

REPUBLIC OF RWANDA



RWANDA DEMOBILIZATION AND REINTEGRATION COMMISSION

P. Box. 7277 Kigali Phone (250) 587159/60/ 588012 Fax 587161/2

E-mail: demob@rwanda1.com

Baseline survey to establish the extent to which Integrated Rehabilitation and Production Workshops (IRPWs) could improve the livelihoods of ex-combatants with disabilities

FINAL REPORT

Stephen Karengera, MD

Kigali, December 2013

Photo of Muyumbu Workshop Building



Acknowledgments

I would like to thank Rwanda Demobilization and Reintegration Commission (RDRC) and its staff for giving me the opportunity to conduct this timely study. I am particularly indebted to Mr Francis Musoni, the Coordinator RDRP for his comments and inputs, and reserve special thanks for Mr G. Tukesiga, the Head M&E Department, who literally accompanied the whole process from research protocol formulation through field work to final report writing.

Specific mention is also reserved for the ex-combatants and other persons with disabilities who willingly contributed their time and knowledge, sometimes at considerable personal discomfort, to make this study a success.

I am humbled by the extraordinary efforts and enthusiasm demonstrated by disabled ex-combatants in their quest to live a normal life. I thank the Commission for the support they give to disabled ex-combatants.

Finally, I would like to thank the field team and the statistician who put in the extra miles so as to make this study a reality.

Abbreviations and acronyms

AGHR	<i>“Association Générale des Handicapés du Rwanda ”</i> (General Association of People with Disabilities in Rwanda)
BCC	Behaviour change communication
CBP	Capacity Building Plan
COTTRARU	Coopérative de Transport et Transportaient de Rubavu
DPOs	Disabled People Organizations
FGDs	Focus Group Discussions
GIZ	German Technical Cooperation
GOR	Government of Rwanda
HI	Handicap International
HIDA	Human Resources and Institutional Capacity Development Agency
IDA	International Development Agency
IEC	Information education communication
IRPWs	Integrated Rehabilitation and Production Workshops
IRR	Internal Rate of Return
JICA	Japan International Cooperation Agency
KIIs	Key informant interviews
KPAB	Knowledge, practices, attitudes and behaviour
M&E	Monitoring and Evaluation
MDRP	Multi-Country Demobilization and Reintegration Programme
MFI	Micro-Finance Institutions
MINALOC	Ministry of Local Government
MOH	Ministry of Health
MOV	Means of verification

MSCBP	Multi-Sector Capacity Building Programme
NCPD	National Council of Persons With Disabilities
NUDOR	National Union of Disability Organizations of Rwanda
PSF	Private Sector Federation
PWDs	People with Disabilities
RCA	Rwanda Cooperative Agency
RDB	Rwanda Development Board
RDRC	Rwanda Demobilization and Reintegration Commission
RUB	Rwanda Union of the Blind
SACCO	Saving and Credit Cooperative
WDA	Workforce Development Agency
XCs	Ex-combatants
XCWDs	Ex-combatants with disabilities

Table of contents

Photo of Muyumbu Workshop Building	ii
Acknowledgments.....	iii
Abbreviations and acronyms.....	iv
List of Figures	viii
Executive Summary.....	ix
CHAPTER 1: INTRODUCTION AND BACKGROUND.....	1
1.1 Preamble.....	1
1.2 Introduction and Context	1
1.3 Project purpose and expected outputs.....	2
1.4 Aim and objectives of the study.....	3
1.5 Justification for the study	3
1.6 Scope and limitations of the study.....	4
1.7. Organisation of the report	4
CHAPTER 2: LITERATURE REVIEW.....	5
2.1. Introduction	5
2.2 Concepts and Definitions	5
2.2.1 Definition of disability.....	5
2.2.3 Concept and meaning of IRPWs	6
2.2.4 The access nightmare and the disability-poverty cycle.....	8
2.3 XCWDs in DDR Programmes and Peace and Reconciliation	10
3.4 Skills Audit.....	11
2.5 Previous Studies.....	11
2.5.1 Livelihoods and employment for PWDs/XCWDs in Rwanda	13
2.5.2 Perceptions and Attitudes towards working with non-disabled persons.....	14
CHAPTER 3: METHODOLOGY	15
3.1 Study population and geographical coverage	15
3.2 Sampling and sample size	16
3.2.1 Sample size determination.....	16
3.2.2 Sampling	17
3.3 Quantitative and Qualitative Instruments	18
3.4 Data collection process	19
3.5 Data capture and analysis.....	19
4.1 Introduction	20
4.2 General findings.....	20
4.2.1 Disability characteristics of respondents.....	26
4.2.2 Household livelihoods	28
4.2.3 Key summary findings.....	31

4.3 Employment/unemployment history and attitudes towards work.....	33
4.3.1 Key summary findings.....	37
4.4 Access to credit and attitudes towards financial institutions.....	38
4.4.1 Key summary findings.....	40
4.5 Perceptions, attitudes and aspirations towards the IRPWs.....	40
4.5.1 Perceptions and attitudes toward management of IRPWs.....	44
4.5.2 Key Summary Findings.....	45
4.6 Perceptions and attitudes regarding working with non-disabled persons	46
4.6.1 Key Summary Findings.....	49
4.7 Skills audit among XCWDs, other PWDs and the family members	50
4.7.1 Current stock of skills.....	50
4.7.2 Desired stock of future skills	53
4.7.3 Skills and experience in cooperatives movement.....	56
4.7.4 Overview of most successful cooperatives of PWDs in Rwanda	57
4.7.5 Key summary findings:.....	60
4.8 Strategies, opportunities and threats	61
4.8.1 Strategies to ensure inclusion and active involvement of beneficiaries	61
4.8.2 Strategies to attract capital and local entrepreneurs:.....	63
4.9 Rehabilitation and recreation support services	63
CHAPTER 5: CONCLUSIONS AND RECOMMENDATIONS.....	66
5.1 Conclusions.....	66
5.1.1 Skills audit among disabled ex-combatants and other people with disability.....	66
5.1.2 Disabled ex-combatants perceptions, attitudes and aspirations towards production workshops	67
5.1.3 Strategies/modalities to include disabled ex-combatants in all production workshops activities	69
5.1.4 Strategies to attract productive involvement of financial institutions, other community members and local enterprises in the production	70
5.1.5 Opportunities for linkages between the workshops and relevant potential partners.....	71
5.1.6 Market opportunities and availability of raw materials.....	71
5.2 Recommendations.....	72
BIBLIOGRAPHY.....	76
ANNEXES.....	80
Annex I: Conclusions/recommendations on market opportunities by site:	80
Annex II: Terms of reference	85
Annex III: List of key informants	90
Annex IV: KIIs Instrument	91
Annex V: FGDs Instrument.....	92
Annex VI: Quantitative questionnaire.....	94
Annex VII: Data Tables	111

List of tables

Table 1: Number of houses constructed for XCWDS by RDRC at each survey site	15
Table 2: Population characteristics of Kicukiro, Rwamagana and Nyagatare districts	16
Table 3: Sample stratification	17
Table 4: Type of respondents by site	21
Table 5: Respondents surveyed by gender and type	22
Table 6: Age of respondents	23
Table 7: Education	24
Table 8: Marital Status.....	25
Table 9: Type of housing	26
Table 10: Type of disability by site.....	27
Table 11: Categorisation by site.....	28
Table 12: Household breadwinner	28
Table 13: Major source of household income	29
Table 14: Monthly income of the breadwinner.....	30
Table 15: Amount of monthly secondary household income	31
Table 16: Job search methods	34
Table 17: Choice of job setting.....	35
Table 18: Why should you be interested in work?	36
Table 19: Rank ordering of challenges to finding work by PWDs	37
Table 20: Trust in financial institutions (MFI/SACCO)	39
Table 21: Choices of IGAs.....	43
Table 22: Rank ordering of accepting other people in the IRPW by XCWDs	48
Table 23 : Rank ordering of accepting other people in the IRPW by non-XCWDs	48
Table 24 : Aggregates scores of overall ranking of job choices.....	51
Table 25 : Management roles practiced in the past	52
Table 26 : Number of respondents trained by vocational trade/craft.....	53
Table 27: Required future stock of skills at each IRPW by vocational trade	54
Table 28: Required future stock of skills at each IRPW in management.....	55

List of Figures

Figure 1: Household size by site	21
Figure 2: Type of housing.....	25
Figure 3: Do you agree with the proposal of using IRPW to provide jobs to XCs as primary beneficiaries?	42
Figure 4 : Do you think non-disabled persons should be given work in the IRPWs?.....	47

Executive Summary

Rwanda Demobilisation and Reintegration Commission (RDRC) is in the process of embarking on the Integrated Rehabilitation and Production Works (IRPWS) as a vehicle for providing a durable solution to the livelihoods of ex-combatants with severe disabilities. Integration infers that the workshops would be operated on the principle of a community business. It is anticipated that the IRPWs would provide rehabilitation and recreational services to the beneficiaries but above all engage in income generating activities (IGAs) through production workshops. Though the long term view is to set up these workshops in many districts with a high concentration of XCWDs and other PWDs, RDRC intends to first pilot this concept in 3 sites, namely Nyarugunga in Kicukiro, Muyumbu in Rwamagana and Rutaraka in Nyagatare Districts. Consequently, this study was commissioned to undertake the assessment of IGAs that should be promoted at each site and to establish the baseline data to inform project planning and future evaluation. The study also assesses the knowledge, perceptions, practices, attitudes and behaviour (KPAB) of beneficiaries, current and required future stock of skills, and market opportunities or threats prevailing at each site. The study involved a quantitative survey of 109 households, six focus group discussions (FGDs) of 60 discussants and 20 key informant interviews (KIIs).

The study surveyed 109 households within the proximity (one square kilometre) of each site, which yielded 205 eligible respondents out of 541 household members. The eligible respondents were XCWDs, other PWDs and a household member aged 21 years and above (normally the spouse). KIIs were also conducted among nine most successful cooperatives of PWDs in Rwanda and 12 other institutions active in the social economic empowerment arena. Some key findings and recommendations are highlighted in the subsequent paragraphs below.

As expected the majority of XCWDs in the survey are from Category 1 and 2, in other words have severe disabilities. Nearly all XCWDs (23/24) from Nyarugunga were from Category One, while 21 of 24 from Muyumbu were from Category Two. Those from Nyagatare were evenly spread across all Categories. These findings emphasize the differences in the groups and the need to rationalise the IGAs and strategies for the different sites/IRPWs.

Unemployment among respondents was found to be 97% among XCWDs, 83% among other PWDs and 87% among family members. These unemployment figures are quite alarming and re-emphasize the need for targeted strategies to redress the situation.

On household livelihoods, the household head is the breadwinner in 97% of households of XCWDs. This figure drops to 79% in households of other PWDs. By excluding spouses, breadwinning in 14% of households of other PWDs is consigned to a third party.

When respondents were asked how much is the breadwinners' monthly income, results show that 46% of households of XCWDs and 77% of other PWDs live on less than 40,001Frw a month.

In fact, 48% of households of other PWDs live on less than 20,001Frw a month as compared to only 5% of households of XCWDs.

When respondents were asked what the major source of household income is, results show that 79.5% of households of XCWDs depend on monthly subsistence allowance for XCs with disability. Actually, all XCWDs surveyed in Nyarugunga and 88% from Muyumbu said that they depended on the monthly subsistence allowance as the major source of household income. The findings are closely correlated to the Category of XCWDs in the survey. They also show that XCs with severe disabilities have a very narrow income base, and that the monthly subsistence allowance is critical to their livelihoods. For the majority of other PWDs, the major source of household income is work in 71% of cases and well-wishers/donors who account for 18%.

Regarding aspirations towards the IRPWs, field findings show 60% of respondents surveyed were aware of the proposed set up of an IRPW in their area. The same number also claimed to understand the meaning and concept of IRPWs. This knowledge was highest in the primary respondents (XCWDs) at 84% and falls to about 50% in other beneficiaries. The findings point to an information gap of 40% among expected beneficiaries that need to be quickly bridged. Findings also pointed out a number of important barriers affecting the livelihoods and the expected smooth functioning of the IRPWs one set up. They are:

- Access road to Nyarugunga and Muyumbu site;
- Access to water at Muyumbu site;
- Lack of electricity at Rutaraka/Nyagatare site;
- Lack of public transport at Nyarugunga & Muyumbu sites;
- Lack of health facility at Muyumbu, the nearest facility is too far;
- Lack of a local market in the proximity of Nyarugunga and Muyumbu sites;
- Access to assistive devices for PWDs in Eastern Province.

Overall, 91% of the respondents were excited about the introduction of the IRPWs in their area. The major reason that informed this perception was that the IRPWs would bring economic empowerment and general development to their area cited in 83% of instances. Other reasons cited included service recognition at 11%, skills use at 4% and 2% thought it was a bad idea because it excludes other PWDs. In addition, the study identified a number of KPAB and misconceptions regarding the cooperatives. The critical ones are:

- Quick-fire returns mind set;
- Dependency syndrome;
- The free-rider problem;
- Trust/mistrust of business people and financial institutions
- The cooperative belongs to management/president and his word is law;

- Segregation and exclusion; and
- Community stereotyping of DPOs and their products.

These KPAB need to be tackled head on or else they will undermine the smooth functioning and growth of the IRPW.

On skills audit, among the respondents surveyed, 47% have practiced some form of vocational. Of those who said they have practiced some form of vocational trades, 25% had practiced it for a period ranging between 1 and 12 months. Only 14% had practiced it for a period greater than 3 years. The total number of respondents reporting having received any form of training was 68 of 205, equivalent to 33%. Among those who were trained, 62% reported having been trained once, whereas 25% reported having been trained 3 times or more. The commonest type of training received was in the area of tailoring, which accounted for 28% [N=19] alone.

Concerning required future stock of skills, 80% of respondents prefer to be trained in vocational trades. The most popular choices among desired skills being tailoring, soap and candle stick making, ICT and computer maintenance, catering and confectionary, carpentry, electricity and repair of electronics devices, welding and so on. It should be noted that there are local differences in the choice of training desired. For instance carpentry was a more popular choice in Nyagatare in comparison to other sites. These local nuances are most probably influenced by disability job-fit, previous experiences and prevailing market conditions. For instance cross tabulations between disability category and choice of training shows that people in Category 1 did not choose carpentry, hotel management, plumbing or welding. Rather, their choices are concentrated around tailoring, soap and candle stick making.

Regarding management skills; 45% of respondents reported to have been trained in basic management skills, but most of the training received was in leadership and people management, accounting for 61%. Only 5% of respondents claimed to have been trained in finance and book keeping skills.

Approximately 60% of respondents were interested in receiving training in management skills. Leadership and people management was the most popular choice accounting for 31% of all future required skills. Interestingly, over half of these requests emanated from Muyumbu and 36% came from Nyagatare. This is probably related to shortage of managerial skills envisaged to threaten the success of the IRPW projects. The most popular choice for delivery of training was in-house training, accounting for 56%, coaching and mentoring 22%, external training 14% and peer-to-peer learning accounting for 6%. These findings indicate that the current stock of skills is quite low, be it in vocational or management competences.

Capacity building efforts will need to be ramped up if the IRPWs are to be successful. Lack of skills related to cooperatives and entrepreneurship was cited as the leading cause of stagnation or dissolution.

The study was also able to demonstrate that there are site specific IGAs with varying market potentials and implementation will entail careful rationalisation.

In conclusion, employment is not only an important road to economic empowerment but is also a powerful vehicle to social reintegration. With employment comes economic empowerment and liberation from poverty, which in turn allows PWDs to accumulate social capital by building social networks. On the other hand unemployment deepens poverty, which pushes the already vulnerable PWDs into dire social consequences of more disenfranchisement and social alienation. In a DDR setting this may even lead to drug abuse and crimes undermining the same core objective of return of peace. The decision to implement the IRPWs, once realised, will thus go a long way in securing the livelihoods of XCWDs and other PWDs.

Recommendations:

- 1) The study has identified a number of physical barriers affecting residents of each site. It is recommended that a contingency plan to tackle these issues be put in place;
- 2) Bridge the information gap regarding the meaning, concept and operationalization of IRPWs;
- 3) Intensify psychosocial support to tackle mental health issues and accompanying drug abuse in Muyumbu as a matter of urgency.
- 4) Given the level of household incomes and unemployment rate it is recommended the IRPWs be operationalized ASAP;
- 5) Develop a comprehensive strategic plan required to operationalize the implementation and management of the IRPWs;
- 6) There is a general lack of IEC materials on cooperatives, management & entrepreneurship skills and KPAB regarding disability. Partner with NCPD/RCA/PSF/WDA /RDB, GIZ and JICA to make avail such materials;
- 7) Develop business plans with good IRR to attract local entrepreneurs and capital;
- 8) Provide rehabilitation, recreation and leisure support services to improve the quality of life of beneficiaries and productivity.

CHAPTER 1: INTRODUCTION AND BACKGROUND

1.1 Preamble

This baseline survey aims to assess the extent to which integrated rehabilitation and production workshops (IRPWs) could improve the livelihoods of ex-combatants with disabilities. In other words it aims to determine which income generating activities (IGAs) should be promoted through IRPWs so as to provide jobs to XCWDs, other PWDs, their family members and their immediate community so as to improve and sustain their livelihoods. Additionally, the study undertakes an analysis of current and future stock of skills among the proposed beneficiaries as well their perceptions attitudes and aspirations towards IRPWs. The introductory chapter presents the context of the study, the project purpose and expected outputs, the aims and objectives of the study, the justification for and limitations of the study. It concludes by providing a lay out of the entire report.

1.2 Introduction and Context

Rwanda Demobilisation and Reintegration Commission, hereinafter referred to as RDRC, was operationalized by the Government of Rwanda (GOR) in 1997 as a DDR vehicle to foster peace and reconciliation in the Great Lakes Region. Since then RDRC has presided over 2 phases of Rwanda Demobilisation and Reintegration Programme (RDRP), namely RDRP I and II. These Programmes have eventually transitioned into the Second Emergency Demobilization and Reintegration Project (SEDRP). The overarching Goal of the SEDRP is to continue to consolidate the Peace gains made through encouraging return, demobilization and social economic reintegration of former combatants from Eastern Democratic Republic of Congo.

During any DDR Programme, social economic reintegration is a long term goal that requires a multifaceted approach to cater for the varying needs of a heterogeneous population of ex-combatants. The population is usually composed of hard core fighters, new recruits, civilians associated with armed conflict, women, children and those who have suffered physical or psychosocial trauma. Each of these subpopulations will require different strategies of varying degrees of complexity, as well as varying time paths and effort to be successfully reintegrated back into society. It was in this vein that RDRC set up targeted support to cater XCWDs.

Notable among the strategies targeting XCWDs was the enactment of the Law number 02/2007 protecting disabled ex-combatants. It stipulates that XCWDs shall have access to free medical treatment, free public transport, monthly subsistence allowance [disability allowance], exemption from legal fees and other taxes and access to jobs and appropriate skills training/education. The Law also stipulates that the GOR will specifically provide free access to appropriate housing for those in Category I & II.

Despite these valiant efforts by RDRC, only 12.5% are of XCWDs are engaged in IGAs and thus their livelihoods remain precarious (Rugumire-Makuza, 2012). Obviously, XCWDs cannot compete favourably with non-disabled persons on the open labour market particularly those with severe disability.

In a bid to bridge this gap, the GOR has set aside some funds to improve the livelihoods of vulnerable XCWDs through the concept of Integrated Rehabilitation and Production Workshops (IRPWs). It is anticipated that these production workshops, hereafter referred to as IRPWs, will in effect reduce the various access barriers to employment and access to credit through promotion of IGAs. The integration concept means the IRPWs would promote community involvement so as to improve social reintegration of XCWDs thus reducing segregation and stigma. The RDRC plans to commence with three pilot sites in areas with a high concentration of XCWDs, namely Nyarugunga in Kicukiro District, Muyumbu in Rwamagana District and Rutaraka in Nyagatare District,

The primary objective of each centre will be to provide occupation and employment opportunities to ex-combatants with disabilities. Some of the anticipated trades could include tailoring, computer maintenance and electronic repair shop, internet cafe and secretarial services, weaving, crafts and leather products, photography, carpentry, corner-store or beauty salon. Additionally, it is anticipated that each IRPW could provide medical rehabilitation facilities such as consultation and counselling services, physiotherapy and repair of assistive devices. The centres could also provide recreational facilities to the beneficiaries such as a gym, basketball, volleyball and tennis courts, and a digital satellite television among others.

1.3 Project purpose and expected outputs

Purpose:

The overall goal of the project is to contribute towards the restoration of peace in the Great Lakes Region through supporting sustainable socio-economic reintegration of ex-combatants with disabilities.

Expected output:

The Programme will accelerate the socio-economic reintegration of project beneficiaries via provision of above named services, which would in turn improve their productive capacity and acceptance in their communities. It is expected that in the long run, the IRPWs will provide sustainable incomes to the families of ex-combatants with disabilities and their communities.

Project Beneficiaries

The primary beneficiaries are ex-combatants with disabilities and their families, especially those with severe disabilities. However, it is expected that the IRPWs would benefit the entire community at large, particularly those living in close proximity to the workshops.

These shall include other people living with disabilities and other community members involved in business entrepreneurship.

1.4 Aim and objectives of the study

The general objective of the study is to determine the key activities to be promoted by the production units depending on market and beneficiary skills.

Specific objectives of the survey:

The specific objectives are to:

1. Carry out a skills audit among disabled ex-combatants and other people with disability within a radius of 01km from the production workshops.
2. Assess perceptions, attitudes and aspirations towards the production workshops amongst disabled ex-combatants and their family members.
3. Identify strategies/modalities to ensure inclusion and involvement of the disabled ex-combatants and other persons with disabilities in all activities promoted and supported by the production workshops.
4. Identify strategies to attract productive involvement of financial institutions, other community members and local enterprises in the production workshops – particularly, regarding investment and marketing.
5. Identify opportunities for linkages between the workshops and relevant potential partners.
6. Identify market opportunities and assess the availability of raw materials.

1.5 Justification for the study

The majority of XCWDs have limited formal education (Kashaka, 2005; Rugumire-Makuza, 2012), which implicitly mean that they cannot compete favourable in Rwanda's labour market. This is further compounded by their degree of disability and a multitude of other access barriers. In an effort to uplift their level of marketable skills, RDRC partnered with other stakeholders such as JICA to train them in diverse trades. These have included carpentry, welding, plumbing, leather turning and shoe making, bricklaying, tailoring, ICT and computer maintenance, repair of electrical/electronic appliances, hotel management, cookery, soap and candle stick making, life skills, and so on. Some have also received skills training in management of people and material resources as well as proposal writing for IGAs (JICA/RDRC 2008).

For XCs with minor to medium disabilities, this type of training could translate into actual jobs. However, this premise does not hold true for XCs with severe disabilities. Those with severe disabilities are more likely to encounter other barriers to employment ranging from physical access to social stigma and segregation.

In order to circumvent this problem, RDRC decided to use the concept of IRPWs. It is assumed that these workshops could expand the level of livelihood activities for XCs with severe disabilities, their families and the immediate community. Each IRPW will have four

components, namely the production unit to provide employment, and the rehabilitation and recreational components.

However, these assumptions need to be validated by the project beneficiaries, given their disability job-fit, current and future stock of skills and local market conditions. This is why a baseline assessment survey is necessary to establish the various vocations and IGAs that would be suitable for each pilot site and project beneficiaries.

The study will also capture the current and future stock of skills and the perceptions and attitudes of XCWDs towards participation of non-disabled people in the IRPWs.

1.6 Scope and limitations of the study

This study is limited in time and scope of geographical coverage. Data collection was limited to a maximum of 1km² around the 3 sites proposed to host the IRPWS, namely Nyarugunga, Muyumbu and Nyagatare. The major reason for this, besides budgetary and time constraints, is that the targeted population lives in close proximity of the proposed workshops. Consequently, the number of ex-combatants with non-severe disabilities and other PWDs constituted a small sample. Large studies are recommended in the future to assess the perceptions and attitudes of PWDs/XCWDs towards working with non-disabled persons, as well as to access to jobs so as to evaluate the impact of IRPWs in providing sustainable livelihoods to beneficiaries.

1.7. Organisation of the report

Chapter 2 presents the theoretical and empirical literature on the impact disability on sustainable livelihoods in a DDR setting in developing countries. It explores the theoretical foundations for different perspectives relating to disability and employment. It also reviews various literature and studies pertaining to perceptions and attitudes about disability and employment, as well as skills audit. Chapter 3 presents the survey methodology, including sampling, data collection, analysis and the qualitative methods employed. Chapter 4 presents the findings and provides a critique of the study results in terms of agreement or disagreement with literature, plausibility of findings and their generalizability. Chapter 5 presents the conclusions, way-forward and recommendations.

CHAPTER 2: LITERATURE REVIEW

2.1. Introduction

This chapter reviews the literature regarding the concept of integrated rehabilitation and production workshops (IRPWs) as a vehicle for providing employment to XCWDs, other PWDs and their family members, focusing specifically on Rwanda, low and middle income countries in general. It reviews the literature regarding the existence of such programmes, how they are normally financed and how successful they are in engaging in profitable businesses. Section 2.2 deals with definitions and concepts regarding disability, minimum labour age, IRPWs, and explores the concept of access and its linkage with the disability-poverty cycle. Section 2.3 looks at XCWDs in programming and the quest for peace and reconciliation. Section 2.4 deals with skills audit while section 2.5 looks at previous studies.

2.2 Concepts and Definitions

2.2.1 DEFINITION OF DISABILITY

The definition of disability has evolved through a number of schools of thought century, ranging from the traditional modal that defined disability as a curse from god through the medical model and finally to the social model. Whether disability is defined using the medical or social model, one requires to define 2 other interrelated concepts, namely impairment and handicap. The World Health Organization (1980) defines impairment as *"any loss or abnormality of psychological, physiological or anatomical structure or function"*. The American Medical Association (AMA) defines impairment as *"an alteration of an individual's health status; a deviation from normal in a body part or organ system and its functioning"* (Cocchiarella and Anderson, 2001). On the other hand, handicap is defined as a disadvantage for a given person, caused by impairment or disability, which limits him or her from fulfilling a role that is considered normal, given that person's age, sex, social and cultural upbringing. It is therefore a function of the relationship between persons with disabilities and their environment. It occurs when they encounter cultural, physical or social barriers which prevent them from accessing available amenities for their given population. Thus, handicap is the loss or limitation of opportunities to take part in the life of the community on equal terms with others (WHO, 1980; WHO, 2001).

From the school of workers' compensation systems and that of insurance underwrites, disability is simply seen as reduction in **wage-earning capacity** or inability to engage in gainful employment due to a medically proven physical or mental impairment. The impairment must be permanent and should have reached the maximum medical improvement phase (Social Security Administration 2008).

According to Mont (2007), there is an unspoken gold standard that is cultural in nature against which normal functioning or disability is measured. This will vary according to culture, age group, gender, and socio-economic class. For example an elderly lady, who is able to walk only one kilometre, may believe she has no disability, given her context specific standards.

