

THE REPUBLIC OF RWANDA



**REPORT ON CATEGORIZATION OF  
PERSONS WITH  
DISABILITIES  
IN RWANDA**

**January 2016**

## **Forward**

The Government of Rwanda has chosen to build a stronger and more competitive Rwanda by providing Rwandans with choices that will help them participate and succeed in their communities to improve their overall quality of life. With that mission in mind, the Government is taking action towards creating greater opportunities for all Rwandans, particularly Rwandans with disabilities. We are building a country that, more than ever, is becoming accessible for everyone.

It is in this regard that the Ministry of Health (MOH), the Ministry of Local Government (MINALOC) and the National Council of Persons with Disabilities (NCPD), have conducted a census to classify Persons with Disabilities (PwDs) into categories based on their degree of disability. Advancing the Inclusion of (PwDs), 2016 is the first categorization report on degree of disability in Rwanda. This year report presents a portrait of Rwandans with disabilities and provides invaluable information to support all levels of government, associations, researchers and non-governmental organizations in designing and planning services to enable (PwDs) to participate fully in society as well as in their decision making.

The challenges (PwDs) faces in their daily lives are numerous and often go unnoticed. Since 2007, the Government of Rwanda has introduced a law protecting PwDs in general. To implement that law, different ministerial orders have been introduced such as the ministerial order n° 20/18 of 27/7/2009 determining the modalities of classifying Persons with Disabilities into basic categories based on the degree of disability and the ministerial order n°20/19 of 27/7/2009 determining the modalities of facilitating (PwDs) access to medical care.

The Government of Rwanda will continue to work with Provincial, District, Non-government organizations and other partners to ensure that all barriers are removed for everyone in Rwanda. Our combined efforts make it possible for everyone to participate fully in society.

**Dr MUKABARAMBA Alvera**  
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## **Abbreviations & Acronyms**

BOBI -	<i>“Barème Officiel Belge des Invalidités”</i>
CDC -	Centers for Disease Control and Prevention
ENT -	Ear, Nose and Throat
IT-	Information and Technology
MDGs -	Millennium Development Goals
MINALOC -	Ministry of Local Government
MOH -	Ministry of Health
NCPD -	National Council of Persons with Disabilities
NGOs -	Non-Governmental Organizations
PwDs -	Persons with Disabilities
RTA -	Road Traffic Accident
SPSS -	Statistical Package for the Social Sciences
TVET -	Technical and Vocational Education and Training
UN -	United Nations
WHO -	World Health Organization
RDRC -	Rwanda Demobilization and Reintegration Commission

## Table of content

Table of content .....	4
Executive summary.....	8
1 Introduction.....	11
1.1 Background.....	11
1.2 The medical model.....	12
1.3 The social model.....	13
1.4 The Bio-psychosocial model.....	13
2 Methodology.....	15
2.1 Project setting.....	15
2.2 Project design.....	15
2.3 Strategies and procedure.....	15
2.3.1 Preliminary phase.....	15
2.3.2 Pilot study .....	17
2.3.3 Training of backup team .....	17
2.3.4 Data collection phase .....	17
2.3.5 Categorization process .....	18
2.3.6 Supplementary Categorization of PwDs .....	19
2.4 Data verification and validation.....	19
2.5 Analysis.....	19
3 Results.....	20
3.1 Geographical distribution of PwDs.....	20
3.1.1 Distribution of PwDs by Province and City of Kigali .....	20
3.1.2 Distribution of PwDs by District .....	21
3.2 Demographic Characteristic.....	22
3.2.1 Age distribution.....	22
3.2.2 Distribution of PwDs by sex .....	27
3.2.3 Marital status.....	32
3.3 Level of education of PwDs.....	36
3.3.1 Level of education by Province and City of Kigali.....	37
3.3.2 Level of education by District (N=153,166) .....	38
3.3.3 Level of education by age group.....	39
3.4 Employment Status of PwDs .....	40
3.4.1 Employment status by sex.....	41
3.4.2 Employment status by age group .....	41
3.4.3 Employment status by level of education .....	42
3.5 Medical insurance coverage of PwDs.....	43
3.5.1 Medical insurance by Province and City of Kigali .....	44
3.5.2 Medical insurance by District .....	45
3.6 Classification of Impairment.....	46
3.6.1 Neurological impairments.....	48
3.6.2 Visual impairments .....	49
3.6.3 Mental impairments .....	49
3.6.4 ENT impairments.....	50
3.6.5 Upper limb joint impairments .....	50
3.6.6 Leg length discrepancy .....	51
3.6.7 Bone conditions.....	51

3.6.8	Limb deficiencies .....	52
3.6.9	Soft tissues and skin impairments .....	52
3.7	Cause of Impairment .....	53
3.7.1	Cause of impairment by Province and City of Kigali .....	53
3.7.2	Cause of impairment by District .....	55
3.7.3	Disability related to genocide against Tutsis in 1994 .....	57
3.7.4	Disability related to genocide by Province and City of Kigali .....	57
3.8	Category of Disability .....	58
3.8.1	Category of disability by sex .....	58
3.8.2	Category of disability by Province and City Of Kigali.....	59
3.8.3	Category of disability by District.....	60
3.8.4	Category of disability by age group .....	61
3.8.5	Category of disability by level of education .....	62
3.9	Types of disability.....	63
3.9.1	Types of disability by Province and City of Kigali.....	64
3.9.2	Type of disability by District .....	64
4	Conclusion .....	66
5	Recommendations .....	66
6	Limitations.....	68
7	References .....	69

## LIST OF TABLES

Table 1: Age range PwDs (a).....	22
Table 2: Age range of PwDs (b) .....	23
Table 3: Age distribution by Province and City of Kigali .....	24
Table 4: Age distribution by District .....	25
Table 5: PwDs Sex in districts .....	29
Table 6: Marital status of PwDs by age group.....	33
Table 7: PwDs marital status by province and City of Kigali.....	34
Table 8: Marital status of PwDs by District.....	35
Table 9: Level of Education by Province and City of Kigali (N=153,166).....	37
Table 10: Level of Education by District.....	38
Table 11: Level of Education by Age .....	39
Table 12: Employment Status by Age .....	42
Table 13: Medical insurance by Province and City of Kigali.....	44
Table 14: Insurance Coverage by District.....	45
Table 15: Classification of impairments .....	47
Table 16: Neurological impairments.....	48
Table 17: Visual impairments .....	49
Table 18: Mental impairments .....	49
Table 19: ENT impairments.....	50
Table 20: Upper limb joint impairments.....	50
Table 21: Limb deficiencies.....	52
Table 22: Soft tissues and skin conditions .....	52
Table 23: Cause of Impairment by Province and City of Kigali.....	54
Table 24: Cause of Impairment by District.....	55
Table 25: Disability related to genocide by Province and City of Kigali .....	57
Table 26: Category of Disability by Province and City of Kigali.....	59
Table 27: Category of disability by District.....	60
Table 28: Category of disability according to age group .....	61
Table 29: Category of Disability by level of education .....	62
Table 30: Types of Disability by Province and City of Kigali .....	64
Table 31: Type of Disability by District .....	65
Table 32: Estimated list of needed materials and equipment.....	68

## LIST OF FIGURE

Figure 1: PwDs by Province and City of Kigali .....	20
Figure 2: Distribution of PwDs by District.....	21
Figure 3: Distribution of PwDs by Sex.....	27
Figure 4: Distribution of PwDs by Sex in Province and City of Kigali.....	28
Figure 5: Distribution of sex by age group .....	31
Figure 6: Marital status of PwDs in general .....	32
Figure 7: Marital status by sex.....	33
Figure 8: Level of education of PwDs in general (N=153,166).....	36
Figure 9: Employment Status.....	40
Figure 10: Employment Status by Sex.....	41
Figure 11: Employment status by level of education.....	42
Figure 12: Medical insurance coverage .....	43
Figure 13: Leg length discrepancy.....	51
Figure 14: Bone conditions in general .....	51
Figure 15: Cause of impairment.....	53
Figure 16: Disability related to Genocide .....	57
Figure 17: Category of disability .....	58
Figure 18: Category of disability by sex .....	59
Figure 19: Types of disability in general .....	63



## **Executive summary**

Proper planning for inclusion and observation of the rights of PwDs in the society has been a subject of discussion and implementation at global, regional and national levels. To bring this to fruition, statistics showing demographics and severity should be availed in a bid to demonstrate the importance and magnitude of this issue in the society. Such a baseline document will inform policies and interventions to ensure that PwDs have equal access to education, employment and basic services. It is against this background that this report provides evidence relating to the distribution of disability across the country as well as patterns of disability among PwDs based on a census conducted in 2014-2015.

These results cannot be compared to the results of the previous census of 2012 due to differences in methodology of data collection and ascertainment of presence of a disability.

Data collection was conducted by health personnel who constituted the district medical team comprised of a medical doctor, a nurse, a physiotherapist and a mental health nurse/ psychologist supervised by national medical committee for categorization. These teams were trained in data collection and categorization of PwDs.

This exercise spanned over 40 weeks. Raising awareness and sensitization was done over the media and through local government officials at the (District, Sector, Cell) and village level, as well as NCPD executive committees at all levels and community health workers. PwDs turned up at the nearest site where each person was assessed individually and recorded. Individual data was recorded on a form and concurrently entered, recorded and stored in the MS access database developed for this purpose. To improve quality of data collected and promote consistency, the National Medical Committee for Categorization of PwDs reviewed and approved all the files. In some instances, files were modified or rejected. These changes were then re-applied on the specific file in the software as the final database upon which analysis was undertaken. Analysis was performed under SPSS v22 with the assistance of statisticians. Descriptive statistics were computed. On the basis of degree of disability ascertained by the Medical Committee appointed by the MOH, PwDs were classified into the following categories:

- Category 1: Disability between 90 and 100%
- Category 2: Disability between 70 and 89%
- Category 3: Disability between 50 and 69%
- Category 4: Disability between 30 and 49%

- Category 5: Disability less than 30%.

Results are presented in tables and graphs

The total number of PwDs categorized is **154,236**.

### **Geographical distribution of PwDs**

The Southern province has a slightly higher proportion of PwDs of 26.5% (n= 40,936) followed by 26.4% (n= 40,675) in the Western province. The City of Kigali has the smallest proportion of PwDs, estimated at 5.5%.

### **Age distribution**

The age range of PwDs categorized was <1 year – 115 years with a mean age of 41.5 years.

### **Distribution of PwDs according to sex**

There is a bigger proportion of females with disabilities who account for 53% (n=80,986) compared to males accounting for 47% (n= 73,250).

### **Marital status**

Majority of PwDs (51.6%; n=60,891) were married. Persons with Disabilities below 21 years were not included based on the Rwandan legal age of attaining marriage.

### **Level of education of PwDs**

The highest percentage of PwDs(48.6%; n=74,470) reported that they have never attended school. Children under 3 years were not included.

### **Employment Status of PwDs**

Almost all PwDs (98.8%; n=126,395) are unemployed. Persons with Disabilities under the age of 16 years were not included. We considered employed as those who reported having a regular monthly income during the categorization process.

### **Employment status by level of education**

Almost all PwDs (99.9%; n=60,776) who never attended school are not employed. As the level of education increases the level of employment also increases, but still the majority of PwDs (61.5%; n=670) who have university level are not employed.

### **Insurance Coverage of PwDs**

A large number (78.3%; n=120,806) possessed Mutuelle de Santé as medical insurance. The number of PwDs who do not have medical insurance is also high (20%; n=30,859).

### **Cause of Impairment**

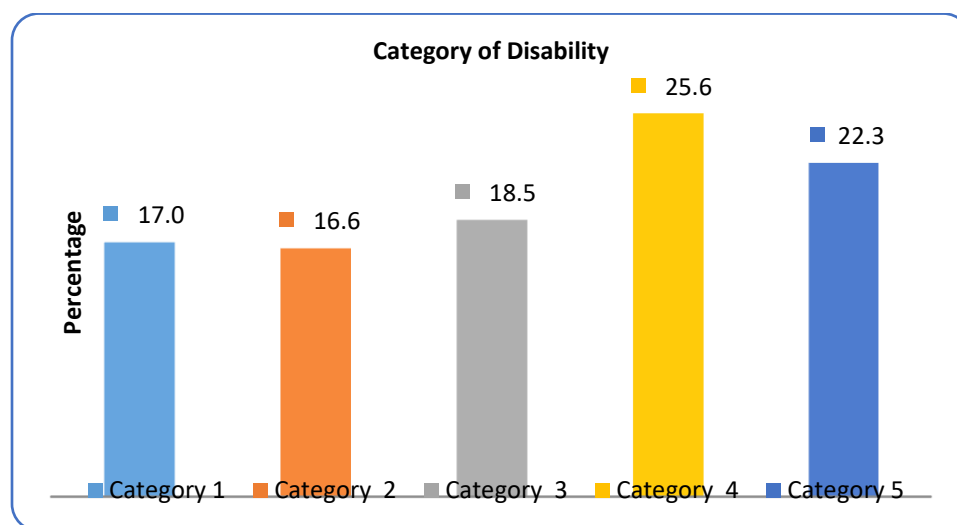
There are various causes of impairment which include congenital, disease/metabolic and Road Traffic Accident (RTA), gunshot/grenade and other traumatic events. The majority (55.12%; n=85,015) of PwDs reported disease/metabolic as causes.

### **Disability related to genocide against Tustis in 1994**

Genocide was the cause of disability in 2.04% (n=3,148) of PwDs categorized.

### **Category of Disability**

The figure below shows that a large number of PwDs belong to category 4 (25.6%; n=39,538) followed by category 5 (22.3%; n=34,323).



### **Classification of Impairment**

The total number of impairments is higher than the total number of PwDs owing to the fact that some individuals had multiple impairments. The greatest proportion of PwDs manifested neurological conditions accounting for 25.5% (n= 53,628).

### **Conclusion**

Majority of PwDs are in the category 4. Causes of disability vary and so are the ways to address them. These include equipment's to facilitate mobility such as wheel chairs, push cars, clutches, limb prosthesis, eyeglasses, braille, ocular prosthesis, white walking stick, hearing aids, assistive listening devices and other implantable devices, all-inclusive infrastructure as well as special centers and homes for PwDs with extremely special needs.

***NDAYISABA Emmanuel***

***Executive Secretary of NCPD***

## **1 Introduction**

According to the World Health Organization (WHO, 2001), disability is defined as an umbrella term of impairment, activity limitation together with participation restriction or loss of opportunities to take part in the normal life of the community on equal level. “More than one billion persons in the world live with some form of disability. Of this number, nearly 200 million experience considerable difficulties in functioning. The prevalence of disability increases as war, conflict, and poverty increase. In the years ahead, disability will be an even greater concern because its prevalence is on the rise” (WHO, 2011).

A new report of the global prevalence of disabilities showed that about 15% of the world’s population has some form of disability. About 80% of those PwDs live in low income countries (WHO, 2014).

### **1.1 Background**

In 2006, the United Nations (UN) adopted the International Convention on the Rights of PwDs, and many governments and international development agencies are turning their attention to the goal of including PwDs in socio-economic development initiatives (Mont, 2007). Rwanda ratified the UN Convention on the Rights of Persons with Disabilities (CRPD) in 2008 (UN Enable, 2008). In addition, there is a growing acknowledgement that unless PwDs are included in social and economic development programs, realization of the Millennium Development Goals (MDGs) will remain elusive. Accurate data on classification of disability in all countries is required to enable processes that aim to satisfy these obligations (Thomas, 2005).

Disabilities are classified for many reasons. A primary reason is to establish protocols for the distribution of benefits and services. Categorizing disabilities helps the government identify needs and allocate necessary resources to various populations of persons with similar disabilities (Centers for Disease Control and Prevention (CDC), 2013). Rwanda is no exception.

Rwanda is a low income country located in central Sub-Saharan Africa. It is a landlocked country bordered by Uganda to the north, Tanzania to the east, Burundi to the south and the Democratic Republic of Congo to the west. Its surface area is 26,338 km<sup>2</sup> and it is the Africa’s most densely populated country with up to 467 people per km<sup>2</sup> (Rwanda Country Report, 2010).

Rwanda was severely affected by the genocide against Tutsis in 1994, during which over one million people were killed, many became widows and orphans, and a very large number became disabled (MINALOC, 2003).

In 2010, MINALOC and the African Decade of PwDs identified 522,856 PwDs in the Country (Republic of Rwanda, 2010). The national census conducted in 2012 by the National Institute of Statistics of Rwanda reported an estimate of 446,456 PwDs, a prevalence of 5% of the population (Republic of Rwanda, 2012). That census excluded children with disabilities under five years.

MOH in collaboration with MINALOC thought NCPD has been working towards achieving ambitious goals of categorization of PwDs.

The purpose was to implement the Ministerial Order on Categorization and consequently Article 31 of the UN Convention on the Rights of PwDs. It is against this background and based on article 3 of the ministerial order n° 20/18 of 27/7/2009 determining the modalities of classifying PwDs based on the degree of disability that this exercise was conducted.

In addition to the degree and category of disability, this census also assessed the needs of PwDs for social integration, so the bio-psychosocial model of disability was used.

Models of disability provide conceptual frameworks for understanding disability and facilitate the decision-making process of parents/guardians, social workers, and policy makers (Bricout, Porterfield, Tracey, & Howard, 2004). Different models are used based on aim and needs of decision makers.

