

AN ABSTRACT OF A DISSERTATION

A HISTORICAL ANALYSIS OF POST-GENOCIDE RWANDAN SPECIAL EDUCATION: LESSONS DERIVED AND FUTURE DIRECTIONS

Arnold Nyarambi

Doctor of Philosophy in Exceptional Learning

The purpose of this postcolonial historical study was to investigate the following: prevalence and nature of disabilities, programs, and services of special education in Rwanda before and after the 1994 genocide; and the utility, effectiveness, and importation of western-based special education models, programs, and services in Rwanda; and lastly to determine lessons that can be gleaned from the experiences of Rwanda to better serve people with disabilities in post-conflict situations. The major premises of this study were: the 1994 Rwandan genocide brought about increased and complex special education needs; special education models, programs, and services in post-genocide regions are characteristically different from the developed world where genocide is less common; and, there are complex relationships among genocide, disability, poverty, social exclusion, and special education in post-genocide regions, such as Rwanda.

Historical analysis was used in this inquiry. Eight official and public documents were selected and reviewed from an original pool of 20. Themes were drawn and entered into an 8 by 30 matrix. Ten, from 15 participants were interviewed. Interviews were transcribed and themes were drawn and entered into a 10 by 20 matrix. Themes from documents and interviews were organized and blended, and united in their respective matrixes. A 2 by 14 matrix was constructed and 14 united common themes to both documents and interviews were entered, color coded, and matched for analysis. Finally, common overlapping themes from documents and interviews' united matrix were ordered by a panel of seven key informants and were matched for analysis.

The findings were analyzed and interpreted according to the trends of themes (data). The results of this study included a consistency of fourteen common themes across documents, interviews, and key consultations representing key aspects for consideration in constructing a proposed post-genocide Rwandan special education model. A post-genocide special education model was constructed from selected key themes. Implications for the study and recommendations were explained. This study serves as a guide for future research regarding an understanding of special education in emergency, post-conflict, post-genocide, and post-war situations in developing countries.

**A HISTORICAL ANALYSIS OF POST-GENOCIDE RWANDAN SPECIAL
EDUCATION: LESSONS DERIVED AND FUTURE DIRECTIONS**

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The Faculty of the Graduate School

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by

Arnold Nyarambi

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CERTIFICATE OF APPROVAL OF DISSERTATION
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EDUCATION: LESSONS DERIVED AND FUTURE DIRECTIONS

by

Arnold Nyarambi

Graduate Advisory Committee:

John Wheeler, Co-Chairperson

Date

Lisa Zagumny, Co-Chairperson

Date

David Richey

Date

Helen Dainty

Date

Approved for the Faculty:

Francis Otuonye
Associate Vice President for Research
and Graduate Studies

Date

DEDICATION

This dissertation is dedicated to my daughter Munashe Nyarambi, my wife Dumisa Mutinta Nyarambi and my parents Mr. and Mrs. Peter and Esthery Ivy Nyarambi, and children of Rwanda. Each of you holds a special place in my heart. Especially to the children with disabilities in Rwanda, you are always in my thoughts and prayers!

My mother taught me everything I needed in life well before kindergarten. She said “trust in the Lord and He will direct your path, trust in man and he may misdirect your path. Love your neighbor as you love yourself, but trust the Lord!” My father taught me that “actual learning starts the day you graduate! This has been the case since graduating from kindergarten.

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CHAPTER 1

INTRODUCTION

“Unfortunately those who study genocide (or make policies designed to prevent it or to ameliorate its effects) seldom focus on people with disabilities and those who study disability have given scant attention to genocide.” Blaser (2002).

There is little literature addressing special education needs and provisions that emanate from post-genocide and post-war situations. Special education, as is known in the United States (U.S.), is the provision of services to students in the following categories: specific learning disabilities, speech and language impairments, mental retardation, developmental delay, emotional disturbance, deafness or hearing impairment, visual impairment, deaf/blindness, multiple disabilities, orthopedic impairments, traumatic brain injury, other health impairments, and intellectually gifted (Mastropieri & Scruggs, 2007). Basically, the disabilities outlined above are largely a result of environmental and genetic factors and not genocide or war, and are to a larger extent culturally determined.

In post-war and post-genocide regions, however, special education needs, programs, and services are different from the needs, programs, and services for the naturally occurring impairments characteristic of the U.S. and the rest of the developed world. In post-genocide and post-war regions, trauma and traumatic brain injury (TBI), emotional disorders (ED), psychological disorders, chronic poverty, social exclusion, and economic inequality are the main characteristics that determine special education needs, programs, and services. Unlike in the U.S. where only 1% of students in special

education fall under TBI and 8% fall under ED (Mastropieri and Scruggs, 2007), in post-genocide and war-torn regions the percentage is comparatively higher. A study conducted at Harvard Medical School to assess the prevalence of somatic panic disorder in the Rwandan community has indicated that 40 out of 100 Rwandan widows suffer somatically focused panic attacks. Thirty-five (87%) of those having panic attacks suffered panic disorder, making the rate of panic disorder for the entire sample 35% (Hagengimana, Hilton, Bird, Pollack, & Pitman, 2003). Another medical study conducted to determine the prevalence of major depressive disorder among the Rwandan population indicated that 15.5 % from a sample of 368 adults, suffered major depression, a seriously disabling depression (Bolton, Neugebauer, & Ndogoni, 2002). A survey conducted by the United Nations and the government of Rwanda in 1996 reported that due to genocide 80% of children have experienced death in their family, 70% have witnessed with their own eyes someone killed or injured, 79% heard people screaming, 90% thought that they would die, 31% witnessed rape and sexual assault, 88% saw dead bodies, 80% tried to protect themselves during genocide, 16% hide in dead bodies, and 36% saw other children participating in killing (Obura, 2003). Special education in post-genocide regions, therefore, should emphasize psychological services, traumatic and rehabilitation counseling, poverty alleviation programs, social inclusion programs, and economic empowerment programs. There is a need for a holistic approach to the education and livelihood of students with disabilities in post-genocide regions as is the case of Rwanda, a central African country that experienced one of the most devastating genocides in the 20th century.

Genocide and disability are related and the relationship needs to be studied. Blaser (2002) states, “Unfortunately those who study genocide (or make policies designed to prevent it or to ameliorate its effects) seldom focus on people with disabilities (PWDs) and those who study disability have given scant attention to genocide” (p. 66). The perpetrators of the 1994 Rwandan genocide did not specifically target people with disabilities (PWDs) in the way that took place under the Nazi regime and, to a lesser degree, by the Khmer Rouge in Cambodia (Thomas, 2005). Although PWDs were not the main target of massacres in Rwanda, they were still murdered and maimed in huge numbers. Genocide and disability are intertwined, and this connection also needs to be made for other genocides in Armenia, Kosovo, and Rwanda where PWDs may not have been specifically targeted as victims, but were disproportionately affected. Recent studies indicate the relationship between genocide and disability. For example, Blaser (2002) affirms that:

It appears that large numbers in Rwanda became disabled during attempts to terrorize them or their relatives and subsequent attempts to kill them were botched. In many cases, though, attempts at killing were not botched and where mobility was impeded death was often the consequence. In many cases individuals escaped death, but did not escape disability either through malnutrition or post-stress disorder (p. 58).

Genocide leads to complex disabilities, a combination of ED, behavioral disorders, psychological and psychiatric disorders, physical impairments, and a plethora of other problems.

The National Assistance Fund for Needy Survivors of Genocide and Massacres in Rwanda (FARG) estimates that 300,000 survivors of the genocide were left with disabilities, and that approximately 26,000 were missing one or more limbs (Thomas, 2005). Mutabazi (1998) notes that there was a large-scale slaughter of deaf people, and the Hutu soldiers and death squads killed almost all of the 750 patients with mental handicap in Rwanda's Psychiatric Hospital. Many who were not murdered were left with disabilities after the genocide. For some, this was the direct result of the injuries they received through detonated landmines, machete attacks, and bullets from the Hutu militia. For others it took place indirectly, through the disruption of vaccination programs and the collapse of the healthcare system, which led to their not being able to secure appropriate treatment. According to Thomas (2005) "the trauma experienced by genocide survivors is only beginning to be recognized, and there are no comprehensive studies on its effect on the mental health of the population" (p. 15).

This postcolonial historical study examined the pre- and post-Rwandan special education model, needs, programs, and provisions of services. The study included all PWDs as a subset of the population for the purpose of explaining theories and demonstrates the relationship and effect of genocide to disability, poverty, social exclusion, and special education. All PWDs were affected by the genocide either directly or indirectly. A comparative approach was used to explain the differences in models, programs, and the provision of special education before and after the 1994 genocide.

The focus of this study was that the 1994 Rwandan genocide and civil war brought about an increased and more complex need in special education provision, a unique characteristic in post-genocide regions and a new dimension for special education.

This idea is supported by the reaction to and the mobilization of resources by the Rwandan government, African regional governments, and the international community in order to alleviate the crisis. Such urgent reaction and mobilization of special education resources is uncharacteristic of special education provision in the United States and the developed world where genocide and war are less common.

A comparative and historical study of special education needs in post-genocide Rwanda is long overdue. Many studies in Rwandan special education have focused on the needs and provisions of services for students whose special needs and disabilities are environmentally and genetically based, and special education studies in Rwanda have primarily focused on the provision of services and programs by charity and private organizations (Thomas, 2005). Few attempts have been made to study the relationship between genocide, disability, poverty, social exclusion, and special education in Rwanda. In addition, there are few critical studies that explain the utility and effectiveness of foreign-based special education models and intervention strategies from the developed nations to post-genocide regions in developing nations. A review of literature indicates that there are various criticisms of western-based special education models, programs, and services imported from the developed countries.

Statement of the Problem

Studies that compare the prevalence, programs, and services for students with special needs in pre- and post-genocide Rwanda are long overdue. In addition, there is need to examine the relationship among genocide, disability, poverty, social exclusion,

and special education. The complexities of these variables and their interrelatedness have yet to be addressed specific to Rwanda. The connection of these variables may help explain the components of “emergency special education” in genocide, conflict, and war zones--a new dimension of special education yet to be investigated. The connection between genocide, disability, and special education is rarely discussed in developed western special education literature because it is uncommon in developed countries where most research is conducted.

Purpose of the Study

There are few comprehensive studies on special education programs and services in post-genocide and war-torn regions. A study of special education needs in a developing and postcolonial Rwandan society, where genocide and civil war, social and economic inequality, poverty, and social exclusion problems are rampant has not been a focus for many educational historians (Thomas, 2005). This study, therefore, serves as a guide to study genocide, disability, poverty, social exclusion, and special education intervention in post-crisis regions and emergency situations, and it fills a gap in educational research in Rwandan special education. The study has implications and applications to post-crises, post-genocide regions, and emergency situations.

The complexities of providing special education services in post-genocide Rwanda, and the utility and effectiveness of western-based special education models, programs, and services were examined. There is much political and educational debate on Euro-American western policy formulation and implementation in developing countries,

where the culture, history, philosophy, and environment are different from the developed countries.

Research Questions

1. What was special education in Rwanda before and after the genocide?
2. What western-based models and services were implemented in post-genocide Rwanda and how useful were they?

Significance of the Study

Those who have studied genocide seldom focused on PWDs while those who have studied disability have given scanty attention to genocide (Blaser, 2002). There are no comprehensive studies to date that link genocide, disability, poverty, social exclusion, and special education. In light of this void, this study will fill a gap in research, as it explains the interconnectedness of these variables. An understanding of the framework of these connections will help to design viable special education models and programs.

After the genocide in Cambodia in the 1970s attempts were made by Phillip Thomas for the first time to design a post-genocide rehabilitation model. The Cambodian model, however, cannot be applied to post-genocide Rwanda because of differences between the two countries in terms of socio-economic and political development and infrastructure, culture, and educational philosophy. The Cambodian model was more of a rehabilitation model than special education model. Therefore, this study is an attempt to

provide a post-genocide special education model applicable to Rwanda and other African developing countries, in order to improve special education programs and services. The fact that there is still likelihood of another genocide in Rwanda (Gourevitch, 1998), and as recent as 2006-7, aspects of genocide have been reported in Sudan means that there is a need for a post-genocide special education model.

There is also need to assess and evaluate the utility and effectiveness of western-based post-crises models and intervention strategies in special education and rehabilitation programs and services in developing countries. Political, economic, and educational historians are debating the usefulness of western-based interventions in developing countries (Karangwa, Ghesquiere, & Devlieger, 2006); hence this study assessed the utility of the western special education models, programs, and services in post-genocide Rwanda in order to improve the programs and services.

Research influences policies and policies influence practice. There are few comprehensive international, regional, and national policies of evacuating PWDs during crises such as genocide and other emergency situations. Hurricane Katrina in the U.S. in 2006 and the Tsunami in East Asia in 2004 are classic examples. This study is an attempt to influence policies in the following areas:

1. International policy: International organizations such as the United Nations, World Bank, and International Monetary Fund (IMF) need to use research-based rather than politically-driven special education and rehabilitation intervention strategies that are applicable to Rwanda, where there is a distinctive social, economic, and political history, tradition, and infrastructure.

2. African regional policy: Regional organizations such as the Southern African Development Community (SADC) and African Union (AU) need to assess the effectiveness of their strategies in human and financial resource mobilization during emergencies and crises periods. It took several months before African governments intervened in Rwanda despite the fact that they were aware of occurrence of genocide (Gourevitch, 1998).
3. Rwandan local governmental policy: The local governmental policy makers need to assess the applicability, utility, and effectiveness of the imported western-based special education and rehabilitation intervention strategies to the local grassroots which are the remotest parts of the country. They are obliged to assess the post-genocide allocation of human and financial resources in order to alleviate the plight of people with genocide-related disabilities. The Rwandan government also needs to formulate laws and policies that are sensitive to PWDs and their families.

This study culminates in producing a post-genocide Rwandan special education model that can be applicable to many African countries, such as Sudan, Ethiopia, Burundi, and Uganda where civil wars, *coup d'etats*, massacres, and/or genocide have been recorded in history, and where ethnic divisions and strife are still rampant (Destexhe, 1995). In addition, these countries share many similar characteristics with Rwanda in that all are developing countries with a similar colonial and postcolonial history.

The significance of this study, therefore, is to advocate for international, regional, and country based policies that are sensitive to PWDs. The fact that history has recorded ineffective international polices and crises management systems, means that there is need

for advocacy. History repeats itself, and PWDs continue to be more vulnerable without effective policies and research based practices.

CHAPTER 2

CONCEPTUAL FRAMEWORK

Historical Context/Setting of the Study

Rwanda is a central African country of 26,338 square km of land, with a total population of about 8.6 million (See Figure 1). It borders Uganda to the north, Burundi to the south, Democratic Republic of Congo (formerly Zaire) to the east, and Tanzania to the west. The physical terrain is mostly mountainous and is historically known as “a land of thousand hills”. The whole country lies above the 1.000-meter mark, with over half in the 1.500 to 2.000 meter zone. From the west to the east is the Rift Valley that is filled with big lakes (Tanganyika and Kivu), separating Rwanda from Zaire. Further east are gently sloping lower lands, partially filled with large marshes, which extend to the Tanzanian border. These marshy areas were used as hiding places during the genocide (Gourevitch, 1998; Prunier, 1995). Most of the people live in the medium-altitude area, which is dotted with hills. This peculiar physical environment has had a strong impact on the nature of human settlement. Agriculture and large-scale gardening thrived and this attracted population growth beyond the capacity of the land. The climate is mild, temperate, and humid, with an annual temperature of 18 degrees Celsius and 900 to 1.600 millimeters of rainfall per year (Prunier, 1995). The climate was favorable for human habitation, but the mountainous environment largely determined the pattern of settlement (For a more detailed description of the interaction between climate, physical setting, and people, see Prunier, 1995).

Rwanda is inhabited by three main groups of people, the Hutu who are the majority, the Tutsi and the Twa who are minority.



Figure 1. Map of Rwanda

Source: WorldAtlas.com (n.d). Retrieved June 18, 2008, from <http://www.worldatlas.com/webimage/countrys/africa/rw.htm>

The Motives Behind the Genocide: Theories of Rwandan Genocide

There is historical debate on the origins of the 1994 Rwandan genocide, one of the most devastating genocides in human history. A plethora of theories have been advanced to explain the origins of the 1994 genocide. The most popular theories are economic instability due to overpopulation, ancient ethnic hatred and strife, negative effects of colonialism, psychological factors, and illiteracy.

The economic theory is based on overpopulation and limited resources as factors leading to the genocide. Some examples that are given to support the theory of economic instability include the localities such as the Shyamba commune, where population density reached as high as 668 people per square km as early as 1989 (Prunier, 1995). Economic motives *may have* played a part in precipitating the genocide. The promise of material gain and living space moved some people to kill, since in traditional Rwandan wars, the victors collected the spoils from the vanquished. Gourevitch (1998), however, asserts that overpopulation alone cannot adequately explain the occurrence of the Rwandan genocide. An antithetic example given is that of Bangladesh which has as much poverty and even more overcrowding than Rwanda, yet no genocide has occurred. Genocide in Rwanda, according to Gourevitch (1998) was a culmination of colonial inequalities, divisive race theories of the 19th century, Hutu hate propaganda perpetuated by media, and many other factors.

Another school of thought is that genocide ensued in Rwanda as a result of deep-rooted and ancient hatred between the two main ethnic groups, the Hutu and the Tutsi over land ownership systems, governance, and power dating back before the European

colonizers came to Rwanda. The Mwami or kings of Rwanda before the colonial period were predominately Tutsi. Between 1860 and 1895, Mwami Rwabugiri (a Tutsi) changed land ownership systems by redistributing land once owned by the Hutu and put some of it under the Tutsi chiefs. The Tutsi chiefs imposed a patronage system, under which appointed Tutsi chiefs demanded manual labor in return for the rights of the Hutu to occupy their land. This system left the majority Hutu in a serf-like status with Tutsi chiefs as their feudal masters. This is believed to have sown the seeds of discontent and ethnic hatred between the Hutu and the Tutsi (Gourevitch, 1998; Bird, 2003). Destexhe (1995), however, refutes this theory:

One thing is certain; the massacres in Rwanda are not the result of deep-rooted and ancient hatred between two ethnic groups. In fact, the Hutu and the Tutsi cannot even correctly be described as ethnic groups for they speak the same language, observe the same traditions and taboos, and live side by side (p. 36).

Malvern (2001) also refutes the idea of tracing the Rwandan genocide from ancient hatred between the Hutu and the Tutsi. For Malvern, genocide occurred because of the Hutu leaders who wanted to continue to monopolize power for over 20 years and who also wanted to see a “final solution” to the political opposition of the Tutsi. “Final solution” was Hutu propaganda rhetoric to intimidate the Tutsi by threatening that the Hutu would one day exterminate the Tutsi as a final solution to Rwandan problems. Theories and counter-theories are a recipe of historians, which emanate from interpretation and re-interpretation of historical events and facts. Nevertheless, some ethnic resentment and hatred can be justifiably traced in the Rwandan pre-colonial

history, and were exacerbated by the German and Belgian colonial administrative strategies of divide-and-rule.

The contemporary and most accepted school of thought is that genocide befell Rwanda because of its colonial legacy. The indirect rule policy and divide-and-rule colonial administration strategies used by the Germans (1894-1916) and the Belgians (1916-1959) cultivated seeds of hatred between the Hutu and the Tutsi that culminated in genocide in 1994 (Prunier, 1995; Destexhe, 1995; Bird, 2003). Indirect rule policy was a process whereby the colonial master (in the Rwandan case, Germany and Belgium) collaborated with one group and empowered one local group (the Tutsi) through military assistance, and used the empowered group to govern and control the majority groups (Hutu) on behalf of the colonial master. Divide-and-rule was an indirect rule strategy of dividing groups along racial and ethnic lines, empowering one group over the other, as to weaken any possible inter-ethnic coalition against the intruding colonial power (Destexhe, 1995; Bird, 2003). This theory will be further explained under the colonial impact on Rwandan politics.

Psychological factors have also been used to explain the genocide. Stanley Milgram's obedience theory states that in poor societies, uneducated citizens have a tendency to follow influential leaders, and can easily conform and be manipulated as agents of destruction. Francois Xavier Nkurunzaza (a Kigali lawyer) in an interview with Gourevitch confirmed this theory. When asked the question: "How so many Hutus had allowed themselves to kill?" Francois asserted, "Conformity is very very deep here. In Rwandan history, everybody obeys authority. People revere power, and there isn't enough education. You take a poor, ignorant population, and give them arms, and say,

‘It’s yours. Kill’. They will obey” (Gourevitch, 1998, p. 23). The conformity that Francois talked about was a Hutu social and ethnic solidarity that is traceable from the colonial period when the Hutu became vulnerable and victims of the Germans, Belgians, and also the colonially approved Tutsi domination of the Hutu. This ethnic solidarity and consciousness was cultivated with the introduction of the ethnic-based identity cards introduced by the Belgians in the 1930s. The same solidarity was manipulated by Hutu leaders to form and consolidate their power for three decades and brainwash the majority of the Hutu population that extermination of the Tutsi would be the solution to all their problems (Bird, 2003; Gourevitch, 1998).

Bird (2003) argues that in Rwanda education played a fundamental role in fostering conformity, Hutu social solidarity, and fueling the ethnic divide between the Hutu and the Tutsi. The hidden curricula in Rwandan schools indoctrinated and manipulated students. For example, a senior Ministry of Education official in Rwanda stated that, “in math lessons, it was common for a teacher to say, ‘you have five Tutsis, you kill three, how many are left.’” Another story of a Tutsi girl’s experience in school highlights the level of insidious manipulation, ethnic divisiveness, and fear that was transmitted and inculcated through education:

I remember in school we were afraid. They said, ‘Tutsis raise your hands’. But we were afraid to raise our hands, because the Tutsi was always described as a snake. A snake is dangerous and it should be destroyed. I can never forget this, because this story was repeated year after year in school, from the first to the sixth grade (Bird, 2003, p. 36).