On top of this, it must be emphasized that there is a strict difference between disability and impairment. One person may have very serious impairment with no disability and the reverse is equally true. To illustrate this point, one can think about famous people with serious impairments (wheelchair bound or otherwise), but who are famous because of their extraordinary achievements despite their impairments. Likewise, a professional football can lose his job due to a toe injury, a minor impairment and disability by all accounts in the medical model.

One can conclude therefore, that the definition of disability even within the social model is always context specific. For the purposes of this study, which focuses on earning a living, we shall adopt the World Health Organization definition as the gold standard. The World Health Organization (1980, 2001) defines disability as “*any restriction or lack (resulting from any impairment) of ability to perform an activity in the manner or within the range considered normal for a human being.*” However, the study is concerned with the effect of disability on the wage-earning capacity of the respondents other than measuring their degree of disability. The study will include all persons with disability (PWDs) [subjectively and objectively self-defined] who have attained the minimum labour age of Rwanda.

2.2.2 Minimum labour age

For the purposes of employment the Rwandan Labour Law (No° 13/2009) sets the minimum employment age at 16 years. But in order to cater for and empower PWDs, especially those with mental health disorders, the IRPWs should only employ persons who have attained the majority age. To this end the study will consider respondents who have attained the civil majority age of 21 only and are still active enough to participate in IGAs at the other extremity.

2.2.3 CONCEPT AND MEANING OF IRPWS

In literature workshops for PWDs have been defined using various names such as sheltered workshops, production workshops, industries, industrial workshops, affirmative industries, training workshops, vocational workshops, and rehabilitation workshops. The nomenclature being mainly informed by the main objective of the workshop, which could be rehabilitation and transition, production and long term employment or merely long term custody (Visier, 1987; Nisbet & Callahan, 1987; Migliore *et al.* 2007). It follows therefore that an IRPW is a concept that integrates all the major objectives of a sheltered occupation.

Full-fledged IRPWs have also been known to provide recreation and leisure services to improve the quality of life of PWDs (Visier, 1998; O'Brien and Dempsey 2004).

Traditionally PWDs have been provided with employment through these sheltered workshops also termed as sheltered occupation. The workshops first appeared in France in the 16th century and by the 18th century had spread to most parts of the Western Europe. However, the biggest growth and spread to the rest of the world did not occur until decades after the Second World War (Nelson, 1971).

Owing to benefit-cost and industrial relations analyses as well as views of some PWDs, the concept of sheltered occupation has been supplanted, especially in developed countries, by provision of employment to PWDs through the open labour market system (Niwa, 1997; Migliore *et al.* 2007; Cimera, 2010).

Under the supported employment model, individualized supports are provided to workers with disabilities through training, placement in an open job market and continuous support during placement. But given difficulties in placing people with severe disabilities in open employment and prevailing unemployment rates in low and middle income countries (LMIC), supported employment is simply untenable in LMIC in the short and medium term (Niwa, 1997; Migliore *et al.* 2007).

The detractors of sheltered occupation have tended to argue that the workshops do reinforce segregation and disenfranchisement. According to Metts (2000), segregated institutional systems (read sheltered workshops) tend to reinforce and perpetuate the economic disempowerment and disenfranchisement of PWDs through institutionalized segregation. They take issue with 4 characteristics of sheltered workshops, namely:

1. Poor working conditions that often involve repetitive tasks that do not require significant mental skills;
2. Limited transition into open employment;
3. Non-compliance with international standards including low pay;
4. Lack of self-determination (Visier, 1987; Nisbet & Callahan, 1987; Migliore *et al.* 2007).

Nevertheless, the proponents of sheltered occupation have been able to show that they provide the following advantages over open employment (Migliore 2013):

1. They are a safer alternative to open employment in terms of competition and occupational safety;
2. They are less demanding on PWDs in terms of work and social skills;
3. They provide ample opportunities for people with similar disabilities to learn from each other and build friendships;
4. They provide a structured work environment throughout the life span of PWDs market vagaries notwithstanding.

Even within the tradition concept of sheltered workshops, a new trend has appeared in which emphasis is now placed on production of saleable items so much so that the new production workshops are run along a business entity. This concept has been very successful in some Asian countries. According to Niwa (1997) this concept has been very successful in China, where some 700,000 PWDs are employed in about 40,000 welfare factories, producing 1,500 different industrial products, which earn as much as US\$240 million per annum.

This new concept does not only place emphasis on business acumen but also encourages open involvement and interactions of the IRPWS and its immediate community to mitigate segregation and stigma. In other words, the workshop is operated as a community business so as to promote social and economic integration as well as general development of its vicinity.

2.2.4 THE ACCESS NIGHTMARE AND THE DISABILITY-POVERTY CYCLE

In a departure from tradition, this subsection opens with a poem from Stevie Wills, titled the “Cycle” which summaries the disability-poverty cycle very beautifully:

<p style="text-align: center;"> disability amongst poverty no walker no wheelchair the use of which would be useless around here these roads of chasms and boulders. no braille no hearing aids speech therapists physio therapists occupational therapists unreachable ramps, lifts, unforeseeable inaccessible, the doctor’s care the teachers, unaware or stretched beyond limit for extra needs they just can’t care or they just don’t care society’s beliefs they share that no worth i bare disability i bare justly for some terrible thing i’ve done in some past life or some terrible thing my parents have done that i reap, justly. </p>	<p style="text-align: center;"> justly? not once has my foot crowned one inch of the classroom floor that i might learn how to earn food for my stomach a roof over my head lurking at my front door, poverty only time before my life it grips for life. for those whose lives by poverty, already gripped the deprivation of medical intervention nutrition, sanitation in their living space their working place deprivation of protection, from serious injury of prevention, from serious illness lurking at their front door, disability </p>
--	---

Despite being born with cerebral palsy, Stevie Willis, is a poet, writer and a public speaker <<http://artofresistance.com.au/2012/11/06/the-cycle-by-stevie-wills/>> 2/6/2012

The existence of the disability-poverty cycle as cause and effect is a well-established fact (Elwan, 2009; Yeo, 2001; Yeo & Moore, 2003 and Hoogeneveen 2005). The existence of this cycle is fuelled and perpetuated by continued disempowerment and disenfranchisement of PWDs. In other words the continued lack of access and visibility by PWDs perpetuates the disability-poverty cycle. Rabinowitz’ recognizes three dimensions of access namely physical, social and political access. To most people, physical access means access to buildings, public spaces, and any other place a person might need to go for work, education, business, and other services. But Rabinowitz argues that it should be defined in the following terms:

“...Physical access includes things like accessible routes, curb ramps, parking and passenger loading zones, elevators, signage, entrances, and restroom accommodations...”(Rabinowitz, 2013)

* The Community Tool Box; How do you ensure access for people with disabilities?

<http://ctb.ku.edu/en/tablecontents/chapter26section4-main.aspx>

Physical and social access variables will also determine how PWDs access education and communication services both in terms of physical infrastructure and programming. This can be exemplified by imagining visually impaired persons. Without access to reading aids such as the Haptic Braille or audio devices they are denied access to education. But that is not the end of the story, because one needs also to provide teachers who have the requisite skills to handle the affected persons and the assistive devices for the visually impaired. What about operationalising the appropriate curricula and providing the career guidance that is suited to visually impaired persons?

Financial, employment, communication and medical services are other well-known spheres where PWDs have been excluded again in terms of physical, social and political access. Political access has included either outright denial by employers/community or lack of political will to mainstream issues of PWDs by relevant authorities (Elwan, 2009; Yeo & Moore, 2003; Hoogeneveen 2005; Muhangi, 2012). However, in the last decade there has been a lot of happenings as far as this political will is concerned. A number of countries especial in SSA have ratified the appropriate international instruments such as the Nations Convention on Rights of Persons with Disabilities (CRPD).

Many countries have also domesticated the charter by enacting appropriate national laws and by-laws. Nevertheless, significant effort is still required to translate the laws into action.

In the last decade Rwanda has achieved a number of laudable efforts in this regard. In 2008, Rwanda signed and ratified the CRPD and its Optional Protocol. But it should be pointed out that Rwanda had actually domesticated these instruments much earlier through the 2003 Constitution and the Law no. 02/2007 to protect the Rights of Persons with Disabilities of 2007.

So as to streamline and expedite implementation of these instruments; Rwanda enacted a total of eight (8) Ministerial Orders affecting six Ministries (Rwanda National Decade Steering Committee RNDSC-ADPD, 2010; IPAR, 2012; Corry 2012).

Rwanda is a signatory to the following instruments:

- ✓ The Alma Ata Declaration of 1978, which emphasises inclusion of the rehabilitation approach into the primary health care system;
- ✓ The International Labour Organisation Convention No. 159 and Recommendation 168 on vocational rehabilitation and employment of PWDs;
- ✓ The World Programme of Action 1983, which advocates for full participation of PWDs in the development process;
- ✓ The World Declaration on Education for All, 1990; and needs of PWDs which will be guided by the following principles;
- ✓ The Vienna World Conference on Human Rights 1993 Resolutions, which stipulate promotion of rights of PWDs;

- ✓ The UN Standard Rules for Equalisation of Opportunities 1993, which guides policy making;
- ✓ The UNESCO Salamanca Framework of Action on Special Needs Education 1994, which emphasises promotion of education and inclusion of all CWDs.

Other notable recent developments include representation of PWDs in the National Assembly, constitutionalizing the National Council of Persons with Disabilities (NCPD) and the signing of the Ambassadorial Status with the Secretariat of African Decade of PWDs. All these efforts are for ensuring access but only from the legal and operational framework. More daunting efforts are still needed to make infrastructure (such as roads and buildings), communication, education, financial services, and so on accessible. All of this can only be realised if appropriate funding is available.

2.3 XCWDs in DDR Programmes and Peace and Reconciliation

The primary goal of RDRC and any DDR Programme, worthy of its salt, is to secure peace and reconciliation in post conflict situations through social economic reintegration (SER) of former combatants (Colletta *et al.*1996; United Nations, 2006; Rwanda Demobilisation and Reintegration Commission, 2009). It is hard to find durable reintegration solutions that return former combatants into communities.

Such durable solutions do not only engender finding and holding down gainful employment, leading to accumulation of assets by XCs, but also accumulating social capital, eradication of stigma and eventual acceptance by the community in general. And above all, there must be political acceptance of former combatants into their communities of return for peace and reconciliation to prevail (Muggah, 2008).

Due to war and injury, a good number of XCs will end up with permanent disability. This number is normally estimated to range between 10 and 20 per cent of the total demobilised population depending on duration and severity of the conflict. In Rwanda, the figure of XCWDs stood at 8,576 in 2008, representing nearly 15% of the demobilized XCs. Gradually, this figure has fallen to about 2,552 XCWDs following repeated rehabilitation/treatment and (re)categorization over a period of 3 years (Medical Committee in Charge of Categorizing Disabled Former War Combatants, 2011). The Ethiopian DDR Programme demobilised 148,000 war veterans, of whom nearly 27,000 were categorized as PWDs, representing 11% of the demobilized population (Muggah, 2008). In the South Sudan DDR Programme, it is estimated that 150,000 war veterans will be demobilized, of whom an estimated 30,000 are war wounded heroes or 20% of the total Programme target (SSDDR Strategy 2012-2020, 2011).

Given the well know problems associated with the social and economic empowerment of PWDs (Elwan, 2009; Metts, 2000; Yeo, 2001; Yeo & Moore, 2003), it is daunting to think about successful SER of XCWDs. But again there could be no greater prize than peace. It is with this predicament in mind that RDRC is innovatively rethinking the IRPWs concept for leveraging sustainable livelihoods of XCWDs.

3.4 Skills Audit

A skills audit is a process for measuring and recording the skills of an individual or group so as to identify the skills and knowledge that is available now or those that may be required in the future. Commonly, a skills audit is conducted to determine the training needs of an organisation. Additionally, these audits may be conducted for other reasons such as restructuring and deployment. We find a more elaborate definition of skills audit from HIDA-MSCBP (2009) in the following quote on page 8 of 88:

“.....Skill audit is a methodology used to study labour market conditions, such as availability of required skills, and its dynamics, such as the impact of policy and technology change on the demand and supply of skills. The methodology entails surveying employers to obtain information on their human resources, including employee characteristics, staff turnover, gaps and projected requirements.....”

Thus a skills audit will result in a skills gap analysis, which provides the organization with training needs and internal employee selection and to ensure that the correct person is deployed in each position.

Various methodologies for conducting a skills audit do exist in literature. However, they all go through three key stages. The first is to determine what skills each employee requires. The second stage is to determine which of the required skills each employee has. The third is to analyse the results to determine training needs or others parameters like recruitment and selection, performance management and succession planning.

There is a dearth of literature on skills audit among XCs, let alone XCWDs. However, according to the RDRC/JICA (2008) a total of 925 and 867 XCWDs were trained through 10 Skills Training Centres during 2007 and 2008 respectively. Before the training commenced, all training centres had their infrastructure upgraded to permit access to PWDS. The skills imparted included carpentry, welding, plumbing, leather turning and shoe making, bricklaying, tailoring, ICT/electronics, hotel management, cookery, soap making and candle stick making.

A follow up survey of 392 graduates showed that 384 of those trained were actually using the skills acquired from the project (RDRC-JICA 2008). One should interpret these figures with a caveat because reported numbers are based on a loose definition of self-reported disability.

2.5 Previous Studies

There are no previous studies looking at the impact of IRPWs on the livelihoods of PWDs, XCWDs notwithstanding. Most of the existing literature is concerned with sheltered workshops or providing employment to PWDs in the open market. Nevertheless, there are several (disabled peoples' organisations (DPOs) operational in Rwanda today, which are mainly operated on a non-profit basis. The major source of funding for these DPOs is either from external donors and or the GOR. There are several cooperatives and association of PWDs active in Rwanda but their total number is not known, nor are there published financial statements in the public domain of these organisations.

Attention to PWDs and disability issues first begun in 1960 in Rwanda with the creation of HVP Gatagara. A decade later, the graduates of Gatagara sow the first seeds of the disability movement in Rwanda, by forming the “*Association Générale des Handicapés du Rwanda (AGHR)*” in 1979. This movement eventually gave rise to the most well-known and active national DPOs as list below (National Council of Persons with Disabilities, 2013):

1. **“... AGHR- General Association of People with Disabilities in Rwanda:** *with 8 workers and 15 branches in 11 Districts. It is composed of 2,733 men, 3,436 women, and 126 members of local authorities (total 6, 268 members). Among them there are 116 representatives elected in 11 Districts of which 67 are men and 41 are women, 8 Directors in charge of Social Affairs working in 8 Districts.*
2. **Association Nationale des Femmes Sourdes et Muettes au Rwanda**
Created on April 28th, 2005 by a group of 27 women living with hearing impairments, the National association of Women with Hearing Impairments is starting, in 2010, They focus on the advocacy for the respect of the rights of women with hearing impairments (and of PHI in general).
3. **NPC - National Paralympic Committee** *is composed of 333 men with disabilities, 288 women with disabilities, 376 people without disabilities. Its activities consist in the promotion of sports among people with disabilities and the promotion of rights of people with disabilities through sports.*
4. **NOUSPR – UBUMUNTU:** *National Organization of Users and Survivors of Psychiatry in Rwanda: NOUSPR is a not for profit organization, that has been serving the Rwandan community since 2007. NOUSPR was founded in response to a call to provide support. At NOUSPR, we serve people dealing with mental disabilities and the aftershocks of Genocide. NOUSPR aims to be a safe place where people congregate to share their feelings and experiences. By gathering together in support of each other and sharing experiences we hope learning, healing and growth spring forth.²¹*
5. **RNUD - Rwandan National Union of the Deaf:** *The organization manages centres in 5 regions. It is managed by a committee and has personnel and volunteers. Besides activities of advocacy for the deaf, its main activity is to carry out research in the area of the Rwandan sign language.*
6. **RUB - Rwandan Union of the Blind:** *is composed of 3000 members, including the blind and non-blind, members of families of people with disabilities and local authorities in 15 districts. It employs 7 staff members that take care of 177 blind people, and coordinate actions of families and local authorities in 3 Districts.*
7. **THT - Troupe Handicapés Twuzuzanye:** *It is a theatre group composed of more than 30 members that operate in 4 districts. Its main activity consists in the sensitization on sexuality and disability through drama and music.*
8. **Collectif TUBAKUNDE:** *is an umbrella of associations of parents whose children with mental disability. It is composed of 31 members of the association that care for 4,400 children and youth...”* (National Council of Persons with Disabilities, 2013)

There are also a number of international organisations active in Rwanda providing support in various aspects such as advocacy, capacity building, community based rehabilitation (CBR) projects and sponsorship. These include Handicap International, VSO Rwanda, JICA, Swedish Disabled People's Organisation – SHIA, CBM Rwanda and so on.

2.5.1 LIVELIHOODS AND EMPLOYMENT FOR PWDs/XCWDs IN RWANDA

As already pointed out in section 2.2.4, detailing the vicious cycle of disability and poverty, access to jobs and livelihoods is always a nightmare especially for people with severe disabilities. Added to this is the high un-employment rate in Rwanda, last estimated at 30% in 2008 by the National Institute of Statistics.

According to Rugumire-Makuza (2012), nearly 96% of XCWDs are unemployed and of those in employment 62% are self-employed. This is a very miserable figure compared to the number of XCs in employment that is reported at 35% (RDRC-Consia Consultants, 2009). Another source of livelihood is ownership of land. This is because land is a primary factor of production but more especially in Rwanda's agrarian economy. However, 69% of XCWDs do not own any piece of land. Shelter is another primary source of livelihood but only 46% of XCWDs do own a house (Rugumire-Makuza, 2012). This goes to show the crying need to do something to further uplift the livelihoods of XCWDs.

Participation in cooperative agencies and association engaged in IGAs in a community enhances the chances of income generation and community reintegration. It is reported that nearly 12.5% of XCWDs are members of cooperatives agencies and other community associations (Rugumire-Makuza, 2012).

Even though there are no specific studies focusing on XCWDs, this picture is replicated elsewhere in the region if we talk about PWDs in general. In Uganda, Hoogeneveen (2005), while examining the census results shows that poverty, is worst amongst households headed by a disabled person; with consumption poverty amongst households with a disabled head in urban areas being 43%, as opposed to 27% for households with a non-disabled head. In addition, his results show that the likelihood that people who stay in a household with a disabled head live in poverty is 60% higher than that of people who stay in a household with a non-disabled head.

Hoogeneveen's further analysis shows that per capita consumption amongst households headed by PWDs is 14–22% lower than in households with non-disabled heads. Poverty incidence is 15–44% higher in households headed by PWDs. And the results for the poverty gap and poverty gap squared show that the depth of poverty is higher amongst PWDs as well. So, not only are households with disabled heads more likely to be poor, but the degree of poverty is greater as well.

Research from the rest of the world paints a similar picture about un-employment and poor livelihoods for PWDs (Bercovich, 2004; Braithwaite & Mont, 2008; Mori & Yamagata, 2009; Trani & Loeb, 2012). Studies have even found income and consumption disparities between PWDs and nondisabled persons with the same educational level (Mori & Yamagata, 2009)

2.5.2 PERCEPTIONS AND ATTITUDES TOWARDS WORKING WITH NON-DISABLED PERSONS

There is no shortage of literature, especially from developed countries, indicating that PWDs often face discrimination and stigma in the workplace arising from misplaced perceptions and attitudes (Bagenstos, 2000; Yeo & Moore, 2003).

However, there is a paucity of literature dealing with perceptions and attitudes of PWDs towards working with non-disabled persons, perceptions and attitudes of XCWDs notwithstanding.

CHAPTER 3: METHODOLOGY

This study is a baseline descriptive survey to assess the extent to which integrated rehabilitation and production workshops (IRPWs) could transform the livelihoods of XCWDs and their immediate community. In other words, the survey aimed to determine the key goods and services that could be produced by the IRPWs given their marketability and beneficiary skills and capacities. The study determined the baseline socio-economic characteristics of surveyed households, household incomes, [un]employment status, use of financial institutions, current and future skills, jobs and IGA that could be promoted by the IRPWs. The study also assessed the perceptions, attitudes and aspirations towards the IRPWs amongst PWDs/XCWDs and their family members.

The measurement of these variables was realized through a triangulation of methodologies, namely literature review, qualitative and quantitative methods. Qualitative research included key informant interviews (KIIs) and focus group discussions (FGDs) using a semi structured open-ended questionnaire. On the other hand, a close-ended questionnaire was constructed and used to capture the quantitative data.

3.1 Study population and geographical coverage

The geographical coverage of the study was limited to the households located within a radius of 1 km of the proposed IRPWs. These sites were:

- Nyarugunga in Kicukiro District, Kigali City;
- Muyumbu in Rwamagana District, and
- Nyagatare in Nyagatare Town Eastern Province.

The study population included XCWDs, other PWDs and the family members of both sets of subpopulation who resided within a radius of 1 km of each IRPW. Within the vicinity of each IRPW are number of houses constructed and currently occupied by households of XCWDs (Category 1 and 2)[†]. The number of houses (already occupied) in each location are highlighted in Table 1 below:

Table 1: Number of houses constructed for XCWDS by RDRC at each survey site

S/N ^o	Location	Number of Households of XCWDs
1	Nyarugunga (Kanombe)	69
2	Muyumbu (Rwamagana)	59
3	Nyagatare [‡]	20*

[†] Category 1 and 2 represents XCs with the most severe form of disabilities

[‡] *For the Nyagatare the number of XCWDs are much higher because the entire area is populated by XCs especially those with disabilities

The population characteristics of Kicukiro, Rwamagana and Nyagatare districts derived from the Rwanda Population Census, 2012 is shown in Table 2 below:

Table 2: Population characteristics of Kicukiro, Rwamagana and Nyagatare districts

District	2012 Population			Population Density per square kilometre
	Male	Female	Total	
Kicukiro	162,755	156,906	319,661	1,918
Nyagatare	228,610	238,334	466,944	243
Rwamagana	149,214	161,024	310,238	455

Source: NISR, 2012 Population and Housing Census (Provisional Results). The average household size is 4.5.

It should be noted that Nyagatare District has a low population density because it has large tracts of grazing lands and is also the location of the Akagera National Park.

3.2 Sampling and sample size

3.2.1 SAMPLE SIZE DETERMINATION

Among the objectives of this study is to capture knowledge and attitudes of XCWDs, other PWDs and the family members of both groups towards the IRPWs and towards working side by side with nondisabled persons. This could only be achieved by conducting the study at household level.

The sample size for the study was estimated to be 96 households computed from the following formula (Katzenellenbogen *et al.* 1977):

$$n = \frac{Z^2 p(1-p)}{d^2}$$

Where:

- Z is the confidence interval for a normally distributed variable and is equal to 1.96, at 95% level of confidence;
- “p” is the expected proportion, and
- “d” is the required degree of precision§.

While applying this computation the cluster effect was assumed to range from 0-1, meaning that skills and variables are different across the 3 communities of XCWDs.

§ Mathematically the largest proportion of “p” is given by 0.5 and the required precision was assumed to be 0.1

Empirically, XCs with severe disability (mostly Category 1) were prioritized to receive accommodation first.

They were settled in Nyarugunga, which is nearest to the best available basic infrastructure such as Rwanda Military Hospital. Whereas those with less severe disabilities were settled in places further afield such as Nyagatare in Eastern Province.

3.2.2 SAMPLING

All households within a radius of 1 km of each IRPW site (Nyarugunga, Muyumbu and Nyagatare) were identified and those that have XCWDs and other PWDs aged 21 years and above were counted and numbered. The households were separated into two strata, namely stratum one (1) composed by households of XCWDs and stratum two (2) composed by households of other PWDs. The households in each stratum were then be numbered from 1 to n, where n is the total number of households in the stratum. The households to be sampled were then determined using computer generated random numbers.

Rationale for stratification

Given information in section 3.1, we expect to find a high number of XCWDs and a very low number of other PWDs at each site. This is because we know each IRPW site was selected based on the settlement of XCWDs. However, considering the disability prevalence rate in Rwanda of 5% in the general population (MINALOC-MINISANTE, 2010) there would be fewer other PWDs in the sampling frame. It is there important to mitigate sampling errors by using stratification. The table below details the sample stratification:

Table 3: Sample stratification

	XCWDs	Family XCWDs	Other PWDs	Family Other PWDs	Total
Nyarugunga	22	22	10	10	64
Nyagatare	22	22	10	10	64
Muyumbu	22	22	10	10	64
TOTAL	66	66	30	30	192

For the qualitative interviews, 2 FGDs were conducted at each site composed of 10 persons, translating into a total sample of 60 persons in 6 FGDs.

The first group of FGDs was composed by persons fulfilling the following criteria:

- At least 6 XCWDs
- At 2 representatives of Other PWDS
- At least 2 representatives of family members; one from each group

As far as possible, the second FGD was composed by persons fulfilling the following criteria:

- i) Head of Social Affairs at Cell (Akagari) level
- ii) Head of XCWDs at village or cell level;
- iii) One family member of XCWDs;
- iv) Representative of other PWDs than an XCWD;
- v) Two (2) local but successful entrepreneurs in the area;
- vi) Representative of a successful cooperative in the area;
- vii) Representative of microfinance institution in the area
- viii) Representative of the most successful cooperative in the area

More details regarding sampling and qualitative methods are provided in section 3.3 below.

3.3 Quantitative and Qualitative Instruments

A quantitative instrument (close-ended questionnaire) was used to collect primary data for measurement of perceptions, attitudes and aspirations towards the IRPWs, key activities to be promoted, skills audit, and other variables including income and (un)employment status (Annex IV). In each household, a quantitative questionnaire was administered to XCWDs, other PWDs aged 21 years and above, as well as one family member for both groups also aged 21 years and above. The respondents were drawn from a sample of 96 households as determined above.

Direct observations, participatory rapid appraisal (PRA), key informant interviews (KII) and focus group discussions (FGDs) were conducted to compliment the quantitative data. Qualitative tools were used to collect data on strategies to ensure inclusion and involvement of community (especially other PWDs), strategies to access finance and markets through involvement of financial institutions and local entrepreneurs, marketability of proposed goods and services to be promoted and availability of raw materials. The FGDs also explored perceptions, attitudes and aspirations towards the production workshops, as well perceptions and attitudes towards involving non-disabled persons in the production workshops. At each of the 3 locations, 2 FGDs (n= 10) were held, making a total of 6 FGDs. The qualitative tools used are attached as Annex IV and V.

For KIIs, a snowballing form of sampling was used commencing with the following organizations/persons:

- i) MINALOC;
- ii) Rwanda Cooperative Agency (RCA);
- iii) National Council of Persons With Disabilities (NCPD);
- iv) National Union of Disability Organizations of Rwanda (NUDOR);
- v) General Association of Persons with disabilities (AGHR);
- vi) Rwanda Union of the blind (RUB);
- vii) Japan International Cooperation Agency (JICA);
- viii) Handicap International.

3.4 Data collection process

For the quantitative survey, 7 data collectors, 2 supervisors and 3 field-supervisors were recruited. For the FGDs and KIIs, one field-supervisor was recruited to assist with notes-taking and interview modulation. The enumerators were trained in data collection, interviewing skills and ethical considerations. They also underwent questionnaire design and coding as well as questionnaire pre-testing and validation. The lead consultant was responsible for training the enumerators, supervising the field-work and leading the KIIs and FGDs besides having the overall responsibility for supervising the survey process. Both KIIs and FGDs were recorded (with explicit permission from the respondents) and later transcribed.

