, independent

inspections by the relevant government authority.

- No institution in Rwanda was found to be fully meeting the standard of having a clear referral, admission, and exit strategy in place, meaning that the child's admission was performed without appropriate prior individualized assessment by competent authorities, and the placement has never been reassessed. All institutions in Rwanda should be supported to develop and implement this strategy. This would involve re-assessment of all institutionalized children to assess the necessity and suitability of their placement and whether the arrangement upholds the rights and best interests of the individual.

- Most institutions do not have a clear admission and exit strategy. Policies and strategies related to the childcare reform of children with disabilities should be amended to address terms and conditions for residents leaving care.

- Within the context of Rwanda's childcare reform and deinstitutionalization strategy, institutions that continue to operate while waiting for complete transformation should abide by minimum standards to ensure the quality of care for children living within those institutions. Efforts should be made to ensure institution managers, staff, local authorities, and all relevant authorities and partners are aware and properly trained to implement and monitor the standards.

- Scheduled and unannounced inspections and monitoring visits should be conducted for all residential centres in Rwanda to monitor and deeply assess compliance of minimum standards. Non-compliance should be followed by measures including, where possible, improvement of services and capacity building.

- The Government and development partners should organize awareness-raising campaigns and programs to promote greater social awareness towards children with disabilities in institutions, to inform the general public of their different needs and abilities in society, to dispel myths and superstitions, and to affirm their rights and dignity as human beings.

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# ANNEXES

## Annex 1: Summary of the Minimum Standards for Institutions for Children, Youth and Adults with Disabilities[4]

### Section 1: Standards for Professional Care

1.1. The institution has an accessible statement of its aims and objectives indicating why it was formed and what it wants to achieve.

1.2. The institution has an accessible protection policy that all staff and volunteers sign that reflects current Rwandan law and protection practices for vulnerable populations (i.e., children and adults with disabilities), and clear procedures for how to apply the policy in practice.

1.3. There is a clear referral, admission and exit strategy in place that upholds the rights and best interests of the individual and that prioritises family-based alternative care options. This process is led by the district social worker or psychologist or other relevant social welfare authorities.

1.4. Each child in the institution has a detailed care plan that is reviewed and updated at least every six months to reflect the changing needs of the child over time.

1.5. There is a system in place in the institution for rehabilitation and habilitation.

### Section 2: Standards for Personal Care

2.1. The daily diet of the children includes adequate amounts of nutritious, well balanced food that meets the nutritional needs for each child and that accommodates special feeding disorders and appropriate strategies.

2.2. There is access to regular health services including medical, rehabilitation, and mental health care for prevention and treatment.

2.3. Children have the opportunity for play and recreation and to participate in community activities and events.

2.4. The right to privacy is respected for each child.

2.5. Children are supported in sharing their opinions and making informed choices based on their unique personality, abilities and needs.

2.6. Children are treated with dignity and respect at all times regardless of their background, behaviour or abilities.

2.7. Children have positive, meaningful and appropriate relationships with staff, other children in the institution, and in the community.

4. Ministry of Local Government (2018). Minimum standards and indicators for children, youth, and adults with disabilities. Prepared by the International Centre for Disability and Rehabilitation (ICDR), University of Toronto, Canada. December 11, 2018.

2.8. Children maintain their self-identity.

2.9. The strategies that are used to manage unacceptable behaviour respect Rwandan law, the child's rights and protect their dignity.

2.10. Children have access to formal, informal and/or vocational education as appropriate based on an independent assessment of their individual needs and corresponding plan.

**Section 3: Standards for Staff**

3.1. Recruitment and selection procedures are clearly documented and are effective in identifying high quality staff, protecting children, and minimising turnover.

3.2. There is a formal reporting process and staff receive regular supervision and feedback from management and support from local authorities.

3.3. Staff receive regular training to support the individual needs of the children.

**Section 4: Standards for Resources**

4.1. The location and design of the institution is accessible and appropriate for its purpose.

4.2. The institution provides a reasonable standard of living in terms of accommodation for the children.

**Section 5: Standards for Administration**

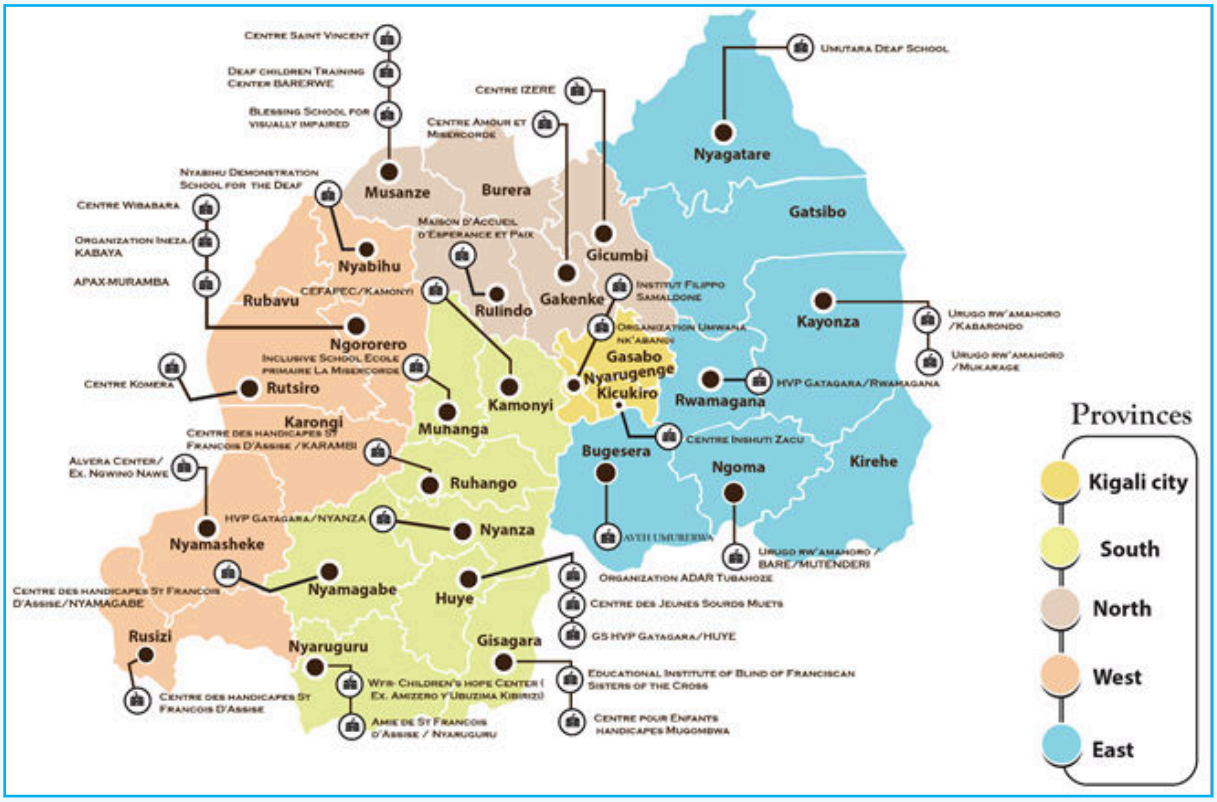
5.1. The institution is registered with authorities and a governance structure is documented which outlines positions, responsibilities and lines of authority.