## **1.2 The medical model**

The medical model views disability as a problem within the person directly caused by disease, trauma or other health condition, which requires medical care provided in the form of individual treatment by professionals (Brisenden, 1994). The medical model which is the best-known model, with rehabilitation model, focuses on the impairment (Fallon, 2007). This approach to management of the disability is aimed at cure or the individual's adjustment and behavior change (Shakespeare, 2002).

The medical model is sometimes known as the individual model because it promotes the notion that it is the individual person with disability who must adapt to the way in which society is organized (Fallon, 2007, Thomas, 2008).

### **1.3 The social model**

This social model of disability on the other hand, sees the issue mainly as a socially created problem and basically as a matter of the full integration of individuals into society (Thomas C. 2008). The social model does not blame the persons with disability for the impairment they have (Bricout, J.C. et al, 2004). Disability is not an attribute of an individual, but rather a complex collection of conditions, many of which are created by the social environment (Fallon A. 2007). Hence the management of the problem requires social action, and it is the collective responsibility of society at large to make the environmental modifications necessary for the full participation of PWDs in all areas of social life (Goodley, D. 1997). The issue is therefore an attitudinal or ideological one requiring social change, which at the political level becomes a question of human rights (Fallon, A. 2007). This assessment used the same model to obtain the number of persons with disabilities, their special needs and barriers for the services accessibility.

### **1.4 The Bio-psychosocial model**

The bio psychosocial model is considered a comprehensive model that allows people to address all major areas of the presenting issue across three spheres: physical, psychological, and sociocultural (Zittell, Lawrence, & Wodarski, 2002). This model came as the link between medical and social models. The medical model of disability implies that the cause of disability is impairment that a person experiences, and its management involves helping the individual reduce that the impairment. The social model sees the issue mainly as a socially created problem (Thomas, 2008; Fallon, 2007). The bio-psychosocial model of disability indicates that both impairments and the environment can contribute to disability (Stevens & Smith, 2005). It is an approach that states that biological, psychological (which includes thoughts, emotions, and behaviors), and social factors play a significant role in human functioning in the context of disease or illness (Zittell, Lawrence, &Wodarski, 2002).

It is hoped that this report will be useful to the Government of Rwanda, development partners, international and local non-governmental organizations (NGOs) to spearhead promotion, social integration and empowerment of PwDs in Rwanda.

## **2 Methodology**

### **2.1 Project setting**

This exercise was conducted countrywide targeting all nationals. Overseen by NCPD and supervised by the National Medical Committee for Categorization of PwDs, categorization activities were conducted at all health centres, specialized centres for PwDs, and prisons.

### **2.2 Project design**

A population census was carried out on all persons who presented to categorization sites to be assessed and allocated an appropriate category.

### **2.3 Strategies and procedure**

#### **2.3.1 Preliminary phase**

##### ***2.3.1.1 Nomination of Medical Committee at National Level***

Medical personnel from different specialties were nominated by MoH. These included orthopedic surgeons, an ophthalmologist, a neurosurgeon, a pediatrician, an ENT Surgeon, a physiotherapist and a psychiatrist. These Experts specialists constituted the National Medical Committee for Categorization of PwDs.

##### ***2.3.1.2 Meeting with stakeholders***

A meeting held in the MOH offices brought together stakeholders involved in categorization of PwDs (MoH, MINALOC, NCPD, Medical Committee and Rwanda Demobilization and Reintegration Commission - RDRC). Different preparatory activities were planned to realize this activity.

##### ***2.3.1.3 Development of tools***

Borrowing from similar activities conducted for categorization of disabled former combatants in Rwanda, the “*Barème Officiel Belge des Invalidités*” (BOBI) was adopted as the guiding and



reference document to quantify disability which in effect would advise the category of placement of PwDs. To document disability, an individual data collection tool (See appendix I) was designed to capture all the information of the PwDs to be categorized which included their identification, residential address, socioeconomic status as well as medical information including type, degree and category of disability.

On the basis of degree of disability ascertained by the Medical Committee appointed by the MOH, PwDs in each category of disability specified under paragraph 2 of Article 2 of the ministerial order n° 20/18 of 27/7/2009 determining the modalities of classifying PwDs based on the degree of disability were classified into the following categories.

- Category 1: Disability between 90 and 100%
- Category 2: Disability between 70 and 89%
- Category 3: Disability between 50 and 69%
- Category 4: Disability between 30 and 49%
- Category 5: Disability less than 30%.

After categorization, the Medical committee shall issue them a card that indicates the degree and category of disability and should bear signatures of the President of the Medical Committee and the Executive Secretary of NCPD.

The tool used for collecting data for categorization was also captured in MS access and was used in data entry. Moreover, codes (See appendix II) for all possible disabilities were developed to ease data collection, recording analysis and data storage.

Upon completion of development of instruments, members of the National Medical Committee for Categorization of PwDs underwent peer training to familiarize themselves with the BOBI, the data collection tool and the list of codes after which they would train the district medical teams.

#### ***2.3.1.4 Appointment and training of medical committees at district level***

Each of the 43 district hospitals in the country were requested to identify and avail a medical doctor, a nurse, a physiotherapist and a mental health nurse/ psychologist for the purpose of categorization exercise. These health personnel constituted the district medical team.

Upon identification and team formation, the members were gathered for a week long training in identification, examination, recording, data entry and categorization of PwDs using the tools designed for that purpose. Different specialists were in attendance and trained the teams in their specific areas of expertise thus ensuring a comprehensive imparting of knowledge and skills to trainees. A total of 171 personnel were trained in 2 groups.

### **2.3.2 Pilot study**

This exercise was organized and conducted in Bugesera District of the Eastern province from 10<sup>th</sup> to 28<sup>th</sup> February, 2014. The activity was hosted at all health centres in this district where medical teams were stationed and given formative supervision by members of the National Medical Committee for Categorization of PwDs to carry out categorization of PwDs. Piloting of the tools and hands on experience was gained, and further evaluation of the data collection tools.

### **2.3.3 Training of backup team**

Owing to unforeseen circumstances where a member of a team and especially the doctor was away, this rendered the rest of the team incapable of conducting categorization on their own. To overcome this, training of a backup team to be deployed to join teams that needed completion for any reason was conducted in Kayonza District at East Land Motel. This was to ensure continuity and validity of activities as they were progressing on a day to day basis. The backup team of 32 medical personnel was taken through a training similar to that of the already trained teams.

### **2.3.4 Data collection phase**

Upon completion of the piloting exercise, the National Medical Committee for Categorization of PwDs met and updated the data collections tool and codes and planned a way forward to ensure effective and fail-proof conducting of the categorization exercise picking from lessons learnt in the piloting exercise.

#### ***2.3.4.1 Distribution of medical teams***

Given that categorisation was going to take place simultaneously countrywide, all the teams were deployed to sites in their respective districts.

### **2.3.5 Categorization process**

This exercise spanned over 40 weeks. Raising awareness and sensitization was done over the media and through local government officials at the district, sector, cell and village level, as well as NCPD executive committees at all levels and community health workers. PwDs were expected to turn up at the nearest site where each person was assessed individually and recorded. On average, the medical team spent 2 weeks at each site after which they moved to the next site within their district.

#### ***2.3.5.1 Supervision of the categorization process***

National Medical Committee for Categorization of PwDs was allocated zones to supervise. Continuous telephone contact was ensured at all time of need for any enquiries regarding categorization. This enhanced confidence of the categorizing team and consequently validity of results obtained and allocation of categories. On regular basis, members of National Medical Committee for Categorization of PwDs made field visits to supervise the process as well as the help resolve and address any issues or challenges the team they supervised was facing.

A committee at national level composed of representatives from MINALOC, MOH, NCPD and the Medical committee was constituted to play a supervisory and advisory role. In addition, another committee at provincial and City of Kigali was put in place to coordinate all categorization activities and report on a weekly basis to the national supervision committee. Below this committee was a district committee which reported to the national level through provincial committees.

#### ***2.3.5.2 Data collection and entry***

Individual data was recorded on a form and concurrently entered, recorded and stored in the MS access database developed for this purpose.

### **2.3.6 Supplementary Categorization of PwDs**

To maximize the exercise and ensure no PwDs were missed, a final categorization opportunity was granted to selected sites where a team returned and categorized the people who were not categorized in the initial phase for different reasons such as being unaware of the exercise, absent at the time the team visited or unable to reach the categorization site among others.

## **2.4 Data verification and validation**

Short messages (SMS) summarizing recorded numbers of categorized PwDs were sent to NCPD personnel on a daily basis while soft copies of summary sheets indicating the numbers of PwDs categorized and the different categories were submitted weekly. Hard copies were collected by NCPD personnel and submitted to NCPD headquarters fortnightly. This information was compared to that submitted on the software so as to ensure accuracy. To improve quality of data collected and promote consistency, the National Medical Committee for Categorization of PwDs reviewed and approved all the files. In some instances, files were modified or rejected. These changes were then re-applied on the specific file in the software as the final database upon which analysis was undertaken.

## **2.5 Analysis**

This was performed under SPSS v22 with the assistance of statisticians. Descriptive statistics were computed. Results were presented in tables and graphs.

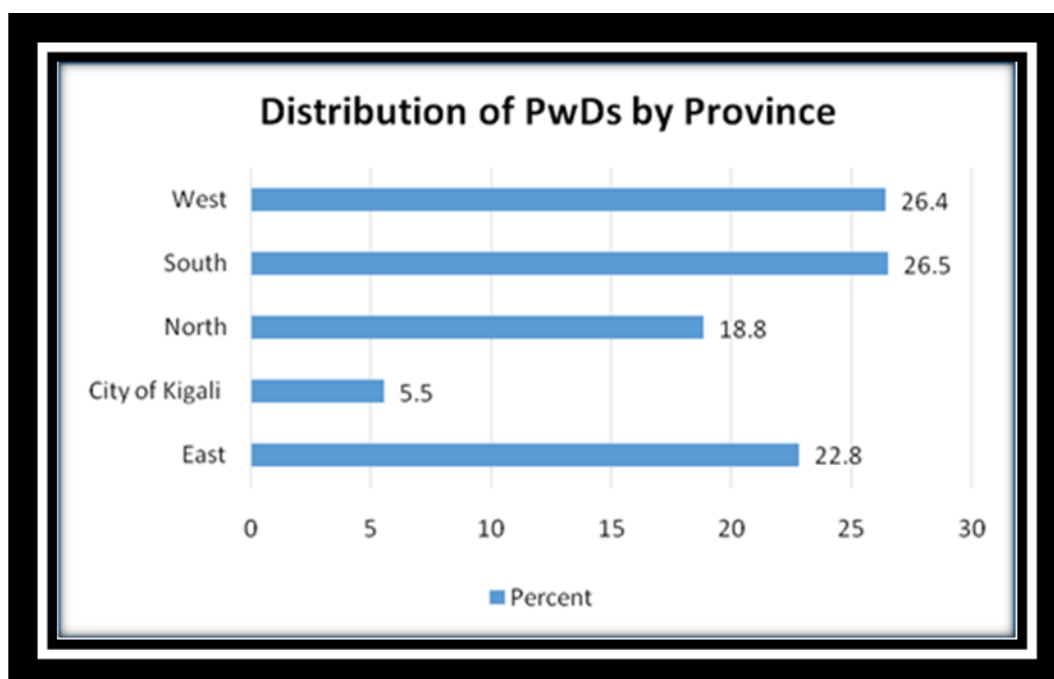
### 3 Results

The total number of PwDs categorized is **154,236**.

#### 3.1 Geographical distribution of PwDs

##### 3.1.1 Distribution of PwDs by Province and City of Kigali

The Southern province has a slightly higher proportion of PwDs (26.5%; n= 40,936) followed by 26.4% (n= 40,675) in the Western province. The City of Kigali has the smallest proportion of PwDs, estimated at 5.5%. The figure below summarizes this.



**Figure 1: PwDs by Province and City of Kigali**

### 3.1.2 Distribution of PwDs by District

While there is almost an equal distribution of PwDs across the districts, Nyamasheke and Rusizi Districts have more PwDs, with 7.1% (n= 10,912) and 5.5% (n= 8,554) respectively while Kicukiro and Nyarugenge both of City of Kigali have the lowest proportion at 1.2% (n=1,784) and 1.4% (n= 2,156) respectively. Figure 2 below gives more detail on distribution of PwDs in Districts.

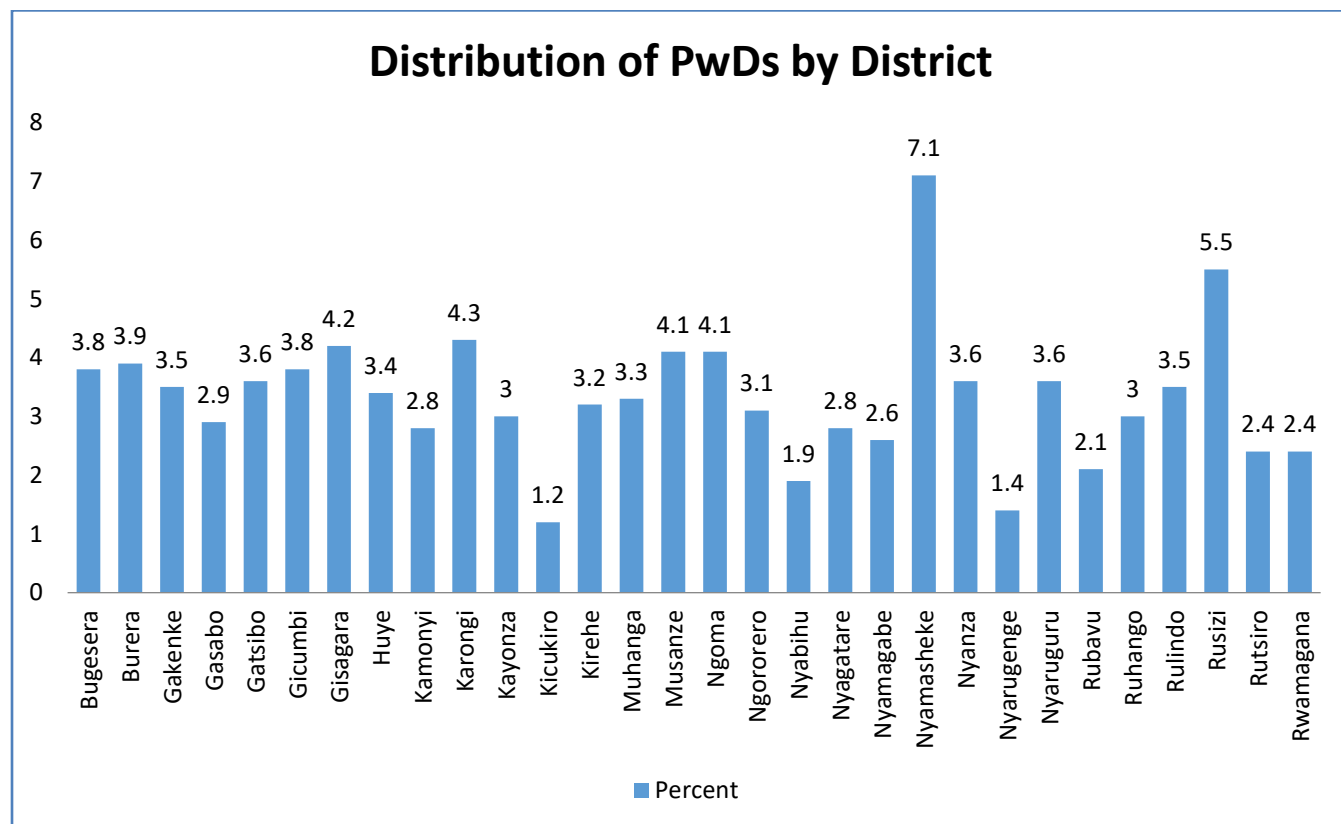


Figure 2: Distribution of PwDs by District

## 3.2 Demographic Characteristic

### 3.2.1 Age distribution

According to the age range of 5 years, the age groups registering the highest number of PwDs is 66 years and above with 16.4% (n= 25,364) and while the those aged 0-5 years had the least proportion of PwDs, estimated at 3.6% (n= 5,479). Table 1 gives details of these findings.

**Table 1: Age range PwDs (a)**

Age group	Frequency	Percentage
0-5	5,479	3.6
6-10	9,549	6.2
11-15	11,263	7.3
16-20	9,975	6.5
21-25	9,465	6.1
26-30	8,765	5.7
31-35	10,695	6.9
36-40	9,365	6.1
41-45	9,570	6.2
46-50	9,863	6.4
51-55	11,853	7.7
56-60	12,244	7.9
61-65	10,786	7.0
>65	25,364	16.4
Total	154,236	100.0

However, for the purposes of categorization, a different age range was considered basing on activities within the specific age such as schooling, marital status, and employment. The age range of 36-65 years accounts for the highest proportion of PwDs of 41.3% (n=63,681) while those below 3 years had the smallest proportion accounting for 1.5% (n=2,342). Table 2 below shows these details.

**Table 2: Age range of PwDs (b)**

<b>Age group</b>	<b>Frequency</b>	<b>Percent</b>
0-3	2342	1.5
4-6	5015	3.3
7-12	11676	7.6
13-15	7258	4.7
16-20	9975	6.5
21-30	18230	11.8
31-35	10695	6.9
36-65	63681	41.3
>65	25364	16.4
<b>Total</b>	<b>154236</b>	<b>100.0</b>



### 3.2.1.1 Age distribution by Province and City of Kigali

Table 3 below shows further breakdown of age distribution of PwDs in different provinces and City of Kigali.

At a glance, the age group 36-65 years has the biggest number of PwDs across all provinces and City of Kigali.