3.5 Data capture and analysis

Five data clerks with laptops were hired to carry out the data capture. The lead consultant was responsible for quality assurance. Quantitative data was captured into a pre-designed data capture matrix using a statistical software package. Cleaned data was subjected to descriptive statistical analysis and cross-tabulations to determine relationships between different variables.

Qualitative data was analysed manually using an analysis tree. Notes and transcribed tapes were triangulated in order to validate major messages and findings. Some revealing quotes were retained.

CHAPTER 4: FINDINGS AND DISCUSSION

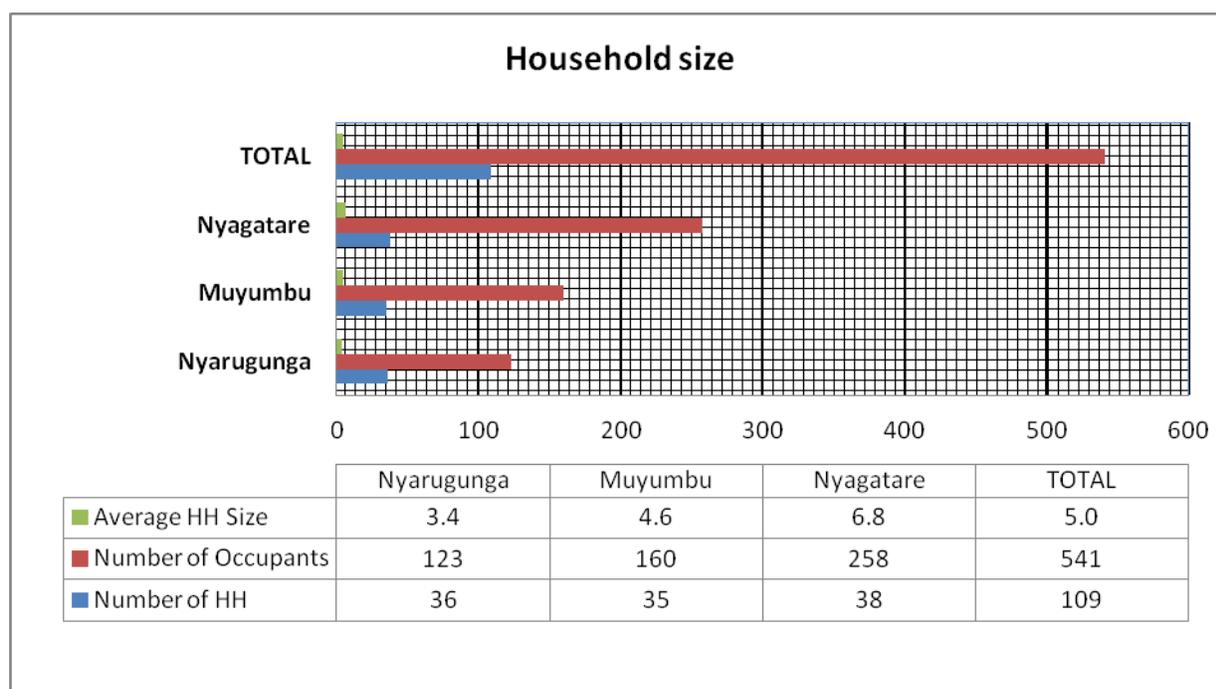
4.1 Introduction

This chapter presents the results of the baseline survey and discusses their agreement or disagreement with known literature, their plausibility and generalizability. As far as possible the chapter attempts to discuss and compare the current findings with similar results from Rwanda or elsewhere. The findings are presented and discussed based on the six specific objectives of the survey. Section 4.2 presents the general findings including disability characteristics and household livelihoods; Section 4.3 presents the results for employment/unemployment history and attitudes towards work; Section 4.4 presents the findings for access to credit and attitudes towards financial institutions. Section 4.5 to 4.6 details the findings regarding perceptions and attitudes of XCWDs/PWDs and their family members regarding work and working with non-disabled persons, as well as their aspirations and attitudes towards the IRPWs. Section 4.7 present the results of the skills audit by detailing the current and future stock of skills. Section 4.8 discusses and presents the various strategies, threats and opportunities to attract target beneficiaries, capital and business entrepreneurs to the IRPWs. Section 4.9 presents findings regarding rehabilitation and recreation services.

4.2 General findings

From Figure 1, the total number of households sampled was 109, of which 36 were from Nyarugunga, 35 from Muyumbu and 38 from Nyagatare. These yielded 205 eligible respondents compared to 192 planned in the Methodology Chapter. The total number of household occupants was 541, equivalent to an average household size of 5 persons. This figure is comparable to the national average of 4.5 persons per household (NISR, 2012). The average household size was highest in Nyagatare, with 6.8 persons and least in Nyarugunga (in Kigali City) with 3.4 persons. The more rural the household is, the higher the household size (more children) and vice versa for the urban households. However, there is another important variable relating to the degree of disability among the 3 cohorts. The severity of disabilities increases as one moves from rural to the urban sites and is highest in Nyarugunga. For example, nearly all XCWDs surveyed in Nyarugunga were from Category 1 (see Section 4.2.1, Table 9 below). It is likely therefore, that the severity of disability is another factor determining household size and accumulation of social capital for XCWDs in Nyarugunga.

Figure 1: Household size by site



Of the 3 sites surveyed, Nyarugunga and Muyumbu each contributed 32% of the respondents, while Nyagatare contributed 38% of total eligible respondents. Fourteen (14) households had only one eligible respondent, while 2 households had 3 respondents. In the whole sample, the XCWDs accounted for 36%, other PWDs contributed 19% and the family members from both groups accounted for 46%, as shown in Table 2 below.

Table 4: Type of respondents by site

		IRPW SITE			TOTAL
		MUYUMBU	NYAGATARE	NYARUGUNGA	
TYPE OF THE RESPONDENT	XCWDs	24(36%)	25(34%)	24(36%)	73(36%)
	OTHER PWDs	12(18%)	14(19%)	12(18%)	38(19%)
	FAMILY MEMBER	30(45%)	34(47%)	30(45%)	94(46%)
TOTAL		66(32%)	73(36%)	66(32%)	205(100%)

All other PWDs within the sampling area were interviewed as their numbers were too few to be sampled.

The majority of respondents surveyed were males 109(53%), while females accounted for 96(47%). This reversal in gender ratios compared to the general population of Rwanda is expected because soldiering is predominantly a male profession. For example in the XCWDs group, 89% were males while 11% were females.

Findings also show that the majority of family members were females by gender. This again is normal because most family members were spouses of household heads (Table 3 below).

Table 5: Respondents surveyed by gender and type

		TYPE OF THE RESPONDENT			TOTAL
		XCWDs	OTHER PWDs	FAMILY MEMBER	
GENDER	MALE	66(89%)	21(50%)	22(25%)	109(53%)
	FEMALE	8(11%)	21(50%)	67(75%)	96(47%)
TOTAL		74 (36%)	42(21%)	89(43%)	205(100%)

There is a direct relationship between age and productive capacity of an individual. On investigating the age of respondents, results show that 96% were within the mandated labour age of Rwanda (Government of Rwanda, 2009). Indeed, 73% of respondents fall within the most productive age group of 21-45 years. Nyarugunga has the youngest population, where 59% of respondents were under the 21-35 years' age group and Nyagatare had the oldest population where 40% of respondents were above 45 years of age (Table 4 below). These differences in the age groups can be attributed to the main reason for demobilisation. All the XCWDs surveyed in Nyarugunga were demobilised due to severe disability, which is not the case for Nyagatare site. Additionally, young people in pristine health conditions were more likely to survive severe traumatic injuries during the war than older or sickly combatants.

Table 6: Age of respondents

		IRPW SITE			Total
		MUYUMBU	NYAGATARE	NYARUGUNGA	
AGE GROUP	21-35 YEARS	24(36%)	17(23%)	34(59%)	75(37%)
	36-45 YEARS	26(39%)	27(37%)	21(32%)	74(36%)
	46-65 YEARS	14(21%)	26(36%)	8(12%)	48(23%)
	ABOVE 65 YEARS	2(3%)	3(4%)	3(5%)	8(4%)
Total		66	73	66	205
		TYPE OF THE RESPONDENT			TOTAL
		XCWDs	OTHER PWDs	FAMILY MEMBER	
AGE GROUP	21-35 YEARS	13	13	49	75
	36-45 YEARS	33	10	31	74
	46-65 YEARS	27	14	7	48
	ABOVE 65 YEARS	1	5	2	8
TOTAL		74	42	89	205

The findings show that the family members were the youngest of all the other 2 cohorts, 55% (49/89) being in the 21-35 year age group. Again this is explained by the fact that family members were mostly made up of spouses to household heads.

On examining years of schooling, field findings show that 21% of the respondents reported to have completed primary education, compared to 39% who have had no or just some primary education. But this figure rises to 51% of respondents from Nyagatare who have not completed primary education. Likewise respondents from Nyagatare have least years of schooling beyond secondary or vocational training (Table 5 below). This has implications for training and capacity building.

Table 7: Education

		IRPW SITE			TOTAL
		MUYUMBU	NYAGATARE	NYARUGUNGA	
EDUCATION	NONE	8(12%)	16(22%)	5(8%)	29(14%)
	SOME PRIMARY	15(35%)	21(29%)	16(24%)	52(25%)
	COMPLETED PRIMARY	12(18%)	16(22%)	15(23%)	43(21%)
	SOME SECONDARY	19(29%)	15(21%)	19(29%)	53(26%)
	COMPLETED SECONDARY AND ABOVE	7(11%)	4(5%)	10(15%)	21(10%)
	VOCATIONAL	5(8%)	1(1%)	1(2%)	7(3%)
TOTAL		66(100%)	73(100%)	66(100%)	205(100%)

The majority of respondents, 71%, are married or cohabiting. However, the percentage of XCWDs who are married or cohabiting is 77% as compared to 57% of other PWDs (Table 6 below). The figure of married or cohabiting XCWDs compares well with 79% found by Rugumire-Makuza (2012). Marriage is a very important milestone in the reintegration process of XCWDs/PWDs because spouses not only contribute towards economic and social emancipation but also are often the primary caregivers (Kashaka, 2005).

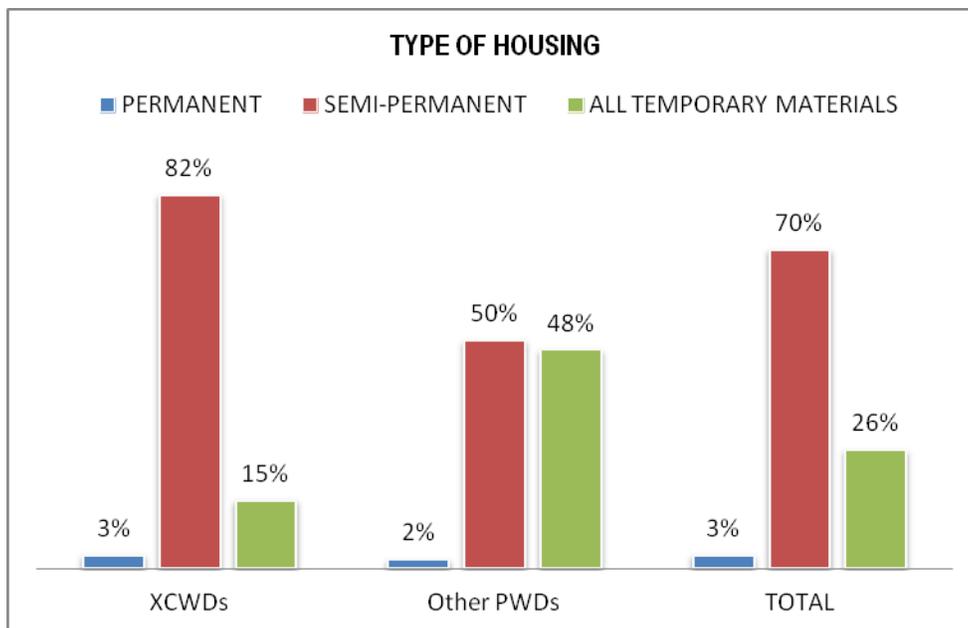
We can conclude therefore that these results show that XCWDs in the study have more social capital compared to other PWDs. This could be attributed to Government efforts to improve the social economic integration of XCWDs.

Table 8: Marital Status

		TYPE OF THE RESPONDENT			TOTAL
		XCWDs	OTHER PWDs	FAMILY MEMBER	
MARITAL STATUS	MARRIED	43	18	47	108
	CO-HABITING	14	6	17	37
	DIVORCED	1	0	0	1
	SEPERATED	0	0	1	1
	SINGLE	16	10	20	46
	WIDOW(ER)	0	8	4	12
TOTAL		74	42	89	205

The majority of respondents, 70% reside in semi-permanent houses, but there are significant differences when cohorts and groups are compared within in the study. Most XCWDs (82%) reside in semi-permanent houses, whereas 48% of other PWDs live in all temporary structures.

Figure 2: Type of housing



When housing is compared by site, as shown in Table 7 below, there are significant differences between the sites. In Nyagatare, 48% of the respondents reside in semi-permanent dwellings while 52% reside in temporary structures. Compare this to Nyarugunga with 91% and Muyumbu with 85% of respondents who reside in permanent or semi-permanent structures. These findings reflect the policy of the GOR through RDRC to provide appropriate shelter to XCs with severe disabilities in Category 1 & 2. Compared to OPWDs in the same neighbourhood, the XCWDs live in much better housing conditions.

Table 9: Type of housing

		IRPW SITE			Total
		MUYUMBU	NYAGATARE	NYARUGUNGA	
TYPE OF HOUSING	PERMANENT	4(6%)	0	3(5%)	7(3%)
	SEMI-PERMANENT	52(79%)	35(48%)	57(86%)	144(70%)
	ALL TEMPORARY MATERIALS	10(15%)	38(52%)	6(9%)	54(26%)
Total		66(100%)	73(100%)	66(100%)	205(100%)

4.2.1 DISABILITY CHARACTERISTICS OF RESPONDENTS

The commonest type of functional disability among respondents was due to loss of mobility accounting for 69% (78/113), with impairment of legs alone accounting for 46% (52/113) as shown in Table 8 below. Apart from mental health disorders that accounted for 16%, the other causes were not important. As the results show, the majority of respondents with mental health disorders were located in Muyumbu, where they constituted 32% (12/37) of the respondents surveyed in the area. This was also strongly collaborated by qualitative research as well as hostility incidents faced by fieldworkers in Muyumbu. According to the FGDs held in Muyumbu, there are many people who abuse drugs especially alcohol. There is also a heightened sense of insecurity in the area as a result of people with mental health problems. The discussants specifically requested RDRC/GOR to address the insecurity and antisocial behaviour first before considering providing livelihood opportunities. Consequently a general **recommendation** is for RDRC to move quickly to set up a counselling and referral centre to counter the problem of drugs and mental health disorders. This is made urgent by the fact that the nearest service centre is located more than 10km away at Ndera Neuropsychiatric Hospital.

Table 10: Type of disability by site

		IRPW SITE			Total
		MUYUMBU	NYAGATARE	NYARUGUNGA	
WHAT KIND OF DISABILITY DO YOU HAVE?	LEGS	14	19	19	52
	ARMS	3	7	2	12
	BOTH ARM(S) AND LEG(S)	5	3	6	14
	HEARING	0	1	1	2
	SPEECH	0	0	1	1
	SIGHT	1	4	0	5
	PSYCHIATRIC AND MENTAL DISORDERS	12	1	5	18
	OTHERS (SPECIFY)	2	5	2	9
Total	37	40	36	113	

Sixty three (63%) of respondents with disabilities surveyed are already categorised as shown in Table 9 below. We can deduce from Table 2 above that this refers to XCWDs, in any case other PWDs are not categorised in Rwanda. As postulated in the Methodology Chapter, nearly all XCWDS from Nyarugunga belong to Category 1, that is 23 out of 24 or 96%. Those from Muyumbu are mainly from Category 2, that is 21 out of 24 or 88%, while those from Nyagatare are spread out across all Categories, see Table 9 below. The findings for Muyumbu and Nyarugunga correlate well with the housing policy for XCs with severe disabilities (see sections 3.1 and 3.2.2 of Methodology). These findings serve to emphasize the differences in the groups and the need to rationalise their treatment and strategies for the different IRPWs accordingly.

Table 11: Categorisation by site

		IRPW SITE			Total
		MUYUMBU	NYAGATARE	NYARUGUNGA	
WHAT IS YOUR DEGREE OF DISABILITY?	CAT 1	2	8	23	33
	CAT 2	21	5	1	27
	CAT 3	0	10	0	10
	CAT 4	0	1	0	1
	NOT CATEGORIZED	14	16	12	42
TOTAL		37	40	36	113

4.2.2 HOUSEHOLD LIVELIHOODS

When respondents were asked who the breadwinner in their households is, Table 10 below shows that 89% reported that the household head was the breadwinner. This figure rises to 97% in households of XCWDs compared to 79% in households of other PWDs. By excluding spouses, breadwinning in 14% of households of other PWDs is consigned to a third party.

Table 12: Household breadwinner

		TYPE OF THE RESPONDENT			TOTAL
		XCWDs	OTHER PWDs	FAMILY MEMBER	
WHO IS THE BREAD WINNER IN YOUR FAMILY?	HOUSEHOLD HEAD	72(97%)	33(79%)	73(86%)	178(89%)
	SPOUSE	2(3%)	3(7%)	5(6%)	10(5%)
	MY CHILD	0(0%)	1(2%)	1(1%)	2(1%)
	RELATIVE	0(0%)	4(10%)	6(7%)	10(5%)
	OTHERS (SPECIFY)	0(0%)	1(2%)	0(0%)	1(0.5%)
TOTAL		74(100%)	42(100%)	85(100%)	201(100%)

When respondents were asked what the major source of household income is, results in Table 11 below, show that 4 out of 5 households of XCWDs depend on monthly subsistence allowance, the remaining balance being accounted for by work. All XCWDs from Nyarugunga and approximately 7 out of 8 from Muyumbu said that they depended on the monthly subsistence allowance as the major source of household income. These findings are closely correlated to the number of XCs with severe disabilities in the sample.

For the majority of other PWDs, the major source of household income is said to be work in 71% of cases, while well-wishers or donors account for 18% and income from rent account for 5% of households. This shows that XC with severe disabilities have a very narrow income base or very limited income from work, and that the monthly subsistence allowance is critical to their livelihoods.

Table 13: Major source of household income

	SITE	Work (Salaried, self-employed)	Donors	Monthly Subsistence Allowance	Rent	Revenue Association	Others	Grand Total
XCWDs	MUYUMBU	3		21				24
	NYAGATARE	12		13				25
	NYARUGUNGA			24				24
Total XCWDs		15		58				73
	MUYUMBU	9	1		1		1	12
Other PWDs	NYAGATARE	12	1		1			14
	NYARUGUNGA	6	5			1		12
Total Other PWDs		27	7	0	2	1	1	38
	MUYUMBU	13		14	1		2	30
Family member	NYAGATARE	14	1	19	1		1	36
	NYARUGUNGA	4	2	21		1		28
Total Family Member		31	3	54	2	1	3	94
GRAND TOTAL		66	10	119	4	2	4	205

When respondents were asked how much is the breadwinners' monthly income (meaning the major household income), results in Table 12 below show that 57% of households live on less than 40,001Frw a month. This is more pronounced in the cohort of other PWDs, where the percentage shoots up to 77%. In fact, nearly half of the households of other PWDs live on less than 20,001Frw a month as compared to only 5% among households of XCWDs.

Fifty three per cent (53%) of XCWDs surveyed falls within the range of 40,001-150,001Frw a month. Since we know from Table 11 above that XCWDs mainly depended on the monthly substance allowance, we can infer that this group is living on less than 50,001Frw a month.

Table 14: Monthly income of the breadwinner

		TYPE OF THE RESPONDENT			TOTAL
		XCWDs	OTHER PWDs	FAMILY MEMBER	
HOW MUCH IS THE MAJOR MONTHLY INCOME OF THE BREADWINNER?	≤ 20,000FRW PER MONTH	4(5%)	20(48%)	22(25%)	46(22%)
	MORE THAN 20,000 ≤ 40,000FRW PER MONTH	30(41%)	12(29%)	30(34%)	72(35%)
	MORE THAN 40,000 ≤ 150,000 PER MONTH	39(53%)	7(17%)	32(36%)	78(38%)
	> 150,000 PER MONTH	1(1%)	3(7%)	5(6%)	9(4%)
TOTAL		74(100%)	42(100%)	89(100%)	205(100%)

From Table 13 below, 32 households of XCWDs and 16 households of other PWDs reported a secondary household income, equivalent to 43% and 38% of the respective households. The majority of this secondary household income (90% for XCWDs and 93% for other PWDs) is less than 40,001Frw a month

Table 15: Amount of monthly secondary household income

	TYPE OF THE RESPONDENT		TOTAL	
	XCWDs	OTHER PWDs		
ON AVERAGE, HOW MUCH IS THIS SECONDARY HH INCOME PER MONTH?	≤ 20,000FRW PER MONTH	14	11	25
	MORE THAN 20,000 ≤ 40,000FRW PER MONTH	15	4	19
	MORE THAN 40,000 ≤ 150,000 PER MONTH	3	0	3
	> 150,000 PER MONTH	0	1	1
TOTAL		32	16	48

These findings show that household incomes have changed considerable since the implementation of the monthly substance allowance for XCWDs. This is because the findings by Kashaka (2005) indicated that only 3.4% of disabled and chronically ill ex-combatants earned anything above 40,000Frw a month. In fact the majority (87.4%) of disabled and chronically ill ex-combatants earned less than 20,000Frw a month. Nevertheless a caveat should be placed on this comparison because the question then did not look at household income nor does this study allow for differential timing of costs or general increase in prices.

4.2.3 KEY SUMMARY FINDINGS

On baseline demographics the study showed that 73% of respondents fall within the most productive age group of 21-45 years. Family members were the youngest of the 3 groups, with 55% falling under the age group of 21-35 years. The majority of XCWDs surveyed (77%) are married or cohabiting compared to 57% of other PWDs.

On examining years of schooling, field findings show that 21% of the respondents reported to have completed primary education, compared to 39% who have had no or just some primary education. But this figure rises to 51% of respondents from Nyagatare who have not completed primary education. Likewise respondents from Nyagatare have least years of schooling beyond secondary or vocational training.

Most XCWDs (85%) reside in permanent or semi-permanent houses, whereas 98% of other PWDs reside in semi-permanent or temporary structures. Nyarugunga and Muyumbu respondents have much better dwellings compared to those in Nyagatare.

When housing is compared by site, there are significant differences between the sites. In Nyagatare, 48% of the respondents reside in semi-permanent dwellings while 52% reside in temporary structures.

In comparison, 91% of respondents from Nyarugunga reside in permanent or semi-permanent structures. The corresponding figure for Muyumbu is 85%. These findings can be explained by the housing policy of the GOR through RDRC to provide appropriate shelter to XCs with severe disabilities (Category 1 & 2).

Regarding the type of disability, findings indicate that functional mobility was the commonest form of disability accounting for nearly 70% of respondents. This is followed by mental health disorders, which accounted for 16%. However, nearly all respondents with mental health disorders were XCWDs and were residents of Muyumbu. Many of these respondents with mental health disorders exhibit open antisocial behaviour and engage in drug abuse as well. This finding is also a consequence of the housing policy, as most XCWDs suffering from mental health disorders fall under Category 2, which is housed in Muyumbu.

As expected the majority of XCWDs in the survey are from Category 1 and 2, in other words have severe disabilities. Nearly all XCWDs (23/24) from Nyarugunga were from Category 1 while 21 of 24 from Muyumbu were from Category 2. Those from Nyagatare were evenly spread across all Categories. These findings emphasize the differences in the groups and the need to rationalise the IGAs and reintegration strategies for the different sites/IRPWs.

In households of XCWDs, nearly 9 out of 10 household heads are the breadwinners as compared to 79% in households of other PWDs. By excluding spouses, breadwinning in 14% of households of other PWDs is consigned to a third party.

When respondents were asked what the major source of household income is, results show that 4 out of 5 households of XCWDs surveyed, depended on monthly subsistence allowance for XCWDs. For other PWDs, the major source of household income is work in 71% of cases, while well-wishers or donors account for 18%. This shows that XCWDs have a very narrow income base and very limited income from work. The results also indicate that the monthly subsistence allowance is critical to their livelihoods. Implicitly a policy to diversify their household incomes is warranted.

When respondents were asked how much the monthly household income is, results show that 57% of the households live on less than 40,001Frw a month. This is more pronounced in the cohort of other PWDs, where the percentage shoots up to 77%.

In fact, nearly half of the households of other PWDs live on less than 20,001Frw a month as compared to only 5% among households of XCWDs.

4.3 Employment/unemployment history and attitudes towards work

Employment is not only an important road to economic empowerment but is also a critical vehicle to social reintegration. With employment comes economic empowerment and liberation from poverty, which in turn allows PWDs to accumulate social capital by building social networks. On the other hand unemployment deepens poverty, which pushes the already vulnerable PWDs into dire social consequences of more disenfranchisement and social alienation. In a DDR setting this may even lead to drug abuse and crimes undermining the core objective of return of peace.

When respondents were asked if they are currently employed in a paid job, field findings show that 97% of XCWD, 83% of other PWDs and 87% of family members are not employed. Of those involved in a paid job, the majority said they are in vocational trades (N=10 of 26) with 5 out of 26 reporting a permanent job in the public/private sector. These employment figures are quite miserable and call for targeted strategies to redress the unemployment. The findings for closely mirrors those of Rugumire-Makuza (2012) who reported unemployment rate of 96% among XCWDs.

For those who are currently unemployed, they were asked if they are currently looking for a job and what they have done in order to get a job. Field findings show that 51% (92/180) reported to be currently looking for a job.

For those reportedly looking for a job, 34% were XCWDs, 14% other PWDs and 52% family members. For those looking for a job, actually 88% had done something about it. This means that the number of people who are actually unemployed and are actively doing something about it is 81 out of 205, equivalent to 4 out of 10 (Table 15 below). The most popular method used in job search was requesting relatives, friends or colleagues to help find a job.

Table 16: Job search methods

		Frequency	Per cent	Valid Per cent	Cumulative Per cent
Valid	ANSWERED ADVERTISEMENTS FOR JOBS	6	2.9	6.5	6.5
	ADVERTISED FOR A JOB ON THE WEB	2	1.0	2.2	8.7
	APPLIED DIRECTLY TO EMPLOYERS	16	7.8	17.4	26.1
	REQUESTED RELATIVES, FRIENDS OR COLLEAGUES TO HELP FIND A JOB	57	27.8	62.0	88.0
	NONE OF THE ABOVE	11	5.4	12.0	100.0
	Total	92	44.9	100.0	
Missing	System	113	55.1		
Total		205	100.0		

The most popular method used in job search was requesting relatives, friends or colleagues to help find a job, reported in 62% of instances, this was followed by applying directly to employers in 17% of the instances. Methods that involve using/reading print media multimedia were not commonly used. This infers difficulties in accessing print media either due to literacy skills or financial constraints.