5.2 The operator or staff at the institution must report any incident (including injury, death, suspected abuse, missing person) to relevant authorities, the child's family (if known), and the child's case manager within 24 hours of the incident.

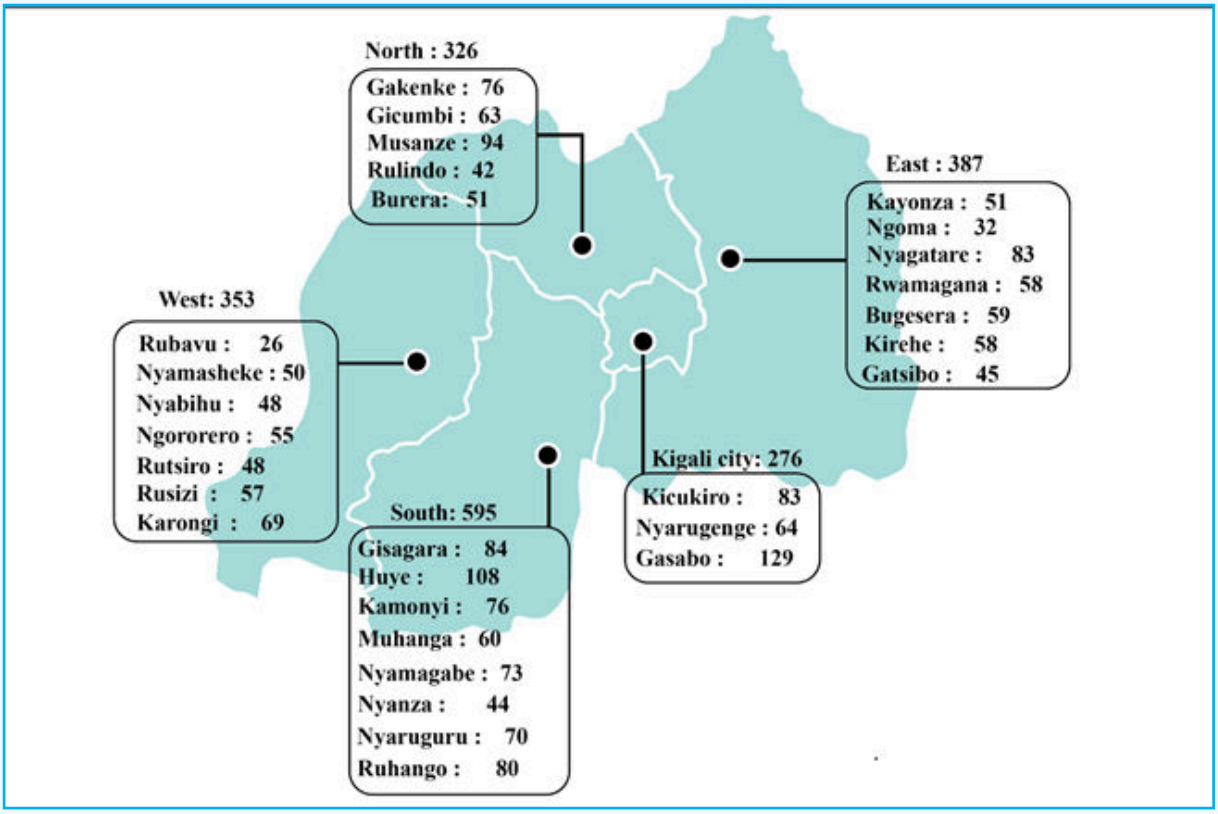
5.3 Records relating to the administration of the institution are available and maintained and there is a file for each child.