The hidden curricula inculcated school and societal values to students. In Rwanda such values as social conformity, Hutu social solidarity, and Tutsi inferiority were some of the ideologies exacerbated through education.

According to Gourevitch (1998) illiteracy and the *lack* of education were also factors that contributed to the conformity and Hutu socio-political solidarity. The less educated Rwandan community was not able to distinguish reality from myth and thus, one reason why they could be manipulated so easily to commit genocide. In Rwanda, radio and newspapers are regarded as a source of authentic information; hence, Hutu hate propaganda was taken as fact and a directive. In the courts and in the interviews after the genocide, most of those who were accused of participating in the genocide could not even understand how they had come to perpetrate such atrocities. They believed what they heard from the radio and could not discover the truth for themselves, primarily because of the low level of education (Bird, 2003; Gourevitch, 1998).

An in-depth analysis of the pre-colonial, colonial, and postcolonial Rwanda is found in Prunier (1995), Destexhe (1995), and Mamdani (2001) and is beyond the scope of this study. A brief historical background of Rwanda, nevertheless, is presented as a foundation to provide the historical context of the study and trace the origins of the 1994 genocide in Rwanda. For the purpose of this study, the history of Rwanda is divided into three phases: the pre-colonial era (12th century-1894), the colonial era (1894-1962), and the postcolonial era (1962-today). The major emphasis is the various landmarks of the Rwandan history that help to explain the 1994 genocide.

Pre-Colonial Period (12th Century-1894)

During the pre-colonial era Rwanda had three main groups of people: the *Hutu*, who were/are the majority (90%), and were predominantly cultivators of the land, the *Tutsi* (9%), who were predominantly cattle headers, and the minority *Twa* (1%), who were hunter-gatherers. These three groups were linguistically and culturally homogeneous, speaking the same *Bantu language*, respecting the same traditions and taboos, living side-by-side, and intermingling with each other without any territorial distinction, sharing the same social and political culture, (without any “Hutuland” and “Tutsiland”), often intermarrying, and hence were not “tribes” which are micro-nations (Destexhe, 1995). Gourevitch (1998) furthers this idea and states that, “they fought together in the Mwamis’ armies; through marriages and clientage, Hutus could become hereditary Tutsis, and Tutsis could become hereditary Hutus. But the names Hutu and Tutsi stuck” (p. 47).

One particular difference was that the Hutu and Tutsi shared distinctive physical characteristics. They were neither similar in appearance nor equal in societal status. The Hutu resembled the Bantu: generally as short as other Bantu-speaking people of Tanzania and Uganda, while the Tutsi were very tall and thin, often displaying sharp, angular facial features (Destexhe, 1995; Prunier, 1995). Another important difference that was also a source of inequality was that the Tutsi owned cattle, hence gained more political and economic control. The early European explorers, anthropologists, and colonizers who were obsessive with race theories during the 19th century romanticized these differences

in order to justify their race theories and constructions (Destexhe, 1995; Gourevitch, 1998).

The Eugenics movement in United States and Europe influenced these racial constructions of the Rwandans. The scientists who came from Belgium measured Rwandan skulls and concluded that the Tutsi had a bigger brain size than the Hutu, and were also taller and lighter skinned, hence the Tutsi were deemed superior to the Hutus. Examples of these anthropologists include the 19th and 20th century explorers such as John Hanning Speke, Sir Samuel Baker, Gaetano van den Burgt, Father Gorju, and John Roscoe (Prunier, 1995). The early Europeans who came to Rwanda were quite smitten with the Tutsi, whom they saw as definitely different from the “negroes,” who were both physically different and socially superior to the Hutu (Gourevitch, 1998; Prunier, 1995). Describing the Tutsi, one explorer stated, “gifted with a vivacious intelligence, the Tutsi displays a refinement of feelings which is rare among primitive people. He is a natural-born leader, capable of extreme self-control and of calculated goodwill” (Prunier, 1995, p. 6). The European race theorists were quick to propound the Hamitic theory, which linked the origin of Tutsi to Caucasoid tribe of Ethiopia, thought to be descended from the biblical King David and Caucasian roots (Gourevitch, 1998; Prunier, 1995). The effect of this racial construction and stereotyping was that the German colonizers found the Tutsi a natural collaborator and they further helped to raise the social status of the Tutsi and downgraded the majority Hutu. These constructions worked to the advantage of German and Belgian indirect rule, and divide-and-rule colonial policies, the effects of which were developed during the colonial period discussed below (For a detailed analysis of the impact of the 19th century racial construction in Rwanda, see Gourevitch, 1998).

The Colonial Period (1894-1962)

The turning point in the history of Rwanda was the “Scramble for Africa” and the Berlin (Colonial) Conference of 1885. The Scramble for Africa was a historical process when European powers divided Africa into European colonies, and during the Berlin Conference in 1885 Africa was divided into European “spheres of influence” or colonies. Rwanda was ceded to the Germans (Gourevitch, 1998; Prunier, 1995). The Germans arrived in Rwanda during the 19th century power succession disputes, after the death of a Tutsi king, Rwabugiri IV. There were vicious succession disputes and a *coup d’etat* that illegitimately established another Tutsi king, Yuhi .V. Musinga to power and dislodged Rutalindwa, who was a legally appointed heir to the throne. Understandably in such a situation, the German newcomers, largely ignorant of the complicated local politics, were open to manipulation and could not understand the exploitation of their intervention by the central state, which they hoped to use as a tool of colonization. Thus, from the start, Germans reinforced the *mwamiship* (kingship) and aided the minority Tutsi to rule and ruthlessly dominate the Hutu. When the Germans collaborated with the Tutsi, they adopted the indirect rule colonial policy that used the Tutsi chiefs to rule on behalf of the German. This was part of the divide-and-rule strategy of the German colonial administration in Rwanda. Gourevitch (1998) calls this arrangement “dual colonialism,” whereby the Germans as a colonial power collaborated with the Tutsi elite, a local racial or ethnic group to rule the politically weaker Hutu group. This development further exacerbated the divide between Tutsi and Hutu both economically and politically, leading

to one of the root factors that intensified extreme hostility between the two groups (Gourevitch, 1998; Prunier, 1995).

Following the First World War, the allies (Britain, Belgium, France, Italy, United States) defeated Germany, and as punishment, Germany relinquished its Rwandan colony and the League of Nations Mandate of 1919 put Rwanda under Belgian protectorate. Belgium continued and deepened the use of the German style indirect rule and divide-and-rule strategy, using the Tutsi chiefs against the Hutu, hence clearly defining them as opposing “ethnic” identities. The Belgians made this polarization the cornerstone of their colonial policy. In the 1920s, all efforts to put the Hutu in chieftainship positions were ignored by the Belgians, who quickly accepted the “Tutsi superiority theory” constructed by the early European anthropologists and race theorists. Instead of gaining power, many already existing Hutu chiefs were fired and replaced by Tutsi chiefs (Gourevitch, 1998; Prunier, 1995). This eventually led to a situation of almost total dominance of the chiefly functions by the Tutsi. By the end of Belgian rule in 1959, 43 of 45 chiefs and 549 of 559 sub-chiefs were Tutsi (Prunier, 1995). During this time, the Belgians introduced a new law of land ownership and forced labor that allowed the Tutsi to forcibly take the Hutu landholding in the northwest and the southwest. The Hutu were also forced to work in Belgian plantations, road construction, and other public works supervised by the Tutsi as their taskmasters, who ruthlessly used the whip to force the Hutu to work. The Hutu, who inhabited the northwest and southwest, did not forget this episode in Rwandan history as evidenced during the 1959 revolution, when the Hutu quickly burned the Tutsi houses and killed about 20,000 Tutsi (Bird, 2003; Destexhe, 1995; Prunier, 1995). The 1959

revolution will be explained later under the subheading: Destabilization, Ethnic Strife, and Independence (1954-1962).

In the 1930s, a new social order came to Rwanda after King Yuhi V Musinga was disposed from power by the Belgians. The Belgians never genuinely liked him since he had fought alongside the Germans during the Belgian takeover of Rwanda. Musinga had also refused to convert to Catholicism, and he tried to hijack the Belgian “civilizing” mission for his political gain. His son, Mutara Rudahiwa (a Tutsi) replaced him as king. Rudahiwa was quick to convert to Christianity and consecrated Rwanda to Christ in October 1946. The king’s conversion was only recognition of the transformations then taking place in Rwandan Kingdom. Many Tutsi realizing that the Belgians were going to remodel the Rwandan society along Christian lines, converted to Christianity ahead of the Hutu people. A necessary prerequisite for membership into the elite of the new Rwanda that the Belgians were creating was a Christian model. Father Soubielle, a Roman Catholic priest during the 1930s, called this massive conversion, “a massive enrollment in the Catholic army.” From that period on, the Catholic Church became a very important element in the Belgian reorganization of Rwanda (Destexhe, 1995; Gourevitch, 1998; Prunier, 1995).

The Catholic Church also had a monopoly on education. The Tutsi, taking advantage of the traditionally high social status and the new Christian outlook, were given priority in education. Gourevitch (1998) states that the Catholic schools practiced open discrimination in favor of the Tutsi. This meant that the Tutsi took advantage of the emerging Rwandan elites and perpetuated their leadership and administrative roles over the “uneducated” and “unchristianized” Hutu, thus, furthering ethnic hatred between the

two groups (Bird, 2003; Prunier, 1995). The Astrida University's (now Butare College) enrollment breakdown by ethnic origin shows the Belgian education policy in Rwanda at the tertiary level. See Table 1 for the ethnic distribution in college entrance in Rwanda, which favored the Tutsi. The Belgians had a policy of disproportionate enrollment in higher education whereby the Tutsi had higher enrollments than the Hutu. Note that in 1954, thirteen of the students were from Burundians. In fact Burundi and Rwanda were part of a federation run by the Belgians and the tertiary colleges of these two colonies were located in Rwanda. Burundi had/has Hutu people as much as Rwanda. There were 143 Hutu students in 1957; most of them were studying theological programs since they obtained their education in seminary schools, and hence could not work in civic administration.

Table 1. Astrida University Enrollment: Enrollment by Ethnic Distribution

Year	Tutsi Pupils	Hutu Pupils
1932	45	9
1945	46	3
1954	63	19 (13 were Burundian)
1959	279	143

Source: Gourevitch (1998).

This disparity in educational enrollment was symbolic of the future ethnic distribution of administrative leadership and technical roles in Rwanda that favored the Tutsi. To obtain any kind of post-secondary education, the Hutu had no choice but to become theology students at Kabgayi and Nyikibanda seminaries, as the seminaries were more open to the Hutu than the traditional schools (Destexhe, 1995). After graduation, they tended to experience difficulties in finding employment corresponding to their level of education, and often became embittered and frustrated. This played an important role in the 1959 social upheaval that saw 20,000 Tutsi massacred and was a precursor to the 1994 genocide (Destexhe, 1995; Prunier, 1995). The Hutu were deprived of all political power and materially exploited by the Belgians and the Tutsi. This resulted in hatred between the Hutu and Tutsi. Destexhe (1995) concludes that:

Thus, in short, if the categories of Hutu and Tutsi were not actually invented by the colonizers, the policies practiced by the Germans and Belgians only served to exacerbate them. They played an essential role in creating an ethnic split and ensured that the important feeling of belonging to a social group was fuelled by ethnic, indeed racial, hatred (p. 41).

It is justifiable to conclude that although Hutu and Tutsi resentment can be traced from the pre-colonial history of Rwanda, increased ethnic consciousness and divisiveness was a result of the European colonization (Bird, 2003). Such a justification is viable because the Hutu and Tutsi had a long history of intermarriages; they lived side-by-side and intermingled in peace. There are no records in history where they had civil war, systematic political violence or genocide of the 1959 and/or 1994 magnitude, until the coming of the colonizers (Gourevitch, 1998).

By the end of the Second World War, Rwanda became a United Nations Trust territory with Belgian administrative authority. The United Nations ordered the Belgians to start preparing Rwanda for its political independence. Reforms instituted by the Belgians in the late 1950s encouraged the growth of democratic political institutions and majority rule, but were resisted by the Tutsi who saw in them a threat to Tutsi rule. In addition, the Belgians had introduced ethnic identity cards, requiring every citizen of Rwanda and Burundi to identify him or herself as Hutu, Tutsi, or Twa. This divisive ethnic identity card system coupled with the Tutsi domination of the Hutu made the Hutu develop an ethnic group consciousness.

President Habayrimana maintained the use of the ethnic identity cards and a census had indicated that there were 85% Hutu, 14% Tutsi, and 1% Twa, which would work to the advantage of the Hutu in case of any future secret ballot box electoral voting. It was then that Belgians introduced a system of democratic electoral representation for the Rwandans, by which leadership would be attained through democratic elections. This new process was a change of policy from the traditional Tutsi dynastic appointment to power to majority rule philosophy. This meant that when secret ballot box voting was introduced, the Hutu took advantage of their numbers and got into leadership for the first time since the pre-colonial era (Gourevitch, 1998).

In addition, the Catholic Church that had traditionally collaborated with the Tutsi, began to oppose the Tutsi mistreatment of the Hutu, and began promoting Hutu equality. This change of doctrine came along with the Flemish priests from Belgium who came to Rwanda after the Second World War. The new priests collaborated with the Hutu and

preached equality, justice, and showed the Hutu that the Tutsi oppressed them. This heightened tensions between the two ethnic groups (Bird, 2003; Gourevitch, 1998).

Destabilization, Ethnic Strife, and Independence (1954-1962)

In the late 1950s, there were many forces that triggered political strife that finally dislodged the Tutsi from power. There was a radicalization of the younger Hutu generation who had understood the colonial effect of the ethnic situation. Destexhe (1995) states that in 1957, nine Hutu intellectuals produced a document called *The Bahutu Manifesto: A note on the social aspects of the indigenous racial problem in Rwanda*. It was an expression of the first open opposition to Tutsi domination, drawing its inspiration from democratic and egalitarian ideas. This young group of Hutu intellectuals educated in the seminaries, but excluded from a role in administration of Rwanda, rallied under the banner of ethnic separatism. Gourevitch (1998) explains that, “The *Manifesto* firmly rejected getting rid of ethnic identity cards for fear of ‘preventing the statistical law from establishing the reality of the facts’” (p. 58). The Hutu gathered a lot of support from a new generation of Catholic missionaries who believed in equality, democracy, and social progress. The arrival of a new Swiss bishop, Monseigneur Perraudin, a “Christian socialist,” boosted the Hutu cause. Another force at this time was a rising tide of African nationalism and a great retreat of the colonial powers. All coincided with the United Nations-Belgian sudden change of policy, which from that period started to support the educated Hutu rather than the Tutsi, whom were now regarded as “feudal colonists” and “immigrants.” This change of policy came about from

pressure and criticism by the United Nations that criticized Belgians for failing to foster democratic principles of majority rule in its colonies. The Belgians justified themselves by ceding power to the Hutu elite, an about-turn and complete reversal of their previous political policy (Destexhe, 1995; Gourevitch, 1998).

Due to pressure from both the Belgian government and the Catholic Church, King Rudahiwa made reforms in 1954 to redistribute the land and give some to the Hutu. The Tutsi were unhappy with this land redistribution, the Hutu were discontented with Tutsi hegemony, and the Belgian and the Catholic Church were now in favor of the Hutu leadership. In such an atmosphere, King Rudahiwa was assassinated in 1959. According to Gourevitch (1998), he collapsed and died after administered an injection by a Belgian doctor, supposedly treating a venereal disease. Political instability and tribal conflict grew despite the efforts of his son, King Kigeri V to stabilize political tension. An increasing restive Hutu population encouraged by the Belgian military sparked a revolt in November 1959, resulting in the overthrow of King Kigeri V, the last Tutsi monarch, who fled to Uganda. The Tutsi, enraged by their gradual loss of power, made an attempt on the life of Gregoire Kayibanda, leader of Mouvement Democratique Republicain (MDR), the largest Hutu political party that had seized power from the Tutsi King. A massacre ensued, with an estimated 20,000 to 100,000 Tutsi being killed by the Hutu (Destexhe, 1995).

As ethnic strife grew, a Belgian army commander, Colonel Logiest, staged a *coup d'etat* by executive fiat, and ordered communal elections to be conducted. Taking advantage of numbers, the Hutu secured 90% of the top posts (Gourevitch, 1998). The United Nations intervened and called for a referendum on the 25th of September 1960, an

attempt to establish whether Rwanda should become a republic or remain a kingdom. The result indicated an overwhelming support for a republic. Elections were held, and the first Rwandan republic was declared, under Gregoire Kayibanda, (one of the authors of the Hutu Manifesto), as the first democratically elected prime minister. This meant Rwanda was no longer a colony of Belgium, and the traditional dominance of the Tutsi was over, but scars of hatred, strife, grudge, and hostility between the two ethnic groups remained. The Belgians declared Rwandan independence from the Belgian colonial rule in 1962, under the Hutu leadership. Between 150,000 and 200,000 Tutsi escaped and were exiled to the neighboring countries, fearing Hutu revenge for decades of ruthless Tutsi dominance (Bird, 2003; Gourevitch, 1998; Prunier, 1995). The remaining Tutsi were intimidated and silenced by the Hutu government and the Tutsi were used as national scapegoats for every political crisis. The ethnic identity cards were conveniently used by the Hutu to justify their political domination (Destexhe, 1995; Prunier, 1995).

The Postcolonial Period (since 1962)

The mid-1960s marked a period of relative political calmness and peace in Rwanda, and there was an increase in the number of mixed marriages between the Hutu and the Tutsi. The ethnic question only resurrected and became more acute at the beginning of the 1970s when the Hutu president introduced the education quota system, by which the Tutsi were allocated only 10% of the places in schools and universities and also in civil service posts, while the Hutu would secure 90%. This was supposedly a Hutu strategy of redressing historical and colonial power imbalances. In addition, economic

crisis exacerbated unemployment and competition over the few jobs coupled with tribalism and nepotism, meant that the Hutu secured most of the jobs, and the Tutsi were socio-economically marginalized (Destexhe, 1995; Gourevitch, 1998). Prime Minister Kayibanda reacted to the worsening economic situation by instituting a system of political inequality between the Hutu and Tutsi where any mushrooming Tutsi political party, such as Union Nationale Rwandaise (UNAR) and Rassemblement Democratique Rwandais (RADER), were banned and their Tutsi leaders executed and the Tutsi were derogatorily described as *inyenzi* or cockroaches (Gourevitch, 1998; Prunier, 1995). This situation is explained by the social identity theory, which suggests that human beings naturally divide themselves into *in-groups* and *out-groups*. People then link their self-esteem to their own *in-group* and exhibit favoritism and preferential treatment to fellow members. They contrast themselves with other groups, and this can lead to hostility, discrimination, and violence (Rwandan genocide, n.d.). Tribalism and nepotism led to acute ethnic hostility in Rwanda during the 1970s.

Kayibanda's regime continued the practice of listing racial group membership on identity cards for political gains. Kayibanda used the identity cards in his campaigns against the Tutsi and Hutu-Tutsi mixed marriages. Mixed marriages were frowned upon by some Hutu extremists as they thought that mixed marriages would dilute the ethnic cause and distinction. On July 5, 1973, Juvenal Habyarimana, the then defense minister, overthrew Kayibanda and there was a relatively long period without massacres between 1973 and 1990, but he instituted total political repression and the ethnic problem remained very much alive to his advantage (Gourevitch, 1998).

In the 1990s there was growing international pressure for political reform in Rwanda, and in responding to the pressure Habyarimana announced in July 1990 his intention of transforming the Rwandan one-party state into a multi-party democracy. Following pressure from France and Rwanda Patriotic Front (RPF), a predominantly Tutsi political party formed by the exiled Tutsi, Habyarimana reluctantly agreed to establish a national committee, define a political charter, and work a draft constitution. This era was accompanied by a slumping economy and food shortage, and political pressure for democratic reform. On October 1, 1990, the RPF invaded Rwanda, from the Ugandan boarder, accusing Habyarimana of failing to democratize and resolve the problems of some 900,000 Tutsi refugees living in exile. The exiled Tutsi miscalculated the reaction of its invasion of Rwanda. Though their main objective was to put pressure on the Rwandan government to make political concessions, the invasion was seen as an attempt to bring the Tutsi ethnic group back into power. The initial effect of this invasion was to aggravate ethnic tension and unite many Hutu around the president. The Habyarimana government then incited a series of programs against the Tutsi and opposition Hutu, which he justified by calling them the “self-defense of the Hutu people against the threat from the feudal Tutsi”. In 1991, Habyarimana’s militia killed 1,200 Tutsi living in Bagogwe in the northeast of the country. Also in March 1992, the Hutu committed a series of attacks against the Tutsi living in Bugesera, in the south, killing about 300. In the beginning of 1993, some 300 civilians, mostly Tutsi were killed in northern Rwanda (Destexhe, 1995; Pruiner, 1995; Gourevitch, 1998). These political developments were precursors to the 1994 genocide.

Meanwhile the United States and France orchestrated talks among the political parties in Rwanda to negotiate peace and end the civil war. On August 4, 1993, the *Arusha Accords* were signed in Tanzania, an attempt to negotiate peace between the Tutsi-dominated RPF party and the Habyarimana's Hutu government, and five other political parties, thus to end the civil war and achieve multi party democracy in Rwanda (Bird, 2003; Destexhe, 1995; Gourevitch, 1998). Provisions were made for a Transitional Board Based Government (TBBG) to govern Rwanda until the proper elections were held. An international force, the United Nations Assistance Mission for Rwanda (UNAMR), was also to be deployed to supervise the implementation of the Arusha Accords, and about 900,000 Tutsi refugees were to come back to Rwanda during the cease-fire. These arrangements stripped considerable power from the once all-powerful president Habyarimana. The Hutu extremist Committee for the Defense of the Republic (CDR) who had once refused to sign the Arusha Accords was strongly opposed to the power sharing deal with the RPF and they inspired president Habyarimana to delay the implementation of the Arusha Accords. The RPF then opposed the Arusha Accords and sought the nullification of the Accords since the Hutu were not abiding with signed agreement, further heightening political-ethnic tension (Destexhe, 1995, Melvern, 2001; Prunier, 1995).