**Table 3: Age distribution by Province and City of Kigali**

Province	Age Category																		Total
	0-3	%	4-6	%	7-12	%	13-15	%	16-20	%	21-30	%	31-35	%	36-65	%	66+	%	
East	578	1.6	1190	3.4	2805	8.0	1666	4.7	2270	6.5	4443	12.6	2461	7.0	14096	40.0	5700	16.2	35209
City of Kigali	254	3.0	429	5.1	797	9.4	343	4.0	544	6.4	1088	12.8	678	8.0	3322	39.1	1034	12.2	8489
North	336	1.2	758	2.6	1942	6.7	1204	4.2	1696	5.9	3218	11.1	1983	6.9	11936	41.3	5854	20.2	28927
South	580	1.4	1367	3.3	3310	8.1	2223	5.4	3092	7.6	5029	12.3	2840	6.9	16736	40.9	5759	14.1	40936
West	594	1.5	1271	3.1	2822	6.9	1822	4.5	2373	5.8	4452	10.9	2733	6.7	17591	43.2	7017	17.3	40675
<b>Total</b>	<b>2342</b>		<b>5015</b>		<b>11676</b>		<b>7258</b>		<b>9975</b>		<b>18230</b>		<b>10695</b>		<b>63681</b>		<b>25364</b>		<b>154236</b>

### 3.2.1.2 Age distribution by District

Table 4 shows the age distribution of PwDs in the different districts.

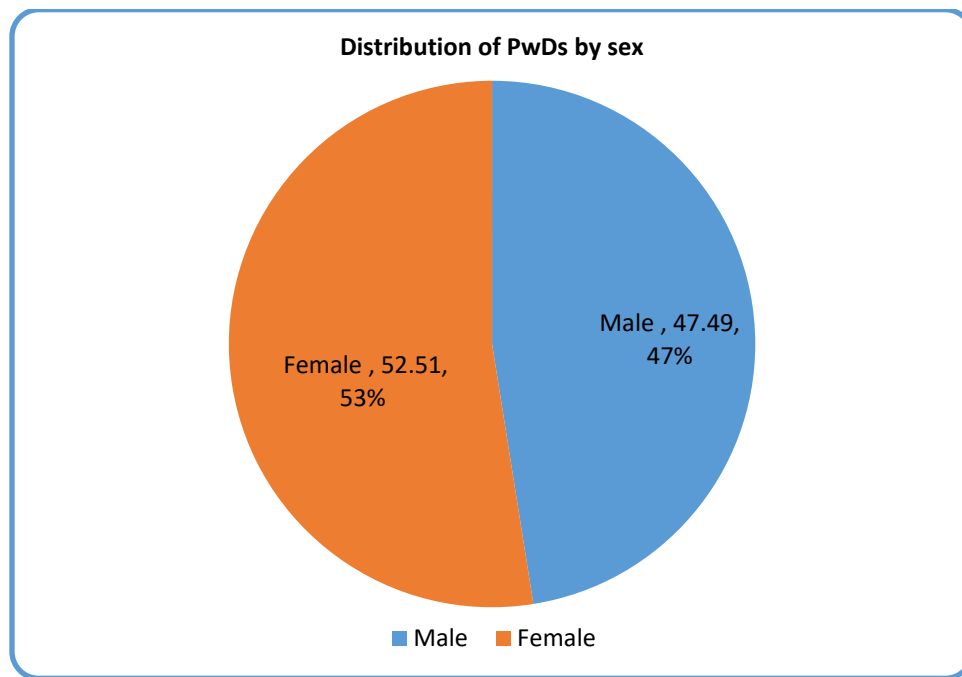
**Table 4: Age distribution by District**

District	Age Group																		Total
	0-3	%	4-6	%	7-12	%	13-15	%	16-20	%	21-30	%	31-35	%	36-65	%	66+	%	
Bugesera	104	1.8	242	4.2	536	9.2	279	4.8	410	7.1	773	13.3	534	9.2	2172	37.4	760	13.1	5810
Burera	64	1.1	152	2.5	435	7.1	282	4.6	420	6.9	700	11.5	421	6.9	2425	39.9	1185	19.5	6084
Gakenke	66	1.2	155	2.9	410	7.6	264	4.9	358	6.7	723	13.5	434	8.1	2161	40.2	803	14.9	5374
Gasabo	147	3.2	228	5.0	412	9.1	188	4.1	303	6.7	525	11.6	337	7.4	1849	40.7	552	12.2	4541
Gatsibo	86	1.6	156	2.8	388	7.0	250	4.5	318	5.7	664	12.0	360	6.5	2362	42.6	959	17.3	5543
Gicumbi	74	1.3	183	3.1	402	6.9	246	4.2	336	5.8	645	11.1	410	7.0	2460	42.2	1069	18.4	5825
Gisagara	82	1.3	238	3.7	463	7.2	326	5.1	460	7.2	840	13.1	439	6.8	2731	42.6	831	13.0	6410
Huye	71	1.3	167	3.2	400	7.6	257	4.9	328	6.2	711	13.4	388	7.3	2219	41.9	752	14.2	5293
Kamonyi	93	2.2	171	4.0	435	10.1	245	5.7	362	8.4	508	11.8	288	6.7	1599	37.2	595	13.9	4296
Karongi	70	1.1	206	3.1	435	6.6	227	3.4	358	5.4	715	10.8	412	6.2	2838	43.0	1342	20.3	6603
Kayonza	71	1.6	149	3.3	383	8.4	225	4.9	283	6.2	568	12.5	314	6.9	1794	39.4	765	16.8	4552
Kicukiro	45	2.5	106	5.9	188	10.5	86	4.8	124	7.0	270	15.1	154	8.6	615	34.5	196	11.0	1784
Kirehe	84	1.7	166	3.4	410	8.4	246	5.0	315	6.4	572	11.7	298	6.1	1985	40.6	809	16.6	4885
Muhanga	59	1.2	148	2.9	402	7.9	273	5.3	403	7.9	623	12.2	335	6.6	2213	43.4	648	12.7	5104
Musanze	61	1.0	158	2.5	416	6.6	246	3.9	314	5.0	614	9.8	362	5.8	2479	39.6	1613	25.8	6263
Ngoma	94	1.5	199	3.2	426	6.8	294	4.7	379	6.1	824	13.2	443	7.1	2469	39.4	1133	18.1	6261
Ngororero	71	1.5	139	2.9	317	6.6	205	4.3	271	5.7	570	11.9	348	7.3	2141	44.7	725	15.1	4787
Nyabihu	27	0.9	80	2.8	215	7.4	129	4.4	205	7.1	368	12.7	206	7.1	1201	41.4	472	16.3	2903
Nyagatare	61	1.4	140	3.2	350	8.0	222	5.1	319	7.3	534	12.2	283	6.4	1844	42.0	636	14.5	4389

Nyamagabe	51	1.3	118	2.9	292	7.2	205	5.0	293	7.2	485	11.9	259	6.4	1753	43.1	611	15.0	4067
Nyamasheke	145	1.3	303	2.8	638	5.8	461	4.2	551	5.0	951	8.7	630	5.8	4992	45.7	2241	20.5	10912
Nyanza	81	1.5	180	3.3	450	8.2	300	5.5	442	8.0	644	11.7	377	6.9	2230	40.6	791	14.4	5495
Nyarugenge	62	2.9	95	4.4	197	9.1	69	3.2	117	5.4	292	13.5	187	8.7	853	39.6	284	13.2	2156
Nyaruguru	91	1.6	217	3.9	518	9.3	362	6.5	447	8.0	622	11.1	381	6.8	2155	38.6	794	14.2	5587
Rubavu	59	1.8	128	3.9	278	8.5	170	5.2	210	6.4	460	14.0	269	8.2	1310	40.0	395	12.0	3279
Ruhango	52	1.1	128	2.7	350	7.5	255	5.4	357	7.6	597	12.7	373	8.0	1837	39.2	736	15.7	4685
Rulindo	71	1.3	110	2.0	279	5.2	166	3.1	268	5.0	538	10.0	356	6.6	2415	44.8	1187	22.0	5390
Rusizi	162	1.9	285	3.3	614	7.2	397	4.6	515	6.0	917	10.7	607	7.1	3659	42.8	1398	16.3	8554
Rutsiro	60	1.7	130	3.6	325	8.9	233	6.4	263	7.2	470	12.9	261	7.2	1450	39.9	444	12.2	3636
Rwamagana	78	2.1	138	3.7	312	8.3	150	4.0	246	7	507	13.5	229	6.1	1470	39.0	638	16.9	3768

### 3.2.2 Distribution of PwDs by sex

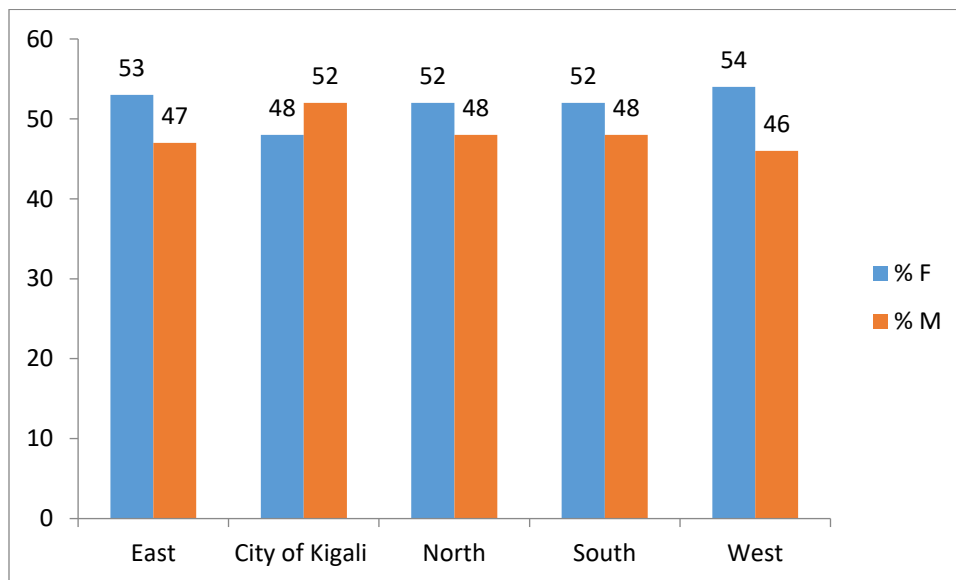
There is a bigger proportion of females with disabilities who account for 53% (n=80,986) compared to males accounting for 47% (n= 73,250). However, three PwDs are hermaphrodites.



**Figure 3: Distribution of PwDs by Sex**

### 3.2.2.1 Distribution of sex by Province and City of Kigali

Sex distribution in the different provinces and City of Kigali is shown in the figure below. Generally, the number of females with disabilities is higher in all Provinces with exception of City of Kigali.



**Figure 4: Distribution of PwDs by Sex in Province and City of Kigali**

### 3.2.2.2 Distribution of PwDs sex by District

The following table shows sex distribution of PwDs among the districts of Rwanda.

Gisagara district has the highest proportion of females accounting for 59.6% (n=3,823) while

Nyagatare district has the highest number of males accounting for 53.3% (n=2,340) of PwDs.

The table below gives a breakdown of distribution by gender across the districts.

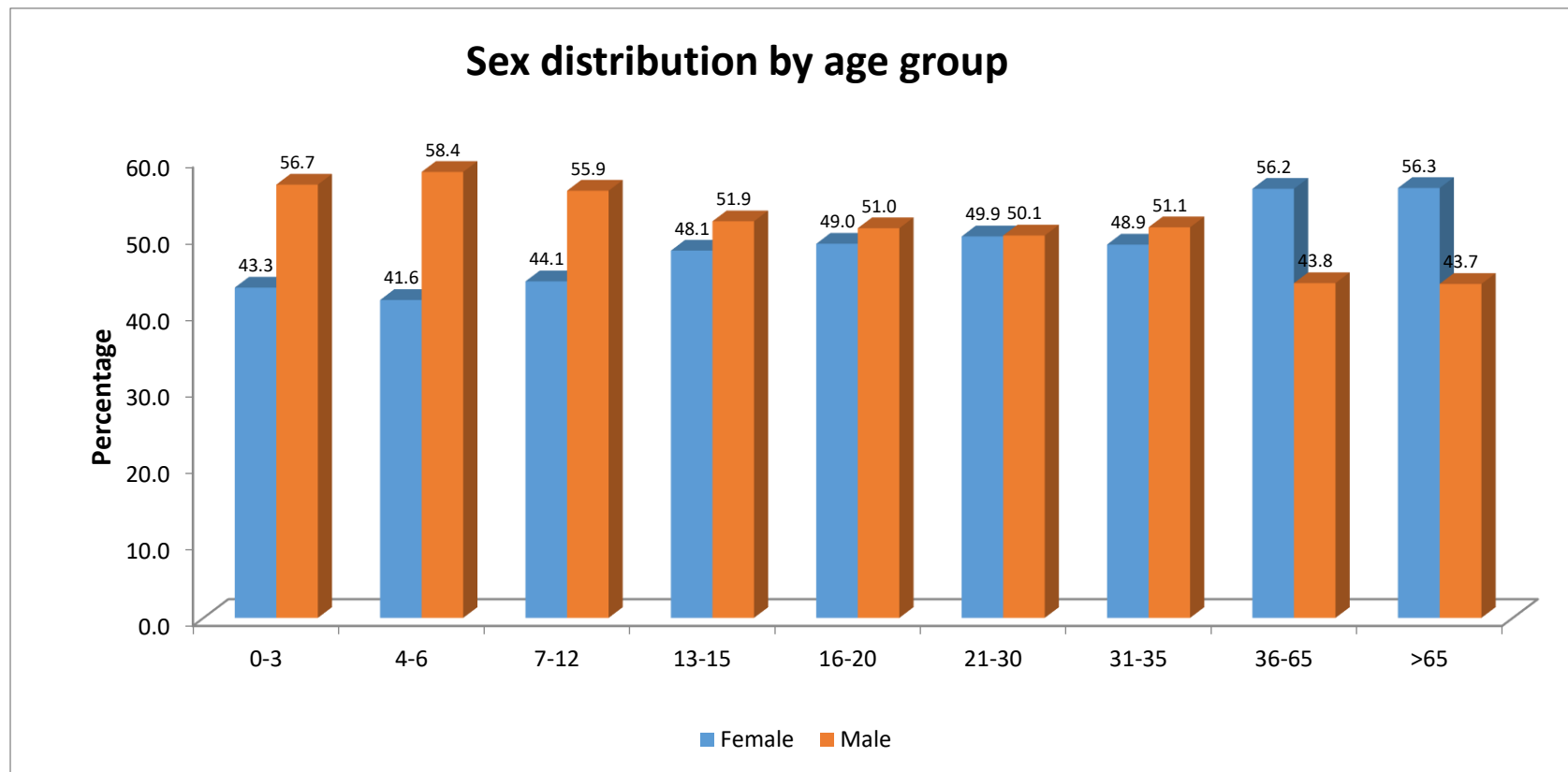
**Table 5: PwDs Sex in districts**

District	Sex distribution				Total
	Female	%	Male	%	
Bugesera	3006	51.7	2804	48.3	5810
Burera	3057	50.2	3027	49.8	6084
Gakenke	2666	49.6	2708	50.4	5374
Gasabo	2150	47.3	2391	52.6	4541
Gatsibo	2917	52.6	2626	47.4	5543
Gicumbi	2866	49.2	2959	50.8	5825
Gisagara	3823	59.6	2587	40.4	6410
Huye	2705	51.1	2588	48.9	5293
Kamonyi	2191	51.0	2105	49.0	4296
Karongi	3641	55.1	2962	44.9	6603
Kayonza	2395	52.6	2157	47.4	4552
Kicukiro	877	49.2	907	50.8	1784
Kirehe	2550	52.2	2335	47.8	4885
Muhanga	2624	51.4	2480	48.6	5104
Musanze	3658	58.4	2605	41.6	6263
Ngoma	3560	56.9	2701	43.1	6261
Ngororero	2530	52.9	2257	47.1	4787
Nyabihu	1516	52.2	1387	47.8	2903
Nyagatare	2048	46.7	2341	53.3	4389
Nyamagabe	1911	47.0	2156	53.0	4067
Nyamasheke	6334	58.0	4578	42.0	10912
Nyanza	2745	50.0	2750	50.0	5495
Nyarugenge	1068	49.5	1088	50.5	2156
Nyaruguru	2933	52.5	2654	47.5	5587
Rubavu	1550	47.3	1729	52.7	3279

Ruhango	2444	52.2	2241	47.8	4685
Rulindo	2933	54.4	2457	45.6	5390
Rusizi	4429	51.8	4125	48.2	8554
Rutsiro	1835	50.6	1801	49.4	3636
Rwamagana	2024	53.7	1744	46.3	3768
<b>Total</b>	<b>80986</b>	<b>53</b>	<b>73250</b>	<b>47</b>	<b>154236</b>

### 3.2.2.3 Distribution of sex by age group

The figure below shows the distribution of PwDs considering their age group and gender. In child and young age groups, the number of male is higher than female, but the number of female becomes higher in the adult and elderly age groups.