5.4 There is a clear policy on confidentiality that is understood and adhered to by staff.

## Annex 2: Map of institutions for children with disabilities in Rwanda




## Annex 3: Map of the origin of institutionalized children with disabilities in Rwanda



## Annex 4: List of persons involved in the survey and their roles

### Core research team

| Names | Institution |
|---|---|
| Dr. Epaphrodite Nsabimana | HHC |
| Mr. Emmanuel Murera | NCPD |
| Mr. Marcel Nkurayija | NCPD |
| Mr. Florentine Uwamaliya | NCPD |
| Ms. Hitimana Brigitte | HHC |
| Mr. Jacques Mucyuranyana | HHC |
| Mr. Marius Uwurukundo | NCC |
| Ms. Timi Volosin | HHC |
| Ms. Anna Makanjuoal | HHC |
| Mr. Otto Sestak | HHC |
| Mr. Habimfura Innocent | HHC |

### Data collection team

| N | Names | Institution of affiliation |
|---|---|---|
| 1. | BAKUNDUKIZE Elysee | NCPD |
| 2. | BISETSA Freddy | Independent |
| 3. | DUSABE Ruth | Independent |
| 4. | IRUTABAMI Florian | NCPD |
| 5. | ISHIMWE Orly Bright | Independent |
| 6. | KAMANZI Theoneste | NCPD |
| 7. | MANISHIMWE Rachel | Independent |
| 8. | MBONYIMFURA Patrick | Independent |
| 9. | MUHOZA Jules | NCPD |
| 10. | MUKAKAMANZI Marthe | NCPD |
| 11. | MUKAMANA Francine | Independent |
| 12. | MUKAMANA Therese | NCPD |
| 13. | MUKANDEREYE Marie Anne | NCC |
| 14. | MUKANYEMAZI Adele | NCPD |
| 15. | MUKASHYAKA Jeanne | NCC |
| 16. | MUTABAZI Innocent | NCPD |
| 17. | MUTABAZI Kennedy | NCPD |
| 18. | MUTONI Esther | NCPD |
| 19. | NAMAHIRWE Straton | NCC |
| 20. | NDABAZI Dieudonee | NCPD |
| 21. | NDAYAMBAJE Theoneste | NCPD |
| 22. | NEEMA Clarisse | NCPD |
| 23. | NIYIGABA Justin | NCPD |
| 24. | NYIRANDABIMANA Immaculee | NCPD |
| 25. | RURARANGWA Umulisa Nelly | Independent |
| 26. | RUSHAYAYA Jean Damour | NCPD |
| 27. | RUZIBIZAAlex | NCC |
| 28. | TWAGIRAYEZU Bernard | NCPD |
| 29. | UMUTESI Neema Grace | Independent |
| 30. | UMUTONI Chloe Nickyta | Independent |
| 31. | UMUTONI Glorieuse | NCPD |
| 32. | UMUTONIWASE Didine | Independent |
| 33. | UWIMANA Esperance | Independent |

### Data analysis and report drafting

1. Prof. Vincent Sezibera, Independent Consultant
2. Mr Josias Izabayo, Independent Consultant

## Annex 5: Questionnaire

### Questionnaire 1 – Institution Profile

| Standard # | | | |
|---|---|---|---|
| **Section 1: Interview** | | | |
| | 1. | Name of Institution | |
| | 2. | Name of Institution Manager | |
| | 3. | Contact Details of Institution Manager | Tel:<br>Email: |
| | 4. | Type of Institution | 1 = Day Centre<br>2 = Residential<br>3 = Mixed |
| 4.1 | 5. | Location of institution | 1 = Village Name<br>2 = Cell Name<br>3 = Sector Name<br>4 = District Name |
| | 6. | When was the institution set up? | dd/mm/yyyy |
| 4.2 | 7. | How many bedrooms are in the institution? | |
| 4.2 | 8. | How many beds for children/young adults are in the institution? | |
| 4.2 | 9. | What is the most number of children/young adults in a bedroom? | |
| | 10. | Who initiated the setting up of this institution? | 1 = Individual<br>2 = Local community<br>3 = Church<br>4 = NGO<br>5 = GoR<br>6 = Other/specify |
| | 11. | With whom is this institution registered? | 1 = Not registered<br>2 = RGB<br>3 = RDB<br>4 = MINEDUC<br>5 = Other |
| | 12. | How many children were living in this institution during the last 5 years? | 2015 =<br>2016 =<br>2017 =<br>2018 =<br>2019 = |
| | 13. | How many children left this institution during 2019 for the following destination: | Reintegrated with family =<br>Adoption =<br>Foster care =<br>Kinship care =<br>Other residential service (alternative) =<br>Other institution=<br>Died =<br>Other (specify) = |
| | 14. | How many children have left this institution during the last 5 years? | 2015 =<br>2016 =<br>2017 =<br>2018 =<br>2019 = |

| | | | |
|---|---|---|---|
| | 15. | If the number of children has increased over the last 5 years, what is the main reason? | 1 = received children from other institutions<br>2 = built more rooms/ infrastructure<br>3 = increased funds<br>4 = received more referrals (abandonment) from local authorities<br>5 = increased family contributions<br>6 = other (specify) |
| | 16. | If the number of children has decreased over the last 5 years, what is the main reason? | 1 = decreased referrals<br>2 = decreased funding<br>3 = reintegrated more children<br>4 = decreased family contributions<br>5 = reorientation of the institution's mission<br>6 = other |
| | 17. | What is the ownership status of the main building of the institution? | 1 = institution's own<br>2 = rented/let<br>3 = founders' own<br>4 = state's building<br>5 = other |
| | 18. | What was the budget estimate for 2019 activities of this institution? | |
| | 19. | What was the source of funding during 2019? (rank three major sources) | 1 = donations from parents/ guardian<br>2 = institutions' founder / own fees<br>3 = foreign institutional/ individual donor<br>4 = Government / local authority agency<br>5 = Rwandan individual/ institutional private donor<br>6 = Donations from local church/ mosque<br>7 = Other |
| 5.3 | 20. | Do you have a budget line allocated to reintegration activities? | 1 = no<br>2 = yes |
| | 21. | How many staff are currently employed by this institution? | |
| | 22. | What was the number of staff over the last 5 years? | 2015 =<br>2016 =<br>2017 =<br>2018 =<br>2019 = |
| 4.1 | 23. | What services are inside the institution which outsiders can benefit from? | 1 = Day Care<br>2 = Nursery<br>3 = Primary School<br>4 = Secondary School<br>5 = Vocational Training<br>6 = Specialised school<br>7 = Health Centre/Post<br>8 = Physiotherapy<br>9 = Orthopedy<br>10 = Other specialised health services<br>11 = Other |