The Eve of the Genocide

Rwandan Hutu-controlled media played an inflammatory role in precipitating the 1994 genocide. The newspaper *Kangura*, published between 1990 and 1994, was

instrumental in inciting ethnic hatred and violence in Rwanda. *Kangura* is Kinyarwanda language for “Wake it up,” meaning the voice that seeks to awake and guide the majority people. *Kangura*, which was deceptively run as an independent newspaper, was in fact owned and sponsored by *Akazu*, a secret Hutu political intelligence wing, led by Madame Agathe Habyarimana, the president’s wife. In December 1990, *Kangura* published a famous article “The Hutu Ten Commandments”, a doctrine based on Hutu/Tutsi political separatism. The article was widely circulated and its ideology of exterminating the Tutsi and their sympathizers was immensely popular. Hassan Ngeze, the editor of *Kangura*, even predicted the assassination of the Hutu president, Habyarimana, and the genocide that would follow the assassination (Gourevitch, 1998). During the 1990s, rhetoric of Hutu nationalism escalated. Radio stations like *Television Libre des Mille Collines* (RTLM), owned by top government leaders, and newspapers began a campaign of hate, fear, and genocide. Hutu-run media portrayed the Tutsi as subhuman, calling them *inyenzi*, (cockroaches) and making veiled calls for violence (Destexhe, 1995; Prunier, 1995; Gourevitch, 1998).

There is ample evidence that the killings were well organized, and some of the evidence was presented at the International Criminal Tribunal for Rwanda (ICTR). The evidence revealed that the radical Hutu groups organized and funded by the Hutu government started stockpiling weapons and conducting paramilitary training programs. The government also secretly recruited youth, forming and arming militias called *Interahamwe* (those who stand/fight together), and *Impuzamugambi* (those who have the same goal) in Kinyarwanda language. During several months of training, these militia groups drew up lists of all the Tutsi from their neighborhoods for extermination (Bird,

2003; Gourevitch, 1998). By the time the killings started, the militia in Rwanda was 30,000 strong, well organized nationwide, and had connected representatives in every neighborhood. Some militia members were able to acquire A-K 47 rifles by signing requisition forms. Grenades and machetes did not require any formal paperwork (Gourevitch, 1998; *Leave None to Tell the Story*, 2004).

According to Melvern (2004) in *Conspiracy to Murder: The Rwanda Genocide and the International Community*, the then Rwandan Prime Minister, Jean Kambanda (in his testimony before the ICTR) revealed that the genocide was openly discussed at the cabinet level, with many cabinet members in favor of executing the plan to exterminate all Tutsi. Kambanda also revealed that a retired army colonel, Theoneste Bagosora, many top ranking government officials, and members of the army, such as General Augustin Bizimungu, and many local level *burgomasters* (mayors), and members of the police were among the chief planners (Doyle, 2004). In supporting the meticulous planning for genocide (Melvern, 2001), the Hutu government conducted a massive arms shipment to Rwanda, regardless of cease-fire clauses of the Arusha Accords that had banned the entrance of arms to Rwanda during the transitional period. On January 22, 1994, a DC-8 aircraft loaded with armaments from France, including 90 boxes of Belgian-made 60 mm mortars, was confiscated by the UNMIR at Kigali International Airport. The French government, however, argued that the delivery stemmed from an old contract and hence was technically legal. The United Nations head of UNMIR was forced to give up control over the aircraft (Gourevitch, 1998; *Never Again*, n.d.). Between June 1993 and mid-July 1994, a United Kingdom (U.K.) based company, Mil Tec Corporation Ltd., was involved in arms supplies to the Hutu regime worth more than \$6.5 million U.S. The manager of

Mil Tec, Anoop Vidyarthi, and his Rwandan business partner, Rakeesh Kumar Gupta, both fled the U.K., shortly after these revelations, implying guilt (Wood & Peleman, n.d.). Gourevitch (1998) confirms the French involvement in shipping armaments to Rwanda, and also the massive importation of machetes from China. There was a consistency of European interference in the local politics of Rwanda that can be traced as far as the German (1894-1916) and Belgian (1916-1962) colonial periods, to the 1990s French and United Kingdoms' smuggling of arms to Rwanda.

The trigger to the genocide, however, came on April 6, 1994 when the presidents of Rwanda, Juvenal Habyarimana, and Burundi, Cyprien Ntaryamira, were assassinated in Rwanda during a plane crash, as they both landed at Kigali airport. An hour after the deaths of the Rwandan and Burundian presidents, all the towns were littered with soldiers, militias, and the presidential guard, mounting roadblocks, and equipped with lists of people to kill, primarily the Tutsi and their sympathizers (Gourevitch, 1998; Melvern, 2001). Melvern (2001) asserts that genocide does not take place in a context of anarchy. The genocide was carefully planned and the massacres were clinically carried out. The fact that an hour after the assassination of the Burundian and Rwandan presidents, the Hutu extremists were already carrying long lists of the supposed victims and mounted roadblocks throughout Rwandan major towns suggested a pre-plan of genocide.

On the other hand, RTLM radio had non-stop broadcasting violence, encouraging the extermination of the Tutsi. The radio even announced where the Tutsi were hiding and called the Hutu militia to run and do "the work." Gourevitch (1998) states that in accordance with Hutu militias' example:

The Hutu young and old rose to task. Neighbors hacked neighbors to death in their homes, and colleagues hacked colleagues to death in their workplaces. Doctors killed their patients, and schoolteachers killed their pupils, hour after hour, day after day, week after week, and month after month, until 75% of the Tutsi population was exterminated (p. 115).

What facilitated the identification of the victims were the colonial ethnic identity cards introduced by Belgian colonial policy in 1933 and maintained by the Hutu republic until the 1990s. In 1994, these identity cards meant the difference between life and death (Destexhe, 1995; Gourevitch, 1998; Melvern, 2001; Prunier, 1995).

The United Nations Peacekeeping Force in Rwanda did not help to stop the genocide when it started (Bird, 2003; Melvern, 2001). But their presence was a threat and slowed the Hutu planned massacres, so the Hutu provoked the United Nations peacekeepers by killing ten Belgian soldiers who were under the United Nations Security Council. In reaction, the United States, France, Belgium, and Italy withdrew their personnel from Rwanda, leaving the Tutsi civilians at the mercy of the avenging Hutus. Both the United Nations and the United States categorized the killings as a breakdown of the Arusha Accords' cease-fire agreement, and throughout the massacres they refrained from using the word genocide because, as signatories of the 1948 Genocide Convention, they would be obliged to militarily intervene. Despite pressure from the Red Cross that the Rwandan massacres were a real genocide, the United Nations Security Council responded to the worsening crisis by voting unanimously to abandon Rwanda, pulling out most of the United Nations peacekeepers, and leaving only 200 peacekeepers for the entire country (Bird, 2003; Melvern, 2001).

Melvern (2001) states that, the United States, Britain, and the developed countries did not intervene because Rwanda is not of any economic or strategic importance to the developed countries. The New York Times of April 13, 1994 summed it up in an article entitled *For West, Rwanda is not worth the political candle* and the editor reported that Rwanda was too small, poor and globally insignificant (Sciolino, 1994). The British also ignored and did not debate the Rwandan massacres in parliament. The Labor Party Member of Parliament in Britain, Worthington, affirms that, “it is inconceivable that an atrocity in which half a million white people had died would not have been extensively debated in the house” (Melvern, 2001, p.10). This indicated how neglected were the Rwandan people during the genocide. Gourevitch (1998) states that “all the remaining United Nations peacekeepers did well was to kill dogs that were eating the decapitated bodies” (p. 19). Rwandan dogs were notorious for eating the corpses during the genocide, and the United Nations peacekeepers saw that as a health hazard, they rather saved the corpses from dogs than the Tutsi from being exterminated by the Hutu militia (For a detailed analysis of the role played by the United Nations and the west, see Gourevitch, 1998 and Melvern, 2001).

The Hutu, now without any fear or opposition from the United Nations, engaged in genocidal mania, clubbing and hacking to death defenseless Tutsi with machetes and whatever weapon they had at their disposal (Gourevitch, 1998; Melvern, 2001; Prunier, 1995). The United Nations Security Council was confronted with international television news reports depicting genocide and they voted to send about 5,000 soldiers to Rwanda. The United Nations Security Council, however, failed to establish any timeline of deploying the soldiers, and thus never sent the troops in time to stop the massacres. The

killings only ended when the RPF, an exiled Tutsi dominated rebel army from Uganda, invaded and defeated the Rwandan Hutu government forces, thus saved the Tutsi from extinction. By July 1994, when the RPF managed to stop the genocide, about one million Tutsi and their Hutu sympathizers were dead (Melvern, 2001). The Hutu militia, soldiers, and most civilians deserted to neighboring countries and some to Europe, U.S., and Canada as refugees (Destexhe, 1995; Gourevitch, 1998; Prunier, 1995). It is estimated that about two million Hutu refugees fled Rwanda to neighboring Uganda, Tanzania, Burundi, and DRC/Zaire. The mass exodus of the Hutu was one of the largest refugee crises the world had seen since World War II. The living conditions at the refugee camps were unbearable and as many as 46,000 in Goma died of cholera, dysentery, and other communicable diseases by August 1994 (Gourevitch, 1998; Prunier, 1995; Bird, 2003). For an in-depth analysis of the distribution of refugee camps, living conditions in the camps, and the role-played by the international community to alleviate the crisis, see Bird (2003). Such an in-depth analysis is beyond the scope of this study. For the purpose of this study, the education provided to students with disabilities in the refugee camps is examined. It should be noted that both the students without disabilities who were refugees and those with disabilities were, in fact, all exceptional and an at-risk population, as they all shared a variety of challenges that ranged from psychosocial, emotional, health, trauma, and a wide range of behavioral problems (Bird, 2003).

A detailed history of the 1994 genocide is not the subject of this study but is briefly presented here to put the historical context and setting of the study in perspective. The main focus of the study is the prevalence, nature, models, programs, and services offered to PWDs during and after the 1994 Rwandan genocide (For detailed descriptions

of how the genocide was conducted in every Rwandan town and rural area, see Gourevitch, 1998).

Role Played by International Community in Rwandan Crisis

The role played by the international community in Rwandan politics and affairs is the foundation for understanding the potential contribution, and the basis for criticism of the international community to post-genocide Rwandan education and special education. The international community has a long history of interaction and involvement in Rwandan political affairs. The initial political intercourse between Rwanda and Europeans was recorded as early as the 1880s when Germany was given Rwanda as its colonial territory during the “Scramble for Africa” and the Berlin (Colonial) Conference of 1884-1885. Germany had territorial influence in Rwanda until the end of World War I, when as punishment of involvement in the war; Rwanda was ceded to Belgium by the League of Nations mandate of 1919. After World War II, Rwanda became a United Nations Trust territory under Belgian administrative authority. Both Germans and Belgians collaborated with the Tutsi and ruthlessly ruled Rwanda. In the late 1950s and early 1960s the Belgians, with pressure from the United Nations, switched support to Hutus and called for democratic elections. In 1962 Rwanda became an independent African state led by a Hutu dominated government for the first time in history (Gourevitch, 1989).

The role played by the United Nations, France, Germany, Belgium, and the United States in the Rwandan 1994 crisis can be traced back long before the genocide

and is well documented in international, economic, political, and educational literature (For a detailed analysis of the role played by the United Nations and the international community, see Gourevitch, 1998; Melvern, 2000; and Sciolino, 1994). For the purpose of this study, the main focus is the role that was played by the United Nations and the international community in fields of Rwandan disability, rehabilitation, and special education. To put the international community's role in perspective, a narration of the events and contribution of the international community before, during, and after the genocide is presented.

During the 1990s civil war between the Hutu government and the Tutsi-led RPF, the United Nations intervened to negotiate peace, leading to the Arusha Accords, a power-sharing agreement held in Tanzania on August 4, 1993. The United Nations then dispatched a peacekeeping army of 2,500 soldiers, UNAMIR, to monitor the cease-fire and facilitate the power-sharing agreements of the Arusha Accords. The Hutu government, however, deliberately delayed to implement the terms of the Arusha Accords and instead planned war, instead of sharing power with the RPF. Six months before the genocide, the United Nations were informed and warned by key actors in the planning of the genocide and also by the United Nations representative in Rwanda, but they ignored the warnings (Bird, 2003; Gourevitch, 1998).

When the genocide started on April 6, 1994, the United Nations and the international community watched without offering any significant help. Bird (2003) states, "the moral authority of the international community was absent both before and after the genocide" (p. 28). Still the presence of the United Nations peacekeeping force intimidated the Hutu soldiers and the militia from executing their master plan, to

hurriedly exterminate the Tutsi. The Hutu soldiers then killed ten Belgian soldiers as part of a plan to provoke and cause withdrawal of the United Nations peacekeepers. As was calculated, the Belgian government withdrew from the UNAMIR. On April 21, the United Nations made a resolution to reduce the peacekeeping force by 90 percent, and left only 270 soldiers with no mandate to militarily intervene during the already ongoing massacres (Bird, 2003; Gourevitch, 1998). As the genocide unfolded, the United States State Department and Britain, key figures in the United Nations, refused to publicly acknowledge that genocide was occurring in Rwanda. This was done to avoid the obligation to militarily intervene enshrined in the Genocide Convention of 1948, which states that signatories of the convention must militarily intervene to stop genocide. Both United States and Britain are key signatories of the Genocide Convention.

The international media reported the massacres, and in response, the ambassadors of Czechoslovakia, New Zealand, and Spain pushed for United Nations' military intervention. The Organization of African Unity (OAU) pledged to send an army and pressured the United Nations for assistance with armored personnel carriers. This provided pressure to the reluctant United States and Britain to act and protect their international image. The United States and Britain finally agreed to allow the UNAMIR to intervene militarily to stop the genocide on May 13, but no United Nations troops were ever sent to Rwanda despite agreeing to intervene. On June 22, the French troops, *Operation Turquoise*, which was authorized by the United Nations to do humanitarian work, arrived in Rwanda. By then the RPF had already dislodged the Hutu government soldiers and militia, and almost one million Tutsi had already been slaughtered, bearing

the fact that the rate of the killings in Rwandan genocide were five times faster than that of Nazi Germany (Melvern, 2000).

The Hutu leaders, soldiers, militia, women, and children, fearing the advancing Tutsi-led RPF, fled to the neighboring countries for refuge (Bird, 2003; Destexhe, 1995; Gourevitch, 1998; Punier, 1995). Bird (2003) describes the Rwandan crisis as one of the largest and most rapid mass exodus of refugees seen in the recent history. More than two million refugees poured into the borders of Tanzania, Burundi, Uganda, and Democratic Republic of Congo within weeks (Bird, 2003). The foregoing analysis indicates apathy by the international community to militarily intervene in Rwandan crisis during a time of acute need. The educational response of the international community in Rwanda during and after the genocide was in contrast to political apathy, but Rwandan people were skeptical of foreign-based NGOs and governments who had neglected them during genocide.

Role Played by International Community in Education of PWDs

Bird (2003) provides a detailed analysis of the education of Rwandan refugees during the Rwandan crisis and case studies of refugee education in Tanzania and DRC between 1994 and 1996. The analysis, although valuable to the study of educational provision during emergencies, is beyond the scope of this study. Here an analysis of the education and treatment of Rwandan refugee children with disabilities in Tanzanian refugee camps is provided. The analysis helps to reveal the roles of the international community to the education and livelihood of children with disabilities during emergency

situations. Although the international community showed apathy toward military intervention during the Rwanda genocide, its response to the education of refugee children was remarkable. During the early phase of providing education to Rwandan refugees in Tanzania, children with special needs received little attention, although in 1995 in Karagwe, some schools were encouraged to open classes for children with special needs that were attached to the mainstream school. Such classes were to cater for children with deafness, blindness, and mental retardation that could not effectively benefit from the mainstream classes. Although teachers in camp schools had limited levels of training, the United Nations education policy was to include children with physical disabilities in schools rather than leaving them home. Classes were built within the grounds of the main schools to facilitate social interaction and reducing barriers and stigma. The separate classes were often more for children with severe mental disabilities, who required more specialized attention (Bird, 2003).

In Ngara camp, the main focus was on psychosocial issues rather than on physical and mental disabilities. Each camp school had a trained teacher who identified signs of stress and other psychosocial needs. When a child with psychosocial needs was identified, he/she would be referred to trained counselors for intervention. Bird (2003) states “The psychosocial needs of the children were very important in the context of severe trauma that children had suffered, but these issues were not fully addressed in the Ngara or Karagwe camps” (p. 45). The fact that all the children witnessed the genocide, many were raped, harassed, and some were unaccompanied minors, who had separated from their parents while escaping genocide, meant that all children were likely to be in need of psychological, emotional, and behavioral intervention and support. Obura (2003)

explains that “virtually all children have lived through severely traumatizing experiences during the war, either watching family members being tortured and killed, or being themselves wounded or threatened.” A UNICEF/Government of Rwanda survey in 1996 confirmed extremely high prevalence of traumatic exposure, grief, and stress during the war. The following statistics demonstrate the findings: 80% of children reported to have experienced death in their family, 70% witnessed someone killed or injured, 79% witnessed someone screaming for help, 91% believed they would have died, 31% witnessed rape and sexual assault, 88% witnessed dead bodies, 36% saw other children participate in killings, and 16% hid under dead bodies for protection (Obura, 2003). These experiences were traumatizing, making virtually all Rwandan children candidates of special needs education.

The international community also played positive roles in the education of PWDs after the genocide. Many NGOs and international organizations such as World Bank, IMF, UNICEF, UNESCO, Red Cross and Red Crescent Societies, and others operated in Rwanda and provided assistance to PWDs. Organizations such as Danish Association of the Blind, Handicap International, and Swedish Organizations of Disabled Persons International Aid (SHIA) have been major donors of external funding to local organizations such as Rwandan Union of the Blind (RUB). The Belgian government has been funding the Blind People’s Association, a local group of about 200 members, to buy musical equipment and teach music to people with blindness. Handicap International has provided funding to Rwandan National Association of the Deaf for its operations. In 1996, Action on Disability and Development (ADD), a United Kingdom-based NGO has provided funding to organizations such as General Association of the Handicapped in

Rwanda (AGHR). AGHR also received some of its funding from the Vatican and Caritas (Thomas, 2005). After the genocide, many foreign-based NGOs and governments sought partnerships with the Rwandan government to provide services to PWDs. The role played by the international community in the field of Rwandan disability is worth noting (For a detailed analysis of the role played by international organizations in the education and livelihood of PWDs in Rwanda after the genocide see Obura, 2003 and Thomas. 2005).

Defining Genocide

Genocide is an old phenomenon and its definition and scope has stimulated debate in recent international and political history. The Rwandan killings meet the international criteria for classifying genocide prescribed by the United States and United Nations Genocide Convention of 1948.

The terms *mass-murder* and *massacre* sometimes interchangeably used with genocide, are misconceptions in denoting genocide because the term *mass-murder* fails to account for the *motive* and *criteria* behind the killings. Gourevitch (1998) distinguishes murder and *political murder* from genocide with the *intent* of the killing. The intent of genocide is to make, not *the* people, but *a* people extinct. In genocide, the motive and criteria has racial/ethnic, national, or religious considerations. Polish-born Raphael Lemkin, an adviser to the United States War Ministry during the Second World War, coined the term genocide following the horrors of extermination in Nazi Germany's concentration camps. The mass-executions of the Jews in the Concentration Camps in the 1940s were "a crime that had no name" by the 1940s. They were beyond a massacre or

political mass murder because their targets were *a* people, the Jews, and the motive was the “final solution,” exterminating *a* people. In 1944, Raphael Lemkin constructed the term genocide from contradictions to the accepted rules of etymology, from the Greek “genos” meaning *race or tribe* and the Latin suffix “cide” meaning *to kill*. According to Lemkin, genocide signifies:

The destruction of a nation or of an ethnic group and implies the existence of a coordinated plan, aimed at total extermination, to be put to effect against individuals chosen as victims purely, simply, and exclusively because they are members of the target group (Destexhe, 1995, p. 3).

The motive and criteria of genocide is total extermination of a target group.

Historians have recorded large-scale killings of people as early as the Duke of Alba in the 16th century, a thorough destruction of the population of the Samarkand by Leng in the 15th century, and the bombings of Dresden in the 20th century. Prunier (1995) has classified these large-scale killings as “quasi-genocide” and not a real genocide because the *purpose* of these killings lacked what he calls a “final solution,” thus a systematic extermination of the entire race, ethnic group or political group. In quasi-genocide, “the slaughter stops when the killers are tired or feel that the enemy has learned his lesson” (Prunier, 1995, p. 237). A thorough analysis of the various classifications of genocide is found in Prunier (1995), who classifies genocide into the following categories: “political genocide,” “ethnic/racial genocide,” and “religious genocide.” What happened in 1994 in Rwanda was a genocide of a mixed type, partially *ethnic genocide* with the systematic massacre of an allegedly racially alien population, the Tutsi, and partially *political* with the systematic killing of political opponents, the

Tutsi and moderate Hutu (Punier, 1995). The motive and criteria used to select the victims in Rwanda and the coordination of the plan suggests a “final solution,” a total extermination of the entire Tutsi ethnicity, therefore signifying genocide. The United Nations Security Councils’ Commission of Experts that investigated the massacres in Rwanda confirmed that there were concerted, planned, systematic, and methodical acts of mass extermination of the Tutsi people perpetrated by the Hutu elements, and thus, constitute genocide (Gourevitch, 1998).

