HI Team and intervention areas

The HI Rwanda program has 122 staff members and is part of the EAR Program.
General data of the country

a) General Data

<table>
<thead>
<tr>
<th>DATA</th>
<th>Rwanda</th>
<th>Kenya</th>
<th>Belgium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>13.7</td>
<td>54</td>
<td>11.7</td>
</tr>
<tr>
<td>IHDI</td>
<td>0.402</td>
<td>0.426</td>
<td>0.874</td>
</tr>
<tr>
<td>Gender-related Development Index</td>
<td>0.954</td>
<td>0.941</td>
<td>0.978</td>
</tr>
<tr>
<td>Maternal Mortality</td>
<td>259</td>
<td>530</td>
<td>5</td>
</tr>
<tr>
<td>GINI Index</td>
<td>43.7</td>
<td>40.8</td>
<td>26</td>
</tr>
<tr>
<td>Population within UNHCR mandate</td>
<td>149.218</td>
<td>1.078.815</td>
<td>195.883</td>
</tr>
<tr>
<td>INFORM Index</td>
<td>4.5</td>
<td>6.7</td>
<td>1.7</td>
</tr>
<tr>
<td>Fragile State Index</td>
<td>82.3</td>
<td>87.8</td>
<td>31.4</td>
</tr>
<tr>
<td>Population covered by at least one social protection benefit (%)</td>
<td>9.8</td>
<td>7.2</td>
<td>100</td>
</tr>
<tr>
<td>Net official development assistance received (millions)</td>
<td>1314.7</td>
<td>3142.9</td>
<td>0</td>
</tr>
</tbody>
</table>

b) Humanitarian law instruments ratified by the country

<table>
<thead>
<tr>
<th>Humanitarian law instruments</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mine Ban Treaty</td>
<td>ratified in 2002</td>
</tr>
<tr>
<td>Convention on Cluster Munitions</td>
<td>ratified in 2011</td>
</tr>
<tr>
<td>UN Convention on the Rights of Persons with Disabilities</td>
<td>ratified in 2008</td>
</tr>
<tr>
<td>Marrakesh Treaty on the inclusiveness of Persons with Visual Impairment (by accessing adapted books)</td>
<td>ratified in 2021</td>
</tr>
</tbody>
</table>

C) Geopolitical analysis

Geographical/Demographical elements

Small in size (26.338 square kilometers) and landlocked, Rwanda is hilly and fertile with a densely packed population of about 12.46 million people (2018). Rwanda is located in Central/Eastern Africa,
and is bordered by the Democratic Republic of the Congo to the west, Uganda to the north, Tanzania to the east, and Burundi to the south. The central and western part of the country is dominated by a portion of the Albertine Rift Mountains that give way to forests, savannahs, plains and swamps as you move eastward. Despite its proximity to the equator, Rwanda has a moderate climate.

**Political context**

Rwanda's political, social and economic context was profoundly affected by the genocide against Tutsi in 1994. Ever since, Rwanda continued to enjoy political stability and general security, low levels of corruption with liberal legal frameworks in place.

Regarding governance, Rwanda has a semi-presidential regime ruled by the Rwandese Patriotic Front, the massively recognized party. In 2018, for the first time, two opposition parties, the Democratic Green Party of Rwanda and Social Party Imberakuri, won two seats each in the parliament.

Two legislative chambers are put in place: the Senate and the Parliament. In these two organs, women fill 64% of the seats. In December 2015, an amendment to the constitution paved the way for the re-election of President Paul Kagame in August 2017, now in his third 7-year term in office.

Regarding public opinion, citizens' understanding of democracy has changed over time. A "consensual democracy" narrative has been promoted to connote power-sharing across different political parties as ensuring inclusivity due to the country's historical context of ethnic representation. The annual national survey conducted by Rwanda Governance Board on citizen satisfaction regarding the government and administration activities shows that most Rwandans were satisfied with how the executive was able to contain the spread of the COVID-19 virus.

**Socio-Economic elements**

Rwanda has undergone several development phases starting from the aftermath of the genocide against the Tutsi in 1994, which focused much on recovery. The early 2000s where when Vision 2020 was elaborated, and gave a blueprint for a new Rwanda embarking on economic development aspirations and laid a foundation for sustained growth through investing in human capital, developing basic infrastructure and expanding access to various services. With the Vision 2050, Rwanda now aspires to transform its economy and modernize the lives of all Rwandans. Rwanda has set an ambitious target, aspiring to become an upper-middle income country (UMIC) by 2035, and a high-income country (HIC) by 2050. The vision intensifies the country's ambitions and continues the drive towards self-reliance and competitiveness. These goals build on remarkable development successes over the last two decades that included high growth, rapid poverty reduction brought by the two medium term Economic Development and Poverty Reduction Strategies (EDPRS 1 & 2). The two Strategies reduced inequality between 2001 and 2015, with a real GDP growth averaged at about 8% per annum.