Field findings show that the 81 people who are actively looking for work are evenly distributed in the 3 sites, that is to say 25 people are located in Muyumbu, while Nyagatare and Nyarugunga have 28 people each. This finding augurs well for starting IGAs in the 3 sites because there are people who are actually actively looking for work. With the right capacity building and sensitisation their energies can be channelled into the IRPWs.

Attitudes towards work

For the IRPWs to be successfully, the beneficiaries must possess and uphold the right attitude and aspirations towards work.

This includes reasons like job setting and reasons why they need to work. The choice of job setting is of paramount importance for PWDs given social and physical barriers especially in low and middle income countries.

For those interested in work in the future, 84% preferred to be self-employed, while 9% and 7% preferred public and private sectors respectively, see Table 16 below. Among the XCWDs preference for being self-employed was highest accounting for 91%, followed by family members with a preference of 82% and lastly other PWDs with a preference of 76%. The degree of disability and the level of education are most likely the most important factors moderating these preferences. The former being the most important influence on XCWDs' choices while the latter informed the family members' choices. At any rate these findings indicate the need to assist the respondents leverage local jobs such as vocational trades

Table 17: Choice of job setting

		TYPE OF THE RESPONDENT			TOTAL
		XCWDs	OTHER PWDS	FAMILY MEMBER	
SUPPOSE YOU WERE OFFERED A CHANCE TO CHOOSE BETWEEN THE FOLLOWING TYPES OF JOBS, WHICH JOB SETTING WOULD YOU CHOOSE?	BEING SELF EMPLOYED	59(91%)	25(76%)	70(82%)	154(84%)
	PUBLIC SECTOR	5(8%)	5(15%)	6(7%)	16(9%)
	PRIVATE SECTOR	1(2%)	3(9%)	9(11%)	13(7%)
TOTAL		65(100%)	33(100%)	85(100%)	183(100%)

Another important attitude towards work is why people want to work or why people are motivated to work. The answer to this question is based grounded in the human needs theories that range from basic physiological needs to self-actualisation. Table 17 below shows the results of respondents who are interested in finding work when asked why they want work.

Table 18: Why should you be interested in work?

		IRPW SITE			TOTAL
		MUYUMBU	NYAGATARE	NYARUGUNGA	
WHY SHOULD YOU BE INTERESTED IN OBTAINING A JOB?	TO EARN A LIVING - THAT'S ALL	41(71%)	44(69%)	40(68%)	125(69%)
	TO BE USEFUL TO SOCIETY	16(28%)	19(30%)	17(29%)	52(29%)
	A WAY OF SPENDING MY TIME/LEISURE	1(2%)	1(2%)	2(3%)	4(2%)
TOTAL		58(100%)	64(100%)	59(100%)	181(100%)

At all three sites, nearly 7 out of 10 respondents want work to just fulfil the basic physiologic needs and approximately 3 out of 10 are motivated by higher needs.

There were 25 people who said they are not interested in a job and 68% (17/25) cited severe disability as the main reason. Five people quoted retirement or old age as the reason why they are not interested in work and 3 females said they had too many family responsibilities.

All respondents were asked to rank the challenges they have ever faced or would anticipate facing (from 1 to n, where 1 represents the biggest challenge) while trying to look for work. The majority of respondents ranked lack of capital as the biggest challenge. This finding supports the earlier view of wishing to be self-employed. Lack of marketable skills was ranked 2nd, followed in descending order by disability, general lack of jobs, lack of land and segregation/stigma.

Most of these challenges relate to self-employment and can be surmounted by the operationalization of IRPWs.

Table 19: Rank ordering of challenges to finding work by PWDs

RANK ORDERING	1st	2nd	3rd	<i>SUM (1-3)</i>	4th	5th	6th	7th	8th	TOTAL
1. Lack Capital	89	38	13	<i>140</i>						140
2. Lack Skills	31	54	15	<i>100</i>	3	2	2	1		108
3. Lack of Jobs	14	24	37	<i>75</i>	5	3	1	1		85
4. Lack of Land	4	10	18	<i>32</i>	10	2	1			45
5. Lack of Market	4	2	1	<i>7</i>	5	3	1			16
6. Segregation/Stigma	4	8	5	<i>17</i>	4	1	1	1		24
7. Lack of Assistive Devices	1	2	2	<i>5</i>	2	2	2	1	1	13
8. Disability	27	19	14	<i>60</i>	6	2				68
9. Other (SPECIFY)	9	2		<i>11</i>						11

There were no important differences in rank ordering of challenges faced while looking for a job across all the 3 groups.

4.3.1 KEY SUMMARY FINDINGS

Regarding employment, field findings show that 97% of XCWD, 83% of other PWDs and 87% of family members are not employed. These unemployment figures are quite alarming and re-emphasize the need for targeted strategies to redress the situation. The findings also show that the number of people who are actively looking for work is 81. These people are distributed almost evenly across the 3 sites, which augurs well for the IRPWs.

Perceptions and attitudes show that 84% of respondents prefer to be self-employed and nearly 7 out of 10 want work to just fulfil the basic physiologic needs. Approximately 3 out of 10 are motivated by higher needs.

When respondents were asked to rank the major challenges to finding work in Rwanda by PWDs, they ranked lack of capital as the biggest challenge. This reflects once again the preference for self-employment. The complete rank ordering list is as follows:

1. Lack Capital
2. Lack Skills
3. Lack of Jobs
4. Disability
5. Lack of land

6. Segregation/Stigma
7. Lack of Market
8. Lack of Assistive Devices

4.4 Access to credit and attitudes towards financial institutions

In both FGDs and KIIs, access to credit is seen as a major challenge for PWDs or their business undertakings due to a multiplicity of reasons. These include lack of collateral, poor financial management skills and pigeonholing of PWDs or their activities. For the IRPWs to be successful and grow sustainably, it will depend on easy access to quality credit and linkages to micro-finance products. By looking at past use of financial institutions (banks, micro-finance institutions [MFI]/ SACCO*) by the respondents and their attitudes towards investment credit, the study looked to unravel access barriers to investment capital.

Ownership of a bank account is of course the first step in working with financial institutions. According to the standing rules governing access to line of credit from MFI/SACCO, one has to be a member and also operate an account with the pertinent institution. This was stated as the first rule for accessing credit from any MFI/SACCO by all SACCO credit officers who participated in FGDs.

When respondents were asked if they owned a bank account the study findings show that overall 7 out of 10 respondents own a bank. But within individual groups there are very significant variations in ownership of bank accounts. Results show that ownership is 93% for XCWDs, 60% for other PWDs and 56% for family members. Nearly all the XCWDS in the study do receive the monthly substance allowance, which is paid by the GOR only directly into the recipient's bank account. For the other two groups the finding is in agreement with results from elsewhere (Dupas *et al.* 2012; Chaia *et al.* 2012).

Any successful business will require capital, which is predominantly sourced from a bank. On investing the use of loans, 43% of XCWDs reported using a loan regularly, while other PWDs and family members reported figures of 5% and 3% respectively. The corresponding figures for having obtained a loan at least once are 6 out of 10 for XCWDs, 1 out of 10 for other PWDs and family members.

These figures emphasize the gap between the levels of economic marginalisation within the vulnerable groups. It should be recalled that family members were mainly composed of female spouses of household heads in the study. There were no significant variations in findings of loan use across the 3 sites.

* Saving and Credit Cooperative

The majority of respondents (nearly 4 out of 10) who have used a loan in the past said they used it to solve a personal problem. Only 1 out of 10 reported to have used the loan to operate a business.

Lack of collateral was the most frequently reported reason (43%) for not accessing a bank loan while fear of financial risk accounted for 24%. Nearly 2 out of 10 respondents claimed they have never had a need for a bank loan.

Capital is fuel for any business that needs to succeed and bank loans are almost the only source of this capital in Rwanda. The respondents were asked how strongly they agree with this paradigm using the question: do you agree that someone needs to use bank loan to be successful in business? The field findings show that overall 88% of respondents agreed with the principle, whereby 36% were inclined to agree, while 52% strongly agreed with the premise. About 7% could not make up their minds while 4% did not agree with the principle.

Trust is an important attitude in determining rational human behaviour; this is especially true when people are faced with choices. It was important therefore to investigate the level of trust/mistrust of respondents in financial institutions (MFI/SACCO). At the beginning of the financial section, respondents were asked whether they trusted financial institutions. From Table 20 below, results show that 67% of respondents do trust financial institutions, 20% are weavers and 13% do not trust them.

Table 20: Trust in financial institutions (MFI/SACCO)

		IRPW SITE			TOTAL
		MUYUMBU	NYAGATARE	NYARUGUNGA	
DO YOU TRUST FINANCIAL INSTITUTIONS SUCH AS BANKS AND MFI/SACCOS?	TO A VERY SMALL EXTENT	5(8%)	3(4%)	5(8%)	13(6%)
	TO A SMALL EXTENT	9(14%)	4(5%)	2(3%)	15(7%)
	NOR SMALL OR GREAT EXTENT	9(14%)	15(21%)	16(24%)	40(20%)
	TO A GREAT EXTENT	25(38%)	31(42%)	26(39%)	82(40%)
	TO A VERY GREAT EXTENT	18(27%)	20(27%)	17(26%)	55(27%)
TOTAL		66(100%)	73(100%)	66(100%)	205(100%)

These findings were also collaborated by qualitative research. According to the findings from most KIIs, financial management and the consequent access to credit is one of the biggest problems facing the cooperative movement in Rwanda, and it is more prevalent among cooperative of PWDs.

This view was strongly advanced by Mr Hamis Jean Damascene, Inspector Cooperatives Officer at Rwanda Cooperative Agency and Mr Nyilimigabo Thiery, Business Development and Access to Finance Officer, National Council of Persons with Disabilities NCPD), who supervise and assist cooperatives with capacity building on a daily basis.

“...nearly all the 5,000 cooperatives in Rwanda have problems managing even their own resources, let alone borrowing bank money. Lack of financial and entrepreneurship skills are the root cause of most financial problems...”

(Hamis Jean Damascene, Inspector RCA)

According to Mr Ngaboyisonga Jean Claude, President, Cooperative Igisubizo cy’Amajyambere, they operate one of the oldest and one of the most successful cooperatives of XCWDs, but getting access to loans has been a very big problem for them. This is a quote from him:

“...We would like to expand our business by increasing our poultry to over 3,000 layers from the current number of 1,100. We want also to buy a car to transport our goods to the market and to bring in stock for the canteen but have been trying for the last 6 months to no avail. All banks want collateral from us but we are yet to own our land and business deeds...”

4.4.1 KEY SUMMARY FINDINGS

Ownership of a bank account is 93% among XCWDs, 60% for other PWDs and 56% for family members. Use of loans on a regular basis was found to be 43% among XCWDs, while other PWDs and family members reported figures of 5% and 3% respectively. Only 1 out of 10 respondents reported to have used a loan to operate a business. Lack of collateral was the most frequently reported reason (43%) for not accessing a bank loan while fear of financial risk accounted for 24%. Nearly 2 out of 10 respondents claimed they have never had a need for a bank loan.

Overall 88% of respondents agreed with the principle that a successful business usually depends on access to bank loans. Trust in financial institutions was found to be 67% in the surveyed population, 20% were undecided and 13% did not trust banks. Additionally, poor financial management was cited as one of the biggest challenges facing the cooperative movement in Rwanda. Besides being the leading cause of poor growth and or dissolution of many cooperatives, it may also compromise their access to credit.

4.5 Perceptions, attitudes and aspirations towards the IRPWs

In order to investigate the perceptions, attitudes and aspirations of the respondents towards the IRPWs, the study wanted to first establish whether the beneficiaries do understand the meaning and concept of IRPWs and their level of agreement to the project.

The field findings show that of the respondents surveyed only 6 out of 10 were aware of the proposed set up of an IRPW in their area. Within the groups, this knowledge was highest in the primary respondents or XCWDs (84%) and falls to about 50% in other beneficiaries. Nearly 6 out of 10 respondents professed to understand the meaning and concept of an IRPW, but again this knowledge was skewed. It was highest in XCWD (78%) and lowest in other PWDs at 45%.

These field findings indicate that there is an information gap that must be quickly bridged not only in XCWDs but more especially in the immediate community. This was also apparent during the FGDs with many discussants, XCWDs aside, saying they were hearing of the project for the first time. Below are some telling quotes:

“...I am hearing this piece of news for the first time.... [pause]... it is good news the way you have explained it. If the Commission wants this workshop to really work they should involve the community right away especially the business community. But the building is already here and it will be too expensive to change many things...” [A 47 year old businessman Nyarugunga]

“...It is good that Government is recognising us and thinking of setting up a workshop for us. I did not know before I came to this meeting. I am very happy that someone could think that my views are important and count...” [A 32 year old female (Other PWDs) from Nyagatare]

The need for improved communication and increased involvement in the planning phase of the project was also apparent from another angle.

Some important physical barriers identified by consensus during FGDs were:

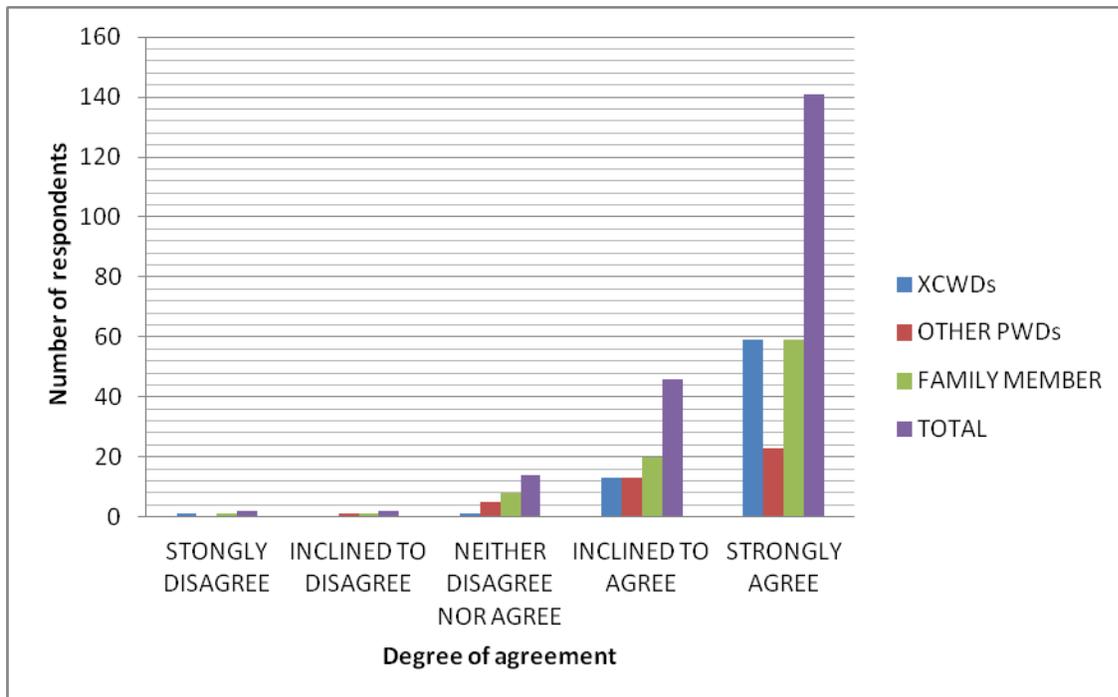
1. The access road to Nyarugunga and Muyumbu site. In Nyarugunga, respondents asked the Commission to remind the IDA about the offer of a tarmacked road;
2. Access to water was cited as the biggest problem facing Muyumbu residents. A 20 litre jerrycan costs 300Frw or approximately 20,000Frw a month for a household of 2 people. The running water system sponsored by RDRC in partnership with the Association of Court Bailiffs was down due to shortages at the supplier’s reservoir. For a household depending on the monthly subsistence allowance, the cost of water would simply be untenable or pose dire economic consequences;
3. Lack of a local food market in the proximity of the Nyarugunga and Muyumbu sites;
4. Lack of electricity at Nyagatare site;
5. Lack of public transport at Nyarugunga;
6. The nearest health centre to Muyumbu site is too far;
7. Access to assistive devices for PWDs in Eastern Province.

Below is an illuminating quote regarding lack of access to water:

“...The problem of lack of water and road is killing us. We are weary and tired due to the bad road. During the rainy season the road is impassable for disabled people...”
[28 year old female from Muyumbu]

To investigate the perceptions, attitudes and aspirations towards the IRPWs, the study asked the respondents whether they agree with the principle of setting up the workshops as a means of providing jobs to XCWDs as the primary beneficiaries. The results are highlighted in Figure 3 below

Figure 3: Do you agree with the proposal of using IRPW to provide jobs to XCs as primary beneficiaries?



At all sites, the majority of respondents were in strong agreement with the principle of using the IRPW to provide jobs to XCWDs as the primary beneficiaries. Overall, 141 of 205 respondents were in agreement, equivalent to 91%. Fourteen respondents (7%) were undecided and 2% disagreed with the principle. There were no important differences between the sites. When respondents were asked what reasons informed their position, 83% thought the IRPWs will bring economic empowerment and general development. The other reasons cited included service recognition at 11%, skills use at 4% and 2% thought it was a bad idea because it excluded other PWDs.

These results mean that there are some XCWDs who view the IRPW as a benefit due to them in lieu of their contribution and sacrifice during the war and Genocide against the Tutsis in 1994. They thus believe that other people should not benefit from this project.

Even if the number is small, continued behaviour change communication is necessary if the concept is to be turned into going business concern. The few XCWDs who think that the IRPW should not be opened to non-ex-combatants can seriously undermine the success of the project.

For any project cum business venture to be successful two necessary conditions must be present. These include taking into consideration the aspirations of the project beneficiaries and market assessment. To gauge the aspirations of the project beneficiaries in terms of IGAs they wish to see in their IRPW, respondents were asked to list the IGAs they could undertake at their site. They were asked to base their choices on profitability and marketability, availability of raw materials, competition, price fluctuation, people skills and disability job-fit. The choices were to be ranked from 1 to n, where 1 was the highest rank. The overall aggregate scores of IGAs by rank ordering are shown in Table 21 below:

Table 21: Choices of IGAs

Overall IGAs choices by rank ordering	1	2	3	4	5	6	7	Total
1. Corner shop	80	42	16	6	1	1	3	149
2. Tailoring	29	30	37	11	4	4	2	117
3. Beauty salon	18	27	26	16	8	4	0	99
4. Weaving <i>Agaseke</i>	9	17	11	12	7	3	0	59
5. Internet café and secretarial services	4	10	18	10	11	4	1	58
6. Fabrication/repair of prosthetic devices	11	11	16	7	6	7	0	58
7. Repair of electronic devices & computer maintenance	8	13	14	9	3	3	2	52
8. Carpentry	10	13	10	11	3	1	2	50
9. Photography	7	10	8	11	5	1	3	45
10. Others (SPECIFY)	25	22	11	8	5	0	0	71

The corner shop was by far the most popular project. This should be interpreted in a wider sense of a local market of sorts because the FGDs indicated that in Nyarugunga and Muyumbu there is no local market nearby. Residents were indignant that they have to trek long distances to the nearest market for their foodstuffs despite repeated pleas to the local authorities to establish a local market.

Tailoring was the number one choice in Nyagatare^{††} and was ranked second highest in Muyumbu and Nyarugunga. FGDs showed that residents of Nyarugunga and Muyumbu have to trek long distances to get to the nearest tailor, while in Nyagatare discussants believed they can out compete other tailors in Eastern Province who win tenders to make school uniforms.

The beauty salon was the 3rd most popular choice overall at the 3 sites. The FGDs of Nyarugunga and Muyumbu made a very passionate business case for a beauty salon. Here are 2 quotes:

^{††} Detailed site by site tables showing aggregates scores of each choices by rank ordering are in annex of unused tables

“... We have almost given up on taking care of our hair. If we have to do our hair we have to go to Akajagari (nearest trading centre)... [pause]... about 2 hours walk one way. That means if I have to go there then my family will not eat (meaning no one to cook food for the family). If I had money I would have opened a salon long ago because there is such a crying need...”
[A 26 year old female respondent of Nyarugunga]

“...To get the services of a beauty salon one has to move all the way to Masaka by car or motorcycle taxi. Imagine how much money we can make before competitors wake up.”....
[A 31 year old female from Muyumbu]

Under the others category, there was a strong business case for operating a community hall service for hire during weddings and other community functions.

It had an overall aggregate score of 25 rank ordering. The reason behind this choice was provided by the FGDs, which showed that there was no such service in Nyarugunga and Muyumbu. Thus anyone starting the service in either site would enjoy the first-mover advantage.

In Nyagatare, leather turning, shoe making and repairs featured in the others category and attracted a total aggregate score of 22 rank ordering. In the FGDs of Nyagatare, members were at pains to point out that despite their Province being the linchpin of cattle rearing in Rwanda, there was no industrial or artisanal leather turning. They strongly felt that given the appropriate training the IRPW could make inroads in this industry. Related to this was the making of ornamental products from cattle horns, cheese making, production of silage and animal feeds or selling molasses per se. Another notable absence was lack of poultry farming in Nyagatare and eggs eaten in the area are imported from Uganda.

4.5.1 PERCEPTIONS AND ATTITUDES TOWARD MANAGEMENT OF IRPWS

According to project objectives the management structure of the IRPWS should be based on that of cooperatives. When this question was put to the FGDs and KIIs, both groups generally concurred with the concept. However, some sticking issues were raised on how this should be accomplished. These include:

- i) The prevailing Law N° 50/2007 of 18/09/2007 Determining the establishment, organization and functioning of cooperative organizations in Rwanda, that defines by-laws, objectives and activities, share capital and membership at incorporation;
- ii) The proposed inclusion of other people in the IRPWS,
- iii) The current share capital and assets of existing cooperatives (by law and by consensus these assets solely belong to existing cooperatives members);
- iv) The need to pre-define a quota system of the management structure of IRPW cooperative, other PWDs and non-disabled persons (on this point most XCWDs feel uncompromisingly that the president of each cooperative must be an XC with disability)
- v) In Nyarugunga there are 3 different cooperatives and none of them seems willing to change into the IRPW;
- vi) The need to maintain the autonomy of existing cooperatives;

- vii) The need for a new beginning and avoiding inheritance of the historical baggage.
- viii) The existing cooperatives are already stereotyped as belonging to XCWDs.

In all the six FGDs and twenty KIIs, respondents were unequivocal in recommending that a completely new cooperative entity be formed at each site. As much as this is an opportunity to begin from a clean slate, it also presents a number of disadvantages. These could include loss of opportunity to use existing cooperatives as a springboard for the IRPWs, loss of synergies and divided attention to a multiplicity of cooperatives. The middle road solution would be to transform existing cooperatives (where possible) into a new cooperative organisations enshrined in the IRPWs.

Other perceptions and attitudes identified among project beneficiaries during qualitative research (see section 4.6 below), were resistance to inclusion of outsiders in a cooperative organisation either as employees or new members. Though this was not a consensus finding within the FGDs, it was a recurring theme especially in FGD 1 at each site.

According to Mr Bimenyimana Audace, Rwanda Cooperative Agency (RCA), Curriculum Development and TOT Officer, this has been a critical barrier in slowing the growth of most cooperatives in Rwanda. Given ignorance and poor skills of most members, restricting outsourcing better skills has resulted in poor management and stagnation of many cooperatives. For instance, he says that there are many cooperative organisations especially of Community Health Workers with as much as 50 million RWF seating on their bank account without significant investment portfolio to show for it.

To circumvent this obstacle he said that RCA is going to categorise all cooperative organisations in Rwanda using especially their share capital and assets to set standards for reporting, financial management, staffing, investment portfolio and streamlined supervision procedures. This, he said, will therefore enhance good management practices and access to credit.

4.5.2 KEY SUMMARY FINDINGS

Regarding aspirations towards the IRPWs, field findings show that 6 out of 10 respondents surveyed were aware of the proposed set up of an IRPW in their area. The same number also claimed to understand the meaning and concept of IRPWs. This knowledge was highest in the primary respondents (XCWDs at 84% and falls to about 50% in other beneficiaries. It is recommended that RDRC moves quickly to bridge this information gap. Findings also pointed out a number of important barriers affecting the livelihoods and the expected smooth functioning of the IRPWs. These are:

- a) Access road to Nyarugunga and Muyumbu site;
- b) Access to water was cited as the biggest problem facing Muyumbu residents;
- c) Lack of electricity at Nyagatare site;
- d) Lack of public transport at Nyarugunga;

- e) Lack of health facility at Muyumbu, the nearest facility is too far;
- f) Lack of a local market in the proximity of Nyarugunga and Muyumbu sites;
- g) Access to assistive devices for PWDs in Eastern Province.

Overall, 91% of the respondents were excited about the impending introduction of the IRPWs in their area. The major reason that informed this perception was that the IRPWs would bring economic empowerment and general development to their area, cited in 83% of instances. Other reasons cited included service recognition at 11%, skills use at 4% and 2% thought it was a bad idea because it excluded other PWDs.

By rank ordering the, study established that the most popular IGAs at any site were the corner shop cum local foodstuff market, tailoring and a beauty salon. The others included weaving (“*Agaseke*”), internet café and secretarial services, fabrication/repair of prosthetic devices repair of electronic devices & computer maintenance, carpentry and photography, however there were local variations in the importance attached to each given prevailing market conditions.

Regarding management of the IRPWs, both qualitative and quantitative findings were unequivocally in favour of setting up a new cooperative structure to run the IRPWs instead of handing it over to an existing entity.

4.6 Perceptions and attitudes regarding working with non-disabled persons

As discussed in the Literature Review (Section 2.2.3) an IRPW is a scheme set up to promote employment of PWDs but where persons with and without disabilities work alongside each other in community operated business so as to promote social and economic integration.

The study sought to investigate the perceptions and attitudes of project beneficiaries towards working together with non-disabled persons. Nearly all respondents thought that PWDs face a lot of difficulties while trying to find work. When respondents were asked to what extent does active discrimination by non-disabled persons play in these difficulties, using a 5-point scale ranging from “*to a very small a extent – to a very great extent*”: Forty two per cent (42%) ranked active discrimination with “*to a great*”, while 21% ranked it with “*to a very great extent*”.

Thirteen per cent (13%) were non-committal while 16% returned “*to a small extent*” and 9% “*to a very small extent*”.