The study of genocide reflects a division between those who use it to describe a variety of forms of mass killing of particular groups following the United Nations Genocide Convention’s definition that limited genocide to a “national, ethnical, racial, or religious group.” The same language is also contained in the United States Statute, S1851 (Blaser, 2002; United Nations, 1948). The April, 1994, killings in Rwanda meet those criteria and therefore qualify as genocide (Blaser, 2002; Destexhe, 1995). There is debate as whether to include the target killings of political groups, people with disabilities, gender, and sexuality as genocide. The killings of people with disabilities and political minorities are subjects of human rights, but not subjects of the United Nations Genocide Convention. These groups were excluded on the basis that their inclusion would jeopardize the ratification of the United Nations Convention by member states who saw it as an intolerable interference in their domestic affairs and an impediment to their national security (Blaser, 2002).

The United States’ narrowness in defining genocide which excluded the targeted killings of “political groups” is paralleled by other countries’ implementing statutes and the current tendency is to include the same four aspects as the United Nations whose

definition includes the extermination of *national, ethnic, racial, and religious groups*. This same pattern is evident in the statutes of Bolivia, Poland, Mexico, Spain, Russia, Yugoslavia, Albania, and Tajikistan. The definition of genocide provided by the Ethiopian Criminal Code, however, includes “political groups” and Australia’s definition includes “gender and sexuality, political affiliation and disability.” These definitions, however, are not universally accepted (Blazer, 2002). Markusen and Kopf (1985), Charny (1982), and Blaser (2002) advocate for more inclusive rather than exclusive definitions of genocide. Charny (1982) further objects to what he calls “definitionalism,” that is, “a damaging style of intellectual inquiry based on a perverse, fetishistic involvement with definitions to the point where the reality of the subject under discussion is lost” (Blaser, 2002, p. 54). Destexhe (1995) also affirms that the term genocide has progressively lost its initial meaning and is becoming dangerously commonplace. The United Nations Genocide Convention of 1948, the U.S., and various classification criteria indisputably agree that genocide occurred in Rwanda in April of 1994. This study seeks to show the relationship between genocide and disability and the effect on special education in Rwanda.

Defining Disability

Defining disability is complex and controversial; there is no universally agreed upon definition. This is due to the fact that disability has a social and cultural dimension and means different things to different societies. An attempt is made to define disability in a Rwandan context. The Department for International Development (DFID) (2000) defines disability as “A long-term impairment leading to social and economic

disadvantages, denial of rights, and limited opportunities to play an equal part in the life of the community” (p. 2). Disability is the outcome of complex interactions between the functional limitations arising from a person’s physical, intellectual, or mental condition and the social and physical environment. It has multiple dimensions and is far more than an individual’s health or medical problem (DFID, 2000).

Historically, disability has been defined as a medical condition; a problem located within the individual, thus, a medical model of disability. The medical model has been challenged by disability activists who re-conceptualized disability as primarily a social phenomenon. The social model draws a clear distinction between “impairments” and disability. According to the social model “It is society that disenables people who have impairments, through its failure to recognize and accommodate difference, and through attitudinal, environmental, and institutional barriers that it erects against people with impairments” (Thomas, 2005, p.15). Disability, thus, arises from a complex interaction between health conditions and the context where they exist. This social understanding has gained widespread acceptance and is reflected in the U.N. World Program of Action for Disabled Persons and the Standard Rules on the Equalization of Opportunities for Persons with Disabilities, the World Health Organization International Classification of Functioning Disability and Health (ICF), and by the World Bank, DFID, and others (Elwan, 1999).

Understanding of Disability in Rwanda

The Draft Law on the Protection and Promotion of the Rights and Dignity of Persons with Disability defines disability as, “Persons who were born without physical, mental or psychological ability like that of others or who were deprived of it due to illness, accident, war or old age” (Thomas, 2005, p. 15; Draft Disability Law, Article 1, unpublished). Although this definition has been adopted in Rwanda, there is no agreed classification system, like that of Cambodia that specifies the various classes of disability. The Rwandan National Policy Proposal Document on Orphans and Other Vulnerable Children (OVC) defines disability as “people under the age of 18 years who have a physical or intellectual impairment which may present a handicap to social, intellectual, mobility, education, health, well-being, and future employment potentials” (Karangwa, Ghesquiere and Devlieger, 2006 p. 3; Republic of Rwanda 2002a).

The OVC policy document classifies orphans and vulnerable children as *children in difficult circumstances*. This category includes the following: orphaned children, street children, children affected by armed struggle, sexually exploited and abused children, and working children. Other categories of children in difficult circumstances include those who are affected and infected by HIV/AIDS virus, those married before the age of 21 set by the Rwandan law, infants living with their mothers in prison (108 infants lived with their mothers in prison in the early 1990s), refugee and internally displaced children, children with single mothers, and children in conflict with law (there were 4500 minors who were in conflict with the law in the early 1990s) (Karangwa, Ghesquiere, & Devlieger, 2006; Republic of Rwanda, 2002a). The OVC document includes children

with sensory, physical, learning difficulties, other disabilities as well as those in special education. All these children were noted to have different types of disabilities and vulnerabilities ranging from emotional and social to behavioral difficulties. It is important to note the disparity of the foregoing national policy definitions of disability, both of which came from the Rwandan government's policy proposal documents. Such disparity is testimony to the complexities that come along with the genocide and the problem of classification and categorization of disabilities after the 1994 genocide.

Relationship between Genocide and Disability in Rwanda

In practice genocide and disabilities are intertwined, but in much education and analysis they are not (Blaser, 2002). Explaining the situation of PWDs during the Rwandan genocide Blaser states, "When you watch TV and see caravans of refugees (after the genocide), you hardly ever see PWDs. That is because most of the time they were left behind and most probably their loved ones perished with them" (Blaser, 2002 p. 53).

There are many accounts of the situation of PWDs during the Rwandan genocide. For example, the National Assistance Fund for Needy Survivors and Massacres in Rwanda (FARG) estimates that 300,000 survivors of the genocide were left with disabilities, and approximately 26,000 were missing one or more limbs (Blaser, 2002). There was a large-scale slaughter of people with deafness, and the Hutu soldiers and death squads killed almost all the 750 patients with mental handicap in Rwanda's Psychiatric Hospital (Mutabazi, 1998; Thomas, 2005). Masakhwe (2004) mentions that

former rehabilitation centers such as the Gatagara Center and the Ndira Center were attacked and all the people in the Gatagara Center were killed in cold blood. According to the commissioner with the Rwanda National Commission on Human Rights, Mr. Theodore Simburudali, “Disabled people suffered intolerable horrors. They went through hell on earth. There are very few disabled people who survived during the genocide. They were killed and many were maimed. Hundreds were abandoned” (Masakhwe, 2004, p. 2), and left without food and medication for several months. The genocide heavily impacted services and associations of PWDs. Out of the 15 members of the committee of the General Association of the Disabled People in Rwanda (AGHR), only three survived (Thomas, 2005).

Although people with disabilities appeared to be the prime targets during the Rwandan genocide, as the above evidence suggests, Thomas (2005) claims that the perpetrators of the 1994 Rwandan genocide did not specifically target people with disabilities in the way that took place under the Nazi regime, and to a lesser degree, by the Khmer Rouge in Cambodia. PWDs were still among the first victims. Blaser (2002) maintains that:

It appears that large numbers in Rwanda became disabled during attempts to terrorize them or their relatives and subsequent attempts to kill them were botched, in many cases, though, attempts at killing were botched and where mobility was impeded death was often the consequence. In many cases individuals escaped death, but did not escape disability either through malnutrition or Post-Traumatic Stress Disorder (p. 58).

This explanation demonstrates the relationship between genocide and disability. Blaser's (2002) and Nkundiye's (1997) research also found out that PWDs were the first and the main victims of the 1994 Rwandan genocide.

During the Rwandan genocide many people were disabled as a direct result of landmines, machetes, and bullets. It is estimated that in Africa between 350 and 500 people become amputees per day due to landmines, and for every one person killed during war and related violence, two more became maimed (Masakhwe, 2004). Some became disabled through the disruption of vaccination programs and the collapse of the health system, which made it impossible to secure appropriate medical treatment. After the genocide, international, regional and national aid groups were hampered by threats of danger and challenges to their neutrality, and many chose to leave (Blaser, 2002; Thomas, 2005), and therefore leaving people with disabilities at greater risk (For a detailed analysis of the relationship between genocide and disability in Rwanda see Blazer, 2002 and Thomas, 2005).

Disability, Poverty, and Social Exclusion in Rwanda

Disability, poverty, and social exclusion are also intricately related. Poverty stems from vulnerability, lack of voice and access to natural resources and services, and income deprivation. The Rwandan Poverty Reduction Strategic Plan of 2002 identified six types of households in Rwanda: *Umutindi nyakujya* (those in abject poverty), *umtindi* (the very poor), *umukene* (the poor), *umukene wifashije* (the resourceful poor), *umukungu* (the food rich) and *umukire* (the money rich). For the purpose of this study, a description of

umutindi nyakujya (those in abject poverty) is provided as it fits PWDs more than other household categories. Umutindi nyakujya are:

Those who need to beg to survive, have no land or livestock, lack shelter, adequate clothing and food. They fall sick often, have no access to medical care, their children are malnourished, and they cannot afford to send them to school (Thomas, 2005, p.19).

Many PWDs in Rwanda do not have access to productive resources and live in abject poverty.

In Rwanda attitudes towards disability are still negative. Disability is still regarded as a source of shame, and name calling remains common. PWDs are commonly addressed by the type of their disability than their real name. In Kinyarwanda (language), the personal prefix used to denote a person *umu-ntu* (a person) is replaced by that of a small, inanimate object and becomes *iki-muga* (a disabled person) or literally, “a worthless, broken piece of pot” (Thomas, 2005). Women with disabilities rarely marry, and when married they are mistreated. They are believed to be sterile, and if they bear children, the children are believed to have a disability. Women who give birth to a child with a disability are abandoned by their husbands. Disabled children are seen as a source of shame to families. They are sometimes hidden and live in appalling conditions. Thomas (2005) noted that attitudes toward PWDs vary according to type of disability. Physical disabilities are the most accepted form, and amputees seem to suffer less from negative attitudes than other types of disabilities. This is probably because of the increase of such disabilities after the genocide. Blind and deaf people are the most isolated. As of 2005 there were no services available to deaf or blind people. There was no national sign

language or literature. People with mental retardation suffer more discrimination than other types of disabilities.

Sexual violence and abuse is rampant among women and girls with disabilities, especially those who are blind, deaf, and or with mental retardation, who have difficulty to communicate and report abuse. Rape and sexual violence in special schools are common, resulting in pregnancies. There is no deoxyribo-nucleic-acid (DNA) testing making it difficult to arrest the perpetrators of abuse. Attitudes are, however, slowly changing because of the large prevalence of PWDs due to 1994 genocide and war. In 2004 Rwanda won its first-ever bronze Olympic medal during the Para-Olympics in Athens. This event received widespread media publicity and sports for PWDs has gained momentum, helping changing people's attitudes (Thomas, 2005).

In many African countries, disability and poverty result in social exclusion. The Department for International Development (DFID) defines social exclusion as:

The experience of certain groups who suffer discrimination on the basis of their social identity and are excluded from economic, social or political opportunities as a result. This discrimination may operate at the level of state policy, institutional bias, social practices, or historic neglect (Thomas, 2005, p.19).

In Rwanda PWDs are among the poorest and suffer discrimination, and are excluded from economic, social, and political opportunities. People with disabilities have problems accessing micro-credits, lack access to guarantee loans, and are regarded as a bad risk. They are not involved in community developments projects and have difficulty securing employment (Thomas, 2005).

Thomas (2005) provides a case study that demonstrates the confluence of disability, poverty, and social exclusion. The case study is a product of an interview with Marie, a survivor of the 1994 genocide in Kigali and was conducted by Phillipa Thomas in 2005:

Marie is 41 years old. She has two children, a boy aged 12 and a girl aged 10. Her husband was killed during the genocide. Marie had polio as a child. She has orthoses on both legs and uses crutches to get around, which a local priest helped her to get, but they are now very old and desperately need repairing. She has a very small plot of land (less than 900 sq m), which she is now unable to cultivate because of her broken orthoses. The nearest source of water is four km away. If her children cannot fetch water, she has to pay RFR100 for someone to do it for her.

Marie and her family do not have enough food for most of the year. She subsists largely on the gifts of money from friends, which she uses to do some small trading. In her cell, (a cell is a group of five families) everyone except her received a goat through the Ubedehe Program, a European Community (EC) funded development program. She was told that as she had no land and was disabled, she couldn't care for the goat. She cannot access micro-credit as she has no collateral and is considered a bad risk.

Marie is trapped in a vicious cycle of poverty and dependence. Simple repairs to her appliances would liberate her and enable her to lead an independent life again. She says, 'my disability troubles me every day. I

cannot cultivate, my appliances need repairing, I cannot move, I am dependant' (p. 15).

Marie has a disability and is a widow as her husband died during the genocide. She had polio as a child that left her with orthoses and she uses very old crutches that need repair. She is in abject poverty, with no valuable property of worth, except the little piece of land that she cannot cultivate because of her broken orthoses. Marie does not have enough food and survives on well-wishers gifts. Because of her poor condition she is socially excluded, as she cannot get a loan in the form of a goat and or micro-credit since she has no collateral. The case of Marie reveals the troubling relationship between genocide, disability, poverty, and social exclusion.

Poverty is recognized to be a major cause of disability in many developing nations (DFID, 2000; Elwan, 1999), as poor people lack access to basic health care; simple infections, illnesses, and injuries go untreated, often resulting in permanent disability. A combination of abject poverty and trauma caused by genocide leads to depression and anxiety disorders and other psychological problems. Child malnutrition estimated at 6.7% for wasting, and 47% of Rwandan children are stunted. Malnourishment is a major cause of developmental delay and long-term intellectual disability in Rwanda (Thomas, 2005). James D. Wolfensohn, the former president of the World Bank states:

Disabled people are also more likely than other people to live in grinding poverty. More than 1.3 billion people worldwide struggle to exist on less than US\$1 a day and the disabled in their countries live at the bottom of the pile (DFID, 2002, p. 1).

This reinforces the perpetual cycle of disability, poverty, and social exclusion in Rwanda.

Overview and Milestones in Rwandan Education

A brief overview and milestones in Rwandan education is provided as a foundation for understanding special education system and provision. The general education structure and system generally include early childhood care and development (ECCD), primary education, secondary education, vocational and technical education, higher education which includes scientific and technological research, and special education which is separate from other education categories (For a detailed analysis of structures and milestones in Rwandan educational development since Rwandan independence in 1962, see Republic of Rwanda 2003a and Obura 2003).

According to Obura (2003), Rwandan education history has four milestones: nationalization of education in the 1960s; education reform in the mid-1970s; reform and revision in 1991; and post-genocide educational developments. For the purpose of this study, a brief history of Rwandan education is divided into two broad periods namely independence to genocide (1962 to 1994) and post-genocide era (1995-present).

Pre-Genocide Education/ Ethnic Question in Rwanda (1962-1994)

The pre-genocide Rwandan education system had the following structure: primary, secondary, vocational/technical, and higher education. Special education and early childhood education were not part of an official structure, and were run separately by

charities and private organizations. Higher education encompassed universities and research centers.

At independence in 1962, almost all the schools were owned by the Catholic and Protestant churches. The government through the Ministry of Education in Rwanda made agreements with churches, private, and community schools to only assist by paying teachers' salaries. Maintenance, administration, and construction of schools were done by churches and private owners. In 1990, for example, 70% of students were in Catholic schools, 12% in private schools, and only 18% attended the few state schools. From the mid 1960s to 1993 the Rwandan government started to run primary education. Post primary education was still run by churches and private organizations.

Rwanda continued the pre-independence curricula of six years primary education with the official school entry age at seven years old. Rwanda did not have any documented early childhood education between 1962 and 1994. In 1977 and 1978 Rwandan primary education went through reforms that saw an eight year primary education timeframe designed to accommodate vocational, rural education curricula, and stop double attendance shift; whereby one teacher teaches two groups of students, one in the morning and one in the afternoon. In 1991 and 1992 there were other new reforms that saw the revision of the 1977 and 1978 reforms changing primary education back to six years. The six year primary education has continued after the Rwandan genocide (Obura, 2003).

At independence, Rwanda had 217,000 students in 2,017 primary schools. By early 1994 primary enrollment had increased eightfold to 1.7 million, and yet a decline to only 1,884 schools. This decline in the number of schools was due to a process of

rationalization and consolidation of primary education. The transition rates from primary to secondary schools were only 7% in 1972 and 10% by 1992. Primary education was in theory free and compulsory, though parents had to pay 300FRW per term or just over \$5 U.S. per year. Teaching and learning materials were in short supply and teachers were insufficiently qualified. For example, primary teachers were trained in secondary schools pedagogical courses (Obura, 2003), as they lack teacher training materials.

In 1962, Rwanda continued the pre-independence three, six, or seven year secondary education. The reforms in 1977 and 1978 brought a new three year post-primary education and secondary education was for selected few. The reforms in 1991 and 1992 started a three year junior secondary cycle for all students. Secondary education had two categories, one which had two or three years that specialized in training boys in agriculture and skills education, and girls in home economics and craft training. The second category was full secondary education which was five, six, or seven years. At grade 10, secondary students had four options to follow: general, classics, teacher training, or technical education (Obura, 2003). Pre-genocide secondary education was predominately run by churches and was underdeveloped. Very few selected students continued to secondary education. In 1990, only 9.2% of students managed to enroll in secondary schools, some of which were placed in the two year vocational/technical classes, while few stayed for five years in the secondary education system. A total of 280 secondary schools were operating in early 1994, of which 168 (two-thirds) were privately owned. The Rwandan government ran very few secondary schools (Obura, 2003).

In 1972 there were only 751 students in tertiary colleges, including the university, in a population of approximately 4 million (Obura, 2003). From the 1970s college entry

was determined by ethnic and regional quotas. This quota system was instituted to redress historical ethnic imbalances in tertiary colleges. The Hutu had the largest allocated quota, a reversal of the pre-independence practice. From the 1980s very few Tutsi were enrolled in colleges.

Ethnic preferences and conflict in education have a long history in Rwanda education. The colonialist governments of Germany and later Belgium, and church schools gave preference to the Tutsi before Rwanda attained its independence in 1962. For example, Astrida College, (now Butare College) a prestigious educational institution in pre-colonial Rwanda, had 45 Tutsi students and only 9 Hutu in 1932, 46 Tutsi students and 3 Hutu in 1945, 63 Tutsi and 19 Hutu in 1954, and 279 Tutsi and only 143 Hutu in 1959 (Obura, 2003; Prunier 1995). This imbalance was due to the colonial administrations' collaboration with the Tutsi, and a divide-and rule colonial strategy.

When Rwanda attained its political independence in 1962, the first Rwandan Republic continued a policy of ethnic and regional quotas in the education system that continued the divisive legacy of Rwanda since the 1920s. The ethnic and regional quotas were formally introduced by the education reforms of 1977 and 1978, and the revision of the 1977 and 1978 reforms in 1991 and 1992 did not eliminate the ethnic quota system. The ethnic quota system was continued in order to redress historical ethnic imbalances in education, a justification presented by the Hutu government. Hutu people, who had been discriminated in education before independence, were preferred over the Tutsi to enroll in public tertiary education (Obura, 2003). All government and assisted primary, secondary, and tertiary schools were to respect enrollment by ethnic quota. During the 1970s, 85% school or college entrants were based on performance and ethnic and regional quotas,

10% selected by churches, and 5% by the Ministry of Education. Results for primary examinations were never published for secondary school entrances, making the 85% performance criteria a fallacy. Ethnic quotas for schools were based on a theoretical national population of 90% Hutu, 9% Tutsi, and 1% Twa (Cooksey 1992, as cited in Obura, 2003).

In the early 1990s, 63% of secondary enrollments were from farming backgrounds, suggesting that they were Hutu, as the Hutu were predominantly farmers. The failure of many Rwandan students to attend government secondary schools led to a quiet revolt by parents whose children failed to enroll in secondary schools. The Rwandan government encouraged the setting up of private schools, formed by a number of parents' associations and assisted by the government. This compensatory education was very expensive to parents. UNICEF described the pre-genocide schooling system as having "to a larger extent reflected the destructive divisions in Rwandan society" (UNICEF, 1994 as cited in Obura, 2003 p. 45). Before the genocide, education for special needs students and early childhood education was exclusively run by private organizations and charities. The government of Rwanda did not invest in the education for PWDs and early childhood education, and it even struggled to run public education for its population.

Post-Genocide Education in Rwanda (1994-present)

"The new government had nothing-no financial resources, no equipment or supplies, and almost no manpower-but it rapidly made clear that it was intent on effecting any necessary changes in Rwandan society, even if this involved, precisely 'starting from zero'" Cantwell (1997).

A description of the situation left by genocide in the education of Rwanda is a pretext to understanding the challenges and achievements of post-genocide education, and also a basis for understanding the education of PWDs and related challenges and achievements. Genocide brought about total confusion and collapse of the entire education system. Education was to be resuscitated in a situation where about one million people were massacred, two million had fled Rwanda to neighboring countries, and one million were internally displaced. Unemployed youth, returning refugees, demobilized soldiers and child soldiers, orphans, traumatized children and youth, and PWDs urgently needed training and education (Obura, 2003; Prunier, 1995).

All schools and colleges were closed for several months and numerous schools and colleges were destroyed, burned, looted, pillaged, and their property stolen. Of the 1,836 schools, 65% were damaged. Only 648 were operational in October 1994 and 1,188 needed urgent repair. Almost one quarter of the schools were occupied by refugees returning from neighboring countries. The state university, National University of Rwanda, was specifically targeted by the massacres and suffered enormous destruction. Only 18.54% of the former staff remained four years later, in 1998. Vocational training and adult education colleges were looted and closed. For example, The National Centre for Training and Professional Improvement only opened in 1998. Eighty to ninety% of adult education centers were closed and never re-opened. The National Library was burned down and the National Archives lost all its documents (Ministry of Education, 1998; Obura, 2003).