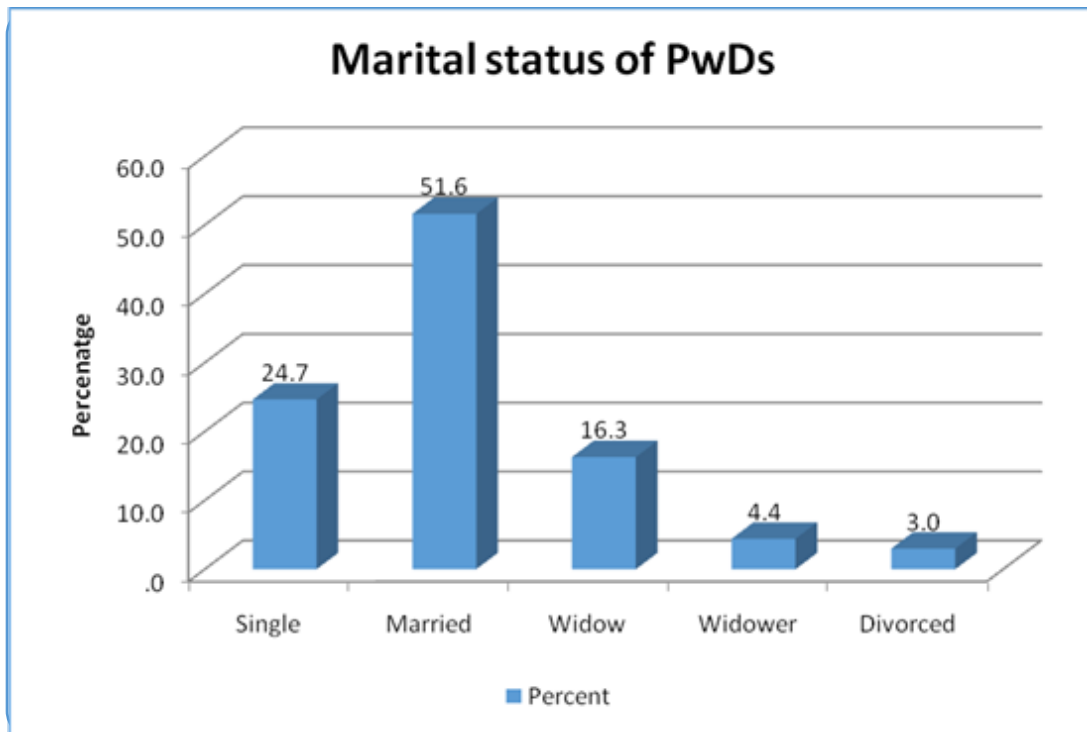


**Figure 5: Distribution of sex by age group**



### 3.2.3 Marital status

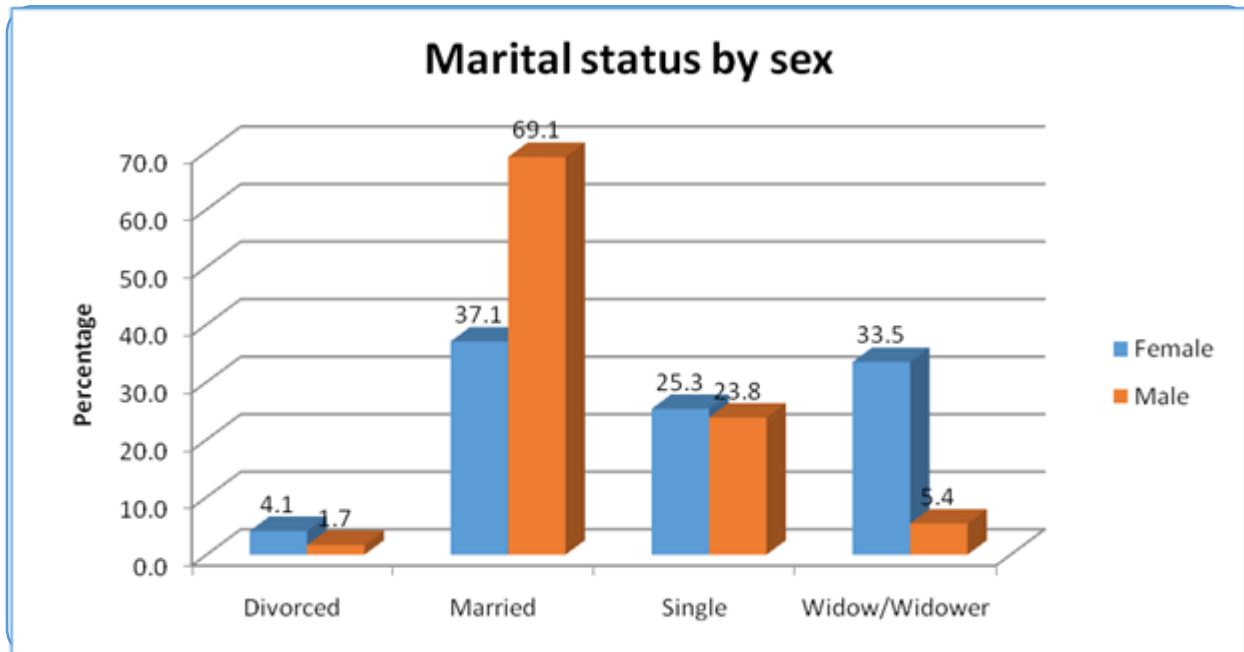
Figure 6 illustrates the marital status of PwDs in general. The results shows that the majority of PwDs (51.6%; n=60,891) are married. Persons with Disabilities under 21 years were not included based on the Rwandan legal age of attaining marriage.



**Figure 6: Marital status of PwDs in general**

### 3.2.3.1 Marital status of PwDs by sex

Figure 7 illustrates the marital status of PwDs in relation to sex. In general, the number of married is higher with predominance of male (69.1%; n=37,040). It further shows that the number of widow (33.5%; n=21,556) is greater than widower (5.4%; n=2,898).



**Figure 7: Marital status by sex**

### 3.2.3.2 Marital status by age group

Table 6 indicates the marital status of PwDs by age group. The results show that the majority of PwDs between 21 and 30 are single, while a big number aged from 31 years and above are married.

**Table 6: Marital status of PwDs by age group**

Age group	Marital status by age group										Total
	Divorced	%	Married	%	Single	%	Widow	%	Widower	%	
21-30	186	1.0	3,359	18.4	14,561	79.9	102	0.6	22	0.1	18,230
31-35	329	3.1	5,462	51.1	4,754	44.5	131	1.2	19	0.2	10,695
36-65	2,506	3.9	39,316	61.7	9,069	14.2	11,624	18.3	1,166	1.8	63,681
>65	522	2.1	12,748	50.3	699	2.8	9,703	38.3	1,692	6.7	25,364
<b>Total</b>	<b>3,543</b>	<b>3.0</b>	<b>60,885</b>	<b>51.6</b>	<b>29,083</b>	<b>24.7</b>	<b>21,560</b>	<b>18.3</b>	<b>2,899</b>	<b>2.5</b>	<b>117,970</b>

### 3.2.3.3 Marital status by Province and City of Kigali

Marital status of PwDs in five Provinces is indicated in table 7

**Table 7: PwDs marital status by province and City of Kigali**

Province	Marital status by province										Total
	Divorced	%	Married	%	Single	%	Widow	%	Widower	%	
East	1,145	4.3	13,671	51.2	6,443	24.1	4,314	16.2	1,127	4.2	26,700
City of Kigali	140	2.3	2,585	42.2	2,180	35.6	980	16.0	237	3.9	6,122
North	656	2.9	12,421	54.0	4,932	21.5	3,734	16.2	1,248	5.4	22,991
South	1,051	3.5	14,538	47.9	8,540	28.1	4,472	14.7	1,763	5.8	30,364
West	551	1.7	17,676	55.6	6,987	22.0	5,723	18.0	856	2.7	31,793
<b>Total</b>	<b>3,543</b>	<b>3.0</b>	<b>60,891</b>	<b>51.6</b>	<b>29,082</b>	<b>24.7</b>	<b>19,223</b>	<b>16.3</b>	<b>5,231</b>	<b>4.4</b>	<b>117,970</b>

### 3.2.3.4 Marital status by District

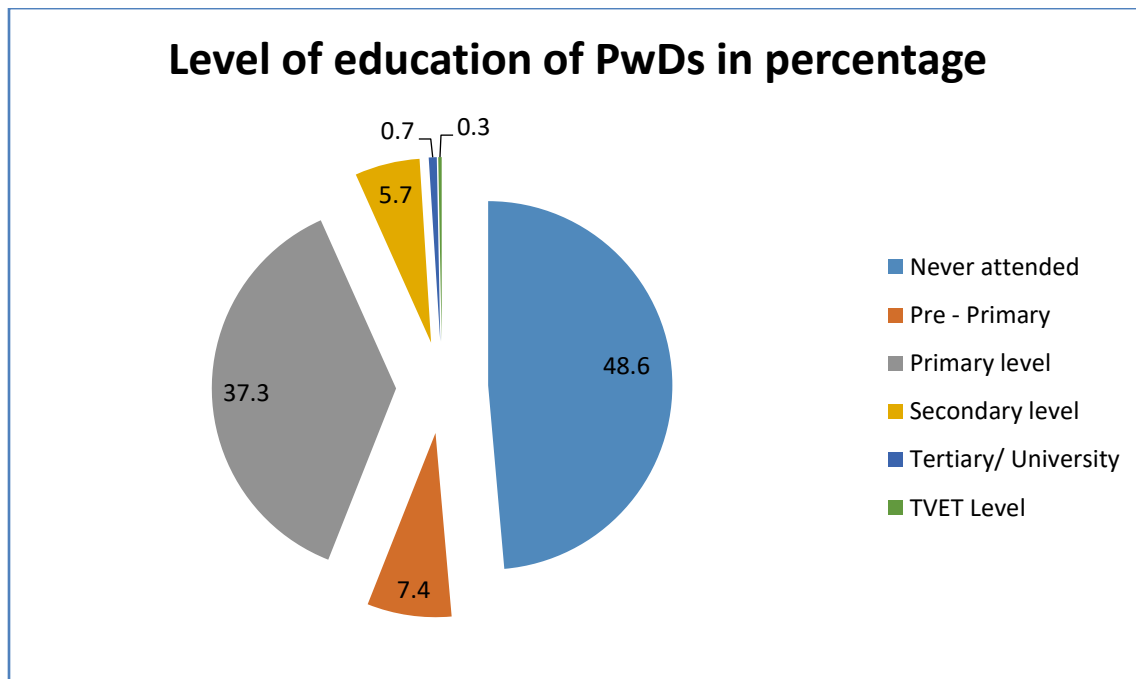
Table 8 shows the details of marital status of PwDs according to the district.

**Table 8: Marital status of PwDs by District**

District	Marital Status										Total
	Divorced	%	Married	%	Single	%	Widow	%	Widower	%	
Bugesera	183	4.3	2283	53.9	1174	27.7	526	12.4	73	1.7	4239
Burera	164	3.5	2807	59.3	839	17.7	686	14.5	235	5.0	4731
Gakenke	120	2.9	2152	52.2	1224	29.7	428	10.4	197	4.8	4121
Gasabo	67	2.1	1568	48.1	998	30.6	530	16.2	100	3.1	3263
Gatsibo	149	3.4	2369	54.5	868	20.0	876	20.2	83	1.9	4345
Gicumbi	118	2.6	2533	55.3	1056	23.0	454	9.9	423	9.2	4584
Gisagara	167	3.4	2131	44.0	1345	27.8	847	17.5	351	7.3	4841
Huye	210	5.2	1735	42.6	1223	30.0	31	0.8	871	21.4	4070
Kamonyi	136	4.5	1364	45.6	902	30.2	525	17.6	63	2.1	2990
Karongi	159	3.0	2816	53.1	1070	20.2	1010	19.0	252	4.7	5307
Kayonza	190	5.5	1722	50.0	823	23.9	628	18.3	78	2.3	3441
Kicukiro	18	1.5	437	35.4	564	45.7	151	12.2	65	5.3	1235
Kirehe	138	3.8	1979	54.0	737	20.1	712	19.4	98	2.7	3664
Muhanga	53	1.4	1889	49.5	1236	32.4	553	14.5	88	2.3	3819
Musanze	109	2.2	2606	51.4	825	16.3	1255	24.8	273	5.4	5068
Ngoma	302	6.2	2244	46.1	1195	24.5	482	9.9	646	13.3	4869
Ngororero	82	2.2	2089	55.2	859	22.7	676	17.9	78	2.1	3784
Nyabihu	9	0.4	1002	44.6	845	37.6	335	14.9	56	2.5	2247
Nyagatare	168	5.1	1819	55.2	732	22.2	497	15.1	81	2.5	3297
Nyamagabe	76	2.4	1777	57.2	737	23.7	431	13.9	87	2.8	3108
Nyamasheke	183	2.1	5289	60.0	1379	15.6	1785	20.3	178	2.0	8814
Nyanza	194	4.8	1857	45.9	1094	27.1	769	19.0	128	3.2	4042
Nyarugenge	55	3.4	576	35.6	616	38.1	299	18.5	70	4.3	1616
Nyaruguru	53	1.3	2187	55.3	936	23.7	718	18.2	58	1.5	3952
Rubavu	23	0.9	1256	51.6	662	27.2	399	16.4	94	3.9	2434
Ruhango	162	4.6	1598	45.1	1068	30.1	598	16.9	117	3.3	3543
Rulindo	145	3.2	2327	51.8	991	22.0	911	20.3	122	2.7	4496
Rusizi	41	0.6	3676	55.9	1594	24.2	1139	17.3	131	2.0	6581
Rutsiro	54	2.1	1548	59.0	577	22.0	379	14.4	67	2.6	2625
Rwamagana	15	0.5	1255	44.1	913	32.1	593	20.9	68	2.4	2844
<b>Total</b>	<b>3543</b>		<b>60891</b>		<b>29082</b>		<b>19223</b>		<b>5231</b>		<b>117970</b>

### 3.3 Level of education of PwDs

According to the level of education among PwDs, the highest percentage of PwDs (48.6%; n=74,470) have reported that they have never attended school followed by those of primary level (37.3%; n=57,146). Children under 3 years were not included. Therefore, N=153,166.



**Figure 8: Level of education of PwDs in general (N=153,166)**

### 3.3.1 Level of education by Province and City of Kigali

Table 9 indicates the distribution of categorized PwDs in five provinces and City of Kigali according to their levels of education. In all provinces, a large number of PwDs had never attended school (48.6%; n=74,469), with predominance of the Northern Province (53%; n=15,239). Primary level is the second (37.3%; n=57,013) with the Southern Province slightly on top (39.1%; n=15,916) among other provinces and City of Kigali. Secondary level is higher in the City of Kigali (11.6%; n=967) and lower in Western Province (4.9 %; n=1,991). Though the university level is very low (0.7%; n=1,098), the City of Kigali reported 3.3% (n=273) of PwDs who have the University level. Children under 3 years were excluded because they are not expected to attend school. The results, further, show that the minority of PwDs have TVET level in all provinces and City of Kigali (0.7%; n=1,098), where only one PwD had attended TVET in the Western province.

**Table 9: Level of Education by Province and City of Kigali (N=153,166)**

Province	Level of Education												
	Never attended	%	Pre - Primary	%	Primary	%	Secondary	%	Tertiary/ University	%	TVET Level	%	Total
East	16,853	48.3	3,181	9.1	12,838	36.8	1,790	5.1	187	0.5	77	0.2	34,926
City of Kigali	3,541	42.4	644	7.7	2,822	33.8	967	11.6	273	3.3	108	1.3	8,355
North	15,239	53.0	739	2.6	10,783	37.5	1,727	6.0	164	0.6	114	0.4	28,766
South	18,806	46.2	3,379	8.3	15,916	39.1	2,253	5.5	259	0.6	78	0.2	40,691
West	20,030	49.5	3,404	8.4	14,787	36.6	1,991	4.9	215	0.5	1	0.0	40,428
<b>Total</b>	<b>74,470</b>	<b>48.6</b>	<b>11,347</b>	<b>7.4</b>	<b>57,146</b>	<b>37.3</b>	<b>8,727</b>	<b>5.7</b>	<b>1,098</b>	<b>0.7</b>	<b>378</b>	<b>0.2</b>	<b>153,166</b>

### 3.3.2 Level of education by District (N=153,166)

Table 10 gives the details of level of education according District.