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| | 24. How many outsiders have benefitted from each of the following services during 2019? | 1 = Day Care<br>2 = Nursery<br>3 = Primary School<br>4 = Secondary School<br>5 = Vocational Training<br>6 = Specialised school<br>7 = Health Centre/Post<br>8 = Physiotherapy<br>9 = Orthopedy<br>10 = Other specialised health services<br>11 = Other |
| 4.1 | 25. What community outreach programme do you provide? | 1 = Direct financial support to vulnerable families<br>2 = Income generating activities to vulnerable families<br>3 = Adult literacy<br>4 = Nutrition support<br>5 = Health Insurance<br>6 = Education Support<br>7 = Physiotherapy<br>8 = Orthopedy<br>9 = Assistive Devices<br>10 = Specialised education<br>11 = Other/specify |
| 3.1 | 26. How many staff members are there, most of the days, on duty at night awake and regularly checking on the children? | 1 = none<br>2 = 1<br>3 = 2<br>4 = 3<br>5 = 4<br>6 = over 5 |
| 3.3 | 27. How often do managers of this institution conduct either formal or informal performance reviews each year? | 1 = Never<br>2 = Sometimes<br>3 = Always |
| 2.2 | 28. How often is (institution name) visited by health care providers and/or community-based health workers (Abajyanama b'Ubuzima) to get updates on the basic health needs of children? | 1 = Never<br>2 = Sometimes<br>3 = Always |
| 2.3 & 2.7 | 29. How often are children in this institution facilitated to participate in the following community events and activities if interested and accessible? Respond by "always", "sometimes", or "never" | 1 = Umuganda<br>2 = Religious functions<br>3 = National feasts in the community<br>4 = Sport/games, music/dance and other recreational activities<br>5 = Wedding ceremonies |
| 2.5 | 30. How often do children share their opinions and make informed choices based on their unique personality, abilities and needs about the following? Respond by "always", "sometimes", or "never" | 1 = Meal<br>2 = Clothes<br>3 = Recreation activities<br>4 = Use of spare time |
| 2.5 | 31. How frequently does this institution organise meetings with the children to receive input about all aspects of living in the institution? | 1 = Never<br>2 = Sometimes<br>3 = Always |

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| 2.9 | 32. How would you (interviewee) rate the usage of the following behaviour management approaches in this institution using "never", "rarely", "sometimes", or "always". | 1 = Corporal punishment (slap, spank, hit with object)<br>2 = Denying food/water/personal care/affection/shelter<br>3 = Take away privileges<br>4 = Sending the child into a closed room<br>5 = Yelling or screaming at the child<br>6 = Give extra chores<br>7 = Use medicines like psychotropic drug<br>8 = Make him sit or stand in a corner<br>9 = Calmly explain to the child why his/her behaviour was wrong |
| **Section 2: Document Verification** | | |
| 2.9 | 33. Is there an accessible written policy that outlines acceptable methods and strategies for control and sanctions which supports positive ways of managing behaviour? | 1 = no<br>2 = yes |
| 1.1 | 34. Does (institution name) have a written accessible statement of its aims and objectives? | 1 = no<br>2 = yes |
| 1.2 | 35. Does (institution name) have a written accessible child protection policy reflecting current Rwandan law and protection practices for vulnerable populations (i.e. children and adults with disabilities)? | 1 = no<br>2 = yes |
| 1.2 | 36. Does (institution name) have all copies where all staff and volunteers have signed the protection policy? | 1 = no<br>2 = yes |
| 1.3 | 37. In (institution name) is there a clearly documented process for a child to move into the institution and the document indicates that the process is led by the District Social Worker or Psychologist or other social welfare authorities? | 1 = no<br>2 = yes |
| 1.5 | 38. Is there any clear documented policy, procedures and guidelines for when a child, either planned or unplanned, moved out of the institution? | 1 = no<br>2 = yes |
| 3.1 | 39. Are the recruitment, screening and hiring policies clearly documented for each type of staff position including professional staff, support staff, volunteers and trainees? | 1 = no<br>2 = yes |
| 3.2 | 40. Is there any formal reporting process and staff receive regular supervision and feedback from management and support from local authorities? | 1 = no<br>2 = yes |
| 5.1 | 41. Does (institution name) have proof of registration with the relevant authorities (as per Government instructions)? | 1 = no<br>2 = yes |
| 5.1 | 42. Does (institution name) have a documented organisation chart which reflects the current governance structure of the institution? | 1 = no<br>2 = yes |
| 5.1 | 43. Is there any clearly documented process in place for reporting incidents that occur to children living in the institution including what needs to be reported and to whom it needs to be reported? | 1 = no<br>2 = yes |
| 5.4 | 44. Does (institution name) have a documented policy on confidentiality? | 1 = yes<br>2 = no |