The Ministry of Education, which was responsible for reviving education, was brought to a standstill; the windows were blown out, the building was shelled, doors were

broken, furniture was stolen, and documents were destroyed. Many of the staff were massacred, and some fled and never returned. Provincial and local education offices were ransacked and all records lost. The Ministry of Education textbook production center was damaged and only reopened much later. By July 1994, when the new Minister took over, the government had “no financial resources, no equipment or supplies, and almost no manpower” (Cantwell, 1997, as cited in Obura, 2003; Ministry of Education, 1998).

Teachers and children were killed. In Rwanda teachers symbolized the elite and the educated, and they became a particular target during genocide. Teachers were also perpetrators of genocide and participated in killing. Teachers turned against other teachers, neighbors, and students. Students did the same. Before the genocide, about 60.1% of almost 19,000 primary teachers were classified by the Ministry of Education as qualified. In September 1994 only 45% of qualified teachers remained in the primary education system. In secondary schools, only one-third of teachers were qualified. After the genocide, ninety% of teachers did not want to teach in rural areas where hostilities were still rife. In provinces such as Byumba, Kibungo, Kibuye, and Umutara, only 25% of teachers were qualified.

The status of children after the genocide was unbearable. Instead of being in school, more than 100,000 children were lost or separated from their parents. By the end of 1994, about 15,000 children were living in post-genocide centers and were not yet rejoined with their families. A total of 54,000 children were reunified with their family by 1999. Students lived through severely traumatizing experiences during the genocide, either by watching family members being tortured and killed, or themselves being wounded or threatened (Obura, 2003). Some children were accused of murder. In 1998,

200 children (who would have been under the age of 14 by 1994), were still being held in Gatagara Centre due to their suspected involvement in the genocide. Another 200 or more cases of young people between the age of 14 and 18 were brought to the courts in 1998 for participating in the killing. Some children became head of families as their parents and guardians were killed. More than 200,000 to 300,000 children lived in child-headed families. According to United Nations High Commission of Refugees, about 45,000 households in Rwanda were headed by children, and 90% of them headed by girls.

Many girls who were in school just before the genocide had given birth as a result of rape and could not go back to school. Rape and forced prostitution were used as weapons of torture. It is estimated that about 30% of girls and women between the ages of 13 and 35 were victims of sexual aggression and rape during the genocide. Survivors had severe health complications, unwanted children, and HIV/AIDS leading to social isolation and ostracization (Ministry of Education, 1998; Obura, 2003).

Until 1996, many Rwandan children were attending underdeveloped refugee camp schools in Tanzania and Congo. The situation in refugee camp schools was even worse than in Rwandan schools. Children with disabilities were more vulnerable (For a detailed study of the situation of children in refugee camp schools, see Bird, 2003). It is within this backdrop that Rwanda educational reconstruction progressed.

The first phase of educational reconstruction was the “emergency phase,” what UNICEF terms “starting from zero-or Rwanda’s capacity to reinvent itself,” which was from September 1994 to 1996 and the second phase was the “reconstruction phase” from 1996 until the present (Obura, 2003). Genocide officially ended in the first days of July, and by July 18, 1994, a new government was in power. The new government appointed a

Minister of Education and a new education policy emphasized national unity and reconciliation, prohibiting ethnic discrimination and identification of students and teachers in education, and instituting equity of educational provision and access. The Ministry of Education was supported by four other ministries: the Ministry of Labor and Social Affairs which organized adult education and literacy; the Ministry of Youth with its mandate for sports and later peace education; the Ministry of Gender which runs literacy programs for women; and the Ministry of Local Affairs responsible for integrating returnees. The new government advocated for an overhaul of the entire education system, amidst formidable practical challenges.

The Ministry of Education had few teachers, education officers, and curricula documents that could be used as points of references to re-start the education system. But the old curricula were accused of causing ethnic hatred, division, and genocide and were rejected, meaning that the Ministry of Education was to “start from zero.” The new Ministry of Education was determined to re-open schools by September 1994, two months after the genocide, and it did. As schools were officially opened, education staff, teachers, and students who survived the genocide resurfaced from hiding and exile albeit slowly, as people were still in fear for their safety and security. The Ministry of Education started a strenuous campaign of social mobilization using media and public speeches to invite people to work, schools, and colleges (Obura, 2003).

During the emergency phase, UNESCO, UNICEF and the Ministry of Education collaborated in providing education. They supplied boxes of educational products called Teacher Emergency Package (TEP) to schools. TEP included teachers’ guides for initial

literacy/numeracy, curricula, and other contents, and were an educational product from UNESCO, UNICEF, and foreign-based NGO agencies.

The government of Rwanda did not prioritize and develop early childhood care and development (ECCD) before the genocide, but ECCD started to evolve after the genocide. In 2000, there were 257 nursery schools, only two of which were government-owned. These preschools provided services for 18,399 children out of total of over 2 million pre-school aged children. These schools were managed by 527 teachers, most of who were not trained in early childhood education. The government does not finance pre-school education, but since the genocide it started offering technical support and provided incentives to private organizations that offer pre-school education (Republic of Rwanda 2003a; Republic of Rwanda, 2006).

Primary Education underwent tremendous change and increased in enrollment since the genocide. By 2003, there was 78.3% enrollment for both boys and girls. But dropouts and repeating grades were still at 16.6% for boys and 17.2% for girls by 2003. Repetition of girls was/is due to the fact that girls have many family obligations such as providing for orphans and children. Teacher pupil ratio is still high at 1 teacher per 59.9 students and as high as 1 teacher to 69 students in Kibungo. A policy of double shifting is practiced--having a teacher teach one class in the morning and another in the afternoon so that students are only in school for half a day. In 2003 primary education textbooks were scarce and were only provided in two subjects: Kinyarwanda language and mathematics. One text book was shared by over three students. Qualified teachers teach level P4 (primary grade level) and above in French and English, and under- or unqualified teachers who only speak Kinyarwanda teach P1 to P3 in the local Kinyarwanda language

(Republic of Rwanda, 2003a). In 2006 the government of Rwanda passed a bill to introduce a nine year basic education from the traditional six year primary education in order to universalize education, lower repetition rates, and drop outs (Republic of Rwanda, 2006).

Secondary Education has also evolved since the genocide. By 2003, the transition from primary to secondary schools was approximately 37% in both private and public schools. This was due to a variety of factors that include lack of schools in some districts, failure of primary students to pass the final exam and transition to secondary level, costs of attending, and distance between schools and homes. High proportions of boys, about 60 percent, attend public and government assisted schools, while higher proportions of girls, about 60 percent, attend private schools. This is due to underperformance by girls at the end of primary school level and failure to have required grades to attend public schools, and also many parents prefer their daughters to attend boarding schools, most of which are private. The secondary curricula reflect education policy of reconciliation and books are now available in French and English. By 2003, only 52.1% of the 7059 teachers in the secondary system were qualified and the percentage is now even higher. In 2003, teacher pupil ratio was approximately 1 to 25 (Republic of Rwanda 2003a; Republic of Rwanda, 2006).

Vocational and Technical Education which is offered in Youth Training Centers (TYCs) under the Ministry of Public Service, Vocational Training, and Labor has developed since the genocide. TYCs cater for over 2,000 young people out of an intended target population of one million. By 2003 there were 22 public and 16 private vocational centers in Rwanda and they enrolled youth with primary level certificates, meaning those

who dropped from primary education could not attend. Proportions of girls are very low and only 5.8% benefit from apprenticeship versus 9.1% for men, and only 2.6% women are in short courses. College fees exclude the poor. There is still a shortage of equipment, technology, and qualified teachers in most TYCs.

Genocide left Rwanda with far fewer technicians and by 2003 there were only six technical/vocational schools in Rwanda that train graduates from the upper secondary schools. Technical Education is offered in electricity/electronics, general mechanics, public works/construction, and agriculture. Of the 64,936 students from secondary schools, only 4,269 representing 6% are enrolled in technical education. Professional/vocational education focuses on training secretarial skills, nursing, teachers, and agro-veterinary. There is a shortage of qualified teachers, yet more than 53.1% of upper secondary students end up in professional vocational training (Republic of Rwanda 2003a; Republic of Rwanda, 2006).

There are 11 teacher training colleges (TCCs), one in each province. TTCs offer both initial and in-service teacher training to improve the quality of teaching. The TTCs have a capacity of approximately 2,500 trainees a year. There are also several private colleges that train primary school teachers. The number of qualified teachers has increased from 49.2% in 1999 to 85.2% in 2003. There are more qualified teachers in cities such as Kigali and Ruhengeri with about 100% qualified teachers, while regions such as Umutata have less than 50%. There are now slightly more female qualified teachers than males in primary level education at 86.0% to 84.4% respectively. The training of secondary school teachers is done at National University of Rwanda (NUR) and Kigali Institute of Education (KIE). NUR produces approximately 60 teachers a year

and KIE produced about 300 by end of 2003, and the numbers have continued to increase. Rwanda has also started distance learning (DTP) in 2001 at KIE in order to train in-service teachers. The DTP has 10 satellite centers in Rwanda and by 2005, had trained about 500 teachers. By 2003, about 7,058 secondary level teachers were qualified, and of these 1,358 were women (Republic of Rwanda 2003a).

Higher Education also evolved since the genocide. New institutes such as Kigali Institute of Science, Technology and Management (KIST), Kigali Institute of Education (KIE), and Kigali Health Institute (KHI) were opened. In addition, the National University of Rwanda and the Higher Institute of Agriculture and Animal Husbandry (ISAE) have been re-established. Enrollments in higher education are still very low at only 1% compared to sub-Saharan Africa that has 4% of its population in higher education. Genocide left very few staff and the government started recruiting regional and international staff in order to obtain qualified personnel in higher education (Republic of Rwanda 2003a; Republic of Rwanda, 2006). For example, between 1995 and 1997, 322 of the 448 lecturers at the National University of Rwanda were visiting lecturers.

After the genocide, Rwanda started a massive recruitment of young graduates to go to western countries to complete masters' and doctoral degrees and replace foreign-based expatriates upon their return. In addition, the National Council of Higher Education has established a National Quality Control System and National Qualifications Framework to accredit and approve operation in higher education. To finance education, the Student Financing Agency for Rwanda (SFAR) was established to manage bursaries,

scholarships, grants, and student loans and this saw higher education enrollment increasing since 1995 (Republic of Rwanda 2003a; Republic of Rwanda, 2006).

The government of Rwanda has two research institutions: Institut de Recherche Scientifique et Technologique (IRST) and Institut des Sciences Agronomiques du Rwanda (ISAR). Funding for these institutions is poor; the institutions are ill equipped and understaffed with unqualified personnel. By 2003, IRST had 20 permanent researchers, among them only one had a Ph.D. There were only six associated researchers and sixteen technicians. At ISAR there were 55 permanent researchers, two of whom had Ph.D.s and only 19 were technicians by 2003. The government sent four researchers from IRST and eight from ISAR to foreign countries for further doctoral training (Republic of Rwanda 2003a; Republic of Rwanda, 2006).

Special Education in Rwanda is still predominately run by private organizations, although the government is starting to focus on public special education. Very few students have been introduced in mainstream classes, while many attend the existing special centers/schools, and there is no special consideration for gifted children.

History and Provision of Special Education in Rwanda

The current definition and understanding of special education in Rwanda is different from the understanding before the genocide. Before the genocide, special education provision referred to *welfare* of those who were disadvantaged or disabled (Karangwa, Kobusingye, & Niyiguha, 2001), and was predominantly run by charities and church-linked private organizations as separate special institutions popularly known as

special education centers. Early childhood education for children with disabilities was non-existent. Teachers at special institutions were not trained. The curriculum was predominantly vocational training of skills such as basketry, weaving, sewing, and others. The government of Rwanda was not involved in the education of PWDs before the genocide. The philosophy of inclusion as it is known in western countries did not exist in Rwandan special education before the genocide since the education of students with special needs was done in isolated special facilities, constructed far away from public government and private schools (Thomas, 2005).

Today, the same humanitarian organizations are still responsible for well over 90% of the rehabilitation and special education services (Karangwa, Ghesquiere, & Devlieger, 2006; Kristensen 1999, 2000; Republic of Rwanda, 2002a). In Rwanda, the concepts and practice of special education and rehabilitation were/are intertwined and inseparable, hence the students received more vocational training and rehabilitation than any academic preparation (Karangwa, Kobusingye, & Niyiguha, 2001; Karangwa, Ghesquiere, & Devlieger, 2006). The current definition of special education, according to Karangwa, Kobusingye, and Niyiguha (2001) includes:

The educational process for all those learners deprived of access to educational services reserved for an average normal Rwandan learner. These have been noted to be caused by disabilities, impairment, behavioral (emotional and psychological) disorders, socio-economic, environmental and other barriers to the learning programs (p. 4).

This definition of special education emanates from the Rwandan contextual understanding of disability. Disability in the Rwandan context refers to “a long-term

impairment leading to social and economic disadvantages, denial of rights and limited opportunities to play an equal role in the community” (Karangwa, Kobusingye, and Niyiguha, 2001, p.10). The Department for International Development (DFID) (2000) defines disability as “any restriction or lack (resulting from impairment) of ability to perform an activity in a manner or within a range considered normal for human beings” (p. 10). Thomas (2005) prefers the later definition of disability. Disability is characterized either by excesses or deficiencies of customarily expected activity performances depending on sex, age, and cultural factors.

There is, however, acute lack of data and statistics on the numbers of those who were in special education and community-based rehabilitation (CBR) prior to the genocide, because there was no coordination of services between the non-governmental organizations (NGOs) and churches that ran special education and rehabilitation. There were no national statistical databases for PWDs. The Rwandan Ministry of Education and the World Bank estimates that students with special needs are more than 10% of four million children in Rwanda, and this number has escalated by the recent history of genocide, civil unrest, war and displacements, and rural poverty. In 1999 and 2000, the Rwandan Ministry of Education, working with United Nations Scientific and Cultural Organization (UNESCO) estimated that the number of students with disabilities is approximately 400,000 (Kristensen, 2000; Thomas, 2005). The actual data and statistics of current special needs students are, however, unknown. In addition, the current statistics available are limited to few disabilities, and there is little, if any, information in other categories of disabilities. For example, there is no data for social, psychological, behavioral, and emotional disability categories (Karangwa, Kobusingye, & Niyiguha,

2001). The national statistical summary so far available is incomprehensive and inconclusive, making it impractical to have a quantitative comparison of special education prevalence between pre-genocide and post-genocide periods (See Table 2 for the current statistical summaries of PWDs in special education in Rwanda). Statistics in Table 2 indicate that current special education services in Rwanda predominantly emphasized are hearing, motor, and visual problems. The number of students currently in special education are very low, compared to the data that Thomas (2005) provides that about 126,000 were amputated by the genocide, and that there are about 400,000 with disabilities (Kristensen, 1999; 2000).

Table 2. Distribution of children with special needs in special education

Handicap	Primary Education	Secondary Education	Total number
Hearing	234	1	235
Cerebral Palsy	3	1	4
Hemiplegia	7	1	8
Motor disabilities	224	1	225
Epilepsy	14	1	20
Amputation	9	1	10
Polio	5	2	7
Visual problems	56	33	89
Others	8	-	-

Source: Karangwa (2001).

Table 3. Statistical Summary of Special Education in Rwanda

Category of SEN/ Impairments	Applicants in primary schools 1999/2000	Number in Primary schools	Number in secondary schools	Number in tertiary schools	Number of qualified to teach special students
Visual	-	56	33	-	2
Auditory	-	234	1	-	1
Cognitive	-	18	-	-	4
Motor	-	252	-	-	-
Health	-	-	-	-	-
Multiple	-	-	-	-	-
Gifted	-	-	-	-	-
HIV/AIDS	-	-	-	-	-
Traumatized	-	-	-	-	-
Abused	-	-	-	-	-
Neglected	-	-	-	-	-
Homeless	-	-	-	-	-
Learning disabilities	-	-	-	-	-
Child headed families	-	-	-	-	-
Working children	-	-	-	-	-
Nomadic children	-	-	-	-	-
Orphans	-	-	-	-	-
Deprived	-	-	-	-	-
Communication problems	-	-	-	-	-
Discriminated	-	-	-	-	-
Behavior problems	-	-	-	-	-
Others	-	-	-	-	-

Source: Karangwa, (2001).

Table 3 shows the entire picture of special education services currently offered in Rwanda. The statistics show that in 1999 and 2000 there were no applicants to primary special education in all categories of disabilities. The dashes (blank spaces) indicate that there is missing information, and hence no services in many areas of Rwandan special education. For example, there is no information about students with the following disabilities: behavior problems, communication disorders, learning disabilities, gifted students, HIV/AIDS, and other health problems. There are only 34 people with disabilities in secondary school and no information is provided for tertiary schools.

Article 40 of the Rwandan Constitution affirms the right of every citizen to education. In addition, it (Article 40) states that “The state has the duty to take special measures to facilitate the education of disabled people” (Republic of Rwanda, 2003; Thomas, 2005). This constitutional mandate, however, has not been fulfilled in Rwandan special education, as there still are hundreds of thousands of PWDs who are not receiving any government supported educational services. The lack of commitment by the government is demonstrated by the failure to implement its national proposals such as Education Sector Strategic Plan 2004-2008 and the UNESCO-Ministry of Education Plan of 1999-2000, both of which set the following goals--to train 20 special education teachers by 2008, open two special education centers, and to include a special education component at teacher training college by 2008. By the end of 2006, there was no progress in these planned commitments, except the establishment of a special education unit at the Kigali Institute of Education. Also, by the end of 2006, there were no government policies on the education of PWDs (Karangwa, Kobusingye, & Niyiguha, 2001; Thomas,

2005). Seventeen years after the genocide, there is still no government policy in special education (Karangwa, 2006).

NGOs and churches are still predominantly running more than 90% of the current education and rehabilitation of special needs students (Kristensen, 1999, 2000; Republic of Rwanda, 2002a; Karangwa, 2003, 2006). As a result, a small percentage of students with disabilities, approximately 550 students, receive special education (See Table 2). There are only seven missionary-founded educational centers, with limited capacities for few children with hearing, visual, physical, and mental disabilities. Of the seven, only one is for secondary school students with disabilities. In addition, there is a lack of government will and a massive shortage of human, physical, and financial resources to support special education. Teachers that are qualified to teach special education are employed by the Rwandan government to teach in regular schools (as opposed to special schools), and some work in NGOs. By 2001, out of eight teachers qualified to teach in special education, only one was working at a special education school and one in the Ministry of Education (Karangwa, Kobusingye, & Niyiguha, 2001; Thomas, 2005).

Thomas (2005) states that currently there is limited understanding of, or interest in promoting and developing a system based on the principles of inclusive education within the Ministry of Education. Inclusion is still at an embryonic stage. In addition, teachers in mainstream government schools have no qualifications or comprehensive in-service training in special education. There is only one “inclusive” public secondary school, Gahini, where only students with blindness and visual impairments are integrated and is run by the Rwandan government. Thomas (2005) provides a summary of Gahini secondary school’s inclusive education initiative:

Gahini secondary school started to accept students who are blind and visually impaired in 1997, with assistance from Rwandan Union of the Blind. There are currently 42 students with visually impairments. The inclusion initiative came from the school principal who now heads the special education unit at Kigali Institute of Education. Teachers and students at the school are encouraged to assist visually impaired students, but only one teacher (who himself is blind) teaches Braille. The visually impaired students study general literature course and are given additional support and materials after class by the blind teacher.

While the school has clearly been a success in changing attitudes towards blind people and encouraging a sense of independence and achievement among the blind students, there are problems. The blind students complain of the difficulty in getting adequate notes in Braille, and they say that the teachers and students do not always make efforts to accommodate their needs, sometimes complaining about the noise in the class from the Braille machines (p. 41).

The school has succeeded in integrating students with visual impairments, but still has a long way to go in fostering a genuinely inclusive atmosphere. Gahini School, however, is the first and only of its type in Rwanda that has inclusive education, and could be a model to be followed by other schools in the wake of inclusion (Karangwa, 2003; Karangwa, Ghesquiere, & Devlieger, 2006; Thomas, 2005).

Students with undiagnosed mild and moderate disabilities attend mainstream schools, yet there is not enough information or training on the part of teachers who teach

in general education classes, meaning that these students with special needs do not receive special services according to their needs. Most secondary school principals deny access to students with disabilities, and those attending are frustrated due to repeating the same grade several times, until they drop out (Karangwa, Kobusingye, & Niyiguha, 2001). There are no systematic accommodations, modifications, and adaptations in general classes.

Churches and private organizations run the other seven main separate special school facilities. These are Butare School of the Deaf, Butare Secondary School (for mixed disabilities, deaf, and visually impaired), Rwamangana Gatagara Primary School in Kibundo (for the visually impaired), Rwamangana Primary School in Gitarama (for physical disabilities), Amizero Center in Kigali (for children with intellectual disabilities), Nyamirambo School in Kigali (for deaf students), and Rwamangana Center in Kibungo (a vocational training center for seniors who are blind). These facilities are all supported by private organizations, but the Rwandan Ministry of Education has started assisting by paying the salaries of some of the teachers and provides materials, equipment, and training. The Special Education Department of the Ministry of Education now assists in coordinating and monitoring their operations (Thomas, 2005).

The drawback with a private special schools system is that they are expensive and they run as boarding facilities, requiring students with disabilities to leave their parents and siblings and live in separate institutional environments. In addition, the special schools are very few and do not meet the demand of special education cases in Rwanda. The Special Education Department of the Ministry of Education estimated that only 0.5%

of students with disabilities can be catered for in the current special education system (Thomas, 2005).

A Critique of Western-based Education Models

Education in the United States represents a western-based model. Western models of education have received criticism for their lack of portability to developing countries. For example, the provision of TEP during the emergency phase of educational reconstruction in Rwanda received a lot of resistance and criticism. TEP were criticized for being too foreign, new methodology, the teacher's guides were regarded too generic and did not constitute a program, course or curriculum, and methods were considered too elementary. Obura (2003) states "nationals (Rwandans) were the first to declare that if TEP was a course, then Rwanda would use its own curriculum in preference to an imported one" (p. 59). TEP were later replaced by new educational designs.