**Table 10: Level of Education by District**

District	Level of Education												Total
	Never attended	%	Pre-primary	%	Primary level	%	Secondary level	%	Tertiary/University	%	TVET Level	%	
Bugesera	2636	45.7	611	10.6	2156	37.4	307	5.3	37	0.6	22	0.4	5769
Burera	3542	58.6	76	1.3	2078	34.4	301	5.0	23	0.4	24	0.4	6044
Gakenke	2480	46.4	238	4.5	2298	43.0	264	4.9	35	0.7	32	0.6	5347
Gasabo	1913	42.9	249	5.6	1604	35.9	456	10.2	135	3.0	105	2.4	4462
Gatsibo	2972	54.0	572	10.4	1679	30.5	224	4.1	31	0.6	21	0.4	5499
Gicumbi	2979	51.5	329	5.7	2009	34.7	438	7.6	34	0.6	1	0.0	5790
Gisagara	3073	48.2	229	3.6	2675	42.0	352	5.5	44	0.7	0	0.0	6373
Huye	2597	49.4	267	5.1	2011	38.3	316	6.0	64	1.2	0	0.0	5255
Kamonyi	1422	33.4	293	6.9	2171	51.0	341	8.0	27	0.6	2	0.0	4256
Karongi	3338	50.8	815	12.4	2120	32.2	264	4.0	37	0.6	1	0.0	6575
Kayonza	2057	45.6	423	9.4	1738	38.5	272	6.0	23	0.5	0	0.0	4513
Kicukiro	698	39.6	152	8.6	578	32.8	257	14.6	76	4.3	2	0.1	1763
Kirehe	2414	49.9	341	7.0	1877	38.8	198	4.1	12	0.2	0	0.0	4842
Muhanga	1442	28.4	161	3.2	2993	58.9	439	8.6	38	0.7	6	0.1	5079
Musanze	3323	53.3	55	0.9	2368	38.0	442	7.1	48	0.8	0	0.0	6236
Ngoma	2815	45.3	76	1.2	2946	47.4	351	5.6	28	0.5	3	0.0	6219
Ngororero	2324	48.9	1065	22.4	1235	26.0	112	2.4	20	0.4	0	0.0	4756
Nyabihu	1337	46.2	155	5.4	1107	38.2	275	9.5	22	0.8	0	0.0	2896
Nyagatare	2132	49.0	835	19.2	1196	27.5	164	3.8	28	0.6	0	0.0	4355
Nyamagabe	2244	55.4	274	6.8	1334	32.9	172	4.2	20	0.5	5	0.1	4049
Nyamasheke	5557	51.2	396	3.7	4387	40.4	480	4.4	27	0.2	0	0.0	10847
Nyanza	2846	52.1	243	4.4	2021	37.0	320	5.9	26	0.5	5	0.1	5461
Nyarugenge	926	43.6	242	11.4	640	30.2	251	11.8	62	2.9	1	0.0	2122
Nyaruguru	3279	59.1	1070	19.3	1072	19.3	94	1.7	12	0.2	25	0.5	5552
Rubavu	1405	43.2	35	1.1	1435	44.1	326	10.0	52	1.6	0	0.0	3253
Ruhango	1901	40.7	848	18.2	1650	35.4	211	4.5	23	0.5	34	0.7	4667
Rulindo	2920	54.5	43	0.8	2043	38.1	271	5.1	24	0.4	57	1.1	5358
Rusizi	3913	46.1	584	6.9	3483	41.0	458	5.4	48	0.6	0	0.0	8486
Rutsiro	2156	59.7	357	9.9	1022	28.3	72	2.0	7	0.2	0	0.0	3614
Rwamagana	1827	49.0	326	8.7	1262	33.9	255	6.8	27	0.7	31	0.8	3728
<b>Total</b>	<b>74468</b>	<b>48.6</b>	<b>11360</b>	<b>7.4</b>	<b>57188</b>	<b>37.3</b>	<b>8683</b>	<b>5.7</b>	<b>1090</b>	<b>0.7</b>	<b>377</b>	<b>0.2</b>	<b>153166</b>

### 3.3.3 Level of education by age group

The level of education reported by PwDs is showed in Table 11 according to the age group. As it was reported in the above tables, the majority of PwDs have never attended school. This is higher among children between 3 and 6years (88.3%; n=5,552) followed by elderly PwDs (above 65 years) who reported never attended school at 70.2% (n=17,762). Generally, this age group (above 65 years) reported poorly in education level compared to other age groups. Across all ages, age group (16-20) and (21-30) were a bit higher in having secondary level at 14.8% (n=1474) and 14.6% (n=2660) respectively.

**Table 11: Level of Education by Age**

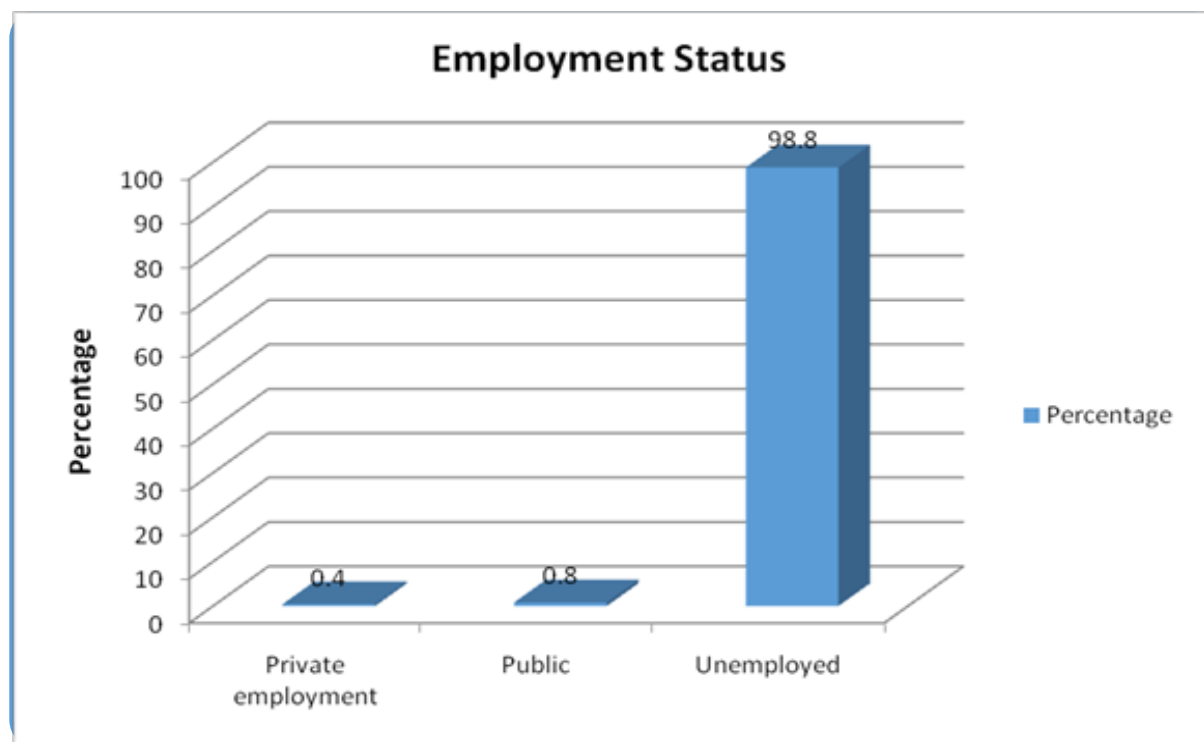
Age group	Level of education												Total
	Never attended	%	Pre-primary	%	Primary level	%	Secondary level	%	Tertiary/ University	%	TVET Level	%	
3-6	5,552	88.3	602	9.6	133	2.1	N/A	N/A	N/A	N/A	N/A	N/A	6,287
7-12	5,839	50.0	2,251	19.3	3,586	30.7	N/A	N/A	N/A	N/A	N/A	N/A	11,676
13-15	2,219	30.4	1,068	14.6	3,793	51.9	222	3.0	N/A	N/A	N/A	N/A	7,302
16-20	2,964	29.7	824	8.3	4,694	47.1	1,474	14.8	7	0.1	12	0.1	9,975
21-30	6,865	37.6	1,341	7.4	7,032	38.6	2,660	14.6	302	1.7	39	0.2	18,239
31-35	4,089	38.2	821	7.7	4,797	44.9	750	7.0	216	2.0	22	0.2	10,695
36-65	29,180	45.8	3,344	5.3	27,191	42.7	3,144	4.9	528	0.8	294	0.5	63,681
>65	17,762	70.2	1,096	4.3	5,920	23.4	477	1.9	45	0.2	11	0.0	25,311
<b>Total</b>	<b>74,470</b>	<b>48.6</b>	<b>11,347</b>	<b>7.4</b>	<b>57,146</b>	<b>37.3</b>	<b>8,727</b>	<b>5.7</b>	<b>1,098</b>	<b>0.7</b>	<b>378</b>	<b>0.2</b>	<b>153,166</b>

N/A=Not applicable



### 3.4 Employment Status of PwDs

The employment status of PwDs is presented in figure 9. Almost all PwDs (98.8%; n=126,395) are unemployed. A very small number have private employment (0.4%; n=463) while 0.8% (n=1,087) have public employment. This includes 0.3% of PwDs above 65. Persons with Disabilities under 16 years were not included. They were considered as employed, those who reported having a regular monthly income during the categorization process. (N=127,945).



**Figure 9: Employment Status**

### 3.4.1 Employment status by sex

Figure 10 illustrates the employment status of PwDs according to sex. The results shows that the number of females with disabilities who were not employed (99.1%; n=68,629) is slightly higher than males (98.4%; n=57,766).



**Figure 10: Employment Status by Sex**

### 3.4.2 Employment status by age group

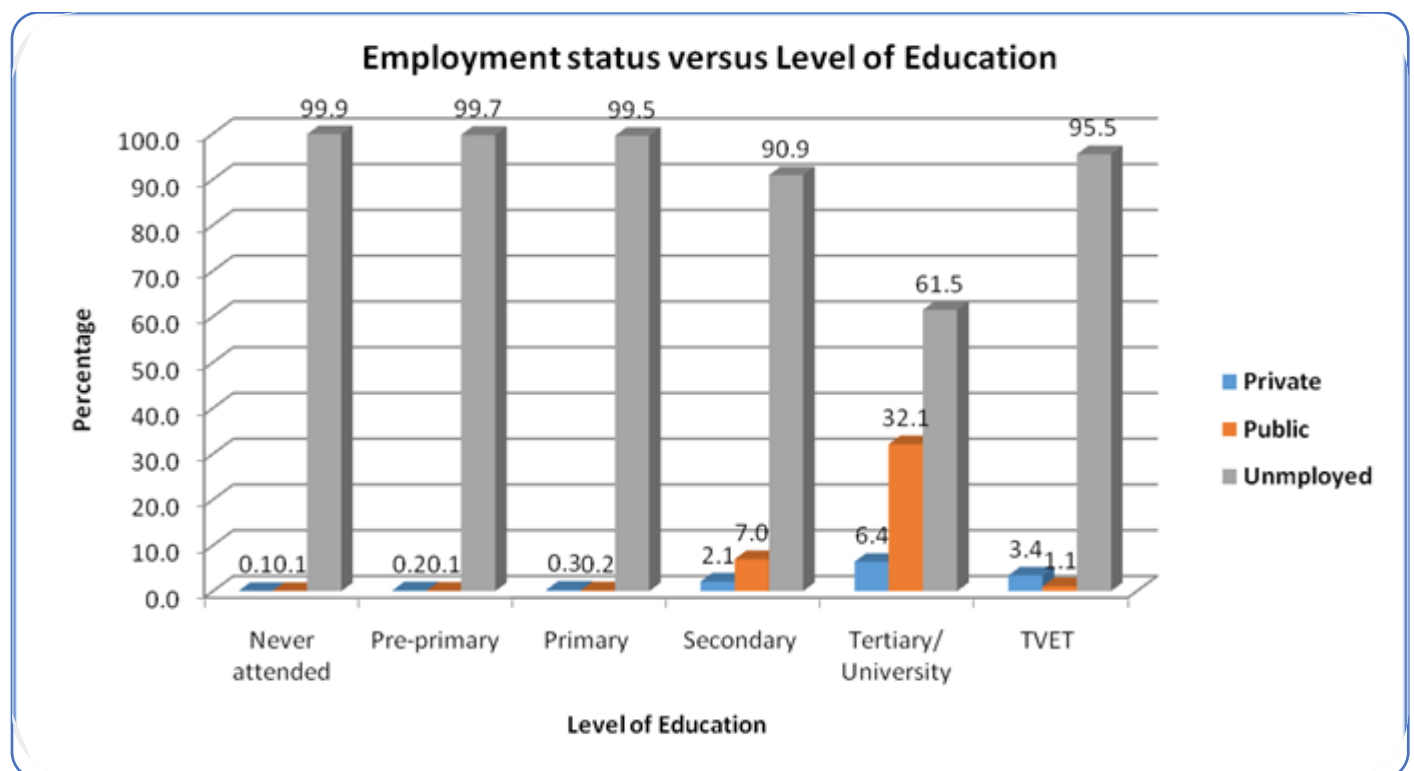
Table 12 indicates the employment status of PwDs in relation to the age group. PwDs under 16 years were not analyzed because they were not expected to be employed in Rwandan context. The level of unemployment is slightly higher in young and elderly age groups.

**Table 12: Employment Status by Age**

Age Group	Employment Status						Total
	Private	%	Public	%	Unemployed	%	
16-20	1	0.0	6	0.1	9967	99.9	9974
21-30	89	0.5	150	0.8	17992	98.7	18231
31-35	89	0.8	231	2.2	10375	97.0	10695
36-65	271	0.4	668	1.0	62742	98.5	63681
>65	13	0.1	32	0.1	25319	99.8	25364
Total	463	0.4	1087	0.8	126395	98.8	127945

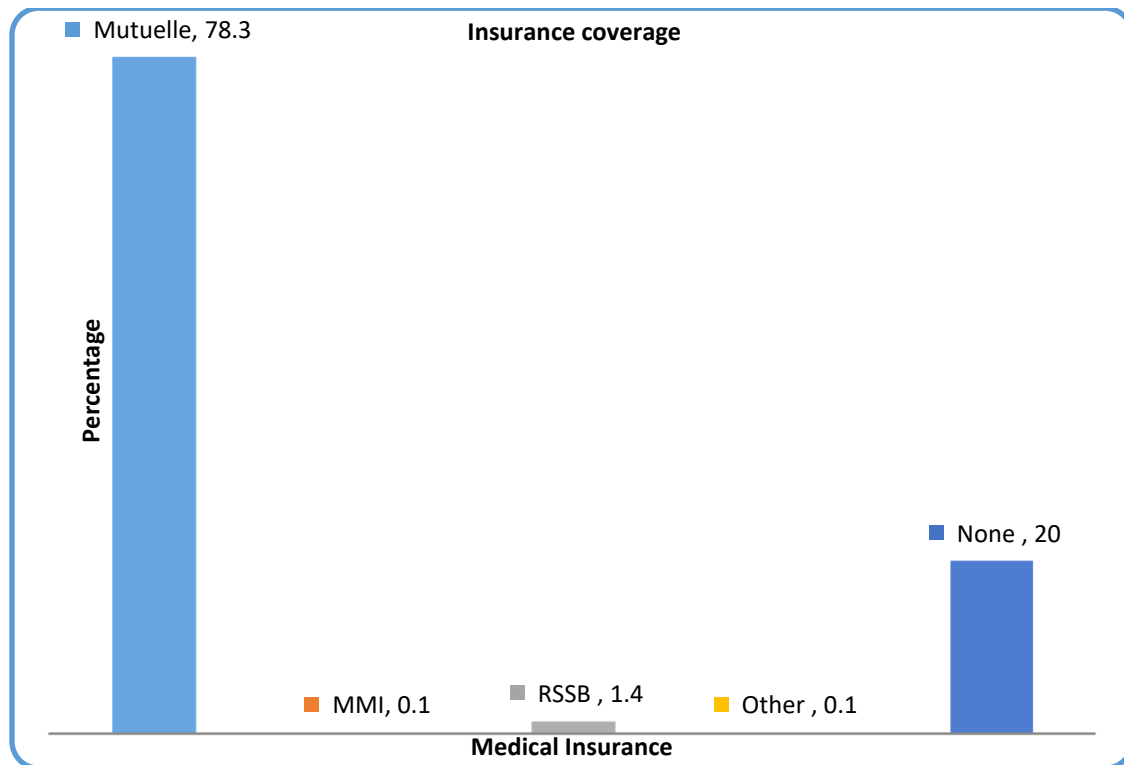
### 3.4.3 Employment status by level of education

The results of employment status in relation to the level of education are illustrated in figure 3 below. Almost all PwDs (99.9%; n=60,776) who never attended school are not employed. The greater the level of education the greater the level of employment, but still the majority of PwDs (61.5%; n=670) who have university level are not employed. The biggest number (32.1%; n=350) of PwDs with university level are employed in public services.

**Figure 11: Employment status by level of education**

### 3.5 Medical insurance coverage of PwDs

Figure 12 illustrates the insurance coverage by PwDs. A large number (78.3%; n=120,806) possesses Mutuelle de Santé as medical insurance. The number of PwDs who don't have medical insurance is also high (20%; n=30,859).



**Figure 12: Medical insurance coverage**

### 3.5.1 Medical insurance by Province and City of Kigali

According to the province, the use of Mutuelle de Santé is predominant in Eastern Province (81.7%; n=28,754) followed by Northern Province (80.5%; n=23,290). The Western Province scored high (23%; n=9,370) followed Southern Province (22%; n=9014) in not having medical insurance.

**Table 13: Medical insurance by Province and City of Kigali**

Province	Insurance coverage										Total
	Mutuelle	%	MMI	%	RSSB	%	Other	%	None	%	
East	28754	81.7	39	0.1	429	1.2	23	0.1	5964	16.9	35209
City of Kigali	6744	79.4	15	0.2	263	3.1	63	0.7	1404	16.5	8489
North	23290	80.5	29	0.1	447	1.5	43	0.1	5118	17.7	28927
South	31328	76.5	29	0.1	512	1.3	53	0.1	9014	22	40936
West	30690	75.5	23	0.1	549	1.3	43	0.1	9370	23	40675
<b>Total</b>	<b>120806</b>	<b>78.3</b>	<b>135</b>	<b>0.1</b>	<b>2200</b>	<b>1.4</b>	<b>225</b>	<b>0.1</b>	<b>30870</b>	<b>20</b>	<b>154236</b>

### 3.5.2 Medical insurance by District

Table 14 summarizes the medical insurance possession by PwDS according to district. Nyagatare District has a very high percentage (95.4%; n=4185) of PwDs who use Mutuelle de Santé as medical insurance followed by Ngororero District (88.9%=4255). The district with high percentage of not having medical insurance is Nyaruguru (30.07%; n=1680) followed by Rusizi (29.82; n=2551).