| Section 3: Observation | | |
|---|---|---|
| 2.6 | 45. Observe the interaction between children and staff in the institution. To what extent would you (researcher) agree that when providing personal care (e.g. bathing, clothing, feeding) staff do so in a way that respects the child's dignity? | 1 = strongly agree<br>2 = disagree<br>3 = neither agree nor disagree<br>4 = agree<br>5 = strongly agree |
| 2.8 | 46. Observe the interaction between children and staff in the institution. To what extent would you (researcher) agree that staff foster a positive self-image among children through how they talk and interact with them? | 1 = strongly agree<br>2 = disagree<br>3 = neither agree nor disagree<br>4 = agree<br>5 = strongly agree |
| 2.6 | 47. Observe the interaction between children and staff in the institution. To what extent would you (researcher) agree that children are treated with dignity and respect at all times regardless of their background, behaviour or abilities? | 1 = strongly agree<br>2 = disagree<br>3 = neither agree nor disagree<br>4 = agree<br>5 = strongly agree |
| 4.1 | 48. To what extent would you agree that the institution is located in an area that is not too isolated to promote community integration, where possible | 1 = strongly agree<br>2 = disagree<br>3 = neither agree nor disagree<br>4 = agree<br>5 = strongly agree |
| 4.1 | 49. To what extent would you agree that the location and layout of the institution is accessible for all children by having ramps and wide door frames (at least 9m), safety rails, braille signage, orientation signs…and can it accommodate necessary equipment such as walkers and wheelchairs where necessary? | 1 = strongly agree<br>2 = disagree<br>3 = neither agree nor disagree<br>4 = agree<br>5 = strongly agree |
| 2.1 | 50. To what extent would you agree that clean water is available and used in the institution? | 1 = strongly agree<br>2 = disagree<br>3 = neither agree nor disagree<br>4 = agree<br>5 = strongly agree |
| 2.2 | 51. To what extent would you agree that first aid kits are available in the institution? | 1 = strongly agree<br>2 = disagree<br>3 = neither agree nor disagree<br>4 = agree<br>5 = strongly agree |
| 4.2 | 52. To what extent would you agree that the building and sanitation facilities are well maintained and clean? | 1 = strongly agree<br>2 = disagree<br>3 = neither agree nor disagree<br>4 = agree<br>5 = strongly agree |
| 4.2 | 53. To what extent would you agree that there is enough room for the children to move around and access facilities within the institution with ease? (i.e. disability-friendly)? | 1 = strongly agree<br>2 = disagree<br>3 = neither agree nor disagree<br>4 = agree<br>5 = strongly agree |
| 4.2 | 54. To what extent would you agree that toilet seats are not higher than 45cm and handrails are fixed on both sides of the toilets at a height of less than 80cm? | 1 = strongly agree<br>2 = disagree<br>3 = neither agree nor disagree<br>4 = agree<br>5 = strongly agree |
| 4.2 | 55. To what extent would you agree that grab bars are available in the area where the children bathe and there is a seat the child can use when bathing? | 1 = strongly agree<br>2 = disagree<br>3 = neither agree nor disagree<br>4 = agree<br>5 = strongly agree |

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| 4.2 | 56. To what extent would you agree that there are separate rooms for each gender? | 1 = strongly agree<br>2 = disagree<br>3 = neither agree nor disagree<br>4 = agree<br>5 = strongly agree |
| 4.2 | 57. If the institution has more than one level, to what extent would you agree that an elevator or ramp is available and maintained in compliance with Rwandan law? | 1 = strongly agree<br>2 = disagree<br>3 = neither agree nor disagree<br>4 = agree<br>5 = strongly agree<br>6 = not applicable |
| 4.2 | 58. To what extent would you agree that facilities have sufficient lighting? | 1 = strongly agree<br>2 = disagree<br>3 = neither agree nor disagree<br>4 = agree<br>5 = strongly agree<br>6 = not applicable |
| 2.3 | 59. To what extent would you agree that there is sufficient resources/equipment to support activities like music, dance and games that reflect the ages, gender, interests and abilities of the children? | 1 = strongly agree<br>2 = disagree<br>3 = neither agree nor disagree<br>4 = agree<br>5 = strongly agree<br>6 = not applicable |
| 2.4 | 60. To what extent are the toilets in the institution private? (with assistance when needed) | 1 = Completely private<br>2 = Partially private<br>3 = Not at all private<br>4 = Not applicable / does not exist |
| 2.4 | 61. To what extent are the bathrooms in the institution private? (with assistance when needed) | 1 = Completely private<br>2 = Partially private<br>3 = Not at all private<br>4 = Not applicable / does not exist |
| 2.4 | 62. To what extent are the dressing rooms in the institution private? (with assistance as needed) | 1 = Completely private<br>2 = Partially private<br>3 = Not at all private<br>4 = Not applicable / does not exist |
| 5.4 | 63. To what extent would you agree that files and records for staff (e.g. personal files) and children (e.g. care plans) are kept in a secure place with limited access? | 1 = strongly agree<br>2 = disagree<br>3 = neither agree nor disagree<br>4 = agree<br>5 = strongly agree |

## Questionnaire 2 - Staff

| **Section 1: Interview** | | | |
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| Standard # | | | |
| | Names of staff | | |
| 3.1 | Date of birth | | |
| | 1. | Sex | 1 = Female<br>2 = Male |
| | 2. | Marital status | 1 = Single<br>2 = Married<br>3 = Widowed<br>4 = Divorced/separated |
| | 3. | What is the highest level of education of the staff? | 1 = No formal education<br>2 = Primary<br>3 = Secondary<br>4 = Vocational<br>5 = Bachelors<br>6 = Masters<br>7 = PhD |
| | 4. | What is the domain of education of (staff name) | 1 = Childcare/development<br>2 = Education<br>3 = Psychology<br>4 = Social sciences<br>5 = Management<br>6 = Science and Technology<br>7 = Medical and Paramedical<br>8 = Other |
| | 5. | When did (staff name) start working in this institution? | dd/mm/yyyy |
| 3.1 | 6. | What is the position of (staff name)? | 1 = Manager/director<br>2 = Social worker<br>3 = Nurse<br>4 = Cook<br>5 = Security Guard<br>6 = Cleaner<br>7 = House mother/father/ caregiver<br>8 = Accounts Officer<br>9 = Administrative Assistant/ Officer<br>10 = Other |
| 2.7 | 7. | How does (staff name) provide care to children? | 1 = he/she has a small number of children for whom he/she is responsible<br>2 = he/she provides care to all children in the institution<br>3 = not applicable |
| | 8. | Where does (staff name) live? | 1 = in his/her own rented house<br>2 = in the institution with children<br>3 = outside the institution and paid by the institution |