Specifically, the Vision 2050 aims to achieve the following key economic targets:

- By 2035: GDP per capita of over USD 4,036; and
- By 2050: GDP per capita of over USD 12,476

Vision 2050 establishes the development framework for 2020-2050, with a mid-term review envisaged in 2035 and regular reviews planned every 5 years.

Generally, Rwanda knew a rapid socio-economic growth. Rwanda's Human Development Index (HDI) value for 2019 is 0.543, putting the country in the low human development category (positioned at 160
Between 1990 and 2019, Rwanda's HDI value increased from 0.248 to 0.543, an increase of 119.0 percent. Over the period, Rwanda's life expectancy at birth increased by 35.6 years, mean years of schooling increased by 2.7 years and expected years of schooling increased by 5.5 years. Rwanda's GNI per capita increased by about 130.9 percent between 1990 and 2019.

Despite the Government's achievements to ensure a strong and sustainable socio-economic growth, major challenges still exist including: poor infrastructure and a lack of access to electricity, investment heavily relying on foreign aid with stable inflows critical to keep the current investment rate high at about 25% of GDP. Reducing the country's dependency on foreign aid through domestic resource mobilization and promoting domestic savings remains critical.
Summary of HI presence in the country

HI started operating in Rwanda after the genocide against Tutsi in July 1994. From 1994 to 1996, HI worked alongside many other NGOs to provide emergency assistance to a population plunged in extreme distress, misery and poverty. From 1996 to 2000, the country experienced a period of relative social, political and administrative stability, during which HI engaged in long-term activities aimed at improving the living conditions of vulnerable people, particularly those with mental health issues and HIV / AIDS, by providing them with appropriate support.

Since 2001, HI has contributed to the country's development through different projects. Projects on community-based mental health to prevent violence against gender-based violence, protect children from abuse and violence, especially children with disabilities, mental health in the refugee camps and care for people with epilepsy. On promoting education for all, establishing and promoting access to rehabilitation and occupational therapy services, and community-based rehabilitation.

Following the decision to concentrate the program activities in a more limited area, the number of districts where HI Rwanda intervened decreased from 25 to 13 at the end of 2012. But from 2019, HI covers the 30 districts of Rwanda. The increase was due to the addition of two new projects: The Leave No One Behind project in the camps and the EXACTE Inclusive Education project in the schools.

From 2013, the geographic area of HI interventions in Rwanda has evolved as follows:
- End 2013: 9 districts
- End 2014: 11 districts
- End of 2015: 15 districts + 6 refugee camps
- End 2016: 24 districts + 6 refugee camps
- End 2017: 24 districts + 7 refugee camps + 2 urban areas (Huye & Kigali)
- In 2019-2020: 30 districts + 7 refugee camps + 2 urban areas (Huye & Kigali) + Gashora Emergency Transit Mechanism.
- In 2021: 30 districts + 7 refugee camps + 2 urban areas (Huye & Kigali) + Gashora Emergency Transit Mechanism. With effect from Mid-September 2021, the camps are 6 because Congolese refugees from Gihembe Camp (Northern) will be sent to Mahama Camp (Eastern)
- 4 new projects were launched in 2022. They include the German Federal Foreign Office funded regional project implemented in 5 refugee camps, an extension of the Swiss Cooperation funded project on the fight against gender-based violence in 2 districts, 2 USAID funded consortiums with Catholic Relief Services on Inclusive Nutrition and Early Childhood Development for 5 years in 10 districts and with World Vision on community-based reading in 13 districts of the country.
- In addition, 2 new projects were launched on 1 November 2022 and 1 July 2023 respectively: the project called REKA (which means STOP in Kinyarwanda) on protection of children against violence in 2 districts of Rutsiro (West) and Kirehe (East) was financed by AFD and the UQADR project was also financed by MAE LUX, with a particular focus on the manufacture of assistive devices using 3D Technology, and will serve refugee camps and the Rwandan host community.
Overview on ongoing projects
Sectors of services where HI conducts projects and focus on beneficiaries and operational partnerships