**Table 14: Insurance Coverage by District**

District	Insurance coverage										Total
	Mutuelle	%	MMI	%	RSSB	%	Other	%	None	%	
Bugesera	4637	79.8	12	0.21	77	1.33	1	0.02	1083	18.64	5810
Burera	5148	84.6	2	0.03	77	1.27	5	0.08	852	14	6084
Gakenke	4604	85.7	7	0.13	87	1.62	6	0.11	670	12.47	5374
Gasabo	3539	77.9	3	0.07	132	2.91	34	0.75	833	18.34	4541
Gatsibo	4470	80.6	6	0.11	90	1.62	8	0.14	969	17.48	5543
Gicumbi	4518	77.6	8	0.14	89	1.53	11	0.19	1199	20.58	5825
Gisagara	4960	77.4	4	0.06	45	0.7	7	0.11	1394	21.75	6410
Huye	4106	77.6	3	0.06	88	1.66	17	0.32	1079	20.39	5293
Kamonyi	3738	87	3	0.07	46	1.07	1	0.02	508	11.82	4296
Karongi	4797	72.6	3	0.05	107	1.62	25	0.38	1671	25.31	6603
Kayonza	3614	79.4	3	0.07	55	1.21	4	0.09	876	19.24	4552
Kicukiro	1417	79.4	10	0.56	89	4.99	16	0.9	252	14.13	1784
Kirehe	4104	84	2	0.04	53	1.08	2	0.04	724	14.82	4885
Muhanga	4006	78.5	5	0.1	84	1.65	11	0.22	998	19.55	5104
Musanze	4628	73.9	10	0.16	121	1.93	17	0.27	1487	23.74	6263
Ngoma	4884	78	9	0.14	66	1.05	5	0.08	1297	20.72	6261
Ngororero	4255	88.9	2	0.04	61	1.27	2	0.04	467	9.76	4787
Nyabihu	2563	88.3	2	0.07	54	1.86	3	0.1	281	9.68	2903
Nyagatare	4185	95.4	1	0.02	21	0.48	0	0	182	4.15	4389
Nyamagabe	3038	74.7	0	0	69	1.7	4	0.1	956	23.51	4067
Nyamasheke	7924	72.6	1	0.01	103	0.94	6	0.05	2878	26.37	10912
Nyanza	4243	77.2	5	0.09	63	1.15	6	0.11	1178	21.44	5495
Nyarugenge	1783	82.7	2	0.09	42	1.95	13	0.6	316	14.66	2156
Nyaruguru	3857	69	3	0.05	45	0.81	2	0.04	1680	30.07	5587

Rubavu	2309	70.4	7	0.21	68	2.07	2	0.06	893	27.23	3279
Ruhango	3381	72.2	6	0.13	72	1.54	5	0.11	1221	26.06	4685
Rulindo	4398	81.6	2	0.04	73	1.35	4	0.07	913	16.94	5390
Rusizi	5892	68.9	7	0.08	100	1.17	4	0.05	2551	29.82	8554
Rutsiro	2949	81.1	1	0.03	56	1.54	1	0.03	629	17.3	3636
Rwamagana	2859	75.9	6	0.16	67	1.78	3	0.08	833	22.11	3768
<b>Total</b>	<b>120806</b>	<b>78.3</b>	<b>135</b>	<b>0.09</b>	<b>2200</b>	<b>1.43</b>	<b>225</b>	<b>0.15</b>	<b>30870</b>	<b>20.01</b>	<b>154236</b>

### 3.6 Classification of Impairment

Impairment is manifested consequent to an abnormal body structure or function. The greatest proportion of PwDs manifest neurological conditions accounting for 25.5% (n= 53,628). Other conditions which register high proportions of impairment include visual impairment, mental disorders and lower limb joint conditions accounting for 11.4% (n= 24001), 9.9% (n= 20832) and 9.2% (n= 19311) respectively. The total number of impairment is higher than the total number of PwDs owing to the fact that some individuals have multiple impairments. Table 15 gives details of these findings.

**Table 15: Classification of impairments**

<b>Impairment</b>	<b>Total</b>	<b>Percentage</b>
Abdominal conditions	944	0.4
Bone conditions in general	5336	2.5
Congenital malformations	4590	2.2
Cranial conditions	848	0.4
Chronic pain (associated with another condition)	8302	3.9
Disfigurements	1391	0.7
ENT conditions	13313	6.3
Foreign bodies	27	0.0
Growth related conditions	648	0.3
Hematological conditions	41	0.0
Lower limb amputation	3362	1.6
Limb deficiencies	5829	2.8
Lower limb joint conditions	19311	9.2
Leg length discrepancy	6980	3.3
Metabolic conditions	703	0.3
Muscular conditions	430	0.2
Mental conditions	20832	9.9
Maxillofacial conditions	2145	1.0
Neurological conditions	53628	25.5
Spine conditions	3287	1.6
Soft tissues and skin conditions	6858	3.3
Thoracic conditions	4596	2.2
Tumors	851	0.4
Upper limb amputations	3482	1.7
Uro-genital conditions	2733	1.3
Upper limb joint conditions	11926	5.7
Vision conditions	24001	11.4
Vascular conditions	3876	1.8
<b>Total</b>	<b>210270</b>	<b>100</b>



### 3.6.1 Neurological impairments

The table below shows that epilepsy accounted for 24.8% (n= 13318) of neurological disorders. Speech disorders which accounted for 15.9% (n= 8533), includes isolated speech disorders as well as that co-existing with other impairment as the main cause. Hemiparesis, 9.1% (n= 4854), lower limb partial loss of function 9.7% (n= 5176) and cerebral palsy 8.9% (n= 4790) among others affected large proportions of PwDs with neurological manifestations.

**Table 16: Neurological impairments**

<b>Impairments</b>	<b>Total</b>	<b>Percentage</b>
Persistent vegetative state	79	0.1
Tetraplegia	474	0.9
Triplegia/ Diplegia	127	0.2
Hemiplegia	1438	2.7
Hemiparesis	4854	9.1
Paraplegia	1229	2.3
Paraparesis	1763	3.3
Tetraparesis	664	1.2
Total monoplegia – Upper limb	1171	2.2
Total monoplegia – Lower limb	1864	3.5
Upper limb partial loss of function	2867	5.3
Lower limb partial loss of function	5176	9.7
Movement disorders (Cerebellar syndrome, Extrapyramidal syndrome)	1160	2.2
Epilepsy	13318	24.8
Post-concussion syndrome	344	0.6
Sequelae of cranial nerves injury	220	0.4
Peripheral Neuropathies	2911	5.4
Speech disorder	8533	15.9
Cerebral palsy	4790	8.9
Other neurological conditions	646	1.2
<b>Total</b>	<b>53628</b>	<b>100</b>

### 3.6.2 Visual impairments

The table below shows that while impairments affecting vision ranks high, 40.8% (n= 9,784) is reversible. Nonetheless, unilateral and bilateral total irreversible loss of vision are a frequent impairment affecting 33.9% (n= 8131) and 13.0% (n= 3123) of PwDs. Loss of both eyes was an infrequent cause of visual impairment at 0.4% (n= 101).

**Table 17: Visual impairments**

<b>Vision</b>	<b>Total</b>	<b>Percentage</b>
Bilateral total irreversible loss of vision	3123	13.0
Unilateral total irreversible loss of vision	8131	33.9
Bilateral total reversible loss of vision	460	1.9
Unilateral total reversible loss of vision	662	2.8
Loss of both eyes	101	0.4
Loss of one eye	1740	7.2
Visual impairment	9784	40.8
<b>Total</b>	<b>24001</b>	<b>100</b>

### 3.6.3 Mental impairments

Up to 46.3% (n= 9,654) of PwDs with mental disorders have mental retardation. Another 35.7% (n= 7,435) have schizophrenia and other psychotic disorders. Only 0.3% (n= 70) have substance related mental disorder. This is elaborated in the table below.

**Table 18: Mental impairments**

<b>Mental impairment</b>	<b>Total</b>	<b>Percentage</b>
Anxiety and somatoform disorders	1661	8.0
Dementia and other cognitive disorders	611	2.9
Organic mental disorders	169	0.8
Schizophrenia and other psychotic disorders	7435	35.7
Mood disorders	1232	5.9
Substance related disorders	70	0.3
Mental retardation	9654	46.3
<b>Total</b>	<b>20832</b>	<b>100.0</b>

### 3.6.4 ENT impairments

The table below shows that the greatest proportion of impairment affecting the ENT structures affects the ear. Bilateral profound hearing impairment accounts for 46.3% (n= 6169) of ENT impairment while partial hearing impairment accounts for 33.4% (n= 4452).

**Table 19: ENT impairments**

ENT impairment	Total	Percentage
Bilateral profound hearing impairment	6169	46.3
Unilateral Profound hearing impairment	740	5.6
Partial hearing impairment	4452	33.4
Vertigo	254	1.9
Tinnitus	118	0.9
Nasal stenosis	223	1.7
Tracheostomy	59	0.4
Dysphonia	1169	8.8
Dyspnoea	129	1.0
<b>Total</b>	<b>13313</b>	<b>100</b>

### 3.6.5 Upper limb joint impairments

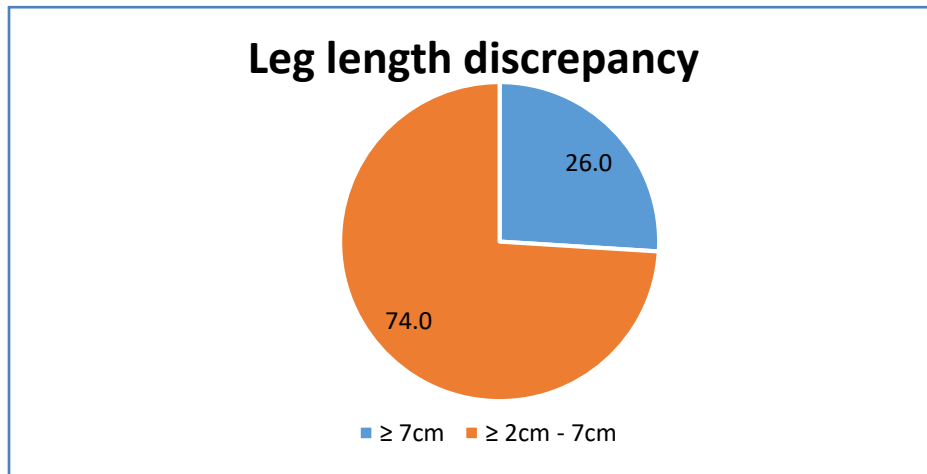
Deformity, ankylosis and or stiffness of the upper limb joint caused disability in 91.3% (n= 10,897) of PwDs of upper limb joint origin. The table below gives details.

**Table 20: Upper limb joint impairments**

Upper limb joint impairment	Total	Percentage
Dislocation	220	1.8
Joint infection	151	1.3
Joint instability	382	3.2
Joint deformity/ankylosis/stiffness	10897	91.4
Destroyed joint	276	2.3
<b>Total</b>	<b>11926</b>	<b>100</b>

### 3.6.6 Leg length discrepancy

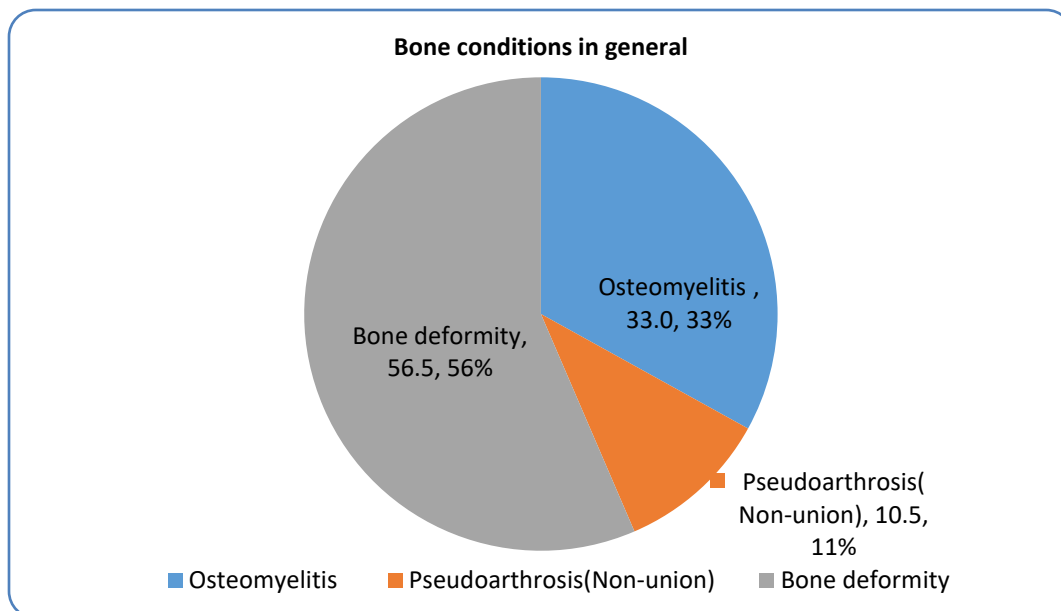
The pie chart below shows that 74% (n= 5,166) of PwDs affected by leg length discrepancy have a discrepancy of 2-7 cm.



**Figure 13: Leg length discrepancy**

### 3.6.7 Bone conditions

Bone deformity and osteomyelitis are the most common bone conditions affecting PwDs and account for 56.5% (n= 3,013) and 33.0% (n= 1,763) respectively. The pie chart below shows this.



**Figure 14: Bone conditions in general**

### 3.6.8 Limb deficiencies

Limb deficiencies affecting the upper limb are a common manifestation among PwDs as compared to lower limb deficiencies be they major or minor. The table below elaborates this.

**Table 21: Limb deficiencies**

<b>Limb deficiencies</b>	<b>Total</b>	<b>Percentage</b>
Upper limb, Minor	2239	38.4
Upper Limb, Major	2113	36.2
Lower limb, Minor	886	15.2
Lower Limb, Major	591	10.1
<b>Total</b>	<b>5829</b>	<b>100</b>

### 3.6.9 Soft tissues and skin impairments

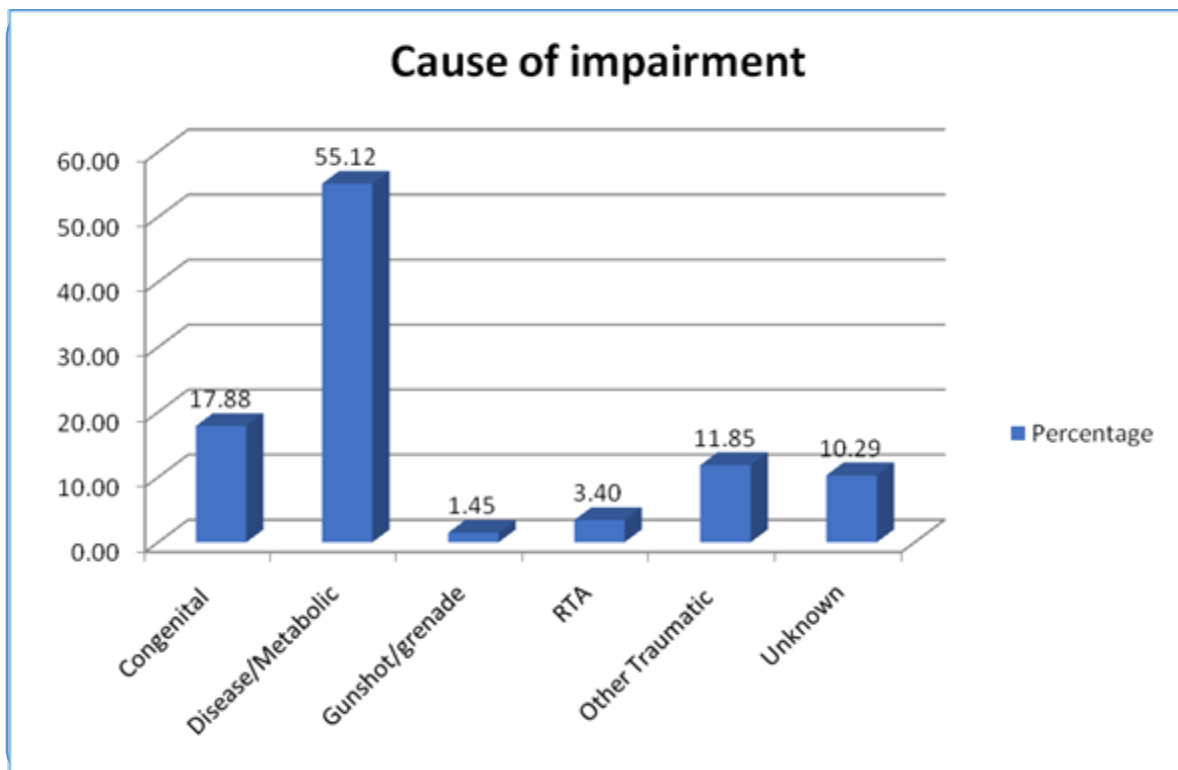
Keloids and contractures, chronic ulcers and other trophic disorders and pigmentation disorders accounting for 46.0% (n= 3156), 18.7% (n= 1281) and 14.9% (n= 1024) respectively represent the main impairment affecting soft tissues and skin among PwDs. The table below gives more information.