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| 3.3<br>2.9<br>1.3<br>1.3<br>2.1<br>2.2<br>2.3<br>2.4<br>2.5 | 9. | Did (staff name) take part in any training to help him/her care for the children in a more professional way? | 1 = No training<br>2 = Caring for children with disabilities<br>3 = Managing challenging behaviour<br>4 = Child's individual developmental needs<br>5 = Care plan development<br>6 = Nutritional and feeding needs of children<br>7 = First aid training (healthcare)<br>8 = The importance of play and leisure activities for the children<br>9 = Personal boundaries and how to respect the privacy of children<br>10 = Communication with children using tailored strategies and methods<br>11 = Other |
| **Section 2: Document Verification** | | | |
| 5.3 | 10. | Does (staff name) have a personal file? | 1 = no<br>2 = yes |

## Questionnaire 3 - Child

**Section 1: Interview**

| Standard # | **IDENTIFICATION** | | |
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| 2.8 | 1. | What is the given and family names of the child? | |
| | 1.1 | What are the other nicknames of the child? | |
| | 2. | Sex of (name) | 1 = Female<br>2 = Male |
| 1.3 | 3. | Date of birth of (name) | dd/mm/yyyy |
| | 4. | When was (name) admitted into this institution? | dd/mm/yyyy |
| | 5. | Who brought (name) to the institution? | 1 = Parents/Guardians<br>2 = Relatives<br>3 = Unrelated community member<br>4 = National agency (e.g. Ministry, NCPD, NCC)<br>5 = Local authority<br>6 = Self admission<br>7 = Recruitment/picked by the institution<br>8 = Police<br>9 = Health Facility<br>10 = Another institution<br>11 = Other |
| | 6. | What is the primary reason why (name) has been placed into this institution? | 1 = Death of mother<br>2 = Death of father<br>3 = Death of both parents<br>4 = Abandonment<br>5 = Abuse or neglect<br>6 = Parents/Guardians illness or disability<br>7 = Parents in jail<br>8 = Family conflict/parents' divorce/separation<br>9 = Easy access to specialised health/education/care services<br>10 = Other |
| | 7. | What is the place of origin of (name)? | 1 = District<br>2 = Sector<br>3 = Cell<br>4 = Village<br>4 = Unknown |
| | 8. | What is the living status of (name)'s Mother? | 1 = Alive<br>2 = Dead<br>3 = Unknown |
| | 9. | What is the living status of (name)'s Father? | 1 = Alive<br>2 = Dead<br>3 = Unknown |
| | 10. | What is the residency status of (name)? If the answer is 2, go to Q17 (child/young adult functioning) and Q36 & 37 (services received) | 1 = Spends nights at institution (lives in institution)<br>2 = Spends all nights with his/her family (lives with family) |
| 1.3 & 2.2 | 11. | Has the District Social Worker and/or Psychologist and/or other relevant social welfare authority conducted an individualised assessment of (name) prior to admission to determine (name)'s specific needs? | 1 = no<br>2 = yes |

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| 1.3 | 12. If yes, have family-based alternative care options been explored and exhausted before determining that the institution is in the best interest of (name)? | 1 = no<br>2 = yes |
| 1.3 | 13. How often has the placement of (name) reviewed by an independent professional (e.g. District Social Worker and/or Psychologist) to ensure that that the institution is still appropriate for the (name)'s needs since the child's placement? | 1 = never<br>2 = once<br>3 = twice<br>4 = three times<br>5 = more than three times |
| | **FAMILY RELATIONS** | |
| | 14. With whom was (name) living with before being placed in this institution? | 1 = Parent/legal guardian<br>2 = Close relatives (e.g. uncle, aunt, grandparent, siblings, cousin)<br>3 = Unrelated adult<br>4 = Other<br>5 = Unknown |
| 2.7 | 15. Is (name) in contact with any of the following? | 1 = Parent/legal guardian<br>2 = Close relatives (e.g. uncle, aunt, grandparent, siblings, cousin)<br>3 = Unrelated adult<br>4 = None |
| 2.7 | 16. How frequently has (name) been visited by any of the above within the last 12 months? | 1 = Never<br>2 = Rarely (1-2)<br>3 = Sometimes (3-5)<br>4 = Always (6 or more) |
| 2.7 | 17. How frequently has (name) visited any of the above within the last 12 months? | 1 = Never<br>2 = Rarely (1-2)<br>3 = Sometimes (3-5)<br>4 = Always (6 or more) |
| 2.7 | 18. What is the reason why (name) is not in contact with the above? | 1 = Child's family is unknown<br>2 = Institution does not allow visits<br>3 = Unwillingness of the family#<br>4 = Other |
| | 19. How many siblings of (name) are living in this institution? | None<br>1<br>2<br>3<br>More than 3<br>Unknown |
| | 20. How many siblings of (name) are in the family? | None<br>1<br>2<br>3<br>More than 3<br>Unknown |
| | **CHILD/YOUTH/ADULT FUNCTIONING** | |
| | 21. Does (name) have difficulty seeing, even if wearing glasses? | 1 = No difficulty<br>2 = Some difficulty<br>3 = A lot of difficulty<br>4 = Cannot do at all |
| | 22. Does (name) have difficulty hearing sounds like people's voices or music? | 1 = No difficulty<br>2 = Some difficulty<br>3 = A lot of difficulty<br>4 = Cannot do at all |