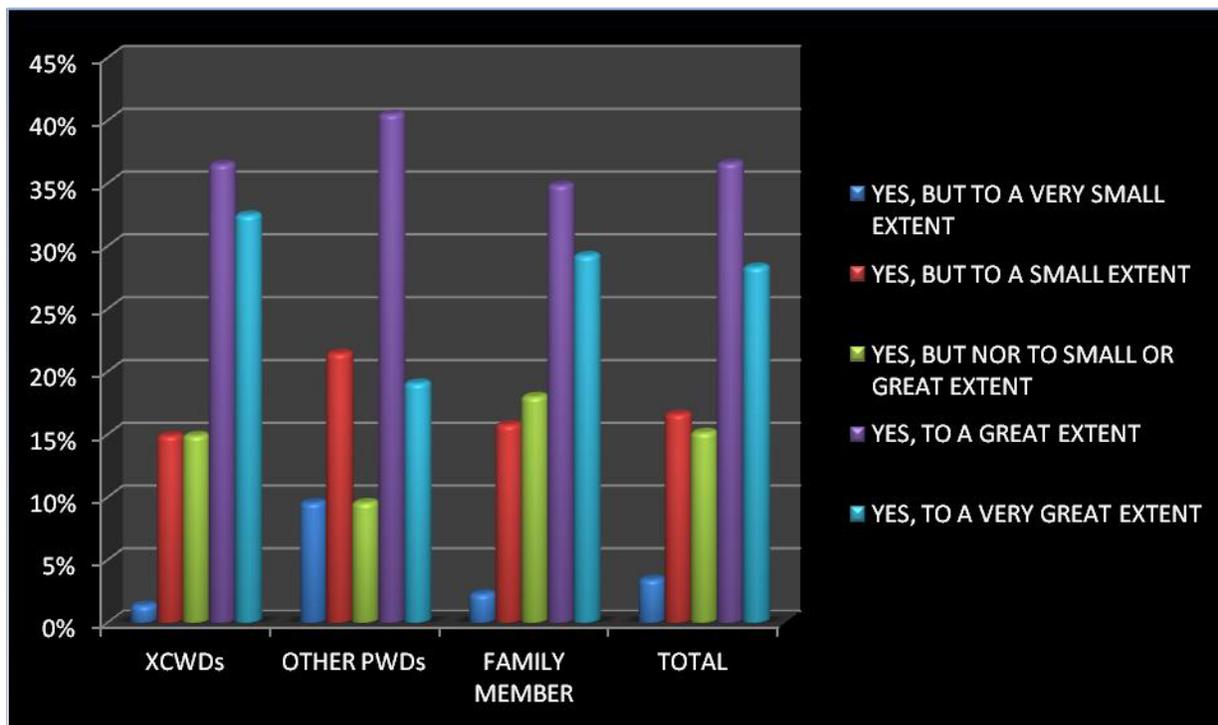
The subsequent question was to what extent were the said difficulties arising from physical barriers. Results show that 53% of the respondents thought that physical barriers were important in creating the said difficulties.

When respondents were asked to choose directly what they thought was the most important barrier to finding work by PWDs in Rwanda, 51% chose physical barriers, 45% social barriers and 4% political barriers.

There were subtle differences in the choices of respondents. Results show that 49% of XCWDs and (54%) of family members chose physical barriers, while 55% of other PWDs were more inclined towards social barriers. These differences are probably explained by the level of social economic reintegration in XCWDs and other PWDs.

In conclusion nearly half of the respondents feel segregated by non-disabled persons and by human nature are likely to reciprocate the gesture given any opportunity. The next question tests this premise. It asks the respondents whether non-disabled persons should be given work in the IRPWs. The results are highlighted in Figure 4 below:

Figure 4 : Do you think non-disabled persons should be given work in the IRPWs?



As the results show, 20% of the respondents think that this should happen to a small or very small extent. Interestingly a higher proportion of other PWDs (31%) are more opposed to seeing non-disabled persons working in the IRPWs. This again reflects on the level of social reintegration of other PWDs compared to the XCWDs.

To a great extent or very great extent, the majority of respondents (65%) are not opposed to seeing non-disabled persons given work in the IRPWs.

When respondents were asked to give a reason to explain their choice why non-disabled persons should also be given work in the IRPW, they viewed complementarity as the most important reason or theme. Thus 65% thought they would offer mutual support to cancel out their disability while 4% thought of better ability in terms of skills and physical attributes.

Shared development through general economic empowerment was cited in 18% of the respondents and inclusive development accounted for 5%. Eleven respondents, equivalent to 5%, were totally opposed to the idea saying non-disabled persons have opportunities elsewhere and or do not merit sharing in the benefits of the IRPWs for XCWDs.

There are 4 types of people who could work in the IRPWs other than the XCWDs, the study examined how the respondents feel about each type using a scale ranging from strongly disagree to strongly agree. When this question was put to XCWDs only; results show that they were more likely to accept their relatives to work in the IRPWs in 60 instances, inclined to agree to other PWDs in 46 cases but were inclined to disagree to relatives of other PWDs in 54 instances and in 37 instances for non-disabled persons (Table 20). This implies that XCWDs regard the IRPWs as their project which should be run with least involvement of non-disabled persons.

Table 22: Rank ordering of accepting other people in the IRPW by XCWDs

Rank ordering	Strongly disagree	Inclined to Disagree	Inclined to Agree	Strongly Agree	Total
Relatives of XCWDs	6	7	9	51	73
Other PWDs	5	20	36	10	71
Relatives of other PWDs	22	32	11	3	68
Non-disabled person in general	26	11	21	11	69

When the same question was put to non-XCWDs, their responses show that relatives of XCWDs are the most acceptable category with 84 rank orderings while non-disabled persons are strongly rejected to in 62 instances. There is also a significant opposition to relatives of other PWDs, as shown in Table 23 below.

Table 23 : Rank ordering of accepting other people in the IRPW by non-XCWDs

Rank ordering	Strongly Disagree	Inclined to Disagree	Inclined to Agree	Strongly Agree	TOTAL
Relatives of XCWDs	13	10	26	84	144
Other PWDs	6	35	63	25	141
Relatives of other PWDs	31	63	27	10	141
Non-disabled person in general	62	17	26	27	141

Both tables show that the disagreement to inclusion of non-XCWDs increases in a stepwise-ladder fashion being highest the furthest you move away from relatives of XCWDs to non-disabled persons in general. These findings collaborate each other in showing that there is a general belief among XCWDs and other respondents surveyed that the IRPWs belong to XCWDs.

In other words the IRPWs should provide work to XCWDs and their relatives, with a sprinkling of other PWDs and non-disabled persons. This is a worrying trend that needs to be addressed if full integration of the production workshops as well as their productivity is to be realised.

The main goal of the IRPW is to provide jobs to project beneficiaries through implementation of IGAs, it is important therefore to know the perceptions of the respondents regarding their degree of trust in doing business with other people. Overall the majority of respondents (67%) trust business persons to a great or very great extent. Within the groups, the XCWDs exhibited the highest level of trust at 73% compared to 69% for other PWDs and 61% for family members. The highest level of mistrust of business people is among family members at 39%, followed by other PWDs at 31% and least among XCWDs at 10%.

The possible explanation for this finding could be that XCWDs have a more gregarious outlook and are more likely to exhibit a higher degree of trust as a throwback to their lives as soldiers.

4.6.1 KEY SUMMARY FINDINGS

Keeping other things equal, there are three important barriers that affect the ability of PWDs in their quest to find work. These include physical barriers, active discrimination by non-disabled persons and political barriers such as lack of an enabling legal environment. When respondents were asked to name the most important barrier to finding work in Rwanda, the study findings show that physical barriers are responsible for 51% in comparison to active discrimination that accounted for 45%. Lack of an enabling legal environment was cited in only 4% of cases.

When respondents were asked to what extent does active discrimination by non-disabled persons play a role in finding work, using a 5-point scale ranging from “*to a very small extent – to a very great extent*”, 42% ranked active discrimination with “*to a great*”, while 21% ranked it with “*to a very great extent*”. This is a key finding because 21% of the respondents believe that they are strongly discriminated against by non-disabled persons. It can be deduced that this belief will engender hard feelings between the two groups and may derail any efforts of working together unless something is done about it quickly.

Sixty five per cent (65%) of respondents supported the idea of giving work to non-disabled persons in the IRPWs, while 20% thought that this should happen to a small or very extent. Mutual support, better ability/skills and physical attributes were the major reasons advanced by respondents for admitting non-disabled persons in the IRPWs. Reasons for opposition to admittance into the IRPWs included unfair competition, segregation and having not fought for the country. Opposition to admittance was strongest against non-disabled persons and least against relatives of XCWDs.

These findings were also collaborated by FGDs and KIIs, where cooperatives/associations of PWDs are said to be struggling due to being opaque and closed to non-disabled persons.

This attitude extends even to hiring new skills from the labour market of non-disabled persons. In nearly all instances regarding perceptions and attitudes, the XCs were more inclined to display liberal views and positive attitudes as compared to other PWDs or family members.

There are 4 types of people who could work in the IRPWs other than the XCWDs themselves, namely family members of XCWDs, other PWDs, family members of other PWDs and non-disabled persons in general. Results show that XCWDs were more likely to welcome their relatives in the IRPWs, and were mostly opposed to welcoming all the other groups. Interestingly, this result was reproduced by asking the same question to non-XCWDs. Their responses show that relatives of XCWDs are the most acceptable category, being strongly agreed to in 84 instances while the rest of the groups were mostly declined.

We conclude that these findings show that there is a general belief among all respondents surveyed that by and large the IRPWs belong to XCWDs.

In other words the IRPWs should provide work to XCWDs and their relatives, with just a sprinkling of other PWDs and non-disabled persons. This is a worrying trend that needs to be addressed if full integration of the production workshops as well as their productivity is to be realised.

Finally, the study sought to examine the notion of trust by respondents of business people in general. Welcoming the business community and local entrepreneurs with open arms would form the basis for sustainable production workshops. Overall the majority of respondents (67%) said they trusted the business people to a great or very great extent. Within the groups, the XCWDs exhibited the highest level of trust at 73% compared to 69% for other PWDs and 61% for family members. There is a need to address the level of mistrust of business people is among family members at 39% and other PWDs at 31%.

4.7 Skills audit among XCWDs, other PWDs and the family members

The study set out to investigate the current and future stock of skills among respondents focusing specifically on technical skills: - a particular skill set or proficiency required for performing a given job or task. These are practical competences that could have been learned or acquired through practicing a given craft. Additionally, the study examined management skills, which will be necessary if the project beneficiaries are to operate the IRPWs successfully.

4.7.1 CURRENT STOCK OF SKILLS

In order to gauge the current stock of skills among respondents the following question was put to them: *“Supposing you are asked to choose a job in your IRPW, which one of the following would you choose keeping in mind your disability and skills?”*

If you have a choice to choose at least 3 jobs, please rank your choices from 1 to 3 keeping in mind your skills and disability job-fit, marketability and profitability”. The findings are laid out in Table 22 below:

Table 24 : Aggregates scores of overall ranking of job choices

Rank ordering	1st	2nd	3rd	Total Scores
1. Corner shop	80	51	9	140
2. Beauty salon	17	40	27	84
3. Tailoring	20	27	22	69
4. Weaving (Agaseke)	13	20	13	46
5. Internet café and secretarial services	11	11	10	32
6. Photography	5	13	10	28
7. Carpentry	10	7	10	27
8. Fabrication/repair of prosthetic devices	7	12	6	25
9. Repair of electronics devices and computer maintenance	9	6	7	22
10. Leather turning, shoe making and repairs	3	7	9	19
11. Bakery	1	3	8	12
12. Massage	1	1	1	3
13. Others (SPECIFY)	20	12	13	45

The overall findings show that job preferences are almost a mirror image to the choices of IGAs in Table 19.

When the job preferences are examined by site, respondents from Nyagatare and Muyumbu show almost similar preference patterns while there are important differences in choices of Nyarugunga. For example photography is ranked number 3 in Nyarugunga, number 7 in Muyumbu and 11 in Nyagatare. These differences in choices are probably informed by the degree of severity of disability and some market forces more than current stock of skills.

When respondents were asked whether they have held any of the above jobs and for how long, results show that nearly half of the respondents (53%) have not held any jobs (implying have no skills) in the said choices. Of those who said they have practiced some of the trades, one out of four (25%) had practiced the craft for a period ranging between 1 and 12 months. Only 14% had practiced one of the said trades for a period greater than 3 years.

On investigating the current stock of management skills, field findings show that over half of the respondents (56%) have not practiced such skills in the past Table 23 below.

Table 25 : Management roles practiced in the past

		IRPW SITE			Total
		MUYUMBU	NYAGATARE	NYARUGUNGA	
WHICH ROLE(S) HAVE YOU PRACTICED IN THE PAST?	LEADERSHIP AND PEOPLE MANAGEMENT	23(35%)	17(23%)	16(24%)	56(27%)
	MANAGEMENT OF MATERIAL RESOURCES	5(8%)	3(4%)	7(11%)	15(7%)
	BOOK KEEPING	0(0%)	1(1%)	1(2%)	2(1%)
	FINANCE FUNCTION	2(3%)	5(7%)	2(3%)	9(4%)
	PLANNING AND PROJECT PROPOSAL	1(2%)	0(0%)	2(3%)	3(1%)
	MARKETING	3(5%)	2(3%)	1(2%)	6(3%)
	NONE	32(48%)	45(62%)	37(56%)	114(56%)
TOTAL	66(100%)	73(100%)	66(100%)	205(100%)	

Out of the 91 respondents who claimed to have practiced the various management roles in Table 23 above, a total of 56 respondents, representing 62% claimed to have practiced leadership and people management. These findings were not different across the sites but are significantly higher in XCWDs at 52% compared with 18% in other PWDs. These differences could be explained again by the level of reintegration as discussed elsewhere in the results section, and past or present roles of XCWDs in local administration. The percentage of respondents who have practiced management of material resources in the past also commanded a respectable proportion, equivalent to 7% of the surveyed population.

When respondents were asked how long they practiced the management roles in Table 23 above, 28%% claimed to have practiced the said roles to a medium extent while 43 percent claimed to have practiced the role to a large extent. Only 3 out of 10 were not comfortable with the duration of practicing the said role.

Respondents were then asked if they have received any training in any of the vocational jobs (Table 22) in the recent past, and how many times they were trained in a given trade. The results are shown in Table 24 below:

Table 26 : Number of respondents trained by vocational trade/craft

Type of Vocational Trade	Number of Respondents
Tailoring	19
ICT and computer maintenance	8
Carpentry	6
Electricity and electronics repairs	5
Plumbing	5
Soap making	5
Hotel management	4
Leather turning, shoe making & repairs	4
Bricklaying	2
Welding	1
Other (SPECIFY)	9
TOTAL	68

The total number of respondents receiving any form of training is 68 of 205 respondents, equivalent to 33% or nearly 3 out of 10. Among those who were trained nearly 6 out of 10 were trained once and 1 out of 5 were trained 3 times or more. The most prevalent training (skills) was in the area of tailoring, whereby 19 respondents have trained.

Overall, these results show that the level of current stock of practical competences, as measured against the choice of jobs by respondents is quite low. There is still a lot of ground to cover if the XCs with severe disabilities and other PWDs in their vicinity are to be equipped with marketable skills. The KIIs and FGDs also emphasized the need for continued capacity building and the transfer of critical vocational and life skills.

4.7.2 DESIRED STOCK OF FUTURE SKILLS

To investigate the required stock of future skills, each respondent was asked a mutually exclusive question. The question wanted to know what the respondents would choose if given only one chance for a training.

Faced with a choice between management skills and practical competences, 80% of the respondents preferred to choose training in practical vocational trades as opposed to management skills. Table 25 below shows the number of respondents wishing to undertake a given vocational trade at each of the 3 sites once faced with a one-off chance of a training opportunity.

Table 27: Required future stock of skills at each IRPW by vocational trade

		IRPW SITE			Total
		MUYUMBU	NYAGATARE	NYARUGUNGA	
GIVEN ONE CHANCE OF SKILLS TRAINING, WHICH TRAINING COULD YOU CHOOSE?	CANDLESTICK MAKING	3	8	8	19
	CARPENTRY	2	7	3	12
	HOTEL MANAGEMENT	8	5	2	15
	ICT/COMPUTER MAINTENANCE	8	2	6	16
	LEATHER TURNING, SHOE MAKING AND REPAIRS	3	1	2	6
	PLUMBING	2	3	3	8
	SOAP MAKING	8	13	14	35
	TAILORING	14	20	12	46
	WELDING	6	3	1	10
	ELECTRICITY AND ELECTRONICS REPAIRS	6	1	4	11
	MASSAGE	1	0	0	1
	OTHERS	5	10	11	26
Total		66	73	66	205

The most popular choices among desired skills are (in a descending order) tailoring, soap and candle stick making, ICT and computer maintenance, hotel management, carpentry, electricity and repair of electronics devices. It should be noted that there are local differences in the choices of desired training. For instance carpentry was a more popular choice in Nyagatare in comparison to the other sites. These local nuances are most probably modulated by disability job-fit, previous experiences and prevailing market conditions. For instance cross tabulations between disability category and choice of training shows that people in Category 1 did not choose carpentry, hotel management, plumbing or welding. Rather, their choices are concentrated around tailoring, soap and candle stick making (see Section 5.2).

So as to gauge the desire by respondents to improve their future management skills, each was asked to make a hypothetical **one-off choice** for training in management competences. The results are highlighted in Table 26 below:

Table 28: Required future stock of skills at each IRPW in management

GIVEN ONE CHANCE OF TRAINING IN SOFT SKILLS, WHICH TRAINING COULD YOU OPT FOR?		IRPW SITE			Total
		MUYUMBU	NYAGATARE	NYARUGUNGA	
	LEADERSHIP AND PEOPLE MANAGEMENT	20	14	5	39
	MANAGEMENT OF MATERIAL RESOURCES	4	8	7	19
	BOOK KEEPING	0	4	3	7
	FINANCE FUNCTION	7	5	2	14
	PLANNING AND PROJECT PROPOSAL	6	4	11	21
	MARKETING	9	10	7	26
	NONE	20	28	31	79
Total		66	73	66	205

Training in the management domain attracted 126 respondents, equivalent to 61% of the respondents. Leadership and people management was the most popular choice accounting for 31% of all future required skills. Interestingly, over half of these requests emanated from Muyumbu and nearly 36% came from Nyagatare. This difference is probably related to current local management issues prevailing at the two sites. FGDs brought out issues related to jockeying for power in Nyagatare and Muyumbu, as well as issues of disharmony and local tensions fuelled by antisocial behaviour and drug abuse in Muyumbu (see Section 4.2.1).

This phenomenon can be explained by the law of unintended consequences. Given that the planning and provision of housing to XCWDs was based on disability categorisation, with those in Category 1 being prioritised over others, consequently people with similar impairment ended up at the same location. Thus the majority of XCWDs resulting from mental health disorders ended up in one place -Muyumbu. Future planning of housing for XCWDs will need to take into consideration not only the degree of disability but also the distribution of types of impairment underpinning the disability.

Respondents were then asked how they would like to see the training delivered. The most popular choice for delivery of training was in-house training, accounting for 56%, coaching and mentoring 22%, external training 14% and peer-to-peer learning accounting for 6%

4.7.3 SKILLS AND EXPERIENCE IN COOPERATIVES MOVEMENT

The management of the IRPWs is expected to be through the cooperative movement. Implicitly, the possession of a critical stock of skills for managing a cooperative organisation will play an important role in the sustainable growth of the integrated workshops. Thus the study sought to determine the level of skills and experiences of respondents in undertaking cooperative activities.

Field findings show that 101 respondents, equivalent to 49%, said they are members of a cooperative society. These belonged to 19 different cooperative agencies, with 17 different mandates though 7 of these were within the agriculture sector. The remaining 10 cooperatives were from different domains including microfinance.

The majority of those who are members of a cooperative organisation are XCWDs, who accounted for 60% (61/101) or 84% of the total XCWDs surveyed. Only 3 out of 10 family members or other PWDs said they belonged to any cooperative society. The cooperative organisation with highest membership in the sample was COPAMU (with 23 members composed by 15 XCWDs, 1 other PWDs and 7 family members) from Muyumbu that is mainly involved in agriculture produce trading. However, FGDs showed that this cooperative society is still in its infancy stage.

The number of XCWDs who reported to be members of cooperative organization is quite high as compared to 12.5% reported by Rugumire-Makuza (2012). This is because the sample population in this is mainly composed by XCs with severe disabilities housed and assisted by RDRC to organize themselves in cooperatives.

IMPUHWE/ VISION 2020 had the second highest membership in the sample with 19 XCWDs and 2 family members. This one is located in Nyarugunga and is one of the oldest and functional cooperatives of XCWDs. Umutara Carpentry Cooperative (UCC) came in third with 13 members, all of whom are XCWDs. UCC is another cooperative organisation that is well established and well regarded by both NUDOR and RCA.

Even if the quantitative results show that the majority of respondents have skills and experiences with cooperatives, the qualitative findings paint a contrary picture in regarding possession of these skills in general. According to most key informants, the cooperatives movement in Rwanda is still in its nascent phase. This was the general view held by disability and cooperatives experts and many presidents of cooperatives interviewed. Below are some telling quotes:

“...The cooperatives movement in Rwanda is still young and yet this was not traditionally taught in Rwanda schools so most members are ignorant. This is made worse by the historical perspective in which Rwandans are trying to transition from associations to cooperatives. The overriding goal of the associations was social in nature yet cooperatives are business enterprises. In fact they are body corporates just one step below a company.”

Given this historical perspective you still find today cooperative members using the cooperative's resources for social causes..."
(Hamis Jean Damascene, Inspector Cooperatives, RCA)

"...The cooperatives and associations of PWDs face many external and internal threats: External factors include poor reputation and community stereotyping resulting in restricted access to markets, lack of coherent advocacy from local authorities and poor mainstreaming efforts, poor access to capital (collateral issues) and imposed associations on behest of donors.

Internal factors include ignorance leading to mismanagement, dependency syndrome, self-exclusion and segregation mind-set leading to exclusion of non-disabled persons, lack of marketable skills, free-rider mentality leading to poor implementation and lack of supervision, the president is supreme mind-set, vicious cycle of poverty, etc. The list is endless..."

(NKUNDIYE Zacharie, Legal Representative AGHR; Chair Board of Directors SOCORWA)

Considering the endless list of threats faced by the cooperatives of PWDs, there is a need for concerted efforts to nurture the IRPWs and a well-articulated strategy to help them steer clear of these threats. These strategies will need to take into account local contexts. For example the IRPW in Muyumbu will need more nurturing and accompaniment given the prevailing issues mental health disorders and antisocial behaviour.

4.7.4 OVERVIEW OF MOST SUCCESSFUL COOPERATIVES OF PWDs IN RWANDA

COTTRARU-RUBAVU (Coopérative de Transport et Transportaient de Rubavu):

Started in 2011, presently has 109 members [23 XCWDs and 86 other PWDs] composed of 11 females and 98 men. It has 5 permanent employees and 350 casual labourers. It started with a hare value of 17,600Frw, which has grown to 66,000Frw. Cash at bank is RWF 51 million. Each member earns 150,000Frw per month.

Main activity is transport of good across Rwanda-Democratic Republic of Congo boarder at Goma using tricycles, which are locally prefabricated by COTTRARU. It has opened another branch in Goma for PWDs.

It is the most successful cooperative of PWDS/XCWDs. It admits PWDS/XCWDs from all over the country that are self-driven and highly motivated to succeed. It success is partly attributed to a by-law protecting them against competition (monopoly).

COTTRARU is doing a roaring business and has no threats according to its President. However, the RWF 51 million seating in a bank account could be a result of poor planning.

IGISUBIZO CY'AMAJYAMBERE

Started in 2009 with 12 members who are all XCWDs. Started with share value of 35,000Frw, which has grown to about 2,000,000Frw and they have bought a piece of land also. Poultry farming is main business with 1100 layers. Grain milling and corner shop are the other IGAs. It has 5 employees including one accountant.

Vision

- Buy pick up;
- Increase size of poultry farm;
- Hair saloon;
- Land for piggery;
- Rabbit farming (Cuniculture)

Opportunities/threats

- Free riders: only the President and vice are active members
- Lack of collateral (no access to land title yet)
- Lack of market for the eggs
- Small land
- No community around to purchase good, poor location
- Lack of capital to expand business
- Lack of transport for eggs, poultry feeds and goods for the canteen

Donors

Army week, NCPD, Kigali Cement Factory, World Vision, BK, National Women's Council, Gasabo District.

KOMEZUBUTWARI –SUSA; MUSANZE:

Has 13 members, made up of 6 women and 7 men, all are XCWDs except one. The cooperative opened its doors in 2011 with a share value of 100,000Frw, which is now (July 2013) estimated at 600,000Frw per member. Other assets include 6 cows with 6 calves, grain milling machine and land. They also trade in agriculture products.

Opportunities and threats

- Free rider problem and mindset;
- Difficulties managing finances (the cooperative has no accountant);
- Good location ;
- Low esteem and self-imposed exclusion by members;
- Challenge of small initial investment and share capital;
- What to do with people who cannot work at all due to their disability? Bring in relatives? How about those with no relative? Could they be given a small amount as bonuses?

MUZEDUTERANINKUNGA –KIBILIZI; GISAGARA:

Has 65 members, made up of 34 women and 31 men, all XCWDs. Begun with share value of 3,000Frw in 2011. Assets include 5 pigs and 2 hectares of land. They also trade in agriculture products.

Opportunities and threats

- Free rider problem and mindset;
- Low esteem and self-imposed exclusion;
- Lack of skills by members and leaders, no accountant;
- No due diligence and supervision.

ABATIHEBA BA GAKENKE

It has 377 members, composed of 210 women and 167 men, of whom 344 are PWDs. Begun with share value of 2,400Frw in 2008, now estimated at 15,000Frw. Activities are tailoring and trading in agriculture produce. Assets include 4,000,000RWF as operating capital, tailoring equipment and 10 hectares of forested land. It employs 1 accountant.

Opportunities and threats

- Lack of skills,
- Lack of training opportunities;
- Lack of access to credit;
- No due diligence by members

SOLIDARITY –BURIZA; RULINDO

Has 61 members (28 women and 33 men), of whom 14 are non-PWDs. Begun with share value of 2,000Frw in 2006, which is now estimated at 12,000Frw. Main activity is apiary farming. It has 24 out of 120 goats, following a donation, the rest died. It has purchased a candlestick making machine with a capacity of producing 60,000 units a month.

Opportunities and threats

- Location;
- Knowledge and attitude of members and the community;
- Vandalism of beehives by some jealous people in the community ;
- Lack of skills, the cooperatives needs at least 4 people trained in management;
- Favouritism;
- Poor accountability;
- Lack of or limited market;
- Lack of training opportunities;
- Lack of access to credit;
- Lack of due diligence by members

4.7.5 KEY SUMMARY FINDINGS:

To gauge the current stock of skills, respondents were asked to choose at least 3 jobs in the IRPWs (keeping in mind their skills, disability job-fit, marketability and profitability) and to rank their choice. Below are the choices ranked in descending order:

- a) Corner shop
- b) Beauty salon
- c) Tailoring
- d) Weaving (Agaseke)
- e) Internet café and secretarial services
- f) Photography
- g) Carpentry
- h) Fabrication/repair of prosthetic devices
- i) Repair of electronics devices and computer maintenance
- j) Leather turning, shoe making and repairs
- k) Bakery
- l) Massage

These answers were almost a mirror image of another question asking respondents what IGAs they want to see promoted in their IRPWs. However, there were some differences across the 3 probably as a result of degree of disability and prevailing market forces. Interestingly, nearly half of the respondents (53%) had **never** practiced any of the above trades (**implying they have no stock of said skills**). Of those who said they have practiced some of the trades, one out of four (25%) had practiced the craft for a period ranging between 1 and 12 months. Only 14% had practiced one of the said trades for a period exceeding 3 years.