**Table 22: Soft tissues and skin conditions**

<b>Soft tissues and skin conditions</b>	<b>Total</b>	<b>Percentage</b>
Chronic ulcers and other trophic disorders	1281	18.7
Keloids and contractures	3156	46.0
Soft tissue defect	773	11.3
Pigmentation disorder	1024	14.9
Hirsutism	9	0.1
Severe chronic dermatosis	615	9.0
<b>Total</b>	<b>6858</b>	<b>100</b>

### 3.7 Cause of Impairment

Figure 15 illustrates the causes of different impairments. The causes are summarized in: congenital (child born with or present at birth as a result of either heredity or environmental influences), disease/metabolic (include acquired none traumatic conditions: metabolic disorders, deformities, infections...), Gunshot/grenade, Road Traffic Accident (RTA), other traumatic (include assault, falls, burns, and other traumatic events). Unknown cause means other causes that were not revealed by PwDs or his/her family. The majority (55.12%; n=85,015) of PwDs reported disease/metabolic as causes. Gunshot/grenade was the least cause of disability (1.45%; n=2,234).



**Figure 15: Cause of impairment**

#### 3.7.1 Cause of impairment by Province and City of Kigali

According to the province and City of Kigali, the dominant cause of disability is disease/metabolic which is higher in Western Province (57.90%; n=23,551) followed by Northern Province (57.71%; n=16,695).

Gunshot/grenade is greater in Kigali (3.42%; n=290) followed by Northern Province (2.01%; n=580). Road traffic accident is also high in Kigali (6.74%; n=572). Other traumatic is higher in Western Province (14.78%; n=6,011).

**Table 23: Cause of Impairment by Province and City of Kigali**

<b>Cause of impairment</b>	<b>Province and City of Kigali</b>									
	<b>East</b>	<b>%</b>	<b>City of Kigali</b>	<b>%</b>	<b>North</b>	<b>%</b>	<b>South</b>	<b>%</b>	<b>West</b>	<b>%</b>
Congenital	6580	18.69	1682	19.81	4669	16.14	7876	19.24	6773	16.65
Disease/Metabolic	19210	54.56	4197	49.44	16695	57.71	21361	52.18	23551	57.90
Gunshot/grenade	532	1.51	290	3.42	580	2.01	295	0.72	544	1.34
RTA	1291	3.67	572	6.74	607	2.10	1734	4.24	1044	2.57
Other Trauma	3963	11.26	1149	13.54	3211	11.10	3946	9.64	6011	14.78
Unknown	3633	10.32	599	7.06	3165	10.94	5724	13.98	2752	6.77
<b>Total</b>	<b>35209</b>	<b>100.00</b>	<b>8489</b>	<b>100.00</b>	<b>28927</b>	<b>100.00</b>	<b>40936</b>	<b>100.00</b>	<b>40675</b>	<b>100.00</b>

### 3.7.2 Cause of impairment by District

Table 24 summarizes the causes of disability based on District. Musanze District comes on top (78.86%; n=4,939) followed by Kirehe (75.25%; n=3,676) with disease/metabolic as the main cause of disability. Other details on the causes of disability in all districts are found in this table.

**Table 24: Cause of Impairment by District**

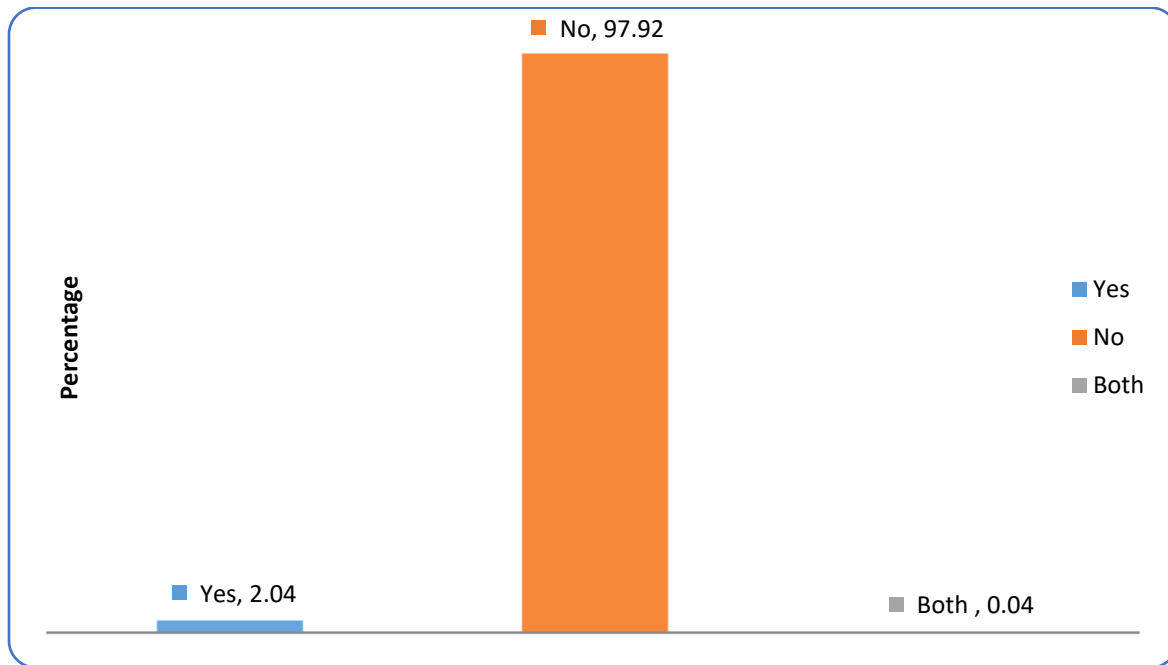
District	Congenital		Disease/Metabolic		Gunshot/Grenade		RTA		Other Traumatic		Unknown		Total
	n	%	n	%	n	%	n	%	n	%	n	%	
Bugesera	1349	23.22	3011	51.82	77	1.33	315	5.42	743	12.79	315	5.42	5810
Burera	835	13.72	3448	56.67	138	2.27	86	1.41	458	7.53	1119	18.39	6084
Gakenke	1399	26.03	2272	42.28	181	3.37	126	2.34	830	15.44	566	10.53	5374
Gasabo	721	15.88	2343	51.60	180	3.96	312	6.87	690	15.19	295	6.50	4541
Gatsibo	938	16.92	3334	60.15	71	1.28	172	3.10	633	11.42	395	7.13	5543
Gicumbi	1590	27.30	2642	45.36	91	1.56	182	3.12	1013	17.39	307	5.27	5825
Gisagara	1049	16.37	3477	54.24	30	0.47	116	1.81	494	7.71	1244	19.41	6410
Huye	1088	20.56	497	9.39	41	0.77	124	2.34	779	14.72	2764	52.22	5293
Kamonyi	765	17.81	2717	63.24	50	1.16	210	4.89	456	10.61	98	0.65	4296
Karongi	1271	19.25	3328	50.40	73	1.11	501	7.59	920	13.93	510	7.72	6603
Kayonza	1128	24.78	2426	53.30	73	1.60	139	3.05	597	13.12	189	4.15	4552
Kicukiro	369	20.68	864	48.43	44	2.47	128	7.17	178	9.98	201	11.27	1784
Kirehe	418	8.56	3676	75.25	32	0.66	108	2.21	155	3.17	496	10.15	4885
Muhanga	816	15.99	3020	59.17	31	0.61	599	11.74	239	4.68	399	7.82	5104
Musanze	150	2.40	4939	78.86	71	1.13	128	2.04	119	1.90	856	13.67	6263
Ngoma	1390	22.20	2195	35.06	79	1.26	232	3.71	758	12.11	1607	25.67	6261
Ngororero	699	14.60	2929	61.19	101	2.11	94	1.96	659	13.77	305	6.37	4787
Nyabihu	578	19.91	1517	52.26	153	5.27	95	3.27	406	13.99	154	5.30	2903
Nyagatare	701	15.97	2381	54.25	118	2.69	147	3.35	688	15.68	354	8.07	4389



Nyamagabe	685	16.84	2358	57.98	12	0.30	88	2.16	620	15.24	304	7.47	4067
Nyamasheke	1427	13.08	6538	59.92	24	0.22	98	0.90	2139	19.60	686	6.29	10912
Nyanza	1059	19.27	3442	62.64	50	0.91	379	6.90	352	6.41	213	3.88	5495
Nyarugenge	592	27.46	988	45.83	66	3.06	130	6.03	278	12.89	102	4.73	2156
Nyaruguru	1296	23.20	3515	62.91	24	0.43	44	0.79	243	4.35	465	8.32	5587
Rubavu	767	23.39	1879	57.30	70	2.13	24	0.73	228	6.95	311	9.48	3279
Ruhango	1120	23.91	2336	49.86	50	1.07	174	3.71	764	16.31	241	5.14	4685
Rulindo	695	12.89	3396	63.01	99	1.84	87	1.61	795	14.75	318	5.90	5390
Rusizi	1175	13.74	5442	63.62	66	0.77	160	1.87	1171	13.69	540	6.31	8554
Rutsiro	856	23.54	1918	52.75	57	1.57	72	1.98	488	13.42	245	6.74	3636
Rwamagana	656	17.41	2187	58.04	82	2.18	178	4.72	388	10.30	277	7.35	3768
<b>Total</b>	<b>27582</b>		<b>85015</b>		<b>2234</b>		<b>5248</b>		<b>18281</b>		<b>15876</b>		<b>154236</b>

### 3.7.3 Disability related to genocide against Tutsis in 1994

Figure 16 shows that 2.04% (n=3,148) have disability related to genocide, while 0.04% (n=69) have disability caused by genocide together with other causes.



**Figure 16: Disability related to Genocide against Tutsis in 1994**

### 3.7.4 Disability related to genocide by Province and City of Kigali

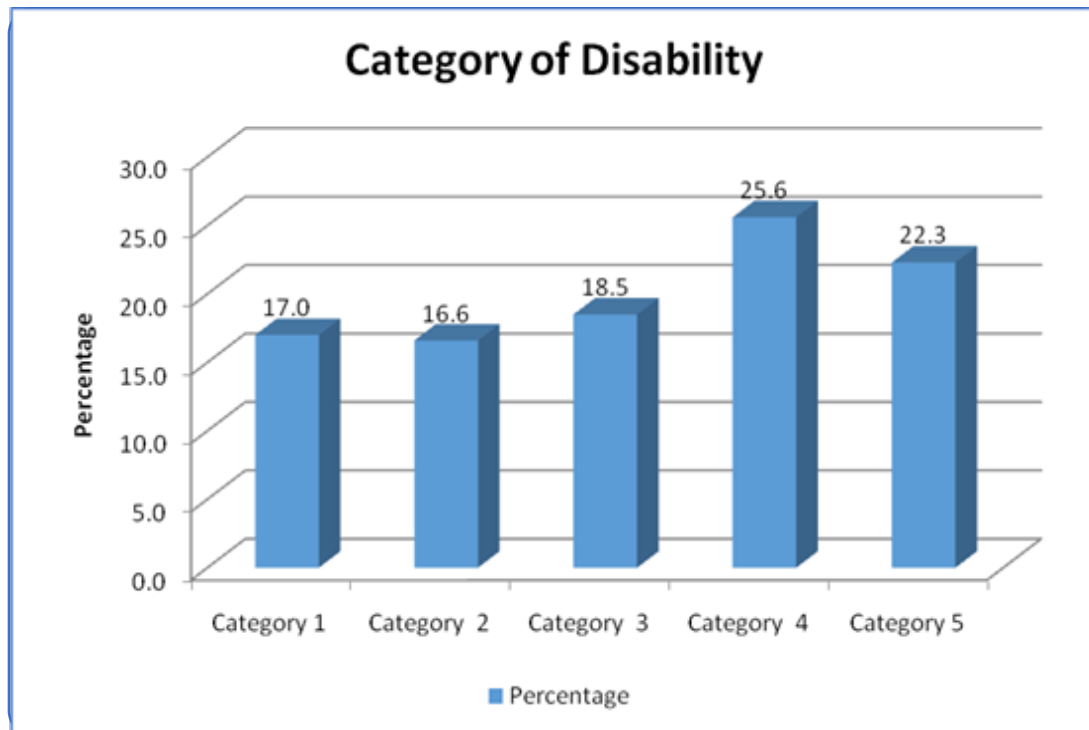
Table 25 indicates the distribution of disability related to genocide according to provinces. The City of Kigali reported the highest number (5.25%; n=446) of disability related to genocide among other provinces.

**Table 25: Disability related to genocide by Province and City of Kigali**

Province	Disability related to Genocide						Total
	Yes	%	Both	%	No	%	
East	860	2.44	32	0.09	34317	97.47	35209
City of Kigali	446	5.25	0	0	8043	94.75	8489
North	240	0.83	1	0	28686	99.17	28927
South	967	2.36	22	0.05	39947	97.58	40936
West	635	1.56	14	0.03	40026	98.4	40675
Total	3148	2.04	69	0.04	151019	97.91	154236

### 3.8 Category of Disability

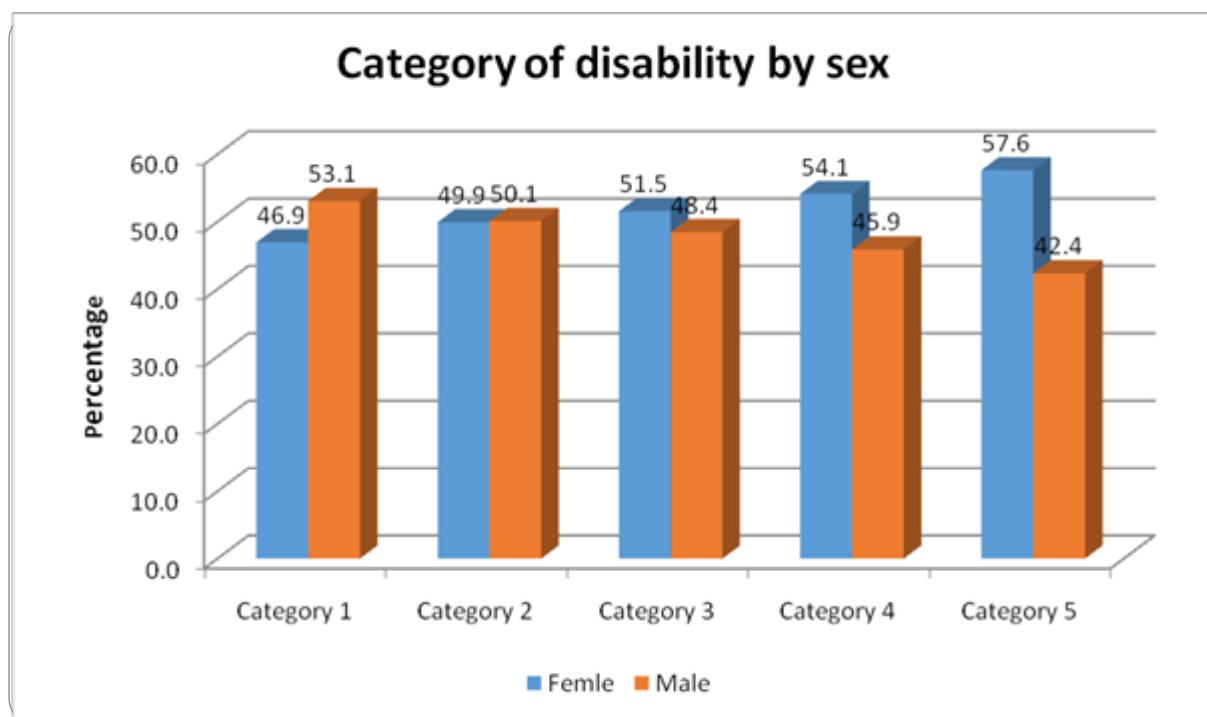
Figure 17 identifies the categories of disability from one to five based on article 3 of the ministerial order n° 20/18 of 27/7/2009 determining the modalities of classifying PwDs into basic categories according to the degree of disability. A large number of PwDs were put in category 4 (25.6%; n=39,538) followed by category 5 (22.3%; n=34,323). The minority (17%; n=26,165 and 16.6%; n=25,664) were under category 1 and category 2 respectively.



**Figure 17: Category of disability**

#### 3.8.1 Category of disability by sex

Figure 18 illustrates the category of disability according to sex. The results show that the number of males is a bit higher in category one and two, whereas the number of females is higher in category three, four and five.



**Figure 18: Category of disability by sex**

### 3.8.2 Category of disability by Province and City Of Kigali

Table 26 shows the distribution of PwDs by province and City of Kigali where a high number of PwDs is located in category 4 in all Province, with exception of the City of Kigali with a high number in category 1.

**Table 26: Category of Disability by Province and City of Kigali**

Category	Province										Total
	East	%	City of Kigali	%	North	%	South	%	West	%	
1	5738	16.3	2178	25.7	4722	16.3	7324	17.9	6203	15.3	26165
2	6539	18.6	1628	19.2	4666	16.1	6462	15.8	6369	15.7	25664
3	7561	21.5	1276	15.0	4266	14.7	7809	19.1	7634	18.8	28546
4	8958	25.4	1544	18.2	7625	26.4	10731	26.2	10680	26.3	39538
5	6413	18.2	1863	21.9	7648	26.4	8610	21.0	9789	24.1	34323
<b>Total</b>	<b>35209</b>		<b>8489</b>		<b>28927</b>		<b>40936</b>		<b>40675</b>		<b>154236</b>

### 3.8.3 Category of disability by District

Table 27 indicates the details on category of disability by District.