The philosophy and practice of inclusion in the U.S. and the first world differs from the current concept of inclusion in Rwanda. Inclusion in Rwanda practically involves including PWDs who are currently not in special education centers to attend special education in centers. This includes over 350,000 PWDs who are currently not receiving services. Experiments conducted in Rwanda to practice western model of inclusion of students with blindness and deafness to mainstream classes at Gahini secondary school were unsuccessful due to negative attitudes by the Rwandan society, lack of conducive environment and technology that supports inclusion, among other factors.

An alternative explanation is that genocide, war, and poverty make it difficult for Rwanda to implement western-based models without intensive international help and capacity building. Rwanda's economy is ranked 163rd of 172 world economies, and its foreign aid accounts for 42.6% of the gross domestic product (GDP), and over 63% of the families still live under the poverty line as a result, with over 90% of them living in rural poverty (Republic of Rwanda 2002b). Due to poverty and devastation caused by genocide, the Rwandan economy could not easily provide special education services to an unprecedented exponential increase in the cases of disabilities. For example, Rwanda was left with more than 400,000 people with disabilities after the genocide (Karangwa, Ghesquiere, & Devlieger, 2006; Kristensen, 2000). The traditional response for poor African countries in the circumstances of Rwanda has been to turn to the willing western donors such United Nations, World Bank, IMF, and other NGOs (Jones & Vetmeyer, 2002; Karangwa, Ghesquiere, & Devliger, 2006). Rwanda was however, cautious of receiving foreign aid because of the apathy shown by the international community in protecting Rwandan during genocide (See subheading: Role played by international community in Rwandan crisis)

The role played by foreign aid and western-NGOs in developing countries has traditionally received a lot of criticism. Jones and Vetmeyer (2002) state that foreign aid and international NGOs have always presented good objectives, but have at the same time been held responsible for perpetuating inefficiency and misguiding services. Foreign based NGOs are criticized for lack of experience and knowledge of the local society, and of transplanting unsustainable models and programs from their cultures, that are not portable to the developing countries. Jones and Vetmeyer (2002) affirm that "NGOs are

in reality grassroots reactionaries, in the service of imperialism, operating in the interstices of the ‘global economy’ and complementing the work of the IMF and World Bank exploitative goals” (p. 128). Vanneste (1997) also asserts the same idea as Jones and Vetmeyer (2002) that western-based supporters have unfair demands, are less visionary local decision makers and managers, and are responsible for the failures to enhance the readily available community potentials to provide appropriate services to PWDs, hence exploiting and weakening the traditional social structures and systems. The NGOs are criticized for imaging themselves as innovative grassroots leaders of the civil society in order to attract funds from donors. The fact that over 90% of PWDs live in rural areas and do not attend special education in centers calls for community-based special education in rural areas as a first step before importing western-based inclusion.

NGOs, which are part of globalization efforts, are criticized for working against the developments of the under-resourced societies in developing countries, further marginalizing the vulnerable communities. Joseph Stiglitz, who has extensive experience working with most funding agencies in Africa, concluded that “globalization is working neither for the world’s poor, nor for the stability of the global economy as the claim goes” (Karangwa, Ghesquiere, & Devliger, 2006, p. 18). Stiglitz puts responsibility on IMF, the World Bank, and the World Trade Organization, which help to set the rules to manage global trends for their own benefits (Jones & Vetmeyer, 2002). For example, of the 305 IMF programs in developing countries surveyed between 1979 and 1993, 53% had not been completed within the loan period, and 75% have failed to implement 20% of the conditions.

Special Needs Education Projects of the Rwandan Ministry of Education proposed by the UNICEF and United Nations Development Project (UNDP) to support PWDs were never implemented since March 1998 (Van de Walle, 2001). Kristensen (1999; 2000) affirms that the Special Needs Education Consultancies supported by UNESCO in partnership with the Rwandan Ministry of Education laid out good plans and recommendations of inclusive education to be implemented in 1999 and 2000. UNESCO has conducted the same consultancies for the third time in March 2005 before any of its previous recommendations were realized (Kristensen, 1999; 2000). Van de Walle (2001) calls this phenomenon, “developing countries’ growing clientelism”, and states that this interaction between the developing countries and the international aid system has resulted in jeopardizing appropriate reform processes. Stone (2001) also mentions that:

Globalization is a mockery for the most people with disabilities who cannot ‘rapidly flow’ in their own local communities let alone globally. The services and information provided through globalization are either irrelevant or not accessible to people with disabilities, and more so to those in deprived societies (p. 164).

Karangwa, Ghesquiere, and Devliger (2006) conclude that for people with disabilities, the impact of globalization has been to increase isolation, disempowerment, and segregation from the mainstream activity and information.

The criticisms leveled against western-based models do not mean that Rwanda cannot derive valuable lessons from the United States special education system, inclusive practices, and provisions. Rwanda can learn many lessons from the history and practices of special education in United States. But there is need that western-based models and

practices need significant modifications in order to suit or be grafted into a different cultural, political, economic, social, and educational environment, a dimension that needs further research.

Chapter 3

METHODOLOGY

In historical research, multiple sources of information are sought and used because no single source can provide a comprehensive perspective on a phenomenon under historical study. Historical inquiries typically rely on primary sources of historical information as data, although secondary sources provide important supplementary information. Primary sources of data are first hand information (Glesne, 2006). This historical analysis included the use of primary and secondary sources, document analyses (official and public documents), interviews with survivors of the Rwandan genocide, and consultations with key informants in Rwandan special education and the field of disability. Documents, interviews, and key consultations provided valuable first hand information, since participants and informants were genocide survivors, who experienced the Rwandan genocide. Documents were official, public policy proposals and reports, and provided primary information.

Research questions in this study were historical in nature and were addressed through the use of historical analysis, which encompasses the use of primary sources such as official and public documents, interviewing participants, and consultation with key informants in Rwanda. Secondary sources, which included scholarly historical and special education research, were also valuable in addressing research questions. The research questions were:

1. What was special education in Rwanda before and after the genocide?

2. What western-based models and services were implemented in post-genocide Rwanda and how useful were they?

Context of the Study

This study had two settings that were equally important: Rwanda and middle Tennessee. Rwanda is a central African country that suffered a period of ethnic armed conflict in the 1950s and 1990s, and genocide in 1994 resulted in the death of about a million people within 100 days and left over 600,000 people with complex disabilities: a combination of physical, psychological, emotional, and behavioral disabilities and other disorders (Thomas, 2005). An in-depth geographical and historical context/setting of Rwanda has already been provided in chapter two.

Middle Tennessee is one of the regions in the U.S. that was designated to receive refugees coming from war torn countries (CIA World Fact Book, 2009). During and after the 1994 Rwandan genocide, survivors came to the U.S. to seek political asylum and some of them were settled in middle Tennessee. Most Rwandan refugees remained in the greater Nashville area and filed for permanent residency.

Research Design

This study was an historical analysis that included the use of primary and secondary sources of information, document analyses, interviews with survivors of the Rwandan genocide, and consultations with key officials and professionals in the

Rwandan Ministry of Education and the field of disability. The collective use of documents, interviews, and key consultations is inherent within historical studies:

To understand a phenomenon, you need to know its history. Thinking historically, you will seek documents (minutes, letters, memoirs, wills, etc.) and photos or other artifacts that you might not access otherwise. Thinking historically you look for different respondents or ask different questions to get at oral histories. And having gathered historical data, you might see differently the patterns of behavior that were evident from current data and you might perceive a relationship of ideas or events previously assumed unconnected (Glesne, 2006, p. 65).

A typical historical analysis involves the use of primary and secondary sources. In this study the eight official public documents from the UNESCO, World Bank, other NGOs, and Rwandan government were all primary sources of data. In addition, interviewing survivors of the genocide provided another dimension of primary source data. Glesne (2006) explains, “historical research can be a qualitative research project in itself, particularly when you can talk with people who participated in some historical event and get their oral histories” (p. 65). The interviews provided opportunities for the researcher to secure oral histories of the survivors of the genocide and an in-depth understanding of genocide, disability, poverty, social exclusion, and special education in Rwandan. Informants were also primary sources of information in that they were also survivors of the 1994 genocide. Secondary sources included historical and special education research (textbooks, journals, and websites) on Rwanda and the U.S., and they also provided valuable information.

A concept map in Figure 2 provides a visual illustration of the research design. Concept maps are used to visually present the research design or operation of a study, “Concept mapping is a tool for developing the conceptual framework for your design” (Maxwell, 2005). The map indicates five levels of the research design and procedures at each level.

The concept map elucidates the continuum from data collection to data analysis. Level one was primarily data collection, drawing and entering themes in documents and interviews matrixes. In Level one, themes were drawn and entered in matrixes without systematic arrangement. From levels two to five were data analysis that encompassed organizing, blending, uniting common themes, and reviews and audits of data from informants respectively.

Level two was organizing themes in both documents and interviews matrixes. Organization of themes was conducted following a criterion without eliminating any themes. Overlapping themes were later blended to form grand themes that were inclusive of many related concepts. Overlapping and blended themes from both matrices were united and put side by side for comparison. Finally informants were provided with a list of united themes for reviews and auditing. Detailed information on levels and procedures of data collection and analysis is provided in this chapter.

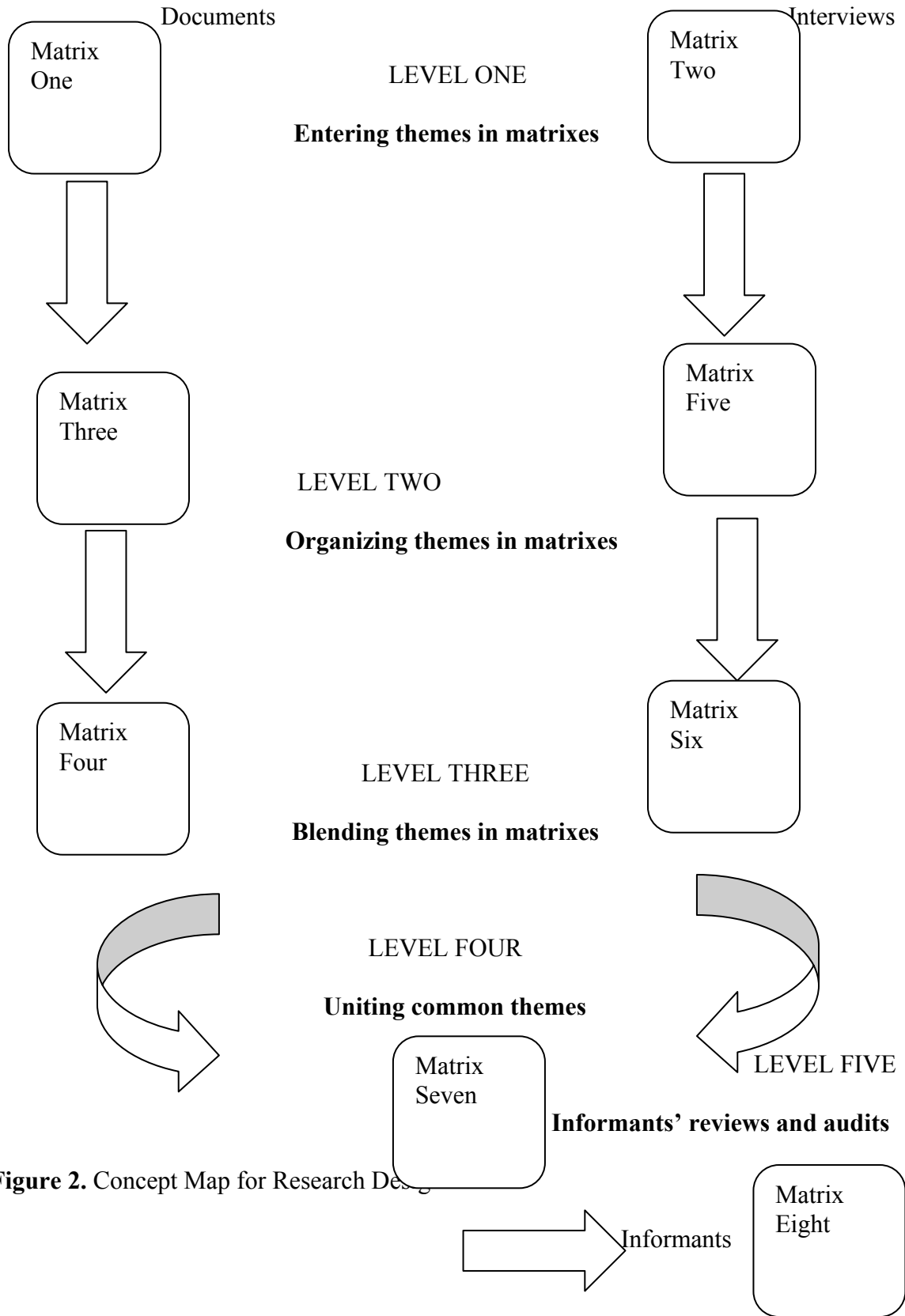


Figure 2. Concept Map for Research Design

Documents, Participants, and Informants

Sampling

The sampling process for documents started with searching for official and public documents. Searches were carried out in order to obtain public international and national official documents for inclusion in the study according to the following procedure. First an electronic search was conducted among all peer reviewed journals and public and official documents published between 1994 and 2008 using ERIC, Google Scholar, Electronic Books (E-Books), Dissertations and Theses databases in order to secure primary documents with information that focused on genocide, disability, poverty, social exclusion, special education, and general education in Rwanda.

Combinations of three keyword entries were conducted. For example: “Rwandan genocide, disability, special education;” “Rwandan genocide, education, disability;” “Rwandan genocide, disability, poverty;” “Rwandan education, disability, special education.” A total of eight journal articles and no documents were found. The electronic search did not yield national public documents from the Rwandan Ministry of Education or international non-governmental organizations.

A closer look at the reference pages of one journal article entitled “The grassroots community in the vanguard of inclusion: The post-genocide Rwandan prospects” by Karagwa, Ghesquiere, and Devlieger (2006), indicated that there were some documents from the Ministry of Education and international and national NGOs that could be useful in this research. Selected references from this article were located. In addition, Evariste

Karangwa was contacted through email and later telephone, and a total of 20 documents were secured and reviewed. Eight official policy documents, proposals, and reports from an initial pool of 20 were sampled and selected according to their relevance and potential in addressing the research questions. Twelve documents were excluded as their contents did not primarily focus on Rwandan genocide, disability, poverty, education, and special education.

The sampling process for interviews started with informal conversations with one prospective participant with the pseudonym Munashe, who was a Rwandan genocide survivor. Munashe was informed of the researcher's intention in locating and selecting participants for interviews, and Munashe provided contacts who were genocide survivors from Rwanda, residing in middle Tennessee.

This snowball, chain, or network sampling continued until 10 participants were interviewed. Snowball sampling involves obtaining knowledge of potential cases from people who know people who meet the research criteria. Wright and Decker (1997), as described in Glesne (2006), used similar snowball sampling to find men and women who were active armed robbers at the time of their research. Glesne (2006) also states "snowball sampling is useful for getting started when you have no other way to find participants you want" (p.35). The initial selection of Munashe was out of necessity; databases for foreign refugees who are genocide survivors residing in the U.S. are strictly private and are secured by the Department of Homeland Security for security and protection.

The reason for selecting only 10 participants was to achieve an in-depth study; "for an in-depth understanding, you should repeatedly spend extended periods with few

participants and observations sites. For greater breadth, but a more superficial understanding, carry out one-time interviews with more people and fewer observations in more situations” (Glesne, 2006, p. 36). The researcher, therefore, purposefully selected only 10 participants for an in-depth study.

A snowball sampling selection of informants was used. The sampling process started with contact information for one informant, Mary Kobusingwe, Head of the Special Education Unit in the Ministry of Education in Rwanda. Mary’s contact information was secured from *Mainstreaming disability in development: Country based research-Rwanda country report* (Thomas 2005). Mary was emailed and later contacted by phone. She provided valuable information including names of other potential key informants. A snowball sampling selection of informants continued, as each informant provided names of other possible informants. This resulted in gathering 15 informants, eight of whom were not included in this study due to problems associated with language barriers and accessibility.

Documents

Eight official policy documents, proposals, and reports from an initial pool of 20 were selected according to their relevance and potential to inform the research. Twelve documents were excluded as their contents did not primarily focus on Rwandan genocide, disability, poverty, education, and special education. Documents selected met four criteria:

1. Documents were official and public;

2. Documents were primary sources of historical data;
3. The content of documents focused on genocide, disability, poverty, social exclusion, education, and special education in Rwanda; and
4. Documents were published between 1994 and 2008.

Three international and five national documents were finally selected. Two of the documents selected were research reports from UNESCO, a United Nations branch that caters to international scientific research. One of the international documents was from Disability: Knowledge and Research (KaR), an international organization based in the United Kingdom that focuses its research on disability and poverty. The other five documents were policy proposals and reports from the Ministry of Education in Rwanda. The selected documents were as follows: International documents from the UNESCO and Disability: Knowledge and Research (KaR) include:

- Thomas (2005): *Mainstreaming disability in development: Country based research- Rwanda country report* (In the matrixes, this document is abbreviated MDD). This document is a report from an international organization based in the United Kingdom called *Disability: Knowledge and Research (KaR)* by Phillip Thomas, a respected authority in post-crisis assessment of disabilities. Thomas explains how PWDs in Rwanda can be included in reconstruction and development of Rwanda and how disability relates to DFID's work.
- Bird (2003): *Surviving school: Education for refugee children from Rwanda 1994-1996* (In the matrixes, this document is abbreviated SSER). This document is a UNESCO International Institute for Educational Planning research report. Bird discusses the education of Rwandan students in the refugee camps in

Tanzania and Burundi during the 1994 genocide. Bird explains how education can be useful in supporting children with psycho-social challenges during emergencies.

- Obura (2003): *Never again: Educational reconstruction in Rwanda* (In the matrixes, this document is abbreviated NAER). This is a report from the UNESCO International Institute for Educational Planning. Obura explains the process of educational reconstruction in Rwanda and how education should be designed to foster reconciliation and development. Obura (2003) provides a plethora of suggestions to avoid the mistakes learned from Rwandan education reconstruction.

National documents from the Rwandan Ministry of Education, Science, Technology, and Scientific Research (MINDUC) include:

- Karangwa, Kobusingye, and Niyiguha (2001): *Special needs education: Draft of action plan and vision* (In the matrixes, this document is abbreviated SNED). The authors were/are part of the Special Needs Steering Committee. The documents proposed plans and policies for special education in Rwanda and how to deal with prospective and anticipated challenges.
- Republic of Rwanda (2003): *Education sector policy* (In the matrixes, this document is abbreviated ESP). This document discusses current and proposed policies for education in Rwanda after the genocide.
- Karangwa (2003): *Introduction booklet for ASSIST a. s. b. i: Plan for improving the situation of Rwandan children in difficult circumstances* (In the matrixes, this

document is abbreviated CDC). This document proposes plans for improving the situation of vulnerable children in Rwanda. PWDs are part of vulnerable children.

- Kobusingye, Suubi, and Bagweneza (2005): *MINEDUC: Draft proposal for National plan for Special Needs Education and Related services in Rwanda* (In the matrixes, this document is abbreviated PSNED). This document is a draft proposal for special education and other related services for PWDs.
- Republic of Rwanda (2006): *Education sector strategic plan 2006-2010* (In the matrixes, this document is abbreviated ESSP). This document discusses how the education sector in Rwanda needed to be planned between 2006 and 2010 and it offers suggestions for educational policies that may facilitate educational reconstruction.

Participants

Ten from an original fifteen possible participants who were survivors of the 1994 Rwandan genocide were purposefully selected. The participants were Rwandan citizens who came to the U.S. as asylum seekers during and just after the 1994 genocide and are currently U.S. permanent residents, living in middle Tennessee. Five participants were dropped from the study because they only spoke French and Kinyarwanda (Rwandan native language), leaving a total of 10 participants. Language difference was a practical challenge since the researcher neither spoke French nor Kinyarwanda. Hiring a translator would have led to reactivity on the part of the participants since genocide-related topics are sensitive. This was noted during a pilot study when a translator was hired but

participants were not free to provide information. Participation in this study was voluntary. Ten selected participants met five criteria:

1. Participants were originally Rwandan;
2. Participants were survivors of the 1994 Rwandan genocide;
3. Participants were now U.S. permanent residents;
4. Participants were residents of middle Tennessee; and
5. Participants spoke English language.

Pseudonyms were used to conceal the identity of participants and maintain confidentiality as agreed in the consent for interviews. The pseudonyms and characteristics of participants were as follows: Munashe, Murwanda, Majenga, Muhima, Nkundiye, Rwegema, Ngedahimana, Rusiha, Nyamirambo, and Kabuga. Participants were six women and four men respectively. The ages of women ranged from 35 to 55 years and the ages of men ranged from 30 to 55 years old.

Munashe was Hutu, a graduate student at a local university, an initial participant in a pilot study, and a participant later in the actual interviews. She also provided possible contacts for other participants, taught the researcher aspects of Rwandan culture, and how to create rapport with members of the Rwandan community. Munashe was 22 years old when the genocide occurred and she escaped because her identity card indicated that she was Hutu. Munashe was well informed and provided valuable responses on the plight of PWDs in Rwanda.

Murwanda was Tutsi and she came to the U.S. when she was 30 years old. She escaped death by hiding under bodies of dead people and pretending that she was also dead, until she found her way to Burundi, and later to the U.S. She lost all her family

members, and her fiancée was ironically one of the perpetrators of genocide. She provided valuable information on the challenges of people with physical disabilities and trauma due to genocide and war, and information on the conditions of women who were raped during the genocide.

Mujenga was Tutsi and 45 years old. She survived by paying money to bribe the Hutu militia at every roadblock. She lost all her children during the escape and until today she has not yet reunited with them. After the genocide, she visited all camps in Rwanda that cared for lost children, to no avail. Before the genocide she was a government worker in the Ministry of Justice and she provided insight on the government's involvement in disability and education.