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| | 23. | Does (name) have difficulty walking? | 1 = No difficulty<br>2 = Some difficulty<br>3 = A lot of difficulty<br>4 = Cannot do at all |
| | 24. | Does (name) have difficulty with self-care such as feeding or dressing or washing him/herself? | 1 = No difficulty<br>2 = Some difficulty<br>3 = A lot of difficulty<br>4 = Cannot do at all |
| | 25. | Using usual (customary) language, does (name) have difficulty communicating, for example understanding or being understood? | 1 = No difficulty<br>2 = Some difficulty<br>3 = A lot of difficulty<br>4 = Cannot do at all |
| | 26. | Does (name) have difficulty learning things? | 1 = No difficulty<br>2 = Some difficulty<br>3 = A lot of difficulty<br>4 = Cannot do at all |
| | 27. | How much does (name) kick, bite, or hit other children or adults? (2-4 years) | 1 = No difficulty<br>2 = Some difficulty<br>3 = A lot of difficulty<br>4 = Cannot do at all |
| | 28. | Does (name) have difficulty controlling his/her behaviour (aged 5 and above)? | 1 = No difficulty<br>2 = Some difficulty<br>3 = A lot of difficulty<br>4 = Cannot do at all |
| | 29. | Does (name) have difficulty remembering things? | 1 = No difficulty<br>2 = Some difficulty<br>3 = A lot of difficulty<br>4 = Cannot do at all |
| | 30. | Does (name) have difficulty concentrating on an activity that he/she enjoys doing? | 1 = No difficulty<br>2 = Some difficulty<br>3 = A lot of difficulty<br>4 = Cannot do at all |
| | 31. | What is the main cause of (name)'s disability? | 1 = Infectious diseases<br>2 = Non-communicable chronic<br>3 = Unintentional Injuries<br>4 = Congenital<br>5 = Unknown |
| | | **EDUCATION** | |
| 2.10 | 32. | Has the educational needs of (name) been assessed by a trained professional? | 1 = no<br>2 = yes |
| 2.10 | 33. | What is the current level of education of (name)? | 1 = Preschool/nursery/ECD<br>2 = Primary<br>3 = Vocational training<br>4 = Secondary/Higher<br>5 = University<br>6 = Individualised/specialised<br>7 = Did not go to school |
| | 34. | Does (name) have all necessary educational materials and books to support his/her education? | 1 = no<br>2 = yes |
| 2.10 & 4.10 | 35. | Where is the school of (name) located? | 1 = Inside the institution<br>2 = Outside the institution |
| 2.10 | 36. | What type of school does (name) attend? | 1 = Ordinary school<br>2 = Inclusive school<br>3 = Specialised school<br>4 = Other |
| | 37. | What is the name of the school the child is attending? | |
| | 38. | What is the address of the school? | |

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| 2.10 | 39. If inside the institution, the school registered with the Ministry of Education? | 1 = no<br>2 = yes |
| | 40. Who paid most of the costs of (name)'s schooling? | 1 = Parent/guardian<br>2 = Foreign Institutional / individual donor<br>3 = Government/local authority<br>4 = Rwandan individual / institutional private donor<br>5 = Donations from local church/ mosque<br>6 = Other |
| 2.10 | 41. If (name) did not go to school, what are the reasons? | 1 = there is not enough money to pay the costs of his/her schooling<br>2 = school is too far away<br>3 = no-one or means of transportation is available to/ from school<br>4 = no available school with a program / equipment / infrastructure / trained teachers<br>5 = (name) does not have assist device/technology<br>6 = (name) was refused entry into school<br>7 = other |
| | **HEALTH** | |
| 2.2 | 42. Has (name) been assessed by any of the following appropriate health care professionals? | 1 = Physician/GP<br>2 = Nurse<br>3 = Dentist<br>4 = Social Worker<br>5 = Psychologist<br>6 = Audiologist<br>7 = Institution staff<br>8 = Other licensed paramedical professional<br>9 = Other licenced rehabilitation professional<br>10 = None |
| | 43. If yes, has the child been diagnosed by an appropriate health care professional to potentially have any of the following? | 1 = Respiratory illness (e.g. Chronic Obstructive Pulmonary disease or asthma)<br>2 = Neurological disorders (e.g. Multiple Sclerosis, cerebral palsy, Parkinson's disease, epilepsy)<br>3 = Mental disorders (e.g. post-traumatic stress disorder, depression, anxiety, autism or intellectual disorder)<br>4 = Immune system disorders (e.g. HIV/AIDS, lupus and rheumatoid arthritis<br>5 = Other<br>6 = None |

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| 1.5 | 44. | What special treatment/care/therapy/service does (name) receive as a result of his/her disease or disability for his/her rehabilitation? | 1 = Occupational therapy<br>2 = Physical therapy/ physiotherapy<br>3 = Speech therapy<br>4 = Psychotherapy/counselling<br>5 = Specialised/individualised<br>6 = Medical treatment<br>7 = Other nursing/medical support<br>8 = Other/specify<br>9 = Not involved in any |
| 1.5 | 45. | Who assessed the need to access rehabilitation and habilitation services for (name)? | 1 = GP<br>2 = Nurse<br>3 = Dentist<br>4 = Optician<br>5 = Social Worker/Psychologist<br>6 = Rehabilitation Provider<br>7 = Audiologist<br>8 = Institution staff trained to complement professional services<br>9 = Other licensed paramedical professional<br>10 = Other licensed rehabilitation professional<br>11 = None |
| 1.5 | 46. | Who performs the rehabilitation/nursing program provided to (name)? | 1 = GP<br>2 = Nurse<br>3 = Dentist<br>4 = Optician<br>5 = Social Worker/Psychologist<br>6 = Rehabilitation Provider<br>7 = Audiologist<br>8 = Institution staff trained to complement professional services<br>9 = Other licensed paramedical professional<br>10 = Other licensed rehabilitation professional<br>11 = None |
| | 47. | How often is the service provided to (name)? | 1 = Occasionally<br>2 = Yearly<br>3 = Monthly<br>4 = Weekly<br>5 = Daily |
| | 48. | Where does (name) get the rehabilitation/nursing from | 1 = Within the institution<br>2 = Outside the institution<br>3 = Within and outside the institution |
| 1.5 & 4.1 | 49. | What is the name of the health facility outside the institution that offers (name) nursing/medical/ rehabilitation services? | |
| | 50. | Where is the facility located? | |