**Table 27: Category of disability by District**

District	Category of disability										Total
	1	%	2	%	3	%	4	%	5	%	
Bugesera	1030	18	1129	19	1062	18	1433	25	1156	20	5810
Burera	1392	23	1107	18	951	16	1524	25	1110	18	6084
Gakenke	858	16	1272	24	839	16	1162	22	1243	23	5374
Gasabo	903	20	748	16	657	14	882	19	1351	30	4541
Gatsibo	926	17	871	16	1093	20	1379	25	1274	23	5543
Gicumbi	766	13	959	16	865	15	1575	27	1660	28	5825
Gisagara	992	15	1054	16	1146	18	1727	27	1491	23	6410
Huye	1140	22	808	15	1121	21	1269	24	955	18	5293
Kamonyi	714	17	623	15	707	16	707	16	1545	36	4296
Karongi	1167	18	808	12	1120	17	1902	29	1606	24	6603
Kayonza	734	16	905	20	1173	26	870	19	870	19	4552
Kicukiro	586	33	400	22	291	16	333	19	174	10	1784
Kirehe	573	12	718	15	869	18	1475	30	1250	26	4885
Muhanga	850	17	1012	20	1199	23	1417	28	626	12	5104
Musanze	1045	17	757	12	856	14	2130	34	1475	24	6263
Ngoma	963	15	1410	23	1781	28	1612	26	495	8	6261
Ngororero	586	12	709	15	830	17	1255	26	1407	29	4787
Nyabihu	472	16	421	15	589	20	784	27	637	22	2903
Nyagatare	653	15	743	17	916	21	1310	30	767	17	4389
Nyamagabe	823	20	562	14	666	16	1262	31	754	19	4067
Nyamasheke	1328	12	1791	16	2118	19	2895	27	2780	25	10912
Nyanza	1175	21	767	14	1026	19	1545	28	982	18	5495
Nyarugenge	688	32	480	22	328	15	324	15	336	16	2156
Nyaruguru	970	17	843	15	976	17	1522	27	1276	23	5587
Rubavu	441	13	833	25	650	20	761	23	594	18	3279
Ruhango	659	14	793	17	968	21	1282	27	983	21	4685
Rulindo	663	12	571	11	756	14	1239	23	2161	40	5390
Rusizi	1468	17	1317	15	1650	19	2241	26	1878	22	8554
Rutsiro	741	20	490	13	677	19	842	23	886	24	3636
Rwamagana	859	23	763	20	666	18	879	23	601	16	3768
<b>Total</b>	<b>26165</b>		<b>25664</b>		<b>28546</b>		<b>39538</b>		<b>34323</b>		<b>154236</b>

### 3.8.4 Category of disability by age group

Table 28 gives the details on category of disability by age group. A high number of PwDs below 30 years were found in category 1, while above this age were concentrated in category 4 and 5.

**Table 28: Category of disability according to age group**

Category	Category of disability by age group																		Total
	0-3	%	4-6	%	7-12	%	13-15	%	16-20	%	21-30	%	31-35		36-65		>65		
Category 1	1174	50.1	214	42.9	3914	33.5	1811	25.0	2509	25.2	4223	23.2	1872	17.5	6309	9.9	2204	8.7	26165
Category 2	348	14.9	817	16.3	2209	18.9	1342	18.5	1932	19.4	4101	22.5	2287	21.4	9546	15.0	3082	12.2	25664
Category 3	272	11.6	585	11.7	1842	15.8	1363	18.8	1836	18.4	3616	19.8	2221	20.8	12159	19.1	4652	18.3	28546
Category 4	297	12.7	767	15.3	1957	16.8	1445	19.9	2032	20.4	3584	19.7	2446	22.9	18562	29.1	8448	33.3	39538
Category 5	251	10.7	697	13.9	1754	15.0	1297	17.9	1666	16.7	2706	14.8	1869	17.5	17105	26.9	6978	27.5	34323
<b>Total</b>	<b>2342</b>	<b>100</b>	<b>5015</b>	<b>100</b>	<b>11676</b>	<b>100</b>	<b>7258</b>	<b>100</b>	<b>9975</b>	<b>100</b>	<b>18230</b>	<b>100</b>	<b>10695</b>	<b>100</b>	<b>63681</b>	<b>100</b>	<b>25364</b>	<b>100</b>	<b>154236</b>

### 3.8.5 Category of disability by level of education

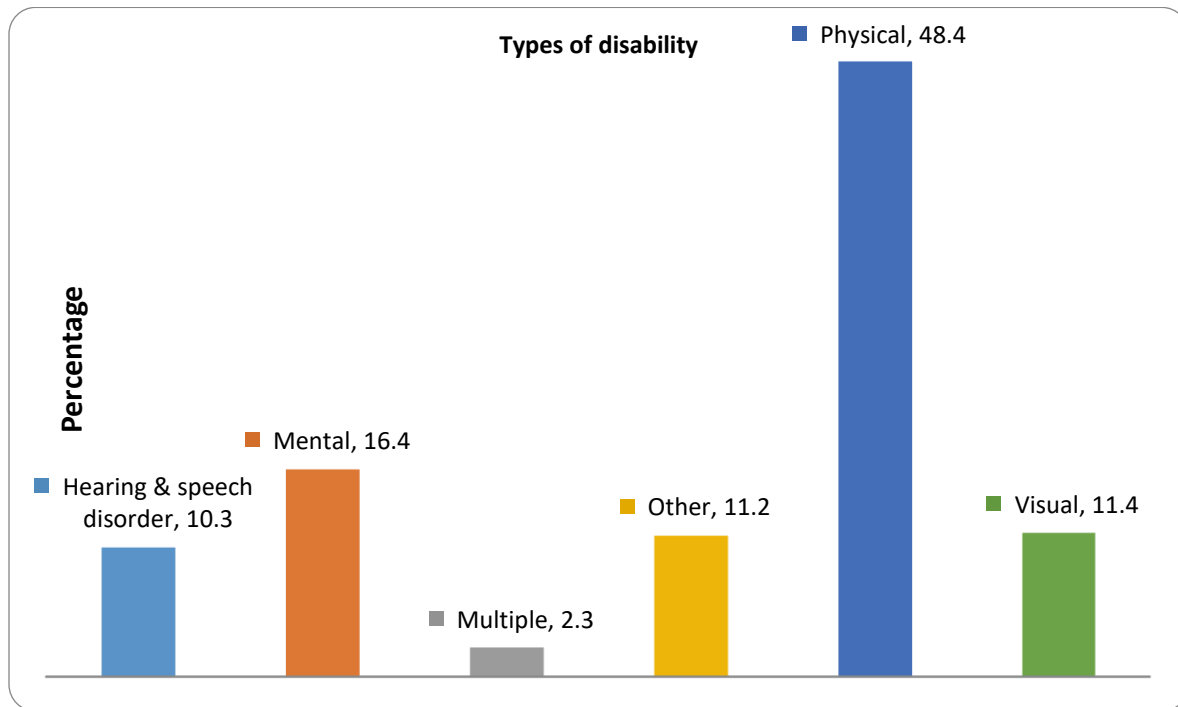
Table 29 shows that the majority of PwDs (65.9%; n=15,049) who are in category 1 have never attended school. Among those who had pre-school, a large number (25.5%; n=2921) had category 4. In primary level, a high number was reported among PwDs in category 5 (43.2%; n=14,419).

**Table 29: Category of Disability by level of education**

Category of Disability	Level of education												Total
	Never attended	%	Pre-primary	%	Primary	%	Secondary	%	Tertiary/University	%	TVET	%	
Category 1	17638	68.8	1610	6.3	5337	20.8	865	3.4	166	0.6	35	0.1	25651
Category 2	12267	48.1	1966	7.7	9262	36.3	1666	6.5	270	1.1	62	0.2	25493
Category 3	12235	43.1	2298	8.1	11800	41.5	1788	6.3	237	0.8	50	0.2	28408
Category 4	17460	44.3	2901	7.4	16304	41.4	2417	6.1	239	0.6	89	0.2	39410
Category 5	14870	43.5	2572	7.5	14443	42.2	1991	5.8	186	0.5	142	0.4	34204
<b>Total</b>	<b>74470</b>	<b>48.6</b>	<b>11347</b>	<b>7.4</b>	<b>57146</b>	<b>37.3</b>	<b>8727</b>	<b>5.7</b>	<b>1098</b>	<b>0.7</b>	<b>378</b>	<b>0.2</b>	<b>153166</b>

### 3.9 Types of disability

The results in figure 19 show that types of disability is dominated by physical disability (48.4%; n=80,457). The number of disabilities (N=178,242) is bigger than that of number of PwDs because one person could have more than one disability.



**Figure 19: Types of disability in general**



### 3.9.1 Types of disability by Province and City of Kigali

Table 30 shows that physical disability is higher in the Northern Province, while mental and hearing and/or speech disorder are higher in Southern Province. The results further show that visual disability is higher in the Western Province. Multiple disabilities are higher in the City of Kigali than other Provinces.

**Table 30: Types of Disability by Province and City of Kigali**

Province	Physical	%	Mental	%	Hearing and/or Speech disorder	%	Visual	%	Multiple	%	Other	%	Total
East	19,737	46.3	6,897	16.2	4,476	10.5	5,194	12.2	764	1.8	5,590	13.1	42,657
City of Kigali	4,850	47.8	1,845	18.2	965	9.5	701	6.9	551	5.4	1,233	12.2	10,144
North	16,815	51.7	5,006	15.4	3,017	9.3	3,727	11.5	810	2.5	3,171	9.7	32,547
South	23,474	48.1	9,647	19.8	5,868	12	4,604	9.4	1,038	2.1	4,138	8.5	48,769
West	21,428	48.6	5,843	13.2	3,954	9	6,119	13.9	964	2.2	5,817	13.2	44,125
<b>Total</b>	86,302	48.4	29,237	16.4	18,280	10.3	20,345	11.4	4,127	2.3	19,949	11.2	178,242

### 3.9.2 Type of disability by District

Table 31 indicates the types of disability by District. Generally, physical disability is higher in all Districts with the highest percentage in Ngororero District (61.4%; n=3208) across all District. The least prevalent type is multiple disability where it is very low in Rubavu District (0.1%; n=3).

**Table 31: Type of Disability by District**

District	Types of disability by District												Total
	Physical	%	Mental	%	Hearing and/or Speech disorder	%	Visual	%	Multiple	%	Other	%	
Bugesera	3136	46.5	1247	18.5	743	11.0	739	11.0	189	2.8	694	10.3	6748
Burera	3350	49.7	1360	20.2	575	8.5	784	11.6	86	1.3	584	8.7	6739
Gakenke	2744	47.7	1087	18.9	556	9.7	548	9.5	261	4.5	552	9.6	5747
Gasabo	2646	47.3	963	17.2	506	9.1	398	7.1	254	4.5	823	14.7	5591
Gatsibo	3138	44.6	1032	14.7	576	8.2	911	13.0	126	1.8	1249	17.8	7033
Gicumbi	3454	52.7	946	14.4	615	9.4	726	11.1	148	2.3	668	10.2	6558
Gisagara	2716	36.8	1573	21.3	877	11.9	907	12.3	140	1.9	1171	15.9	7383
Huye	2297	40.6	1186	21.0	859	15.2	818	14.5	113	2.0	379	6.7	5651
Kamonyi	2202	47.7	1007	21.8	526	11.4	364	7.9	264	5.7	252	5.5	4615
Karongi	3748	48.4	988	12.8	645	8.3	1138	14.7	104	1.3	1120	14.5	7744
Kayonza	2223	43.4	904	17.7	584	11.4	504	9.9	136	2.7	765	15.0	5118
Kicukiro	834	44.1	453	23.9	210	11.1	126	6.7	153	8.1	117	6.2	1893
Kirehe	2268	38.6	1004	17.1	545	9.3	1112	18.9	97	1.6	847	14.4	5873
Muhanga	4503	58.6	1416	18.4	743	9.7	354	4.6	95	1.2	576	7.5	7687
Musanze	4385	57.4	855	11.2	827	10.8	985	12.9	214	2.8	378	4.9	7645
Ngoma	4093	51.9	1316	16.7	842	10.7	761	9.7	57	0.7	811	10.3	7880
Ngororero	3208	61.4	515	9.9	259	5.0	509	9.7	238	4.6	496	9.5	5225
Nyabihu	1678	47.0	405	11.3	371	10.4	327	9.2	8	0.2	782	21.9	3571
Nyagatare	2566	49.1	675	12.9	683	13.1	549	10.5	62	1.2	689	13.2	5224
Nyamagabe	2518	56.6	810	18.2	406	9.1	409	9.2	68	1.5	237	5.3	4448
Nyamasheke	5472	47.7	1291	11.3	1335	11.7	1752	15.3	144	1.3	1466	12.8	11460
Nyanza	3356	50.2	1190	17.8	1030	15.4	507	7.6	119	1.8	481	7.2	6682
Nyarugenge	1366	51.5	428	16.1	248	9.4	174	6.5	144	5.4	293	11.1	2653
Nyaruguru	2616	43.9	1279	21.5	686	11.5	890	14.9	107	1.8	379	6.4	5957
Rubavu	1854	59.9	567	18.3	185	6.0	266	8.6	3	0.1	220	7.1	3094
Ruhango	3266	51.5	1186	18.7	742	11.7	353	5.6	134	2.1	665	10.5	6347
Rulindo	2886	49.2	759	12.9	444	7.6	687	11.7	100	1.7	989	16.9	5866
Rusizi	3715	39.7	1344	14.4	912	9.7	1839	19.6	382	4.1	1171	12.5	9364
Rutsiro	1752	47.8	732	20.0	247	6.7	288	7.9	85	2.3	563	15.4	3666
Rwamagana	2311	48.4	718	15.0	503	10.5	616	12.9	97	2.0	534	11.2	4778
<b>Total</b>	<b>86302</b>	<b>48.4</b>	<b>29237</b>	<b>16.4</b>	<b>18280</b>	<b>10.3</b>	<b>20345</b>	<b>11.4</b>	<b>4127</b>	<b>2.3</b>	<b>19949</b>	<b>11.2</b>	<b>178242</b>

## **4 Conclusion**

This is the first categorization exercise conducted countrywide. The Southern province has a slightly higher proportion of PwDs followed by the Western province while the City of Kigali has the smallest proportion. Overall, there are more females with disabilities compared to males. The age range of PwDs categorized was <1 year – 115 years with a mean age of 41.5 years. The greater the severity of disability the lower the level of education obtained. Consequently, majority of PwDs are unemployed. A significant number of PwDs do not have medical insurance.

Illness appears to be the most common cause of disability. Majority of PwDs are in the IV<sup>th</sup> category. The greatest proportion of PwDs manifested neurological conditions. Other conditions with high proportions of impairment include visual impairment, mental disorders and lower limb joint conditions. Some PwDs have multiple impairments. A great proportion of PwDs belong to category 4 followed by category 5. Majority of PwDs in category 1 reside in Kigali.

A big number of PwDs who were in or above the school age have reported that they have never attended school. Furthermore, the level of unemployment was very high among PwDs. Though there was large level of unemployment among PwDs, the greater the level of education the greater level of employment.

## **5 Recommendations**

Based on the findings of this categorisation process the following recommendations are drawn:

- There is a dire need to put in place screening, prevention, early identification and treatment strategies to curb ensuing of loss of function and disability;
- There is need to advocate for availability, accessible and affordable (re)habilitation facilities for all PwDs regardless of impairment;
- Some disabilities especially sensory disabilities, require that persons frequent inclusive or special schools in order to learn and achieve what their peers can achieve;
- There is a big proportion of PwDs with severe disabilities arising from neurological sequelae. These disabilities range from epilepsy, cerebral palsy, loss of function of

limb(s) to persistent vegetative state. Special attention should be paid to this category of people which should consider infrastructure design to ease accessibility such as road sidewalk, public transport as well as support of caretakers who spend most of their time caring for these persons;

- Cases with visual impairment or reversible loss of vision should be referred to district hospitals to be seen by ophthalmic clinical officers for eventual treatment or confirmation of the diagnosis;
- Persons with Disabilities of mental origin need special support including social inclusion and protection as well as special education for those capable of pursuing an intellectual engagement including vocational training;
- There is need for accessible public transport to accommodate some PwDs who have mobility difficulties;
- Given the number of PwDs who are unemployed, it is needed to introduce a quota system in employment policy;
- Some PwDs have surgically reversible conditions. Sensitization and awareness campaigns need to be conducted so as to encourage those in this category to seek treatment;
- Advocate for increasing capacity of medical professionals to prevent and treat conditions that result in disability as well as perform corrective surgery and specialized (re)habilitation;
- It is important to keep updating the data on PwDs on a regular basis at the level of District, so it is needed to continue a regular categorization for new cases and those who might not be categorized during the process;
- Regular training for medical committee at District level will be needed prior to the categorization process.

Below is the list of estimated (re)habilitation materials and equipment

**Table 32: Estimated list of needed materials and equipment**

<b>Nº</b>	<b>Equipment</b>	<b>Number (estimates)</b>
1	Wheel chairs	17,000
2	Walking frames	4,071
3	crutches	42,810
4	Upper limb prosthesis	3,482
5	Upper limb orthosis	5,634
6	Lower limb prosthesis	3,362
7	Lower Limb orthosis	29,980
8	Eyeglasses	11,000
9	Ocular prosthesis	1,900
10	White cane	3,500
11	Hearing aids	4,500
12	Assistive listening devices	4,456
13	Cochlear implants	7,000
14	Special sitting devices	6,892
15	Special beds	1,912

## **6 Limitations**

- Some of the information such as marital status, level of education and employment status were reported by the PwDs or their guardian. This could have been inaccurate for personal reasons;
- Some PwDs especially those with civil service positions did not present themselves for categorization;
- Negative attitudes of PwDs and their family members might have limited their participation in the categorization exercise;

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