Muhima was Hutu and 50 years old. She was a target of genocide because she belonged to the Tutsi political party and was regarded as a traitor by the Hutu militia. She escaped death by hiding in a toilet pit, and escaped by night to a refugee camp in Tanzania. In Tanzania, she assisted NGOs that were caring for children. She later came to the U.S. when the refugee camp fell under attack. She provided valuable information on the work of NGOs in Rwanda and the education and conditions of children in refugee camps.

Nkundiye was of mixed blood and ethnicity with a Hutu father and Tutsi mother. She escaped death because she had a Hutu identity card. Her mother perished but all her brothers and sisters survived because of the Hutu identity cards. Rwandan society is paternalistic and children belong to the father and take their father's name and identity cards. She was born with a mild physical disability and attended one of the special

education centers. She provided valuable information on the importation and utility of western-based models in Rwanda.

Rwegema was also of mixed blood, her father was Tutsi and her mother was Hutu. She had an identity card that showed that she was Tutsi but her mother who was Hutu assisted her to pass roadblocks where Tutsi were separated from Hutu and killed. Before genocide she was a special education teacher in Gitarama. She provided valuable information on the situation of PWDs and special education.

Ngedahimana was 38 years old and did not disclose his ethnic identity. One of his eyes was removed when he tried to assist Tutsi teenage girls who were being raped. He was forced to watch his daughter being raped and was also forced to participate or face death. He was knowledgeable on issues on poverty and social exclusion of PWDs in Rwanda. He also explained in detail how rape and cannibalism were used as a means of torture.

Rusiha was Hutu, 40 years old, and polygamous with two Hutu wives and one Tutsi. His Tutsi wife and all her three children were killed by the sons of his Hutu wives. He left all his wives and children in Rwanda and came to the U.S. for asylum. He later married an American woman upon arrival in Nashville and never intends to go back to Rwanda. Before the genocide he was a professor at the National University of Rwanda. He is now a professor at a local university. He provided detailed information on the effects of genocide and war on disability and education and the traumatic conditions of children in Rwanda.

Nyamirambo was Hutu and a son of a politician. He knew all the planning of the genocide and made his Tutsi wife relocate to neighboring DRC a few days before the

genocide started. He escaped first to DRC and later lived in Burundi before coming to the U.S. His wife lost 30 of her relatives, was traumatized, and was admitted to a local psychiatric hospital by the time of the interviews. He offered suggestions on the security and protection of PWDs if genocide were to occur again in Rwanda.

Lastly, Kabuga was Hutu aged 52. He participated during the genocide by mounting roadblocks to block Tutsi escaping routes. He was imprisoned for his participation in the genocide and later escaped to the U.S. as an asylum seeker. He was admitted to a local hospital in 1996 for psychiatric related illnesses. He was skeptical and critical about the proliferation of NGOs, the role of the international community, and the use of western-based education models in Rwanda. He did not have kind words for France, China, and Belgium which he believes “sponsored” genocide.

Informants

A total of 15 informants who were survivors of the genocide were originally selected. Seven were excluded from this study due to problems associated with language differences and email and telephone accessibility. The provision of information by informants in this study was voluntary. The purpose of including informants was that they would function as peer reviewers and/or external auditors for data gleaned from documents and interviews. Informants selected met five criteria:

1. Informants were Rwandan citizens and survivors of the 1994 genocide living in Rwanda;

2. Informants had at least 5 years experience in education, special education, social security, and/or disability;
3. Informants were professionals, practitioners, and/or researchers in the field of disability, education, and/or special education;
4. Informants were accessible by telephone or email; and
5. Able to communicate in English.

Pseudonyms were used to conceal the identity of informants and maintain confidentiality as agreed in the consent for consultations. The pseudonyms and characteristics of informants were as follows:

- Kobusingela is the head of the Ministry of Education, Special Education Unit. She trained and worked in the field of disability and special education for several years until she was promoted to be the head of the special education unit. She also has extensive experience working in the Ministry of Education in Rwanda in different capacities. She assisted in locating other informants.
- Murangwanda is a Professor of Special Education at the Kigali Institute of Education. Murangwanda has vast working experience in special education in Rwanda and has authored several journal articles, newsletters, and a dissertation in Rwandan special education. Murangwanda has several years in teaching and training personnel in special education.
- Ivan Nyazero, a teacher at Amizero, a school for children with learning disabilities, has vast teaching experience in special education. He received training in special education and assisted Amizero des Aveugles, a self help group

in Rwanda that conducts vocational training and income generating projects for PWDs. He is still active in vocational training for PWDs.

- Mukorakeye is the chair of the Rwanda Association for Disabled Women. She has several years experience in advocacy and provision of services for PWDs. She works in rehabilitation and vocational training for PWDs. She conducts seminars and workshops to train personnel in rural areas.
- Rupiya is a representative of Handicap International, an international NGO operating in Rwanda. Rupiya has both training and extensive experience in providing advocacy, running programs and fund-raising projects, and supervising services for PWDs. He conducts workshops in cities and rural villages to train PWDs in self-advocacy.
- Walter Mamarande is a representative of the Blind People's Association, a local NGO operating in Rwanda to provide services to people with blindness. He has been working with the Blind People's Association for over a decade and is one of the proponents of including people with blindness in mainstream public schools and classes.
- Eva Nyanzabanyana, Director of Social Security and Protection of Vulnerable Groups, has extensive experience in providing services to vulnerable groups that include PWDs, orphans, street kids, lost children, and other vulnerable groups. He conducts workshops to identify and assist vulnerable children with income-generating projects.
- Lastly, Dr. Nyamande, a government Minister of Education in the Rwandan republican government, is working in educational reconstruction in Rwanda and

to expand education for PWDs in Rwanda. Dr. Nyamande assisted in fundraising and persuading teachers to come back to work soon after the genocide, and is currently working to expand vocational, science, and technology education in Rwanda.

Data Collection

Institutional Review Board

Before research was initiated, Institutional Review Board Forms (IRB) were completed in order to show proof of abiding by institutional research guidelines, ethics, and enhancing the protection of rights and welfare of participants. The participants in this study were genocide survivors and, therefore, a special group who were prone to potential psychological risks of recapping memories, and triggering fears, anxiety, and feelings associated with genocide. In order to address this risk, the researcher obtained official permission from two local mental health counselors/doctors who were to be contacted by the participants in case of any medical need arose from participating in the interviews. Contacts of mental health counselors/doctors were included in the letter of informed consent which was sent to the participants to obtain their permission to participate (See Appendix A).

Documents

Initially, twenty documents were reviewed two times each in order to assess related and relevant information and content on Rwandan genocide, disability, poverty, social exclusion, education, and special education. Documents were re-read with a focus on themes. Eight official policy documents, proposals, and reports from an initial pool of 20 were selected. Twelve documents were excluded as their contents did not primarily focus on Rwandan genocide, disability, poverty, education, and special education.

Eight selected documents were closely re-reviewed two times each in order to identify themes. Themes were determined by the relevance and interrelatedness of information to Rwandan genocide, disability, poverty, social exclusion, and education and/or special education. Recurring topics in the review of literature also helped in determining themes.

An eight (documents) by thirty (themes) matrix was constructed when documents were read for the final time and initial themes were identified and entered in Matrix 1 for the first time without systematically arranging in any specific order (See Appendix B). This process is Level One in the Concept Map for Research design (See Figure 2).

Interviews

A pilot study was conducted to test interview and observation techniques, to inform the researcher about the topic itself, to prepare to gather data, and to learn about

the research processes and interviews questions (Glesne, 2006; Maxwell 2005; Patton 2002). Glesne (2006) states:

A pilot study is useful for testing many aspects of your proposed research. Pilot your observations and interviews in situations and with people as close to the realities of your actual study as possible. Ideally, pilot study participants should be drawn from your target population (p. 43).

After the pilot study, interviews were conducted with 10 participants. The purpose of the interviews was to allow the researcher to access the participant's perspective and to gather their stories (Patton, 2006). Interviews also helped explain and clarify where documents were inadequate.

A general guide interview approach was used (See Appendix C). This approach involved outlining a set of issues that were to be explored with each participant before interviewing begins. The guide served as a basic checklist during the interview to make sure that all relevant questions/topics were covered (Patton, 2006). Each participant responded to 15 questions within an hour's time. The advantage of an interview guide approach was that the interviewer was free to explore, probe, and ask questions that elucidated and illuminated information pertaining to disability, poverty, social exclusion, education, special education, and programs and services resulting from the genocide. An interview guide approach facilitated the interviewer to ask questions spontaneously and to establish a conversational style but with a focus on the predetermined interview questions (Patton, 2006).

The researcher/interviewer used a tape recorder while taking notes. The advantage of concurrently tape recording and taking notes was that the interviewer only recorded

strategic and focused notes rather than attempting verbatim notes (Patton, 2006). Soon after the interview, responses were transcribed and extensive notes were written in order to avoid forgetting important responses from the participants. When the interviewer made transcriptions that were unintelligible, a follow up interview was conducted by calling the participant and asking for clarifications and explanations. A follow up was conducted with five participants.

After transcribing all interviews, the researcher read the transcriptions while writing notes and memos, and developing tentative ideas about emerging themes, categories, and relationships in data. A 10 (participants) by 20 (themes) matrix was constructed when transcriptions were read for the second time and initial themes were identified and entered in Matrix 2 without systematically arranging them in any specific order (See Appendix D). This process is Level One in the Concept Map for Research Design (See Figure 2).

Data Analysis

Four levels of data analysis were conducted: organization of themes, blending of themes, uniting common themes in both documents and interviews, and reviewing and auditing of themes respectively. The four levels are illustrated in the Concept Map for Research Design (See Figure 2).

Documents

Themes from Matrix 1 were analyzed and organized by the following categories: causes of disability in Rwanda, general conditions of PWDs, education of PWDs, the role of the international community, and general themes resulting in Matrix 3 (See Appendix E). The goal of entering the second set of themes in Matrix 3 was to achieve organization using the prescribed criteria, and not to eliminate any themes, hence Matrix 3 is an 8 (documents) by (30) (themes) matrix.

Themes from Matrix 3 were analyzed and related themes were blended to construct Matrix 4. For example theme one and theme two in Matrix 3 indicated that genocide caused disability and poverty caused disability respectively. Both themes had the same concept of causality. The two themes were therefore blended under a grand theme called *causes of disability* (See Appendix F).

Interviews

Themes were identified by cross-interview analysis, thus grouping together answers from different people (Patton, 2006). Themes were also informed by the recurring topics and issues in the review of literature.

Themes from Matrix 2 were analyzed, organized, and entered in a 10 (participants) by 20 (themes) matrix using the following categories: causes of disability in Rwanda; general conditions of PWDs; education of PWDs; the role of the international community; and general themes, resulting in Matrix 5 (See Appendix G).

Overlapping and similar themes were blended into grand themes in Matrix 6 (See Appendix H). Blending of themes was achieved by grouping conceptually related overlapping items into a grand theme. For example, theme eight on government apathy in providing special education and theme nine on lack of special education policy in Matrix 5 were blended into one grand theme--lack of government involvement in special education, since they are conceptually related themes.

Common themes across documents and interviews from Matrix 4 and Matrix 6 were united, color coded, and entered side by side resulting in Matrix 7 (See Appendix I).

Informants

Finally, Matrix 7 was presented to a panel of seven informants who were asked to prioritize the themes according to their knowledge and expertise of Rwandan special education. Informants prioritized themes from Matrix 7 individually and then collaborated to order themes resulting in Matrix 8 (See Appendix J).

Validity and Personal Subjectivity

The use of a variety of sources and methods in a program of study is called triangulation. Mathison (1988) defines triangulation as “the use of multiple methods, data sources, and researchers to enhance the validity of research findings” (p. 13). The use of multiple sources of data helped to enhance the validity of this research. In collecting data from multiple sources (primary and secondary historical sources, public and official

document, interviews, and consultations) over a period of one year, data were obtained that provided a clear picture of important themes in Rwandan special education. Interviews and consultations with key informants were conducted in order to enhance validity of the research findings, making the research findings more credible and trustworthy (Glesne, 2006; Maxwell, 2005). Each source of data (documents, interviews, consultations) had its own strengths and weaknesses, and triangulation of sources helps to achieve trustworthiness of the findings (Patton, 2006). According to Glesne (2006), “the purpose for methods triangulation is not the simple combination of different kinds of data, but the attempt to relate them so as to counteract the threats to validity identified in each” (p. 36). Themes drawn from documents, interviews, and informants were not used in simple combinations, but were blended for commonalities and/or variance.

In addition, a pilot interview was conducted to test content validity. A pre-selection process and pilot study conducted before the actual interviews assisted with feedback that was used to determine the potential and effectiveness of the interview questions. An attempt was made during the pilot study to make use of an interpreter as one of the pilot study participants only spoke Kinyarwanda (Rwandan native language). The use of an interpreter led to reactivity as the participant was not free to provide responses because of the presence of a third person and the sensitivity of the topic. Discussing sensitive issues such as genocide-related issues can make participants uncomfortable. To eliminate reactivity, participants who required a translator were excluded from the interviews.

After the first round of initial interviews, follow up interviews with five participants were conducted for clarification. Glesne (2006) states that repeating

interviews will aid in developing rapport and increasing the validity of the interviews. Follow up interviews in this study were conducted in order to establish rapport and both content and internal validity of the initial interviews.

Key informants were presented with matrixes for peer reviewing and auditing to solicit feedback on important themes in Rwandan special education, and provide explanations and clarifications on content and enhance validity.

Personal subjectivity, if not monitored, is a threat to validity. Subjectivity, often called researcher bias, is the researcher's theories, beliefs, and perceptual 'lens' that he/she has before conducting the study. This usually causes the researcher to select data that fit his/her existing theory or preconceptions, and select data that "stand out" to the researcher (Maxwell, 2005). It is impossible to eliminate researcher subjectivity, as it is "always a part of research from deciding on the research topic to selecting frames of interpretation" (Glesne, 2006, p. 119). Instead, the researcher should explain his/her possible biases and how he/she addressed and dealt with them during the research as to avoid rendering the study invalid, untrustworthy, and incredible (Glesne, 2006; Maxwell, 2005; Peshkin, 1988).

Before the researcher started this study, he had strong opinions and personal attachment to educating PWDs in Africa. For example, the researcher believed that western-based education models were unjustifiably criticized by African governments and scholars who do not offer alternatives beyond criticism, and that the government of Rwanda, as many other African countries, is reluctant to provide education for PWDs. In Africa, educating PWDs is generally considered economically unviable and some governments are usually reluctant to invest in PWDs (Mungazi & Walker, 1997). When

reviewing documents and conducting interviews these pre-conceived notions and related emotions (subjectivities) manifested, particularly when asking participants the role played by the government of Rwanda in educating PWDs. For example, when a participant provided a response to the effect that the Rwandan government was/is working hard to educate PWDs the researcher would “interrogate” instead of interviewing the participant, since his personal beliefs and preconceived notions were disapproved. Glesne (2006) states that “It is when you feel angry, irritable, gleeful, excited, or sad that you can be sure that your subjectivity is at work” (p. 120). To proactively deal with such subjectivity, the researcher took note, was conscious and alert, and monitored subjectivities from influencing the study. Glesne (2006) also states that “when you monitor subjectivity, you increase your awareness of the ways it might distort, but you also increase your awareness of its virtuous capacity” (p. 123). This researcher dealt with his subjectivities by constantly writing notes before and after interviews as to monitor his subjectivity, kept accurate data, addressed pre-conceived opinions, and reflected upon his subjectivity.

Limitations of the Study

There are a number of limitations that should be considered when reviewing the results of this study. The sample size for documents was small (8 documents), a threat to generalization of results.

The sample size for interviews was small (10 participants) and was a sample of convenience; samples of convenience may not be representative of the target population

(Gall, Borg, & Gall, 1996). Although all the participants were survivors of the Rwandan genocide living in the U.S., not all of them were necessarily well versed with trends and issues in Rwandan special education and disability. Some of the participants have been in the U.S. since the end of the genocide (14 years by 2008 when the interviews were conducted) and may not have up-to-date knowledge and information on post-genocide developments in special education and disability. The data represent the perspective of Rwandan diasporas rather than the Rwandan society at-large.

The sample size for informants was small (seven informants), and also a sample of convenience. The researcher only included strategic informants who were accessible through email and telephone. This excluded potential informants who live in rural areas where email and telephone accessibility is limited. The fact that over 90% of Rwandans live in rural areas (Karangwa, 2001, 2003; Obura, 2003; Republic of Rwanda, 2003a; Thomas, 2005), by inference suggests that potential informants with firsthand information were excluded.

Informants were presented with Matrix 7 (Appendix I), which contained overlapping common themes between documents and interviews, and were asked to prioritize the 14 themes. Some themes which were not included in Matrix 7, but were important in Rwandan special education were therefore omitted, compromising the presented order of priorities. For example, themes such as the need for comprehensive counseling and peace education were not in the list that was presented to informants, but they are important in addressing stress, fear, anxiety, and trauma that are pervasive in Rwanda (Thomas, 2006). Caution needs to be therefore taken in generalizing the data.

Summary

This is a historical study that used document analysis, interviews, and consultations with key informants in order to examine special education in Rwanda before and after the genocide, and the implementation of western-based models and services in post genocide Rwanda.

Themes were drawn from documents, interviews, and consultations, and were organized, blended, united, and prioritized. The goal was to use organized, common, and prioritized themes to deduce patterns in data that addressed the research questions.

CHAPTER 4

FINDINGS

In this chapter, data from documents, interviews, and informants responding to each of the three research questions are presented and illustrated respectively. Themes from Matrix 3 for documents, Matrix 5 for interviews, and Matrix 8 for order of themes from informants address each research question. (See Appendices E, G, and J) Matrices 3 and 5 were selected because they represent all the themes drawn from documents and interviews, in an organized form, facilitating location of data. In addition, in Matrices 3 and 5, no themes were eliminated, as was the case with Matrices 4, 6, and 7 where themes were blended and united. Matrices 1 and 2 were not used to present findings because they include initial themes without a particular order. Matrix 8 was selected because it represents a synthesis of all matrixes and common themes in an order of priority from informants. In presenting the data to address the research questions, themes are ordered according to the informants' prioritized list.

Special Education in Rwanda before and after the Genocide

This question is divided into two segments for the sake of clarity when presenting data: special education before the genocide and special education after the genocide. Themes from documents, participants, and informants that addressed this question are presented and illustrated. It should be noted that some themes applicable to pre-genocide special education are also applicable to post-genocide special education. For example,

PWDs were marginalized, excluded, and there were negative attitudes toward PWDs and their education (Themes 2, 3, and 4) before the genocide. The same themes are also applicable to the condition and education of PWDs after the genocide, hence the overlapping in Matrices 3 and 5 (See Appendices E and G).

Special Education in Rwanda before the Genocide

Lack of Government Involvement and National Policy. The pre-genocide Rwandan government lacked involvement in providing special education for its citizens and had no national special education policy. All the documents unanimously confirm that the government did not have an official structure, capacity, policy, or special education unit in the Ministry of Education to cater for the education of PWDs (Theme 13 & 14 in Matrix 3, Appendix E). Seven out of ten participants confirmed the lack of involvement (Theme 8 in Matrix 5, Appendix G) and nine out of ten confirmed the lack of a national policy (Theme 9 in Matrix 5, Appendix G), and all seven informants indicated that prior to the genocide the government of Rwanda did not invest in educating PWDs, by assigning it number 1 on the overall order of themes (Theme 1 in Matrix 8, Appendix J), meaning that this theme was of utmost importance as it was represented by all documents, seven participants, and seven informants.

Poor State of Centers/Schools. Before the genocide special education centers were poor and without resources. Seven out of eight documents (Theme 16 in Matrix 3, Appendix E) confirm special education centers were poor and needed improvement (Bird, 2003 [SSER]; Karangwa, Kobusingye, & Niyiguha, 2001 [SNED]; Kobusingye,

Suubi, & Bagweneza, 2005 [PSNED]; Obura, 2003 [NAER]; Republic of Rwanda, 2003 [ESP], 2006 [ESSP]; Thomas, 2005 [MDD]). For example, Thomas (2005) [MDD] indicates that buildings were dilapidated, old fashioned, and resources were scarce. Kobusingye, Suubi, and Bagweneza (2005) [PSNED] indicate that there few very special education centers and that they were old and outdated (See Appendix E). Seven out of ten participants confirmed this theme (Theme 12 in Matrix 5, Appendix G), and all seven informants indicated that prior to the genocide special education infrastructures were in a dilapidated state, by assigning it number 2 on the overall order of themes (Theme 2 in Matrix 8, Appendix J).

Lack of Qualified Personnel. There was a lack of qualified personnel in special education in pre-genocide Rwanda. All the documents confirm that there were very few qualified special education teachers in Rwanda (Theme 17 in Matrix 3, Appendix E). Eight out of ten participants confirmed this theme (Theme 13 in Matrix 5, Appendix G), and all seven informants agreed that this theme was a higher priority by assigning it number 3 on the overall order of themes (Theme 3 in Matrix 8, Appendix J).

Lack of Partnership Between Government and Non-Governmental Organizations (NGOs). Another predominant theme in documents, interviews, and consultations is that the government of Rwanda did not partner or coordinate with international and local NGOs in providing education for PWDs before the genocide. Six out of eight documents (Theme 22 in Matrix 3, Appendix E) confirm that government did not partner with NGOs who were willing to cater to PWDs (Bird, 2003 [SSER]; Karangwa, 2003 [CDC]; Karangwa, Kobusingye, & Niyiguha, 2001 [SNED]; Obura, 2003 [NAER]; Republic of Rwanda (2006) [ESSP]; Thomas, 2005 [MDD]). For

example, Thomas (2005) [MDD] indicates that before the genocide both foreign and local NGOs were willing partners, but the Rwandan government did not take advantage of them. Karangwa (2003) [CDC] indicates that the government of Rwanda did not coordinate with NGOs who were willing partners to serve PWDs in Rwanda before the genocide (See Appendix E). Six out of ten participants confirmed this theme (Theme 16 in Matrix 5, Appendix G), and all seven informants indicated that the government of Rwanda did not take the opportunity to partner with NGOs that were willing to provide education for PWDs, by assigning it number 4 on the overall order of themes (Theme 4 in Matrix 8, Appendix J).