<table>
<thead>
<tr>
<th>Project title and main sector(s) of intervention</th>
<th>Main activities</th>
<th>Beneficiaries</th>
<th>Partner(s)</th>
<th>Location</th>
<th>Project start and end date</th>
<th>Donors who finance the project</th>
</tr>
</thead>
</table>
| Rehabilitation, Inclusive Humanitarian Action, Mental health and psychosocial support, & Stimulation Therapy in Crisis-Affected Sub-Saharan Africa for Vulnerable groups (RIMSCASSA) | • Support persons with specific needs to get services such as functional rehabilitation, mental health and psychosocial support services, etc.  
• Train the persons of concern with specific needs to advocate for themselves and participate in community activities.  
• Strengthen inclusion and participation of persons with specific needs through training of humanitarian agencies and community members on how to eliminate all potential causes of inequalities and barriers that hinder the persons of concerns from reaching their full potentials. | 25,681 persons with specific needs, comprised of 4,354 persons with disabilities, 8,646 older persons, and 12,681 persons with mental health and psychosocial issues | Ministry in Charge of Emergency Management                                                           | 5 Refugee camps and the surrounding host communities: Kigeme, Mugombwa, Kiziba, Nyabiheke, Mahama, 2 urban areas: Kigali & Huye, Gashora Camp under the emergency transit mechanism | 07.2022 – 12.2023        | German Federal Foreign office (GFFO)  
United Nations High Commissioner for Refugees (UNHCR) |
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</table>
| **Promoting integrated child development and inclusive services for all in Rwanda.** Early Childhood Development, Physical and functional rehabilitation, Inclusive Education, Maternal and Newborn Child Health | • To improve the motor, language, and social development and quality of life of children (0-12 years)  
• Reinforce the capacities of caregivers, parents and the local community to provide a safe and supportive environment for the development and participation of children.  
• Give children access to adequate opportunities for early stimulation, learning, development, and protection.  
• Support developing and implementing national policies, strategies, that promote responsive care, early childhood development, and quality of life.  
• Improve the quality of inclusive health, rehabilitation, and education services. | • 5,455 pregnant women  
• 2,188 mothers in postnatal visit  
• 5,455 newborns  
• 610 children at risk of developmental delay  
• 3,300 children from 44 Early Childhood Development services  
• 525 disabled children  
• 18,656 students from 22 inclusive schools  
• 2,200 caregivers | HVP Gatagara, Rwanda Organisation for Epilepsy | Muhanga, Musanze, Gicumbi and Karongi district | 01.2022-12.2026 | Directorate-General for Development Cooperation and Humanitarian Aid (DGD) Ministry of Foreign Affairs Luxembourg |
| **Prevention and response of Gender, Age, and Disability Based Violence through a Community Mental Health Approach** | • The status of women is improved and they can integrate into community life.  
• Response to direct and indirect survivors and perpetrators of violence through the community mental health approach  
• Contribute to the quality improvement of comprehensive care for survivors  
• Knowledge and skills transfer of mental health community-based approach to the | • 3,826 directs and 19,130 indirects Beneficiaries  
• 150 community mediators  
• 40 community health workers | Apesek-Girimpuhwe, Tumurere | Gasabo & Rutsiro Districts | 01.2022 – 09.2023 | Direction du Développement et de la Coopération Suisse (DDC) |
<table>
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</table>
| Protection against violence and abuse, Mental Health and Psychosocial Support | decentralized structures and institutions accompanying survivors  
- To carry out advocacy actions supported by the results of the capitalization of the community mental health approach | • 61 friends of the family  
• 169 Self-help groups supported  
• 28 Anti-gender-based violence Groups | | | | |
| Expand Access to Inclusive Basic Education for children with disabilities in Rwanda (EXACTE V) | • Development and uploading of 15 accessible digital textbooks  
• Assessment and referral of 261 children with disabilities to appropriate social and medical services in order to enable them study and perform well at school  
• Capacity building of 416 teacher trainers in all sectors and all 30 districts and 16,497 teachers on inclusive education pedagogy.  
• Capacity building of 536 sector and national inspectors on school supervision  
• Assessment and Referral Program in 2 districts of Bugesera and Huye. Schools remain the same 4 model inclusive schools in these two districts  
• Adapt schools’ facilities such as pathways, toilets and classrooms to adjust their | 16,497 teachers  
536 educational officials  
1,248 schools  
261 children with disabilities  
<table>
<thead>
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</thead>
<tbody>
<tr>
<td>• To improve the health, functioning, nutritional status, and well-being of women of reproductive age and children under five years of age, with an emphasis on the 1,000-day window, strengthen the inclusion of children and adults with disabilities and improve positive parenting and child development</td>
<td>• 481 frontline providers</td>
<td>• 800 persons with disabilities</td>
<td>• 5 district hospitals</td>
<td>• 2 Rehab services of district &amp; referral hospitals</td>
<td>• 4 government institutions</td>
<td>• 2 Academic institutions supported to strengthen their capacities in 3D printing and telerehabilitation</td>