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| | 51. What is the type of health facility? | 1 = National referral hospital<br>2 = District hospital/medical clinic<br>3 = Health centre<br>4 = Health post/dispensary<br>5 = Other specialised health facility |
| | 52. Who pays most of the health cost? | 1 = Parent/Guardian<br>2 = Foreign institutional/ individual<br>3 = Government/Local authority<br>4 = Rwandan individual/ institutional private donor<br>5 = Donations from local<br>6 = Other |
| | 53. Has the level of development/skills of (name) been assessed by a competent professional? | 1 = no<br>2 = yes |
| | 54. Has (name) had an overall medical check-up during 2019? | 1 = no<br>2 = yes |
| | 55. How many times has (name) been admitted into a hospital during 2019? | 1 = never<br>2 = once<br>3 = twice<br>4 = three times<br>5 = four times<br>6 = more than 4 times |
| | 56. If yes, what is the total number of days spent in hospital? | |
| 1.5 | 57. Does (name) currently require any of the following assistive or supportive devices? | 1 = wheelchairs<br>2 = prostheses<br>3 = hearing aids<br>4 = visual aid<br>5 = communication board<br>6 = modified eating utensils<br>7 = other equipment<br>8 = none |
| 1.5 | 58. Is (name) currently using any of the following assistive or supportive devices? | 1 = wheelchairs<br>2 = prostheses<br>3 = hearing aids<br>4 = visual aid<br>5 = communication board<br>6 = modified eating utensils<br>7 = other equipment<br>8 = none |
| 2.1 | 59. Does (name) have special dietary and/or feeding requirements (e.g. health or disability-related)? | 1 = yes<br>2 = no |
| 2.1 | 60. If yes, and (name)'s special dietary and/or feeding requirements accommodated for? | 1 = yes<br>2 = no |
| 2.1 | 61. Does (name) receive sufficient, nutritious food each day based on his/her needs? | 1 = yes<br>2 = no |
| 2.1 | 62. How often is (name) offered to choose throughout the day any of the following? | 1 = Meal recipe<br>2 = Mealtime<br>3 = Activities<br>4 = Clothing |
| | 63. Is there any reintegration plan for (name)? | 1 = yes<br>2 = no |

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| | 64. When is it planned for (name) to be reintegrated? | 1 = 3 months<br>2 = 6 months<br>3 = 12 months<br>4 = 18 months<br>5 = 24 months<br>6 = 24 months or more |
| 5.3 | 65. If you answered no to Q64, what are the reasons? | 1 = Child's family is unknown<br>2 = Unwillingness of the family to receive (name)<br>3 = Parent's illness/disability<br>4 = (name) is still attending an education program<br>5 = (name) is still attending a rehabilitation/health service<br>6 = Child has too severe a disability to live in a family<br>7 = Institution does not have enough resources to engage in reintegration activities<br>8 = Other |
| 5.1 | 66. Has (name) experienced one or more of the following incidents during 2019? (tick all that apply) | 1 = suspected abuse<br>2 = injury<br>3 = missing<br>4 = other<br>5 = no incident |
| 5.1 | 67. If yes, to whom has the incident been reported to and the child's family (if known)? | 1 = Relevant authorities outside the institution<br>2 = Child's family (if known)<br>3 = Institution management/ board<br>4 = Other<br>5 = None |
| 5.1 | 68. Within how many hours did you report the incident to all relevant authorities? | |
| **Section 2: Document Verification** | | |
| 5.3 | 69. Does (name) have an up-to-date personal file? | 1 = no<br>2 = yes |
| 5.3 & 5.1<br>2.8 | 70. Does the personal file include personal details and family information if known? | 1 = no<br>2 = yes |
| 2.8 | 71. Does (name) have a national identity card if 16 years or older? | 1 = no<br>2 = yes |
| 1.3 | 72. Does (name) have any document or conducted individualised assessment of this child prior to admission? | 1 = no<br>2 = yes |
| 2.2 | 73. Does (name) have valid health insurance? | 1 = no<br>2 = yes |
| 2.2 | 74. Does (name) have a written health record with up-to-date information about immunisation, illness and treatment history | 1 = no<br>2 = yes |
| 2.8 | 75. Does (name) have a birth certificate kept in the individual child's record? | 1 = no<br>2 = yes |
| 5.2 | 76. Does (name) have an incident report? | 1 = no<br>2 = yes |
| 1.4 | 77. Does (name) have a care plan that has been developed based on his/her individual needs? | 1 = no<br>2 = yes |

| | | | |
|---|---|---|---|
| 1.4 | 78. | Does the care plan of (name) document the following? Tick all that apply | 1 = identified needs<br>2 = actions to address the needs<br>3 = responsibilities for specific tasks<br>4 = outcome of the actions |
| 2.2 | 79. | Is the record of (name)'s developmental milestones included in the child's health record or in their care plan? | 1 = no<br>2 = yes |
| 2.2 | 80. | Are the results of health care professional assessments/ diagnostics of (name) well documented in the child's health record or care plan? | 1 = no<br>2 = yes |
| 1.4 | 81. | How many times has the care plan been reviewed and updated during 2019 to ensure that it continues to meet the needs of (name)? | 1 = never<br>2 = once<br>3 = twice<br>4 = three times<br>5 = over three weeks |
| 1.4 | 82. | If yes, who has reviewed the care plan of (name)? Select all that apply | 1 = Social worker<br>2 = Psychologist<br>3 = Physical therapist<br>4 = Physician/nurse<br>5 = Occupational therapist<br>6 = Speech and language therapist<br>7 = Other service providers<br>8 = Child<br>9 = Family Member |
| 1.4 & 2.10 | 83. | What individual needs does the care plan of (name) address? Tick all that apply | 1 = Medical<br>2 = Rehabilitative<br>3 = Emotional<br>4 = Social and Recreational<br>5 = Spiritual<br>6 = Behavioural<br>7 = Educational |
| 1.5 | 84. | Is there a goal in the care plan related to teaching (name) skills of daily living as appropriate? | 1 = no<br>2 = yes |

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