The total number of respondents reporting having received any form of training was 68 of 205, equivalent to 33%. Among those who were trained, 62% reported having been trained once, whereas 25% reported having been trained 3 times or more. The commonest type of training received was in the area of tailoring, which accounted for 28% [N=19] alone.

Concerning required future stock of skills, 80% of respondents prefer to be trained in vocational trades. The most popular choices for future training include tailoring soap and candle stick making, ICT and computer maintenance, hotel management, carpentry, and electricity and repair of electronics devices. It should be noted that there are local differences in the choice of training desired. For instance carpentry was a more popular choice in Nyagatare in comparison to other sites.

These local nuances are most probably influenced by disability job-fit, previous experiences and prevailing market conditions. For instance cross tabulations between disability category and choice of training shows that people in Category 1 did not choose carpentry, hotel management, plumbing or welding. Rather, their choices are concentrated around tailoring, soap and candle stick making.

Regarding management skills; nearly 45% of respondents claimed to have been trained in management skills, though 61% were trained in leadership and people management. Only 5% of respondents claimed to have been trained in finance and book keeping skills.

Nearly 60% of respondents were interested in receiving training in management skills. Leadership and people management was the most popular choice accounting for 31% of all future required skills. Interestingly, over half of these requests emanated from Muyumbu and nearly 36% came from Nyagatare. This is probably related to current local management issues prevailing at the two sites. The most popular choice for delivery of training was in-house training, accounting for 56%, coaching and mentoring 22%, external training 14% and peer-to-peer learning accounting for 6%.

For skills and experience in cooperatives, findings show that 49% of respondents were members of 19 different cooperative societies.

The cooperatives had 17 different mandates though 7 of these were within the agriculture sector. Within the groups, membership was as high as 84% in XCWDs and as low as 30% in family members and other PWDs. COPAMU had the highest membership with 23 respondents.

The survey of cooperatives societies of PWDs in Rwanda shows that COTTRARU is the most successful cooperative in the country. One of the major reasons for its unparalleled success is due to a by-law giving it monopoly in a niche market. However, the majority of other cooperatives (over 5,000 in Rwanda in general) face an endless litany of problems. Many of these problems arise from outright ignorance and lack of skills though wrong beliefs, and attitudes, practices and or poverty are equally important considerations.

4.8 Strategies, opportunities and threats

As already pointed out the majority of respondents would like the IRPWs managed in accordance with Rwandan statues governing the cooperative organisations. As far as possible these should be new cooperatives as opposed to being co-opted into existing ones. However, given the litany of problems affecting the normal functioning of cooperatives in Rwanda, a number of strategies, threats and opportunities are detailed in the following sections.

4.8.1 STRATEGIES TO ENSURE INCLUSION AND ACTIVE INVOLVEMENT OF BENEFICIARIES

1. There is a certain mindset that the cooperative/association belongs to the president and his board or the accountant. His word is what prevails and the rest are unconcerned, termed "*Banyira Ntibindeba*" in Kinyarwanda. This was a recurring theme throughout the qualitative research and quoted as the commonest cause of failure of most cooperatives/associations. Often times this is a result of outright ignorance such that members do not actively follow the management of the cooperative.

Others may just simply be lazy or prefer to reap where they did not sow (free-rider problem).

Consequent to this lackluster supervision, management is often tempted to take advantage of the beneficiaries and manage the cooperative as they see fit. There is a need for *a well communicated strategy to sensitise the beneficiaries to play an active role in the affairs of the IRPW*. The beneficiaries need to be sensitised on their rights and obligations as members of a cooperative organisation. It is necessary to help them understand, internalise and be able to apply the cooperative Law N° 50/2007 of 18/09/2007 to everyday situations. They must be helped to learn that they are the masters of the cooperatives and must exercise their rights especially through the supreme organ: - the general assembly. Hence the president/management is only but their servant.

This sensitization strategy should have a two pronged approach, the first being to encourage the immediate community around the IRPWs to become actively involved in the affairs of the IRPWs. It should target the local authorities, other PWDs, and potential business partners or local entrepreneurs. This is important because local communities around the pilot sites are already biased in believing that the proposed IRPWs are for RDRC and XCWDs only. The second prong of sensitization should specifically target the primary beneficiaries and sensitise them on their rights and obligations. Emphasis should be placed on collective responsibility, active involvement in day-to-day activities and continuous supportive supervision. For this to happen there is a need to first improve the knowledge base of members in all spheres of management more especially in finance and planning. This calls for a capacity building plan.

2. The majority of ills facing the cooperative movement in Rwanda have been attributed to ignorance and lack of skills. There is a need to develop and deliver an evidence based comprehensive Capacity Building Plan (CBP) in management competencies. It will be impossible to attract local businesses and other community members unless the management of the IRPWs is above board. This should be implemented in tandem with a Communication and Sensitization Strategy (CSS) to attract capital, new skills and community members in general.
3. Behaviour Change Communication (BCC) Strategy: there are a number of misconceptions about cooperative/associations of PWDs. These include segregation & exclusion of non-disabled persons (even hired staff), general mistrust by the public of organisations of PWDs, quick-fire returns, dependency syndrome and free-rider problem. A BCC strategy is therefore important for mitigating these misconceptions and improving acceptance of the IRPWs by the immediate community.

4.8.2 STRATEGIES TO ATTRACT CAPITAL AND LOCAL ENTREPRENEURS:

According to MFI/SACCOs staff who participated in the FGDs and KIIs there is a rigid set of procedures for accessing credit from financial institutions:

1. Having been registered as a legal entity;
2. Having paid the share capital of the SACCO during that period (this may be as low as 5,000 RWF per share);
3. Having been in operation for a period not less than 3 months;
4. Having an account with the MFI in question with a favourable transactions rate (rate and volume);
5. Plus/minus collateral.

Given these conditions, there is no major problem limiting access to credit from the side of the MFIs but the major issues/onus is on the side of the cooperatives/associations. Broadly speaking the major issues according to Mr Tuyizere Oswald, Director of Economic and Social Empowerment Unit, NCPD are:

1. Lack of capacity to make a business case for the IGAs or poor project proposals;
2. Cost of capital in general in Rwanda but the real issue here is to identify profitable projects/IGAs, in other words projects with high IRR [internal rate of return] to cover the interest rate and recoup the investment;
3. Poor financial management and marketing skills;
4. Lack of market intelligence skills;
5. Plus/minus lack of collateral.

Obviously all these constraints relate to ignorance and lack of skills by the person(s) seeking credit. **It can all be minimised by a good CBP for the members of IRPWs.** The issue of collateral is sometimes unimportant given the past performance of the project and its assets base.

All entrepreneurs, be they social or capitalist are attracted by a good business investment case like flies to a honey pot. It will be very easy to attract local enterprises and entrepreneurs by helping the IRPWs identify profitable business ventures/IGAs with good IRR.

All the same, it is recommended that an **Accompaniment Strategy** be developed to help IRPWs set up the legal and operational framework, develop the business and financial strategy and overcome the cited prejudices and capacity constraints. This accompaniment strategy should span a period of at least 12 months because the first 6 months will be spent on the legal and operational framework.

4.9 Rehabilitation and recreation support services

There is no shortage of empirical evidence on the relationship between health and wealth creation (Smith, 2009, & Adams, *et al* 2003).

Literature recognises that having a good stock of health is the first step in wealth creation. What is health then? According to the World Health Organisation (1948), health is not merely the absence of disease but a feeling of total well-being on the physical, mental, and emotional levels of a person's life. It is important therefore that measures to improve the quality of life of XCWDs be accompanied with measures for improving household incomes. Such measures should include physical and psychosocial rehabilitation activities at each IRPW as well as recreation and leisure services.

Recreation and leisure services are central to the feeling of total wellbeing and improvement of the quality of life of any person. Such services allow people to have fun, meet friends or make new ones, and develop or improve their skills and competencies. Put differently, lack of such support services may be a critical path to loneliness and isolation and can escalate to despair and psychosocial problems if unchecked. This is more so in case of PWDs. Cognisant of the fact that PWDs face a lot of barriers while accessing community services, prioritisation of such services will not only improve the wellbeing of project beneficiaries but will also help improve productivity of the IRPWs.

Redundancy was cited as a big problem by a number of participants during the FGDs and a source of many social ills. Here are some telling quotes:

“...If you have no work, no leisure activities and cannot easily move around to visit friends, every looming evening becomes a nightmare. Sometimes we are forced to retire to bed early and as a result run out of sleep in the dead of the night. So the whole night we replay the films of our lives over and over again. The following morning getting out of the bed becomes a problem...”

[41 year male XCWD from Nyarugunga]

“...Redundancy is killing our husbands, they do not like to come home in early evening, ...[pauses and a wry smile]... you know they call it competing with the chickens to roost. So they prefer to stay out longer and end up drinking and drinking every day. What follows is accumulation of debts and family troubles. This IRPW can help a great deal to mitigate this problem. Please bring in some indoor games, cinema, and promote “igitaramo” [cultural show]...”

[27 year female from Muyumbu]

Quantitative findings also support the need to provide recreation and leisure services. Results show that the major reason why 4.4% of XCWDs surveyed are interested in work is to find something that could occupy them.

In addition to recreation and leisure services, the IRPWs should aim to provide physical and psychosocial services often required by PWDs. These include counselling and referral services, physical therapy services, repair of orthotics and prosthetics, some primary health care services including first aid and treatment of simple illnesses.

Given resource constraints, the latter could be modelled along the Community Health Workers Policy but at Muyumbu there is need to establish full-fledged medical clinic.

Field findings show that this need is particularly acute in Muyumbu, where the nearest health facility is about 20 km away and respondents specifically requested for a clinic at their site. Additionally, findings show that most of the Eastern Province has no physical rehabilitation services and access to assistive devices (fabrication or repair). This is very costly for PWDs in terms of travel time and transport costs to Kigali or Gatagara. It is strongly recommended that this service be introduced at Nyagatare site. This could be achieved at a relative low cost by twining up Nyagatare IRPW with Afrique en Marche (see Section 5.2, recommendation 5).

Training services could also be developed as a cross cutting activity to fill in the spare time of the beneficiaries but also earn some money for the IRPWs. The FGDs for Nyagatare and Muyumbu were specifically interested in establishing language and adult learning training activities. They would like to establish evening classes for English, French and Kinyarwanda lessons, as well as numeracy and literacy skills. With time, capacities could be developed for TOTs on management of material and human resources, cooperatives, IGAs and some vocational trades.

CHAPTER 5: CONCLUSIONS AND RECOMMENDATIONS

5.1 Conclusions

This baseline survey aimed to assess the extent to which integrated rehabilitation and production workshops (IRPWs) could improve the livelihoods of ex-combatants with disabilities. In order to do so the study has been able to determine the baseline demographic characteristics of expected project beneficiaries as well as the household characteristics. In addition the study has been able to detail the employment /unemployment histories, access to credit and perceptions and attitudes behind some of these realities. Also explored and determined were perceptions, attitudes towards integrated work environment and aspirations towards the IRPWs.

The study has been able to affirm the IGAs that should be promoted at each of the proposed sites and detailed the current and future stock of skills informing the choices of vocational trades desired by the corresponding respondents.

Finally the study has been able to highlight in detail the current environment in terms of threats and opportunities prevailing in the cooperative movement in Rwanda. Taking a leaf from this, the study was able to demonstrate strategies, threats and opportunities expected at each site.

Considering, in turn, each of the 6 objectives that underpinned this study, the following conclusions were arrived at:

5.1.1 SKILLS AUDIT AMONG DISABLED EX-COMBATANTS AND OTHER PEOPLE WITH DISABILITY

Although there has been a number of efforts by RDRC and her partners to impart practical competences (technical skills) to XCs and XCWDs in general, the level of current stock of skills among targeted primary beneficiaries is low. The study shows that 53% of respondents have not practiced any of the three (3) chosen trades (crafts) they feel they could competently undertake at the IRPWs. Even those who professed to have practiced their chosen skills, only 14% have practised the trade for a period exceeding 12 months. It should be recalled that practical competences can be acquired in one of three (3) ways. They could be learned at school or through training, practicing a given craft for a period of time (apprenticeship) and a combination of training and apprenticeship. We also contend that these skills could not have been acquired through training because only 10% of respondents have completed secondary education and above, and a mere 3% reported having attended vocational training schools.

The number of respondents reporting any form of training in a non-school setting was 68 out of 205 respondents, equivalent to 33%. Of these 6 out of 10 reported having been trained only once.

This number could have formed a critical base of current skills set but unfortunately most of the training was mainly in one craft, and that is tailoring. To make matters worse only a few respondents from Nyagatare are practising this craft presently.

Success of IRPWs will also require two (2) other sets of skills. These are management skills as well as practice experience in the cooperative movement. However, the study concludes that current levels of either set of skills are quite paltry among respondents. For example, only 1% of respondents reported to have practiced bookkeeping, another 1% reported to have practiced project planning and proposal writing, while 3% and 4% reported having practiced marketing and finance functions respectively. Though 27% of respondents claimed to have practiced leadership and people management function, this is also a throwback to their former roles in the army. Likewise, though 74 out of 205 respondents claimed to have received any form of training in management, 46 of these claimed to have been trained in leadership and people management. We conclude that a handful of respondents do possess the practical skills required to manage the IGAs. This conclusion is re-affirmed further by the litany of managerial problems and poor performance of all but one of the cooperatives of PWDs surveyed in Rwanda.

Concerning the required future set of skills, the study shows that the majority of respondents (80%) wish to be trained in practical competencies and another 60% wish to receive management training as well. We conclude that these overwhelming numbers wishing for future capacity building reflect the paucity of current stock of skills. The most popular choices among desired future skills are: - tailoring, soap and candle stick making, ICT and computer maintenance, hotel management, carpentry, and electricity and repair of electronics devices. It should be noted that there are local differences in the choices of desired training. For instance carpentry was a more popular choice in Nyagatare in comparison to the other sites. These local nuances are modulated by disability job-fit, previous experiences and prevailing market conditions. For instance, cross tabulations between disability category and choice of training shows that people in Category 1 did not choose carpentry, hotel management, plumbing or welding. Rather, their choices are concentrated around tailoring, soap and candle stick making.

In conclusion capacity building efforts need to be ramped-up but in a targeted manner if the IRPWs are to be successful. Capacity building in skills related to cooperatives and entrepreneurship should be given equal importance because they are the leading cause of poor performance and or dissolution of cooperatives.

5.1.2 DISABLED EX-COMBATANTS PERCEPTIONS, ATTITUDES AND ASPIRATIONS TOWARDS PRODUCTION WORKSHOPS

Although the majority of respondents surveyed knew that an IRPW was being set up in their locality and also professed knowledge and understanding of the concept IRPWs, the study concludes that there is still a very important information gap in every 4 out of 10 beneficiaries.

Unless this information gap is quickly bridged, it could adversely affect the operationalization of the IRPWs. Nevertheless, nearly all respondents (91%) were excited about the prospect of the proposed project in their area. The major reason behind this excitement was quoted as anticipated economic empowerment and general development wrought on by the IRPWs.

On a more sombre note, however, the beneficiaries and the proposed sites thereof are beset by a number of important physical barriers, which threaten to slow down the operationalization of the IRPWs. Such barriers included lack of utilities, access roads and public transport and lack of other local amenities. The study concludes that these barriers need to be addressed as soon as possible to accelerate implementation of the projects.

The study determined that there are important KPAB that will seriously affect the efficient functioning of the IRPWs unless plans are put in place, at the outset, to address these beliefs/misconceptions. Some are inherent problems of conventional cooperatives especially early in their life cycle and others are related to disability. Some of the important KPAB cited were quick-fire returns mind-set (short term horizon), dependency syndrome, free-riding, mistrust of business people and financial institutions, segregation and exclusion, and community stereotyping of DPOs and their products.

According to the project beneficiaries the most desirable IGAs (given profitability and marketability, availability of raw materials, competition, price fluctuation, people skills and disability job-fit) were corner shop, tailoring, beauty salon, weaving (*Agaseke*), internet café & secretarial services, fabrication/repair of prosthetic devices, repair of electronic devices & computer maintenance, carpentry and photography.

The overwhelming view, regarding management of the IRPWs, is through formation of a new cooperative at each site, in which only a small number of positions is reserved for non-XCWDs. However, the primary beneficiaries do not wish to relinquish the chair and vice chair of each IRPWs. The main reason behind the wish for formation of new cooperatives is fear of dilution of equity through admission of new members.

Regarding barriers to finding work, the study shows that physical barriers and active discrimination by non-disabled persons play a critical role and they carry almost equal menace. The study also affirmed that the majority of respondents feel actively discriminated against in their quest to finding work. This is an important conclusion because 21% of respondents believe that they are strongly and actively discriminated against in the workplace. It can be deduced that this belief will engender hard feelings between the two groups and may derail any efforts of working together unless concerted efforts at BCC are undertaken. This perception is affirmed by a similar proportion of respondents who believe that non-disabled persons should not be given in the IRPWs.

These findings were also collaborated by FGDs and KIIs, where cooperatives/associations of PWDs are said to be struggling due to being opaque and closed to non-disabled persons. This attitude is said to extend even to hiring new skills from the labour market. In nearly all instances regarding perceptions and attitudes, the XCWDs were more inclined to display liberal views and positive attitudes as compared to other PWDs or family members.

Regarding who should be given work in the IRPWs, besides the XCWDs, the study has conclusively shown that relatives of XCWDs are the most acceptable group with other categories of people being largely opposed to. We conclude that these findings show that there is a general belief among all respondents surveyed, that by and large the IRPWs belong to XCWDs. In other words the IRPWs should provide work to XCWDs and their relatives, with just a sprinkling of other PWDs and non-disabled persons. This is a worrying trend that needs to be tackled head-on if full integration and productivity of IRPWs is to be realised.

5.1.3 STRATEGIES/MODALITIES TO INCLUDE DISABLED EX-COMBATANTS IN ALL PRODUCTION WORKSHOPS ACTIVITIES

Given the enthusiasm exhibited by respondents (91%) about the impending operationalization of the IRPWs in their area, the study concludes that the majority of respondents are eager to participate in the affairs of the production workshops. However, careful consideration needs to be given to the following situations. There is a small number of XCWDs who might not be able to participate in the activities of the workshops given their degree of disability. Some of them could delegate their relatives to represent them in the day to day activities of the IRPWs. Nevertheless, there will be a smaller number still without relatives. One strategy to address this problem would be for RDRC to provide equity for them and also to sensitize the other members of the cooperatives to accept them.

The second problem that RDRC should be wary about is the issue of free-riding behaviour. The study findings concluded that this is one of the biggest challenges facing the cooperative movement in Rwanda. The best strategy to fight off this problem is the results based financing or pay for performance, through which bonus payout should be tied to both effort and equity.

Bearing in mind that we are dealing with PWDs, physical ability /disability job-fit will be important variables affecting beneficiary participation. As findings show, there is a close correlation between physical ability and choice of IGAs. Beneficiaries from Nyarugunga (Category 1:- severest disabilities) opted for IGAs that require least effort such as weaving, corner-shop, tailoring, beauty salon ahead of energy sipping crafts like carpentry. It is important therefore that carefully consideration is given to the choice of IGAs for each site.

Another important factor in enabling the XCWDs to fully participate in the activities of the IRPWs is possession of or acquisition of requisite skills for each IGA to be promoted at each workshop. It is important therefore that site specific and targeted capacity building plans are put in place to uplift the technical proficiency levels of every beneficiary according to his/her disability and choice of trade.

Finally good and inclusive management practices must be promoted if all XCWDs are to feel part and parcel of the project. The study findings are unambiguous about the role of poor management in killing off budding cooperatives in Rwanda.

5.1.4 STRATEGIES TO ATTRACT PRODUCTIVE INVOLVEMENT OF FINANCIAL INSTITUTIONS, OTHER COMMUNITY MEMBERS AND LOCAL ENTERPRISES IN THE PRODUCTION

The first and most important strategy in attracting outsiders relates to bridging the information that has been revealed by the study. According to the study findings half of the respondents surveyed among non-XCWDs were not away of the proposed project. This was further re-emphasised by qualitative research which showed that peers leaders interviewed believed the projects belong to XCWDs and has nothing to do with the community. It is important therefore that a well thought-out communication strategy is developed to sensitise and attract community members, local business enterprises /SMEs and MFIs.

In order for the IRPWs to attract the community members, local business enterprises /SMEs and MFIs, they will need to have an attractive investment portfolio both in terms of size and scope. This is particularly important for the local business enterprises /SMEs and MFIs whose sole existence is the profit margin. The bigger the profit margin, the easier will it be to attract the pertinent entities. The strategy therefore is to develop a robust business case for each IGA being fronted so as to sell it to the pertinent entities being wooed.

It is important that IGAs being considered do respond to the local needs at each site. Thus, the IRPWs should either create a market for local products or promote IGAs, which provide services that are in short supply within the community. For instance in Nyagatare, there is no poultry farming, hence they have to rely on imported eggs and chicken from Uganda, whereas in Muyumbu and Nyarugunga there is no beauty salon for kilometers around.

Again the importance of setting up management that is above reproach cannot be emphasised enough. Without sound and secure management, none of the relevant stakeholders will be attracted to the IRPWs. Having seats specifically allocated to the community peer leaders (quota system) in the IRPWs structure will go a long way in re-assuring and attracting the pertinent stakeholders.

There is a need to sensitize the project beneficiaries on use of bank loans to capitalize the IRPWs. This can be achieved through addressing the low levels of trust of MFIs and SMEs.

5.1.5 OPPORTUNITIES FOR LINKAGES BETWEEN THE WORKSHOPS AND RELEVANT POTENTIAL PARTNERS

The study findings are unambiguous about the need to link the IRPWs with various partners if pertinent strategies are to be developed and deployed to overcome various potential pitfalls.

- To overcome the various KPAB related to disability and cooperative movement; it is necessary to enlist the help of NCPD, NUDOR, AGHR, HI and RCA. All these entities are willing to assist DPOs at mostly own cost.
- To deal with issues of capacity building for business plans, the important partners are RCA, RDB and PSF.
- Capacity building for technical skills : JICA, GIZ, WDA, NCPD and HI;
- Capacity building for management skills: RCA, NCPD, JICA, GIZ, AGHR and HI;
- Capacity building for marketing skills: RDB and RCA;
- Access to small grants: NCPD.

5.1.6 MARKET OPPORTUNITIES AND AVAILABILITY OF RAW MATERIALS

The study has demonstrated that various vocational trades and market opportunities are tenable at each of the 3 sites. The study also shows that each site has opportunities and challenges. For example Nyarugunga has beneficiaries with the severest form of disabilities. But having been commissioned in 2008, it is one of the well-established sites and the beneficiaries have had a lot of time to come to terms with their conditions. The study found them to be more willing partners and more readily to embrace change. Overall, due to the degree of disability of beneficiaries at this site, the opportunities are limited and must be selected carefully.

Muyumbu will be the most challenging site because it is the newest settlement of the 3 sites. Its experience with the cooperative movement is limited and there is limited internal harmony due to the large number of beneficiaries with mental health disorders. It has also 2 major physical constraints with no immediate solution, namely water and access road. The location of the site is also drawback in terms of remoteness. Implicitly, this site will require a longer term accompaniment strategy and nurturing.

Nyagatare is the most interesting site of the 3 sites because the members are more experienced with the cooperative movement. Their degree of disabilities is less severe compared to the other 2 sites. In comparison to the other 2 sites, it has a lot of market potential, especially around the cattle industry. It has one major drawback and that is lack of electricity. A table detailing each of the various IGAs by tenable at each site, corresponding threats/opportunities and availability of raw materials is attached as Annex I.

5.2 Recommendations

The following recommendations require immediate action from RDRC because either the activities lie on the critical path or without mitigating the underlying risk the affected IRPWs will not function properly.

- 1) Field findings found that there is an information gap regarding the meaning and concept of IRPWs and its functioning or operationalization at all 3 sites. It is recommended that RDRC moves quickly to bridge this information gap.
- 2) At all the 3 sites the respondents were unequivocal in demanding that the IRPWs be managed under a completely new cooperative structure. This is a delicate issue given that respondents are probably trying to protect the current property in their cooperatives and do not wish to share it out with newcomers. Tied to this is the thinking that the chairmanship of each IRPW shall be the preserve of XCWDs and that non-XCWDs should have 1 or 2 leadership positions in management of IRPWs (quota system). It is recommended that RDRC engage with the primary project beneficiaries at the outset to agree the form and structure of the IRPWs.
- 3) In order to attract local enterprises/entrepreneurs the IRPWs need to identify and develop business plans for IGAs with good internal rate of return (IRR). Considering that the IRPWs will go through a nascent phase of development including setting up the legal and operational framework, it is recommended that RDRC develop an **Accompaniment Strategy**. The Strategy should span a period of at least 12 months because the first 6 months will be spent on the legal and operational framework.
- 4) There is a problem of XCWDs who still conduct themselves as soldiers at Muyumbu. Findings indicate that besides creating disharmony among the XCWDs it is also keeping away the local community. This will have a damaging effect on the functioning of the IRPW unless a concerted campaign of behaviour change communication (BCC) is undertaken.
- 5) There is a preponderance of mental health disorders compounded by a higher degree of drug abuse among the respondents from Muyumbu. It is strongly recommended that the counselling and referral services be stepped up as a matter of urgency to deal with the situation. This can be achieved at relatively low cost by lobbying MOH and Rwanda Military Hospital to provide outreach services as a stop gap measure until a durable solution is available.

Recommendations to be considered in the medium to long term, mostly requiring collaboration of external stakeholders:

- 6) Overall, the level of current stock of practical competences as measured against the choices of IGAs/trades by respondents is quite low. There is still a lot of ground to cover if the XCWDs, other PWDs and their family members are to be equipped with the appropriate marketable skills. It is recommended that RDRC lobby partners like JICA, GIZ, NCPD/WDA/RCA/RDB and PSF to provide appropriate and targeted capacity building in vocational and life skills. These trainings should be site specific and tailored to the chosen IGAs at each site.
- 7) The level of cooperative skills, especially in the area of management, knowledge, practice and beliefs is still insufficient. A concerted effort should be made to inculcate these skills in the project beneficiaries. A memorandum of understanding could be negotiated with NCPD/RCA and PSF to develop and deliver the desired capacity building plan and training. This area should be given priority over competence skills training because it is the foundation for generating strategic business vision and business plans, preparing and enacting cooperative by-laws and other legal documents, and finally managing material & human resources. As far as possible the training should also include local authorities in the area because they are expected to exercise an oversight role in the cooperatives movement. As far as possible in-house or on-job training methods should be employed but whenever possible peer-to-peer learning should also be explored.
- 8) IGAs and cooperatives of PWDs are traditionally faced with unfavorable completion in the open market. It is appropriate that authorities identify and set apart sheltered niche markets for PWDs. For example COTTRARU is the most successful cooperative of PWDs because of such facility. . Other examples include shoe shining in Nairobi City that is reserved for PWDs only and the famous Thai Massage for the visually impaired of Thailand. It is recommended that RDRC identify a few niche markets and lobby the appropriate authorities to set apart such markets for the IRPWs.
- 9) By and large there is a general lack of IEC materials, whether talking about the cooperative movement, management skills, entrepreneurship & SMEs and KPAB on disability issues. It is recommended that RDRC approaches NCPD, RCA, PSF, WDA and RDB to produce these materials.
- 10) The study has identified a number of KPAB and misconceptions regarding the IRPW/cooperatives, namely:
 - quick-fire returns mindset;
 - dependency syndrome;
 - the free-rider problem;

- trust/mistrust of business people and financial institutions
- the cooperative belongs to management/president and his word is law;
- segregation and exclusion; and
- community stereotyping of DPOs and their products;

These must be tackled head on or else they will undermine the smooth functioning and growth of the IRPW. It is recommended that RDRC approach NCPD and RCA to develop and deliver a Behaviour Change Communication (BCC) strategy.