</tr>
<tr>
<td>Project title and main sector(s) of intervention</td>
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<td>-------------------------------------------------</td>
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<td>-------------------------------</td>
</tr>
</tbody>
</table>
| Homes & Communities Kinyarwanda name : Uburezi Iwacu | • Institute Learning Passports to promote and track child participation in literacy activities and programs  
• Build the capacity on the use of assistive Technology and access to supportive software that supports children with disabilities  
• Integrate literacy materials and activities for children with disabilities into reading clubs  
• Conduct training and coaching sessions on locally made teaching and learning educational materials for children with disabilities  
• Strengthen community level coordination mechanisms to monitor children's literacy programmes and transition from early childhood development to primary schools | the necessary tools and skills for advocacy and social mobilization  
• 26,531 children with disabilities  
• 6,408 Community Education Volunteers/Activists  
• 6,480 children with disabilities connected to referral services  
• 1,560 teachers from 12 inclusive model schools and 60 satellite schools  
• 810 sector multidisciplinary teams members  
• 144 head teachers and deputy head teachers from 12 targeted demonstration' schools and 60 satellite schools | Rwanda Union for the Blind  
Rwanda Union for the Deaf  
UWEZO | 12 DISTRICTS (Ruhango, Nyanza, Gisagara, Huye, Rusizi, Ngororero, Nyabihu, Gakenke, Gatsibo, Nyagatare, Ngoma and Kirehe) | 12.2021 – 05.2026 | USAID through World Vision |
<table>
<thead>
<tr>
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</tr>
</thead>
</table>
| REKA Protection against violence and abuse    | • Develop inclusive educational content on the themes of violence perpetrated against children and adolescents  
• Organize community and school awareness-raising campaigns  
• Strengthen community structures and actors in prevention, holistic care and psychosocial reintegration mechanisms for survivors  
• Setting up & capacities strengthening of self-help groups of parents and people at risk for prevention and response to violence.  
• Mobilize men to support collective efforts in reduction of violence based on gender, age and disability.  
• Create a safe and protective environment in model schools in collaboration with education stakeholders.  
• Analyze barriers to accessing services for women and children survivors of violence  
• Build the capacity of holistic service providers to offer quality, inclusive and accessible services.  
• Implement a psychosocial care program using the art therapy approach for the reintegration of survivors of violence. | **Target beneficiaries:**  
• 200 Children victims of violences  
• 40 Children with disabilities  
• 6,000 Children at risk  
• 516 Family members for 172 families  
• 40 Service providers  
• 72 Community actors  
• 30 Educational professionals  
• 30 Male champions  
• Alliance members 20 | Play International (Partner in Consortium)  
Caritas Rwanda (Local partner for project implementation) | **Rutsiro District**  
In 4 sectors and 4 cells:  
Mukura - Kageyo  
Manihira - Haniro  
Rusebeya - Remara  
Murunda - Kigwa  
**Kirehe District**  
In 2 sectors and 4 cells  
Gahara - Murehe & Muhamba  
Mpanga - Mpanga & Musongi | 11.2022 - 10.2025 | Agence Francaise de Developpement (AFD) |
<table>
<thead>
<tr>
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<th>Main activities</th>
<th>Beneficiaries</th>
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</tr>
</thead>
</table>
| Unlocking Access to Quality and Affordable Assistive Devices through 3D Technology in the refugee camps of Rwanda (UQADR) | • To strengthen the capacity of the national system to pilot the use of 3D scanning, digital design and printing in Rwanda.  
• To train rehabilitation professionals on the use of the 3D scanning and printing.  
• To produce quality and cost-effective assistive aids for refugees and host community members in need through partnership.  
• To sensitize the supported refugees and host community members to utilize the assistive devices to better and equally participate in various services available in their respective communities. | 150 persons with specific needs in assistive technology products (prostheses and orthoses) | • Ministries of Health & in Charge of Emergency Management  
• Rwanda Biomedical Center  
• National Council of Persons with Disabilities  
• UNHCR  
• University of Rwanda  
• Centre of Excellence for  
• 6 Refugee camp and the surrounding host communities: Kigeme, Mugombwa, Kiziba, Nyabiheke, Mahama I and Mahama II,  
• 2 urban areas: Kigali & Huye, Gashora Camp under the | | 07.2023 – 06.2024 | MAE Luxembourg |
<table>
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<th>Donors who finance the project</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biomedical Engineering</td>
<td>• HVP Gatagara • Rwanda Society of Prosthetists and Orthotists • Rwanda Physiotherapy Organization • Rwanda Occupational Therapy Association • Teaching, Referral, Specialized and District Hospitals in Rwanda (all)</td>
<td>emergency transit mechanism</td>
<td>• HVP GATAGARA as the 3D centre of production</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Donors

<table>
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<tr>
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<th>GFFO</th>
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<th>USAID</th>
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