- 11) **Finally and very critical**, the RDRC need to have in place a strategic implementation and development plan for the IRPWs. As revealed in the findings of this study, managerial skills among the target beneficiaries are scarce, and the capacity of cooperatives is still not up to the challenge of managing the IRPWs. The RDRC should therefore play a leading role in management and development of this project for at least the initial three years while engaging hands-on capacity building for beneficiaries who would gradually assume full responsibility at the end of the three years.

Suggestions regarding emerging issues

This sections deals with issues that emerged during the study. Even though they are not strictly speaking part of the study objectives, they do pose important risks to the social economic advancement of project beneficiaries or expected smooth functioning of the IGAs within the IRPWs. These are:

- 1) Findings pointed out a number of important physical barriers affecting the livelihoods and the expected smooth functioning of the IRPWs. These barriers require immediate attention to enable the smooth commissioning and functioning of the proposed IRPWs. The most important ones are:

- Lack of electricity at Nyagatare site;
- Access to water at Muyumbu sites;
- Poor access roads to Nyarugunga and Muyumbu site;
- Lack of a health facility in Muyumbu area, the nearest facility is too far;
- Lack of public transport at Nyarugunga;
- Lack of a local market in Nyarugunga and Muyumbu sites;

Lack of electricity at Nyagatare means many IGAs activities would not be feasible or may require higher input costs for generating own power. The resulting higher input and running costs would in turn eat into the profit margins rendering the IGAs unattractive.

It is highly recommended that RDRC constantly lobby the pertinent offices for the IRPWs to be connected to the national grid.

Lack of access to water, let alone clean, at Muyumbu is not only impoverishing the project beneficiaries but is also a source of illness and poor health, which will further undermine wealth creation. This scenario is not different from lack of a health facility in Muyumbu area. Again RDRC is called upon to constantly knock on the pertinent doors to unlock this situation. Both poor access roads and lack of public transport will all translate into higher business truncation costs thus limiting the range of profitable IGAs tenable at the affected site.

Although all these barriers are outside the ambit and the mandate of RDRC, but as far as possible a contingency plan should be put in place to resolve them. Continued advocacy and lobbying of appropriated institutions will help put these items on the action agenda.

- 2) There are a number of project beneficiaries who are totally unable to work (or less productive) due to disability. It is recommended that RDRC enacts a policy decision or strategy that addresses the membership of such beneficiaries in the affected cooperative/IRPWs. This should be done through consensus building consultations with the primary beneficiaries of each affected sit.
- 3) The whole of Eastern Province has no prosthetics and orthotics workshop. The PWDs who need this service have to travel all the way to Kigali and sometimes HPV Gatagara in the Southern Province. It is strongly recommended that this service be introduced at Nyagatare site.
- 4) Field findings show that the majority of XCWDs depend on monthly subsistence allowance. Additionally, the majority of households in the study live on less than 40,001Frw a month. This situation is even worse when considering the households of other PWDs. Likewise the unemployment rate at each of the study sites is deplorable and begs immediate attention. It is recommended that the GoR look into social protection mechanisms that could provide IGAs to redress this situation.
- 5) All KIIs with leaders of cooperative entities of PWDs in Rwanda, except COTTRARU, reported that most cooperative members shun the day to day activities of the cooperatives (free-riding behaviour), leading to disincentives to invest by others, low morale by peers, poor productivity and mismanagement. It is recommended that RDRC build into the cooperatives by-laws, right at the outset, mechanisms that could mitigate this behaviour such as performance based incentives.

BIBLIOGRAPHY

- Adams, P., Hurd, M. D., McFadden, D., Merrill, A., & Ribeiro, T. 2003. Healthy, wealthy, and wise? Tests for direct causal paths between health and socioeconomic status. *Journal of Econometrics*, 112(1), 3-56.
- Bagenstos, S. R. 2000. Subordination, stigma, and “disability”. *Virginia Law Review*, 86, 397.
- Bercovich, A. 2004. “People with disability in Brazil: a look at 2000 Census results.” Working Paper of Instituto Brasileiro de Geografia et Estatística (IBGE).
- Braithwaite, J., & Mont, D. 2008. “Disability and poverty: A Survey of World Bank Poverty Assessments and Implications,” Social Protection Discussion Papers 42754, The World Bank.
- Chaia, A., Dalal, A., Goland, T., Gonzalez, M. J., Morduch, J., & Schiff, R. 2012. 2 Half the World Is Unbanked. *Banking the world*, 19.
- Cimera, R. 2009. Supported Employment’s Cost Efficiency to Taxpayers: 2002 to 2007, *Research and Practice for Persons with Severe Disabilities*, Vol. 34, 2009
- Cocchiarella, L., & Anderson, G.B.J., 2001. eds. “Guides to the Evaluation of Permanent Impairment.” 5th ed. Chicago, Ill: American Medical Association; 2001:2
- Cocchiarella, L., & Lord, S.J., 2001. Master the AMA Guides Fifth: “A Medical and Legal Transition to Guides to the Evaluation of Permanent Impairment, Fifth Edition”. Chicago, Ill: AMA Press.
- Colletta, N. J., Kostner, M., & Wiederhofer, I. 1996. *Case studies in war-to-peace transition: The demobilization and reintegration of ex-combatants in Ethiopia, Namibia, and Uganda* (Vol. 331). World Bank Publications.
- Corry, B. 2012. ‘Policy Framework for Social Cohesion.’ Institute of Policy Analysis and Research (IPAR-Rwanda), Rwanda Public Observatory Report Number 4, July 2012
- Crawford, C. 2012. Towards an Understanding of Effective Practices in Employment Programs for People with Disabilities in Canada, Institute for Research and Development on Inclusion and Society (IRIS), Toronto, Canada <http://irisinstitute.files.wordpress.com/2012/01/employment-program-best-practices_iris.pdf> (accessed 25/5/2013).
- Dupas, P., Green, S., Keats, A., & Robinson, J. 2012. *Challenges in banking the rural poor: Evidence from Kenya’s western province* (No. w17851). National Bureau of Economic Research.
- Elwan, A. 1999. Poverty and disability: A survey of the literature Social Protection Advisory Service. Washington DC. The World Bank (http://www-wds.worldbank.org/servlet/WDSContentServer/IW3P/IB/2000/12/15/000094946_0011210532099/Rendere/d/PDF/multi_page.pdf)> (accessed 25/5/2013).
- Government of Rwanda. 2009. ‘N° 13/2009 of 27/05/2009 Law Regulating Labour in Rwanda.’ The Official Gazette of the Republic of Rwanda, Kigali, Rwanda.
- Hoogeveen, J., G. 2005. Measuring Welfare for Small but Vulnerable Groups: Poverty and disability in Uganda. *Journal of African Economies*, Vol 14, No.4, pp 603-631.
- Human Resources and Institutional Capacity Development Agency (HIDA-MSCBP). 2009. National Skills Audit Report. Ministry for Public Service and Labour, Republic of Rwanda

- International Labour Organisation, 2001. Code of practice on managing disability in the workplace: *Tripartite Meeting of Experts on the Management of Disability at the Workplace*, Geneva, October 2001 <<http://www.ilo.org/public/english/standards/relm/gb/docs/gb282/pdf/tmemdw-2.pdf>> (accessed 25/5/2013).
- Kashaka, K., D. 2005. “Base Line and Impact Assessment on Medical Rehabilitation of Disabled and Chronically Ill Ex-Combatants”. Rwanda Demobilisation and Reintegration Commission
- Katzenellenbogen, J., M. Joubert, G. Abdool Karim, S., S. 1977. ‘*Epidemiology; A Manual for South Africa*’. (expanded edition) Cape Town, Oxford University Press Southern Africa.
- Meager, N. & Higgins, T. 2011. *Disability and skills in a changing economy*. Briefing Paper Series: UK Commission for Employment and Skills
- Medical Committee in Charge of Categorizing Disabled Former War Combatants, 2011. ‘*Report on medical screening and categorization of disabled former war combatants, 2008-2011*.’ Kigali, Rwanda.
- Metts, R., L. 2000. Disability issues, trends, and recommendations for the World Bank (full text and annexes). *Washington, World Bank*.
- Migliore A. 2013. Sheltered Workshops. In: JH Stone, M Blouin, editors. International Encyclopedia of Rehabilitation. Available online: <http://cirrie.buffalo.edu/encyclopedia/en/article/136/>
- Migliore, A., Manka, D., Grossia, T. & Rogan, P. 2007. ‘Integrated employment or sheltered workshops: Preferences of adults with intellectual disabilities, their families, and staff.’ *Journal of Vocational Rehabilitation* 26 (2007) 5–19 5, IOS Press <http://www.inclusionbc.org/sites/default/files/Research_paper_-_Integrated_Employment.pdf> (accessed 26/5/2013).
- Mont, D. 2007. “*Measuring disability prevalence*,” SP Discussion Paper, No. 0706, World Bank.
- Mori, S., & Yamagata, T. 2009. A note on income and poverty of persons with disabilities in Metro Manila. *Poverty Reduction for the Disabled in the Philippines-Livelihood Analysis from the Data of PWDs in Metro Manila. IDE-JETRO*
- Muggah, R. 2008. ‘*Comparing DDR and durable solutions: some lessons from Ethiopia*’. Humanitarian Exchange Magazine, issue 39 June 2008 <<<http://www.odihpn.org/humanitarian-exchange-magazine/issue-39/comparing-ddr-and-durable-solutions-some-lessons-from-ethiopia> > (accessed 26/5/2013).
- Muhangi, D. 2012. ‘Baseline survey of PWDs in Budaka and Buikwe Districts, Uganda.’ *National Council of Cheshire Services in Uganda (NCCS) and Leonard Cheshire Disability, Socio Economic Data Centre, Kampala Uganda* <http://csuganda.org/wp-content/uploads/2012/04/LIVELIHOODS-BASELINE-SURVEY-REPORT_2011.pdf> (accessed 26/5/2013).
- National Council of Persons with Disabilities (NCPD, 2013). NCPD Strategic Plan and Its Operational Plan for the Implementation, July 2013-June 2018. Kigali Rwanda <<http://www.ncpd.gov.rw/index.php?id=146>>
- National Institute of Statistics. 2013. Rwanda Population and Housing Census (Provisional Results) <<http://www.statistics.gov.rw/publications/2012-population-and-housing-census-provisional-results>> (accessed 30/5/2013).
- Nelson N. 1971. Workshops for the handicapped in the United States: An historical and developmental perspective. Springfield (IL): Charles C. Thomas

- Niwa, S. 1997. 'Recent International Trends and Practices in Vocational Rehabilitation and Employment of People with Disabilities.' *Asia and Pacific Journal on Disability Vol.1, No. 1, September 1997*
- O'Brien J, Dempsey I. 2004. Comparative analysis of employment services for people with disabilities in Australia, Finland, and Sweden. *Journal of Policy and Practice in Intellectual Disabilities* 1(3/4):126-35.
- Oliver, M. 1983. "*Social work with disabled people*", (3rd ed.). Hampshire, UK: Palgrave Macmillans.
- RAND Corporation, 1998. "*Compensating Permanent Workplace Injuries: A Study of the California System*", <http://www.rand.org/pubs/research_briefs/RB9029/index1.html > (Accessed 28/5/2013)
- RDRC/JICA (Ed) Sagiya D. 2008. '*Final Report for "The Skills Training for the Reintegration of Demobilised Soldiers with Disabilities" Project (26th December 2005 – 25th December 2008)*.' RDRC/JICA, Kigali, Rwanda
- RDRC-CONSIA Consultants, 2009. '*Final Program Evaluation of the Rwanda Demobilisation and Reintegration Program Stage II*.' Rwanda Demobilisation and Reintegration Commission, Kigali, Rwanda.
- Republic of South Sudan, 2011. *South Sudan National DDR Strategic Plan, 2012-2020*. Juba, South Sudan.
- Rugumire-Makuza, E. 2012. 'Impact assessment of health insurance, housing, monthly allowances and other entitlements for disabled ex-combatants.' Rwanda Demobilisation and Reintegration Commission, July 2012. Kigali, Rwanda.
- Rwanda Demobilisation and Reintegration Commission. '*Final Program Evaluation of the Rwanda Demobilisation and Reintegration Program Stage II*.' Kigali, Rwanda
- Rwanda National Decade Steering Committee (RNDSC) of the African Decade of Persons with Disabilities (ADPD). 2010. '*Rwanda: Ambassador Country for the African Decade of Persons with Disabilities National Programme (2010-2019), First edition (December 2009-December 2010)*.' Institute of Policy Analysis and Research (IPAR-Rwanda), 2012. Kigali, Rwanda.
- Shakespeare, T., & Watson, N., 1997. "*Defending the social model. Disability and Society*", 12(2), 293–300. United Nations. <<http://unstats.un.org/unsd/demographic/sconcerns/disability/disab2.asp>> (accessed 30/5/2013).
- Smith, J., P. 1999. Healthy bodies and thick wallets: the dual relation between health and economic status. *The Journal of Economic Perspectives*, 13(2), 145-166.
- Social Security Administration, 2008. '*Disability Evaluation under Social Security*': Blue Book. SSA Pub. No. 64-039 ICN 468600 <<http://www.ssa.gov/disability/professionals/bluebook/>> (accessed 30/5/2013).
- Social Security Administration. (SSA). '*Medical and other evidence of your impairments*'. In: *Code of Federal Regulations.; Title 20, Subpart P, Sec. 404.1513*. <http://www.ssa.gov/OP_Home/cfr20/404/404-1513.htm> (Accessed 28/05/2013).
- Trani, J. F., & Loeb, M. 2012. Poverty and disability: a vicious circle? Evidence from Afghanistan and Zambia. *Journal of International Development*, 24(S1), S19-S52
- United Nations, 2006. Integrated DDR Standards. United Nations, New York <http://pksoi.army.mil/doctrine_concepts/documents/UN%20Guidelines/IDDRS.pdf> (Accessed 28/05/2013).
- World Health Organization, 1948. Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the

representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948.

- Yeo, R. 2001. Chronic poverty and disability. *Chronic Poverty Research Centre Working Paper*, (4). Washington DC. The World Bank.
- Yeo, R., & Moore, K. 2003. Including disabled people in poverty reduction work: “Nothing about us, without us”. *World Development*, 31(3), 571-590.

ANNEXES

Annex I: Conclusions/recommendations on market opportunities by site:

The study has identified various vocational trades and market opportunities tenable at the 3 sites. To bring all these findings into perspective, one can conclude that each site has opportunities and challenges. This section attempts to synthesise these findings given prevailing market opportunities and threats at each site.

Nyarugunga:

This site is inhabited by beneficiaries with the severest forms of disabilities, for example 23 of 24 XCWDs surveyed in Nyarugunga were from Category 1. Seven out of ten people who attended focus group discussion one, were in wheelchairs. Nevertheless, having been commissioned in 2008, it is one of the well-established sites and the beneficiaries have had a lot of time to come to terms with their conditions. This means they are willing partners and are more likely to readily embrace change. There is one physical barrier that needs immediate attention because it impacts the lives of the residents. That is the road that connects them to the rest of Kigali, which needs to be surfaced. Due to the condition of the road, there is no public transport and the site is isolated, which in turn would affect the IGAs. However, surfacing the road will be a double edged sword because it will open up the area to new competition but by then the proposed projects could have taken root.

Overall, given their degree of disability the opportunities are limited and must be selected carefully. Below are the opportunities based on qualitative and quantitative finds tenable at this site:

IGA (Nyarugunga)	Comments/Viability
1. Corner shop/ Supermarket – “Isoko”	There is no local market and no competitors; this has a lot of potential until the area is opened up. Seasonal fluctuations in prices may affect the trading in agriculture produce but should have no overall profitability
2. Beauty salon	Great potential as there are no competitors in the area, even with competition there is a ready market from the beneficiaries themselves. Prices not affected by vagaries of nature.
3. Community hall for hire	No competition at the moment and the service is in high demand. No disability job-fit issues.
4. Entertainment like showing films and football	There is a shack that shows films and has customers from morning to late night. This competitor can be out competed.

5. Tailoring	No competitors but market potential not easy to ascertain. Concerted marketing strategies would be necessary in the medium and long term.
6. Photography	No competitors at the moment and good market potential. Limited market vagaries. No disability job-fit issues
7. Soap making	Limited disability-job fit issues. Market potential and completion unknown. Would require concerted marketing strategies.
8. Candlestick making	Limited disability-job fit issues. Market potential and competition unknown. Would require concerted marketing strategies.
9. Internet café and secretarial services	No competition hence first-mover advantage. Medium market potential, Limited disability-job fit is issues.
10. Weaving Agaseke	There is an existing cooperative of women survivors of Genocide. There is no need to start a parallel business. This may create animosity towards the IRPW. Interested members should instead join the existing cooperative.
11. Fabrication/repair of prosthetic devices	Very limited market potential. Too close to Rwanda Military Hospital
12. Leather turning, shoe making and repairs	Limited disability-job fit issues. Market potential and competition unknown. More market intelligence required
13. Repair of electronics devices and computer maintenance	Limited disability-job fit issues. Market potential exists and there is no competition in the short and medium term.
14. Carpentry	This has a lot of potential because the area is developing very fast and yet there are no hardware and carpentry shops. There are issues with disability job-fit. Start-up costs are quite high. But could be a good long term sustainable investment.
15. Crafts and artisan industry	Generally there is a lot of goodwill from the GOR to promote this industry in general. There is also good market potential because marketing is spearheaded by MINICOM. Other willing partners for CB such as GIZ, WDA, RDB and NCPD available. Could be a good long term sustainable investment. Cheap and readily available raw materials in form of cow horns. Some residual skills exist from the days of the struggle at Mulindi. This spans other domains of handcrafts like knitting and embroidery. All FDGs were particularly interested in knitting, tie & dye and batiks.

Muyumbu

This will be the most challenging site because it is the newest settlement of the 3 sites. Its experience with the cooperative movement is limited and there is limited internal harmony. It has also 2 major physical constraints with no immediate solution, namely water and the road (section 4.5). The location of the site is also drawback in terms of remoteness.

Implicitly, this site will require a longer term accompaniment strategy and nurturing. Below are the market opportunities and threats:

IGA (Muyumbu)	Comments/Viability
1. Corner shop/ Supermarket – “Isoko”	There is no local market and no competitors; this has a lot of potential until the area is opened up. Seasonal fluctuations in prices may affect the trading in agriculture produce but unlikely to be disastrous
2. Beauty salon	Great potential as there are no competitors in the area, even with competitors there is a ready market from the beneficiaries. Price not affected by vagaries of nature
3. Community hall for hire	No competitors at the moment and great market potential
4. Entertainment like showing films and football	There is a shack that shows films and has customers from morning to late night. This competitor can be out competed.
5. Tailoring	No competitors in the short and medium term. Medium market potential
6. Weaving Agaseke	No competitors at the moment. Medium market potential. Limited market vagaries
7. Internet café and secretarial services	No competitors at the moment. Medium market potential. Limited market vagaries
8. Repair of electronics devices and computer maintenance	No competitors at the moment and medium market potential. Limited market vagaries
9. Photography	No competitors at the moment. Medium market potential. Limited market vagaries
10. Carpentry	This has a lot of potential because the area is still undergoing development and yet there is no hardware shops but is unfavourable due to disability job-fit. Start-up costs are also very high. But if the start-up costs were to be leveraged, it could be a long term sustainable investment
11. Leather turning, shoe making and repairs	No competitors hence first-mover advantage. Medium market potential
12. Bakery	Ability and disability-job fit is ok, but market potential unknown

13. Fabrication/repair of prosthetic devices	No health facility nearby. Limited market potential but has a lot of value addition
16. Crafts and artisan industry	Generally there is a lot of goodwill from the GOR to promote this industry in general. There is also good market potential because marketing is spearheaded by MINICOM. Other willing partners for CB such as GIZ, WDA, RDB and NCPD available. Could be a good long term sustainable investment. Cheap and readily available raw materials in form of cow horns. Some residual skills exist from the days of the struggle at Mulindi. This spans other domains of handcrafts like knitting and embroidery. All FDGs were particularly interested in knitting, tie & dye and batiks.

Nyagatare

This is the most interesting site of the 3 because the members are more experienced with the cooperative movement. Their degree of disabilities is less severe than at the other 3 sites.

In comparison to the other 3 sites, it has a lot of market potential, especially around the cattle industry. It has one major drawback and that is lack of electricity (section 4.5).

IGA (Nyagatare)	Comments/Viability
1. Corner shop/ Supermarket – “Isoko”	There is no local market and no competitors, but the purchasing power of residents is quite limited.
2. Tailoring	Great potential as there are no competitors in the Province. Members were sure they could garner markets from schools and other uniformed institutions. No threat of important price variations.
3. Weaving Agaseke	No competitors in the Province good market potential exist if linked to Weaving Cooperative Alliance
4. Beauty salon	Even if rated number 4, the area has very limited market potential due to purchasing power of community inhabitants.
5. Fabrication/repair of prosthetic devices	No competition the whole Province. Medium market potential but has a lot of value addition because it will improve the wellbeing of project beneficiaries. A twining strategy with <i>Afrique en Marche</i> is suggested as it could bring down start-up costs (see recommendations).

6. Carpentry	Even if this was rated number 6 in the quantitative research, XCWDs in Nyagatare already have a strong cooperative known as UCC ^{††} . Internal tensions could arise from setting up another carpentry workshop.
7. Repair of electronics devices and computer maintenance	No competitors but limited market potential
8. Leather turning, shoe making and repairs	Great market potential, no competitors in the whole Province. Plenty of hides and skins. Limited market vagaries (see section 7.5)
9. Production of silage and animal feeds	Great market potential exists. No competition. No important marketing costs. High risks of price fluctuation and availability of raw materials.
10. Trading in animal feeds and molasses	Great market potential exists throughout the whole Province and across the border in Uganda. High start-up costs. Could be a good long term sustainable investment. Local entrepreneurs interested partnerships. Risk of price fluctuations and availability of raw materials. Risk of competition in the medium and long run.
11. Poultry industry	There is completion in the whole district and most parts of the Province. Great potential exist. There are vagaries of nature due to disease. Industry faces price fluctuations for supply of feeds and chicks, as well as eggs/chicken meat.
17. Crafts and artisan industry	Generally there is a lot of goodwill from the GOR to promote this industry in general. There is also good market potential because marketing is spearheaded by MINICOM. Other willing partners for CB such as GIZ, WDA, RDB and NCPD available. Could be a good long term sustainable investment. Cheap and readily available raw materials in form of cow horns. Some residual skills exist from the days of the struggle at Mulindi. This spans other domains of handcrafts like knitting and embroidery. All FDGs were particularly interested in knitting, tie & dye and batiks.
18. Cheese making	The beneficiaries in FGDs were also interested in this industry as there in none in the Province. More market intelligence required for informed decision

† UCC: Umutara Carpentry Cooperative

19. Community hall for hire	No competition in the short and medium term. Demand is high. No disability job-fit issues. Low start-up costs and low market vagaries. Limited space however.
20. Entertainment like showing films and football	Good market potential. No disability job-fit issues. Low start-up costs and low market vagaries.

Annex II: Terms of reference

Terms of reference for a baseline survey on the extent to which the integrated rehabilitation and production workshops (IRPWs) can improve the livelihoods of disabled ex-combatants.

A. Context

The Government of Rwanda has started the Second Emergency Demobilization and Reintegration Project (SEDRP) implemented by the Rwanda Demobilization and Reintegration Commission (RDRC). The overarching Goal of the SEDRP is to contribute to consolidation of Peace in the Great Lakes Region, particularly in Eastern Democratic Republic of Congo, and to foster National Unity within Rwanda. This is done through Demobilization and support to social and economic reintegration of ex-combatants, including specialized support to Disabled, Female and child ex-Combatants. The project also provides reinsertion kits to dependants of returning ex-AGs.

The programme's mission is to support successful demobilisation, social and economic reintegration of ex-combatants in their respective communities so as to realize national security, reconciliation, and development. This will be achieved through demobilizing ex-combatants and supporting their social and economic reintegration into communities of their own choice for a fresh start.

The Programme has five components, namely demobilization, reinsertion, reintegration (including special groups), mainstreaming and program management (see Emergency Project Paper for more detailed information):

- i) **Demobilization** of up to a maximum of 5,500 former armed group combatants, including approximately 500 child soldiers, depending on the rate of repatriation, and up to a maximum of 4,000 members of RDF phased over the first two years of the Project. Principal activities include general sensitization and counselling regarding civilian life, HIV/AIDS voluntary counselling and testing (VCT), socio-economic profiling, and support of basic needs while encamped, including catering services and basic health care.
- ii) **Reinsertion** includes an initial three-month period of assistance to help ex-combatants meet their minimum basic needs from the day of discharge. The Project will provide assistance in accordance with past practices to assure consistency and equal treatment of

all demobilized, and will include a Basic Needs Kit (BNK), and Recognition-of-Service Allowances (RSA) for regular military personnel. AG dependents will also be provided with a Basic Reinsertion Kit, as well as basic support and rehabilitation services.

- iii) **Reintegration (social and economic)** is the process of facilitating the reincorporation of disenfranchised groups into mainstream society. Assistance will be provided to ex-AG and RDF members, and 400 stage-II beneficiaries demobilized in late 2008, and will include: micro-project and Vulnerability Support Window (VSW) grants, psycho-social counselling, HIV/AIDS awareness training, and community sensitization, support to capacity building of ex-combatants' cooperatives, and, targeted reintegration assistance for children and the **severely disabled**.
- iv) **Mainstreaming** into long-term support services particularly related to the disabled, chronically ill, psycho-social assistance to ex-combatants, and services that target children. A key element of the component will involve the preparation, in collaboration with relevant ministries, of a phasing out strategy to mainstream activities and sub-components to the various ministries and agencies.
- v) **Program management** will include support for decentralized structures; regular project administration of procurement, disbursements, and internal management tasks; extensive monitoring and evaluation of project activities; and on-going support to reinserted ex-combatants to facilitate linkages with appropriate services.

B. The IRPWs for Disabled ex-combatants.

The Rwanda demobilization and reintegration was established to help establish a smooth social and economic reintegration for ex-combatants into the mainstream of the society. However, in a bid to support the vulnerable groups to cope and/match with the rest of the ex-combatants, the GOR has set aside some funds to uplift the standards of living of the war disabled ex-combatants by providing them with IRPWs (to be piloted in 3 centres of high concentration around Kigali City and Nyagatare in Eastern province). History has it that disability is likely to make people poorer because of the conditions in which they live as well as limited social and economic opportunities and discrimination resulting from physical and/or mental challenges they live with. The IRPWs are meant to reduce the effect of challenges disabled ex-combatants live with, and improve their productivity opportunities.

C. Rationale of the survey

Disabled ex-combatants have accessed some form of skills training in trades such as maintenance of electronic appliances, computer maintenance, tailoring, shoe making, basket weaving etc. the choice of trade for training has been voluntary across all categories and forms of disability, mainly based on individual circumstances and aspirations.

The disabled ex-combatants in categories 3 and 4 may find employment relatively easier than those in categories 1 and 2, although sometimes skills and level of education prevail over disability.

In an effort to expand the opportunities of the severely disabled ex-combatants and their families, as well as other persons with disability in the same neighbourhood, RDRC has started construction of three pilot Integrated Rehabilitation and Production Workshops. The workshops will have components of rehabilitation, production (employment), recreation, internet café, Kiosk and beauty salon. RDRC would like to conduct a baseline survey to establish the extent to which these workshops can transform the lives of beneficiaries. The study will also capture attitudes towards disability and participation of disabled people in social and economic programs together with people without disabilities.

D. Objectives

The general objective of the study is to determine the key activities to be promoted by the production units depending on market and beneficiary skills.

The specific objectives are to:

- 1) Carry out a skills audit among disabled ex-combatants and other people with disability within a radius of 01km from the production workshops.
- 2) Assess perceptions, attitudes and aspirations towards the production workshops amongst disabled ex-combatants and their family members.
- 3) Identify strategies/modalities to ensure inclusion and involvement of the disabled ex-combatants and other persons with disabilities in all activities promoted and supported by the production workshops.
- 4) Identify strategies to attract productive involvement of financial institutions, other community members and local enterprises in the production workshops – particularly, regarding investment and marketing.
- 5) Identify opportunities for linkages between the workshops and relevant potential partners.
- 6) Identify market opportunities and assess the availability of raw materials material.

E. Methodology

This survey will provide an overview and rapid assessment of livelihood challenges and potentials among disabled ex-combatants and other persons with disabilities residing within the proximity of the IRPWs. Research techniques will include both quantitative and qualitative using the following:

- 1) A desk review of international literature on disabled, vocation and economic opportunities for different categories of disabled, similar workshops initiatives and initiatives to link such ventures to local markets, including advocacy efforts.

Particular emphasis should be on co-operative type of ventures similar to the project on hand. In addition, there should be a free standing section on the above for Rwanda and neighbouring countries.

- 2) Fieldwork comprising of a variety of evaluation and assessment tools and techniques, including face-to-face quantitative and open ended interviews, focus group and participatory rapid assessments, as well as observation techniques.
- 3) It is expected that study would incorporate samples of disable ex-combatants and other persons with disabilities in all categories and representative of all forms of disability, community members, business entrepreneurs, including members of cooperatives and commercial association bodies, disability experts.
- 4) Once all the data has been collected and collated, and in the case of quantitative data presented in simple frequency tables and qualitative data in synthesized key findings, that a workshop of disability and research experts (with whom the data and synthesized finding will have been shared) be convened to discuss the findings, the data and explore how best the analysis should proceed.

F. Outputs

- 1) Inception report including the literature review and all interview tools to be employed for the field work. This will be shared with a peer expert for comment. (The inception report will have to be cleared by the RDRC before the consultant commences fieldwork).
- 2) Tabulated quantitative data and synthesized finding of qualitative research for discussion at a workshop. (This data and synthesis will have to be cleared by the RDRC before the consultant commences analysis for the draft report).
- 3) Draft report for comment by peer expert.
- 4) Final report and power point presentation of the study report.

G. Reporting

The consultant will report to the Program Coordinator and be supervised by the Monitoring and Evaluation Department.

H. The Consultant

The Rwanda Demobilization and Reintegration Commission will hire a national consultant for 60 person days to conduct the assessment.

Requirements

- Master's degree in Health Economics or Public Health with proven professional experience in project appraisal, monitoring and evaluation.
- Must be conversant with diagnostics and categorization of permanent disabilities, with extensive experience of at least 10 years in working with people with disabilities.
- Having worked with disabled ex-combatants is preferable.
- Knowledge of SPSS (or other statistical software) is mandatory;
- Proven ability to produce analytical reports. Writing samples shall be required.
- Proven ability and willingness to work to strict deadlines; and
- Fluency in Kinyarwanda and English,

Only stated academic qualifications and experience will be considered for evaluation.

I. Procurement Method: Individual consultant.

Annex III: List of key informants

S/No	Name	Institution	Title
1	TUYIZERE Oswald	NCPD	Director of Economic and Social Empowerment Unit
2	NSENGIYUMVA Jean Damascene	NUDOR 0788400063	Executive Secretary
3	Ngaboyisonga Jean Claude	Cooperative Igisubizocy'Amajyambere	President
4	Nyilimigabo Thierry	NCPD	Business Development and Access to Finance Officer
5	Twagirimana Eugene	NUDOR	Advocacy and SE Empowerment Officer
6	Donatilla M. Kanimba	Rwanda Union of the Blind	Executive Director
7	Frida Abera	MINALOC	Social Protection , Community development & Projects analysis
8	Ndagijimana Innocent	COTTRARU Rubavu	President
9	Shyirumuteto Innocent	Cooperative Komezubutwari –Musanze	President SUSA
10	Ryuji SENO	JICA	Coordination Expert ECOPD ^{§§} Project
11	Mugabonake Gallican	Handicap International	Coordinator Inclusive Development Project
12	NKUNDIYE Zacharie	AGHR	Head and Legal Representative AGHR
13	NKUNDIYE Zacharie	SOCORWA	Chair BoD SOCPRWA
14	Rwagasana Caesar	Africa Marche	Proprietor
15	Rwabuhungu Venant	Cooperative Solidarity Buriza	President
16	Twizeyimana David	THT	President
17	Twizeyimana Cyriaque	Cooperative Abatiheba Gakenke	President
18	Bakundukize Elize	Cooperative Muzeduteraninkunga Kibilizi-Gisagara	President; District NCPD Coordinator
19	Bimenyimana Audace	Rwanda Cooperative Agency	Curriculum Development and TOT Officer
20	Hamis Jean Damascene	Rwanda Cooperative Agency	Inspector Cooperatives
21	Ndacyayisenga Dynamo	HPV Gatagara	Psychologist

^{§§} JICA, Skills Training and Job Obtainment for Social Participation of XCWDs and Other PWDS (ECOPD Project)

Annex IV: KIIs Instrument

Guiding Questions
What is your name?
What organization do you currently work for?
What is your area of expertise and or position?
Are there any successful IRPWs you are aware of in Rwanda, the rest of the world?
What makes you believe they are successful? (Probe for financial sustainability (products, markets and marketing) successful integration of nondisabled persons)
If you believe in the concept of IRPWs in providing jobs to PWDs, what kind of IGAs should be promoted in the RDRC IRPWs?
What would be the critical success factors for such IRPWs?
What would be the major pitfalls for such IRPWs?
What are the potential partners for DPO/IRPWs in Rwanda? <ul style="list-style-type: none"> • Donors • Capacity building institutions • Advocacy groups
What strategies could be used to ensure involvement of the community (other PWDs, non-disable persons and local entrepreneurs in activities to be promoted at the IRPWs? <ul style="list-style-type: none"> • In general • Disenfranchisement and segregation • In terms of investment • In terms of marketing
What are the major sources of potential funding for such IRPWs?
From your experience what are the potential market opportunities/IGAs (products) that should be promoted at IRPWs?
From your experience, are raw materials readily available in case of such market? Probe for names and

products, market fluctuations (demand & supply)
<p>COOPERATIVES</p> <p>One idea of creating sustainable IRPWs is through the cooperatives movement.</p> <p>a) Do you agree?</p> <p>b) Do you know any reputable cooperatives in(site), Rwanda?</p> <ul style="list-style-type: none"> • Nyarugunga? • Muyumbu? • Nyagatare?
From your experience what do you think were the critical factors for the success of the said cooperatives?
What would be the major pitfalls for new CA in Rwanda?
What strategies would be useful for linking the CA with financiers and markets?

Annex V: FGDs Instrument

Icebreakers

- Generally how difficult is it for PWDs to find employment in:- your area and in Rwanda in general? WHY?
 - Which products and services are in short supply your areas? Could any of these be easily produced locally? Could such products and services be produced by PWDs?
1. As you are aware, RDRC is in the process of completing the construction of the IRPW in your area:
 - a. Do you think this is a good idea? If **yes**, why? If **not**, why not?
 - b. What would you like to see as the major aspirations of IRPWs?
 2. What key employment activities (for XCWDs, PWDs, others) would you like to see promoted at this IRPWS? Remind respondents about the need for disability-job fit and to agree on ranking of activities to be promoted in each case.
 - a. Products
 - b. Services

- c. Rehabilitation
 - d. Recreation
3. How easy/difficult would it be to market the products and services above? Probe for:
 - a. Who are the potential buyers (consumers and sellers)?
 - b. What strategies should be employed to target them?
 - c. What is the size of the market? Opportunities for growth?
 - d. Competition and sustainability of market share?
 4. Do you think the IRPWs should employ other PWDs and non-disabled persons?
 - a. If yes, why. If no, why not?
 - b. Probe for perceptions and attitudes
 - c. Probe for exclusion and stigma
 5. Does your community have the required skills for each of the proposed activities above? Probe for:
 - a. The different type of skills in each case
 - b. Where they are available how good (prior experience), how where they acquired?
 - c. In case they are lacking or poor; could training be used to better them? What type of training? Are there any reputable trainers you are aware of, for which activities?
 6. How would your community attract funding from financial institutions? Probe for
 - a. Prior experience acquiring loans from banks and MFI.
 - b. Existence of financial management skills
 7. Are there successful IGAs in your area that employ both XCWDs and the general public?
 - a. Drawing from the above experience, or in your opinion what strategies should be used to attract the community to work with the XCWDs in the IRPWs?

Annex VI: Quantitative questionnaire

INTEGRATED REHABILITATION AND PRODUCTION WORKSHOPS (IRPWs)

HOUSEHOLD (HH) QUESTIONNAIRE

BASELINE SURVEY ON THE EXTENT TO WHICH IRPWs
CAN IMPROVE THE LIVELIHOODS OF DISABLED EX-COMBATANTS

**RWANDA DEMOBILISATION AND
REINTEGRATION COMMISSION**

P.O. Box 7277 KIGALI

IDENTIFICATION PAGE

NAME OF DATA COLLECTOR

DATA COLLECTOR CODE

DATE OF INTERVIEW

-----/-----/2013

IRPW SITE

IRPW CODE

QUESTIONNAIRE NUMBER

--	--	--

This household (HH) questionnaire is to be administered to XCWDs, other PWDs and their family members (both groups) residing within a radius of 1 km of the each IRPW. It covers men and women aged 21 years and above. Whenever, the primary respondent has communication impairment, please use a household member as a proxy.

1.0 DEMOGRAPHIC INFORMATION

101	102	103	104	105	106	107	108	109 Type of Respondent
HH No.	Name of H/H member eating regularly here for last 3 Months (use #s, 1 to n)	Age in complete years 0 for less than 1 year	Gender (sex) 1. Male 2. Female	Relationship to H/H Head 1. Head 2. Spouse 3. Child by Birth 4. Grand child 5. Child by relation 6. House help 8. Others (specify)	Marital status 1. Married 2. Co-habiting 3. Divorced 4. Separated 5. Single 6. Widow(er)	Education 1. None 2. Some Primary- 3. Primary 4. Some Secondary 5. Secondary and above 6. Vocational 8. Others (specify)	Type of housing 1. Permanent 2. Semi-permanent 3. All temporary materials	1. XCWD 2. Other PWDs 3. Family member
01								
02								
03								
04								
05								
06								

07								
08								
09								
10								
NB: Fill in 101 to 109 for the first 2 respondents (<u>face to face</u>) and 101 to 105 for subsequent respondents (indirect)								

2.0: General information

201. Fill in gender of respondent using **question 104** above

1. Male
2. Female

202. Fill in age group of respondent in years using **question 103** above

1. Years 21-35
2. Years 36-45
3. Years 46-65
4. Above 65 years

203. Fill in the type of respondents using **question 109** above

1. XCWDs
2. Other PWDs
3. Family member (Skip to 207)

204. What kind of disability do you have? *This question aims to determine functional disability of mobility, hearing, vision and mental disability.*

1. Legs
2. Arms
3. Both arm(s) and leg(s)
4. Hearing
5. Speech
6. Deaf & dumb
7. Sight
8. Mental health disorders
9. Other (SPECIFY) _____

205. What is the major cause of your disability?

1. War
2. Accident
3. From birth

4. Polio
5. Stroke
6. Psychiatric and mental disorders
7. Aging
8. Other (SPECIFY)_____

206. What is your degree of disability? Ask to see categorisation proof.

1. Category 1
2. Category 2
3. Category 3
4. Category 4
5. Not categorized

207. Who is the breadwinner in your family?

1. Household head
2. Spouse
3. My child
4. Relative
5. Other (SPECIFY)

208. How much is the monthly income of the breadwinner in this household?

1. Less than or equal to 20,000Frw per month
2. More than 20,000Frw but less than or equal to 40,000Frw per month
3. More than 40,000Frw but less than or equal to 150,000Frw per
4. Greater than 150,000Frw per month
5. I don't know

209. What is the major source of the breadwinner's income?

1. Work (salaried, self-employed)
2. Donors
3. Disability allowance
4. Rent (property like house, plot)
5. Revenue from an association/cooperative
6. Other (SPECIFY)_____

210. What type of work is the breadwinner involved in?

1. Permanent job in public/private sector
2. Farming

3. Petty trade
4. Artisan (Weaving and crafts,)
5. Other vocational trades
6. Do not know
7. Other (SPECIFY) _____

211. Does your household have a secondary source of income?

1. Yes
2. No (Skip to 301)

212. On average how much is this secondary household income per month?

1. Less than or equal to 20,000Frw per month
2. More than 20,000Frw but less than or equal to 40,000Frw per month
3. More than 40,000Frw but less than or equal to 150,000Frw per month
4. Greater than 150,000Frw per month
5. I don't know

213. What is the other source of your secondary household income?

1. Work (salaried, self-employed)
2. Donors
3. Disability allowance
4. Rent (property like house, plot)
5. Revenue from an association/cooperative
6. Other (SPECIFY) _____
7. I do not know

3.0: (Un)Employment (history) and attitudes towards work

301. Are you currently employed in a paid job (self-employed or otherwise)

1. Yes
2. No (Skip to 304)

302. What type of paid job are you involved in? Data Collector more than one answers is possible.

1. Permanent job in public/private sector
2. Farming (Commercial)
3. Petty trade
4. Vocational trades
5. Artisan (Weaving and crafts)
6. Other (SPECIFY) _____

303. How many months of the year do you work?

1. 1-3 months
2. 3-6 months
3. 6-9 months
4. 9-12 months

Data collector, questions 304-310 are for those who are unemployed

304. If you answered that you never had a paid job in 301, are you currently looking for one?

1. Yes
2. No (skip to 306)

305. Thinking about the last 12 months, have you done any of the following in order to find a job? **Read aloud the answers. Multiple answers possible.**

1. Answered advertisements for jobs?
2. Advertised for a job on the web?
3. Applied directly to employers?
4. Asked relatives, friends, or colleagues to help find a job?
5. None of these

306. In the last 16 years also, did you ever hold a paid job for 1 year or more?

1. Yes
2. No (skip to 310)

307. **Data collector this question is for XCWDs only.** When did you last have a paid job after demobilisation?

1. 2012 to present
2. Between 2007-2011
3. Between 2002-2006
4. Between 1997-2001

308. **Data collector this question is for PWDs only.** When did you last have a paid job in the 16 years?

1. 2012 to present
2. Between 2007-2011
3. Between 2002-2006
4. Between 1997-2001

309. What was the main reason that your job ended?

1. I became permanently disabled
2. My place of work shut down
3. I was dismissed
4. My term of employment/contract ended
5. I reached retirement age
6. I moved to different place
7. I did not want to work anymore
8. Other (SPECIFY) _____

310. If you answered that you never had a job in the last 16 years [306]; would you like to have one, either now or in the future?

1. Yes
2. If no; SPECIFY and skip to 401 _____

311. Suppose you were offered a chance to choose between the following types of jobs; which job setting would you choose? **Data collector read aloud answers.**

1. Being self-employed
2. Being an employee of Government/Public Sector
3. Being an employee in the Private Sector

312. Thinking about a job, which of the following would be the major reason you are interested in a job? **Data collector; read answers aloud.**

1. To earn a living, that is all
2. To be useful to society
3. A way of spending my time

313. If you ever tried to find work (in the past, today or tomorrow) what challenges would you face? Please rank your answers, one (1) being the highest rank (challenge). **Data collector writes number in appropriate box. Multiple answers possible.**

Rank ordering	1	2	3	4	5	6	7	8
----------------------	---	---	---	---	---	---	---	---

10. Lack Capital								
11. Lack Skills								
12. Lack of Jobs –unemployment								
13. Lack of Land								
14. Lack of Market								
15. Segregation/Stigma								
16. Lack of Assistive Devices								
17. Disability								
18. Other (SPECIFY)								

4.0: Use of financial institutions and access to credit

401. Do you trust financial institutions such as banks and MFI/SACCOs? The following responses are ranked on a scale of 1 to 5, whereby 1 represents the least trust in financial institutions and 5 represents the strongest trust. **Data collector explain the scale and read aloud answers.**

1. To a very small extent
2. To a small extent
3. Nor small or great extent
4. To a great extent
5. To a very great extent

402. Do you have any bank account -personal or business?

1. Yes
2. No

403. Have you ever applied for, or obtained a loan from any financial institution?

1. Yes, on a regular basis
2. Yes, but only once
3. Yes, but failed to get the loan
4. Never (skip to 406)

404. If you answered yes in 403, to getting a loan in the past, what was the loan for?

1. To do business
2. To build a house
3. To buy land
4. To solve personal problems
5. Other (SPECIFY)_____

405. If you answered yes that you applied for a loan and did not get it in 403; what reasons did the financial institution(s) give you?

1. No collateral
2. Business plan declined
3. Repayment plan declined
4. Other (SPECIFY)_____

406. If you answered that you have never applied for a loan in 403; what are your reasons?

1. No collateral
2. Never had a need for a loan
3. Health reasons
4. I fear loans
5. It is too risk to borrow money from a bank
6. Other (SPECIFY)_____

407. Do you agree that someone needs to use bank loans to be successful in business? Please note that the answers to this question are ranked on a scale of 1 to 5. Where 1 represents “strongly disagree” and 5 represents “strongly agree”? **Data collector explain scale and read aloud answers.**

1. Strongly disagree
2. Inclined to disagree
3. Neither disagree nor agree
4. Inclined to agree
5. Strongly agree

5.0: Perceptions, attitudes and aspirations towards the IRPWs and about working with non-disabled persons

501. The RDRC is in the process of constructing, equipping and operationalizing an IRPW at this site. **Data Collector choose name below.**

1. Nyarugunga
2. Muyumbu
3. Nyagatare

502. Are you aware of this piece of news [in Q 501 above]?

1. Yes
2. No

503. Do you understand the meaning and concept of IRPWs?

1. Yes
2. No

504. Do you agree with the proposal of using IRPWs to provide jobs to XCWDs as the primary beneficiaries? Please note that answers to this question are ranked on a scale of 1 to 5, as in 407 above. **Data collector explain scale and read aloud answers.**

1. Strongly disagree
2. Inclined to disagree
3. Neither disagree nor agree
4. Inclined to agree
5. Strongly agree

505. State reasons for your answer in question 504 above

1. _____
2. _____

506. What IGAs would you like to see in the IRPW? Please choose more than one answer and rank your choices from 1 to n. Explain to the respondent that the choices should be guided by factors such as marketability, profitability, people skills and disability job-fit.

Rank ordering	1	2	3	4	5	6	7
1. Beauty salon							
2. Corner shop							
3. Repair of electronic devices and computer maintenance							
4. Internet café and secretarial services							
5. Weaving <i>Agaseke</i>							
6. Fabrication/repair of prosthetic devices							
7. Tailoring							

8. Photography							
9. Carpentry							
10. Others (SPECIFY)							

6.0: Perceptions, attitudes of PWDs/XCWDs and their family members towards working together with non-disabled persons and barriers to finding work

601. Generally speaking, do you think PWDs face difficulties in finding work?

1. Yes
2. No (skip to 605)
3. Do not know (simbizi)

602. Do you think these difficulties arise out of active discrimination by non-disabled persons? The following responses are ranked on a scale of 1 to 5; whereby 1 represents the least agreement and 5 represent the strongest agreement. **Data collector explain scale and read aloud answers.**

1. To a very small extent
2. To a small extent
3. Nor small or great extent
4. To a great extent
5. To a very great extent

603. OR do you think that these difficulties arise out of larger environment barriers, be them political or physical facing PWDs?

1. To a very small extent
2. To a small extent
3. Nor small or great extent
4. To a great extent
5. To a very great extent

604. Which of the following do you think is the most import barrier to finding work by PWDs in Rwanda? **Data collector read aloud answers.**

1. Social barriers like active discrimination and stigma

2. Physical (Environmental) barriers like infrastructure, transport, lack of assistive devices
3. Political barriers like lack of visibility, advocacy and inclusive policy

605. Do you think non-disabled persons should be given work in the IRPWs? **Data collector explains scale and read aloud answers.**

1. Yes, but to a very small extent
2. Yes, but to a small extent
3. Yes, but not to small or great extent
4. Yes, to a great extent
5. Yes, to a very great extent

606. Please specify your reasons

1. _____
2. _____
3. _____

607. **[DATA COLLECTOR: THIS QUESTION IS FOR XCWDS ONLY]**. The primary objective of the IRPW is to provide employment to XCWDS. However, other people in your area should also be considered. Do you agree? Please provide answers using a scale of 1 to 4, whereby 1 represents “strongly disagree, 2 =Inclined to Disagree, 3 = Inclined to Agree” and 4 represents “Strongly Agree”?

	Rank ordering	1	2	3	4
1. Relatives of XCWDS (
2. Other PWDs					
3. Relatives of other PWDs					
4. Non-disabled person in general					

608. **[DATA COLLECTOR: THIS QUESTION IS FOR non-XCWDS ONLY]**. The primary objective of the IRPW is to provide employment to XCWDS. However, other people in your area should also be considered. Do you agree? Please use scale in 607 above

	Rank ordering	1	2	3	4

5. Relatives of XCWDs				
6. Other PWDs				
7. Relatives of other PWDs				
8. Non-disabled person in general				

609. Generally speaking, would you trust doing business with other business people? **Data collector explains scale and read aloud answers.**

1. Yes, but to a very small extent
2. Yes, but to a small extent
3. Yes, but nor to a small or great extent
4. Yes, to a great extent
5. Yes, to a very great extent

7.0: Skills audit and disability-job fit among PWDs/XCWDs and their family members

701. Supposing you are asked to choose a job in your IRPW, which one of the following would you choose keeping in mind your disability and skills? If you have a choice to choose at least 3 jobs, please rank your choices from 1 to 3 keeping in mind your skills and disability job-fit, marketability and profitability. *Whereby 1 represents your best choice.*

Rank ordering	1	2	3
1. Beauty salon			
2. Corner shop			
3. Repair of electronics devices and computer maintenance			
4. Internet café and secretarial services			
5. Weaving <i>Agaseke</i>			
6. Fabrication/repair of prosthetic devices			
7. Tailoring			

8. Leather turning, shoe making and repairs			
9. Photography			
10. Carpentry			
11. Bakery			
12. Massage			
13. Others (SPECIFY)			

702. Have you ever held any of the above jobs (701) in the recent past? for how long did you hold the job [**recent past, mean after disability**]?

1. Yes, 1-6 months
2. Yes, 6-12 months
3. Yes, 1-3 years
4. Yes, 3-5 years
5. Yes, >5 years
6. N/A, never held any of these jobs

703. Which of these roles have you practiced in the past? **Data collector read list aloud. Multiple answers possible**

1. Leadership and people management
2. Management of material resources
3. Book keeping
4. Finance function
5. Planning and project proposals
6. Marketing
7. None (skip to 705)

704. To what extent did you practice the skills mentioned in 705?

1. Yes to a large extent
2. Yes, to a medium extent
3. Yes to a small extent

705. In the recent past, did you receive training in any of these functions? **Read out aloud. More than one answer is possible.**

1. Leadership and people management
2. Management of material resources
3. Book keeping
4. Finance function
5. Planning and project proposals
6. Marketing
7. No (Skip to 707)

706. If you answered yes in 705, how many times were you trained in the said roles?

	Role	Number of times trained
1	Leadership and people management	
2	Management of material resources	
3	Book keeping	
4	Finance function	
5	Planning and project proposals	
6	Marketing	

707. In the recent past, did you receive training in any of the following activities? Data collector **read aloud answers**. More than one answer is possible.

1. Bricklaying
2. Candle stick making
3. Carpentry
4. Hotel management
5. ICT and computer maintenance
6. Electricity and electronics
7. Leather turning
8. Plumbing
9. Soap making
10. Tailoring
11. Welding
12. Other specify
13. None (Skip to 709)

708. If you answered yes in 707, how many times were you trained in the said activity?

	Activity	Number of times trained
1	Bricklaying	
2	Candle stick making	

3	Carpentry	
4	Hotel management	
5	ICT and computer maintenance	
6	Electricity and electronics repairs	
7	Leather turning, shoe making and repairs	
8	Plumbing	
9	Soap making	
10	Tailoring	
11	Welding	
12	Other (SPECIFY)	

709. If you were to be offered **only one** chance for a training, would you choose soft skills in **707** OR technical skills in Q708?

1. Soft skills in question 70
2. Technical skills in question 708

710. If you were to be offered **only one** chance for training, which training would you choose from the following list? **Read out aloud. Multiple answers possible.**

1. Leadership and people management
2. Management of material resources
3. Book keeping
4. Finance function
5. Planning and project proposals
6. Marketing
7. None of these

711. If you were to be offered **only one** chance for training, which training would you choose from the following list? **Read out aloud. Multiple answers possible.**

1. Bricklaying,
2. Candle stick making
3. Carpentry
4. Hotel management
5. ICT and computer repairs
6. Leather turning, shoe making and repairs
7. Plumbing
8. Soap making
9. Tailoring

- 10. Welding
- 11. Electricity and electronics repairs
- 12. Massage
- 13. Other (SPECIFY) _____

712. Supposing you were asked to choose from the training methods below; which method would you prefer? **Read out aloud.**

- 1. External training
- 2. In-house or on job training
- 3. Coaching and mentoring
- 4. Peer to peer learning

713. Are you a member of any association/cooperative involved in IGAs ?

- 1. Yes
- 2. No (Skip to end)

714. If yes in question 713 above, please name the association/cooperative and its function

- 1. Name _____
- 2. Function _____

715. Do you hold any role in this association/cooperative?

- 1. Yes (specify) _____
- 2. No

This is the end of the session. Thank you very much for your precious time and for answering our questions truthfully.

Annex VII: Data Tables

Because the data tables are so bulky, soft copies have been handed over Mr Tukesiga George, the RDRC CIMEO