Predominately Run by Charities and Private Organizations. Pre-genocide special education was administered by private organizations, churches, and charity organizations. Seven out of eight documents (Theme 11 in Matrix 3, Appendix E) confirm this management of special education (Bird, 2003 [SSER]; Karangwa, Kobusingye, & Niyiguha, 2001 [SNED]; Kobusingye, Suubi, & Bagweneza, 2005 [PSNED]; Obura, 2003 [NAER]; Republic of Rwanda, 2003 [ESP], 2006 [ESSP]; Thomas, 2005 [MDD]). For example, both documents ESP and PSNED indicate that about 90% of Rwandan special education was run by charities and private organizations (See Appendix E). Nine out of ten participants confirmed this theme (Theme 6 in Matrix 45 Appendix G), and all seven informants agreed that this theme was a higher priority, by assigning it number 5 on the overall order of themes (Theme 5 in Matrix 8, Appendix J).

Lack of Early Childhood Education and Early Intervention. There was no public early childhood special education and intervention in Rwanda. Five out of eight documents (Theme 20 in Matrix 3, Appendix E) confirm that the government did not

invest in early childhood special education (Bird, 2003 [SSER]; Kobusingye, Suubi, & Bagweneza, 2005 [PSNED]; Obura, 2003 [NAER]; Republic of Rwanda, 2003 [ESP], 2006 [ESSP]). For example, Kobusingye, Suubi, and Bagweneza (2005) [PSNED], and Republic of Rwanda (2006) [ESSP] indicate that there were no educational assessment tools, and Republic of Rwanda, (2003) [ESP] indicate that early childhood education and intervention were non-existent in Rwanda (See Appendix E). All the participants unanimously confirmed this theme (Theme 15 in Matrix 5, Appendix G), and all seven informants indicated that early childhood education and intervention was non-existent in Rwanda, by assigning it number 6 on the overall order of themes (Theme 6 in Matrix 8, Appendix J).

Lack of Inclusion. There was no inclusive education in pre-genocide Rwanda found in documents, interviews, and consultations with informants. All the documents confirm that there was no inclusive education of PWDs (Theme 18 in Matrix 3, Appendix E). Only one out of ten participants confirmed this theme (Theme 14 in Matrix 5, Appendix G), and all seven informants agreed that this theme was a high priority by assigning it number 8 on the overall order of themes (Theme 8 in Matrix 8, Appendix J). The fact that only one participant confirmed it does not reduce its significance, participants were not special education professionals and did not understand the concept and practice of inclusion in its entirety.

Lack of Reliable Statistics and Data. There was a lack of statistics and data on disability and special education in Rwanda is found in documents, interviews, and consultations with informants. All the documents confirm that there were no adequate statistics and data for PWDs or in special education (Theme 8 in Matrix 3, Appendix E).

Nine out of ten participants confirmed this theme (Theme 10 in Matrix 5, Appendix G), and all seven informants agreed that this theme was a high priority by assigning it number 10 on the overall order of themes (Theme 10 in Matrix 8, Appendix J). Informants assigned it number 10 possibly because as practitioners and researchers, they are more focused on pragmatic research-based solutions to the plight of PWDs.

Marginalization, Exclusion, and Negative Attitudes. PWDs were marginalized and excluded, and Rwandans had negative attitudes toward PWDs. Six out of eight documents (Themes 3, 4, & 5 in Matrix 3, Appendix E) confirm marginalization of PWDs (Bird, 2003 [SSER]; Karangwa, 2003 [CDC]; Karangwa, Kobusingye, & Niyiguha, 2001 [SNED]; Kobusingye, Suubi, & Bagweneza, 2005 [PSNED]; Republic of Rwanda, 2006 [ESSP]; Thomas, 2005 [MDD]). All documents confirm negative attitudes toward and exclusion of PWDs (Themes 3, 4, & 5 in Matrix 3, Appendix E). For example, Thomas (2005) [MDD] indicates that PWDs were marginalized, excluded, and devalued. Kobusingye, Suubi, and Bagweneza (2005) [PSNED] indicate PWDs were left without education, and excluded from the mainstream society because of negative attitudes in Rwanda (See Appendix E). All participants confirmed this theme (Theme 4 & 5 in Matrix 5, Appendix G), confirming importance of the theme. Informants however, indicated that prior to the genocide marginalization, exclusion, and negative attitudes toward PWDs were rampant in Rwanda, by assigning it number 11 on the overall order of themes (Theme 11 in Matrix 8, Appendix J). The assignment by informants at number 11 does not mean that the theme is not important, but as professionals informants were more focused on more practical themes, and were provided with a limited list of themes (See limitations of study).

Challenges Related to Access There were serious challenges in accessing special education in Rwanda (Theme 10 in Matrix 3, Appendix E). This theme, however, was not found in interviews (See Matrix 5, Appendix G) or consultations with informants (See Matrix 8, Appendix J). All documents confirm that there were several challenges related to accessing special education services before the genocide. For example, both document MDD and PSNED indicate that there were too few centers and programs, and centers were very expensive (See Appendix E). The list provided to informants did not have this theme (See limitations of the study on omitted themes).

Special Education in Rwanda after the Genocide

Since the genocide, special education practice in Rwanda has experienced few changes, therefore, all of the themes addressed above applicable to pre-genocide special education, are also evident in post-genocide special education. The themes presented here are exclusive to post-genocide special education.

Partnership Between Special Education and Community-based Rehabilitation (CBR). There is need for partnership between special education and CBR. Seven out of eight documents (Theme 19 in Matrix 3, Appendix E) confirm the need for partnership between CBR and special education (Bird, 2003 [SSER]; Karangwa, 2003 [CDC]; Karangwa, Kobusinggye, & Niyiguha, 2001 [SNED]; Obura, 2003 [NAER]; Republic of Rwanda, 2003 [ESP]; 2006 [ESSP]; Thomas, 2005 [MDD]). For example, Republic of Rwanda (2006) [ESSP] indicates CBR needs to be supported, and Thomas (2005) [MDD] indicates that CBR and special education cater to the same

population and need to be coordinated (See Appendix E). Six out of ten participants confirmed this theme (Theme 16 in Matrix 5, Appendix G), and all seven informants indicated the need to combine the two by assigning it number 4 on the overall order of themes (Theme 4 in Matrix 8, Appendix J).

Rwandan Community and PWDs are Traumatized. The Rwandan community and PWDs are psychologically traumatized due to genocide and war. Five documents (Theme 6 in Matrix 3, Appendix E) confirm that PWDs were traumatized by genocide (Bird, 2003 [SSER]; Karangwa, 2003 [CDC]; Obura, 2003 [NAER]; Republic of Rwanda, 2006 [ESSP]; Thomas, 2005 [MDD]). Nine participants confirmed this theme (Theme 7 in Matrix 5, Appendix G), and all informants assigned it number 7 in the list of priorities (Theme 7 in Matrix 8, Appendix J).

Western-based Models. Western-based education models are ineffective in Rwanda. Two out of eight documents (Theme 2 in Matrix 3, Appendix E) confirm that western-based models of education such as Teacher Emergency package (TEP) and inclusion are ineffective in Rwanda (Bird, 2003 [SSER]; Thomas (2005) [MDD]). For example, SSER indicate that programs such as TEP and inclusion have so far proved ineffective or un-implementable in Rwanda (See Appendix E). Only one participant confirmed this theme (Theme 14 in Matrix 5, Appendix G), and all seven informants indicated that western-based models are ineffective by assigning it number 8 on the overall order of themes (Theme 8 in Matrix 8, Appendix J), meaning that the theme could have been of less focus in Rwandan special education. Informants, however, assigned it number eight because as professionals and researchers, they put emphasis in effective, research-based, and practicable models.

Genocide and Poverty are Major Causes of Disability. Genocide and poverty are major causes and contributors to post-genocide disability in Rwanda. Seven out of eight documents (Theme 1 in Matrix 3, Appendix E) confirm genocide as a cause of post-genocide disability PWDs (Bird, 2003 [SSER]; Karangwa, 2003 [CDC]; Karangwa, Kobusingye, & Niyiguha, 2001 [SNED]; Kobusingye, Suubi, & Bagweneza, 2005 [PSNED]; Obura, 2003 [NAER]; Republic of Rwanda, 2003 [ESP], Thomas, 2005 [MDD]), and four out of eight documents (Theme 2 in Matrix 3, Appendix E) indicate that poverty is also a major contributor to disability (Bird, 2003 [SSER]; Karangwa, 2003 [CDC]; Karangwa, Kobusingye, & Niyiguha, 2001 [SNED]; Thomas, 2005 [MDD]). For example, Thomas (2005) [MDD], indicates that poverty is a major cause and consequence of disability. Kobusingye, Suubi, and Bagweneza (2005) [PSNED] indicate genocide left higher percentages of PWDs, and Karangwa (2003) [CDC] indicates that about 600,000 PWDs resulted from genocide and war. Bird (2003) [SSER] indicates that genocide led to many vulnerable children and people with physical and psychological disabilities (See Appendix E). All participants confirmed that genocide and poverty are major causes of disability (Theme 1 and 3 in Matrix 5, Appendix G), and all seven informants indicated that poverty and genocide caused disability, by assigning it number 9 on the overall order of themes (Theme 9 in Matrix 8, Appendix J). This means genocide is considered a primary cause of disability than poverty.

Public Special Education is still Emerging. Public special education is emerging since the end of genocide. Five out of eight documents (Theme 12 in Matrix 3, Appendix E) confirm that public special education is evolving in Rwanda (Bird, 2003 [SSER]; Karangwa, Kobusingye, & Niyiguha, 2001 [SNED]; Kobusingye, Suubi, and

Bagweneza (2005) [PSNED]; Republic of Rwanda, 2006 [ESSP]; Thomas, 2005 [MDD]). Seven out of ten participants confirmed this theme (Theme 11 in Matrix 5, Appendix G), and all seven informants indicated that public special education is evolving since the outset of genocide by assigning it number 14 on the overall order of themes (Theme 14 in Matrix 8, Appendix J). Both documents and participants agreed on its significance; however informants could be focusing on practical and solution-oriented themes as priorities, hence assigning it number 14.

Problems in Defining and Classifying Disability. Genocide brought about problems in defining and classifying disability (Theme 7 in Matrix 3, Appendix E). This theme was, however, not mentioned in interviews or consultations. All documents confirm that there are problems and complexities in defining and categorizing PWDs since the genocide. For example, Bird (2003) [SSER], Obura (2003) [NAER], and Republic of Rwanda (2003) [ESP] indicate that after the genocide many children were left vulnerable and it was difficult to define and systematically categorize their disability (See Appendix E). This theme was not presented to participants during interviews as it was not one of the interviews questions, and was also not in the list of themes that was presented to informants.

PWDs Have a Right to Public Education. PWDs have a right to education and special education is a right for students (Theme 9 in Matrix 3, Appendix E). Seven out of eight documents confirm that public special education is a right for PWDs (Bird, 2003 [SSER]; Karangwa, 2003 [CDC]; Karangwa, Kobusingye, & Niyiguha, 2001 [SNED]; Kobusingye, Suubi, & Bagweneza, 2005 [PSNED]; Obura, 2003 [NAER]; Republic of Rwanda, 2003 [ESP]; Thomas, 2005 [MDD]). This theme, however, is not represented in

interviews and consultations. It did not feature on the list of themes given to participants and informants (See limitations of the study).

Girls are Disadvantaged. Girls with disabilities are disadvantaged to a greater extent than boys in education. All documents confirm that girls with disabilities are less likely to access special education (Theme 24 in Matrix 3, Appendix E) . For example, both document MDD and CDC indicate girls with disabilities are among the poorest in Rwanda (See Appendix E). All participants confirmed this theme (Theme 19 in Matrix 5, Appendix G), and all seven informants agreed that this theme was a high priority by assigning it number 12 on the overall order of themes (Theme 12 in Matrix 8, Appendix J). Informants could be more focused on PWDs as a subset that need inclusion than focusing on subsets within subsets, that is, gender disparities in special education.

Need for HIV/AIDS Curriculum and Awareness. There is need for HIV/AIDS curriculum and awareness in special education. Four out of eight documents (Theme 25 in Matrix 3, Appendix E) confirm HIV/AIDS awareness and curriculum is important in Rwanda (Karangwa, 2003 [CDC]; Kobusingye, Suubi, & Bagweneza, 2005 [PSNED]; Obura, 2003 [NAER]; Republic of Rwanda, 2003 [ESP]). For example, Karangwa (2003) [CDC] and Obura (2003) [NAER] indicate there is a higher percentage of women with HIV in the 1990s, and the rate was 11.2% higher after the genocide (See Appendix E). Four participants confirmed this theme (Theme 18 in Matrix 5, Appendix G), and all seven informants indicated that HIV/AIDS awareness and curriculum is a priority by assigning it number 13 on the overall order of themes (Theme 13 in Matrix 8, Appendix J). In Rwanda HIV/AIDS is not regarded as disability related, hence informants and participants did not emphasize the theme.

Western-based Education Models in Rwandan Education

Western-based education models are ineffective in Rwanda. Two out of eight documents (Theme 29 in Matrix 3, Appendix E) confirm that western-based models of education such as TEP and inclusion are ineffective in Rwanda (Bird, 2003 [SSER]; Thomas (2005) [MDD]). Only one participant confirmed this theme (Theme 14 in Matrix 5, Appendix G), and all seven informants indicated that western-based models are ineffective by assigning it number 8 on the overall order of themes (Theme 8 in Matrix 8, Appendix J). Participants were not professionals or researchers and could not deeply understand western models versus African models.

CHAPTER 5
INTERPRETATION, IMPLICATIONS, RECOMMENDATIONS, MODEL, AND
CONCLUSION

This chapter includes interpreted findings from documents, interviews, and informants and recommendations for a proposed post-genocide special education model.

Interpretation of Findings

Special Education in Rwanda before and after the Genocide

Findings from documents, participants, and informants that addressed this question are interpreted and discussed. It should be noted that in some cases, interpretations of findings applicable to pre-genocide special education are also applicable to post-genocide special education. For example, it was found that PWDs were/are marginalized, excluded, and there were/are negative attitudes toward PWDs and their education before and after the genocide (Themes 2, 3, and 4 in Matrix 3, Appendix E). The possible interpretation is that Rwanda is underdeveloped, traditional, largely rural, and the majority of people are not educated. Superstition was/is pervasive and disability was/is regarded as a curse from local gods or bewitchment, therefore, people without disabilities fear to associate themselves with PWDs who are thought to be cursed (Thomas, 2005). These same interpretations are also applicable for the conditions and

education of PWDs after the genocide, hence interpretations that addressed pre-genocide also apply to post-genocide conditions.

Special Education in Rwanda before the Genocide

Lack of Government Involvement and National Policy. The pre-genocide Rwandan government lacked involvement in providing special education for its citizens. The government of Rwanda did not legislate special education before the genocide possibly because the Rwandan government inherited a colonial culture and mentality from the former colonial masters, Germany and Belgium. Germany and Belgium colonized Rwanda primarily to secure raw materials in the wake of industrialization in Europe during the 19th century. The colonial masters did not develop education for PWDs since it was considered economically unviable to educate PWDs who would not work in mines, plantations, and farms. Education was provided to able-bodied people only. PWDs therefore, were left out of the educational system (Mungazi & Walker, 1997). This happened for almost a century of colonialism. When Rwanda secured its independence from Belgium in the 1960s, the culture of neglecting PWDs continued. Mentalities and morals inculcated for almost a century of colonialism are not easy to eradicate. This partially explains the government's apathy in providing education and policies for PWDs.

Other reasons for lack of government involvement include poverty. Both the pre-genocide and post-genocide Rwandan government did not have enough financial and human resources to educate all children, typical or PWDs. Rwanda is an agrarian country that depends on trade in coffee, and has a lower gross domestic product (Thomas, 2005).

This coupled with colonial mentalities, superstitious beliefs, and culture of neglecting PWDs also explains lack of government involvement. This was highlighted by one of the interview participants Rugaba “If the government could not provide schooling for real, able-bodied children, why should they educate PWDs who are helpless!”

Poor State of Centers/Schools. The state of poverty in special education centers is due to lack of funding as the government was/is not involved in funding special education. Churches and private organizations that cater to PWDs survive on church donations and contributions by parents. The government did not subsidize procurement of resources in centers. Special education books and equipment are imported from neighboring countries with import taxes imposed. This contributed to lack of resources in centers.

Lack of Qualified Personnel. In Rwanda there was/is a lack of qualified teachers. This is due to the fact that education of PWDs was/is under private organizations, charities, and churches. These do not receive governments’ financial subsidies and do not pay good salaries to teachers. Teacher trainees, therefore, would rather train as general education teachers and work in public schools where remuneration is comparably better. There was/is no incentive to train as a special education teacher. Furthermore, the Ministry of Education, universities, and colleges that train teachers did not have special education departments or courses since there was no demand for special education teachers. Since PWDs were/are marginalized and negative attitudes were/are pervasive, potential students who would want to train as special education teachers were/are discouraged to do so. One of the informants, a special education teacher before the genocide stated:

When I went to Uganda in 1992 to train as a teacher for special education, I did not want to come and teach in Rwanda for fear of embarrassment that people will view me as a teacher for the retards. I only came back because there was a job in the Ministry of Education that was starting a special education unit. People look down on me as if I am not a qualified teacher I teach these retards.

When I asked Nyamirambo to explain the reasons for the shortage of special education teachers, he said, “who really in his right mind would have spent college years and funds training to teach people just to be able to clean themselves or at least weave baskets” (PWDs in Rwanda were/are still taught self-hygiene and vocational skills such as weaving and basketry as part of their curricula). This helps explain the apathy in training as teachers and hence lack of qualified teachers in special education.

Due to shortage of qualified teachers, special education teachers are employed by the Rwandan government to teach in general education in regular schools (as opposed to special schools), and some qualified special education teachers work in NGOs. By 2001, out of eight teachers qualified to teach in special education, only one was working at a special education school and one in the Ministry of Education (Karangwa, Kobusingye, & Niyiguha, 2001; Thomas, 2005). Qualified special education teachers are encouraged to work for the government and NGOs where there is greater remuneration and better working conditions.

Lack of Partnership Between Government and Non-Governmental Organizations (NGOs). The lack of partnership between the government and NGOs is the result of negative attitudes toward disability and the government’s apathy and lack of

prioritization in providing services for PWDs. NGOs that are private organizations noted the neglect of PWDs by the government and mobilized resources to cater to PWDs. The government of Rwanda did not partner with NGOs, except providing licenses for them to operate, hence the lack of coordination. Partnership and coordination can be strengthened to provide services for PWDs and consequently this may change people's attitudes over time. Several informants emphasized that NGOs are always willing partners but the government did/does not take advantage of that resource. One explanation is that the government is always suspicious of NGOs, whose origin is mostly western countries. The fact that western countries and the United Nations did not help to stop the genocide makes the post-genocide government hesitant in accepting the operation of, and coordinating with some, NGOs.

Predominately Run by Charities and Private Organization. Before and after the genocide, private organizations, churches, and charities largely ran special education. This means that the government of Rwanda was/is not active in providing programs and services to the population with disabilities, leaving them to be cared for by their families. Private organizations, churches, and charities, realizing the plight of families and PWDs, provide care for PWDs (Thomas, 2005). This trend in the government neglecting its citizens with disabilities can be traced to Rwandan colonial history, where the Germans and Belgians were preoccupied with labor, trade in raw materials, and profit. This colonial focus led the colonial government to train exclusively able-bodied citizens for economic reasons, hence a culture of neglecting the education of PWDs who were perceived not economically viable by colonial governments. When Rwanda gained its independence in 1962, after almost a century of colonization, it perpetuated and sustained

the colonial cultures and morals of neglecting educating PWDs (Mungazi and Walker, 1997). The government of Rwanda is starting capacity building to cater to PWDs; nevertheless, PWDs are predominately educated in centers by charities, churches, and private organizations as it was before the genocide.

Lack of Early Childhood Education and Early Intervention. Early childhood education was neglected by the pre-genocide government. Before the genocide, early childhood education was offered by private organizations. The government opened only two pre-schools for children who are typical and early childhood education for both children who typical and not typical was run by churches and private groups (Karangwa, 2003). Rwanda is a developing, largely rural, poor, and unindustrialized country, where most women do not go to work in offices and industries, but in fields and gardens where they can spend the day with their children who are not yet primary school aged. This is unlike industrialized nations such as the U.S., where workers cannot go to factories, offices, and other work sites with young children, hence a proliferation of day care centers.

In addition, there is little influence of research on education in Rwanda. There is no early childhood research that influences policy and practices, as is the case with the U.S., where early childhood and intervention research is strong and policies are in place to mandate practice (Turnbull, Turnbull, Erwin, & Soodak, 2006).

Lack of Inclusion. Special education in Rwanda was/is run by private organizations which are a parallel structure and system to public schools. Special education centers are not geographically located in public schools, but are situated in isolated locations far from public schools (Thomas, 2005). This makes inclusion

impracticable. The curriculum in special education centers is predominantly vocational, while public schools teach academic and vocational subjects. The academic aspect of public school education makes inclusion of PWDs complicated. There have been experiments at Gahini Secondary School to include children with blindness to mainstream classes. Few researchers and professionals have started advocating for inclusion. When asked why she does not advocate for inclusion, one informant said:

Arnold, you cannot think of walking before you can even sit. You can't run until you learn to walk. Inclusion in America, Britain, and other western countries has a long history. It did not start overnight, steps were taken, sometimes bold steps of litigation and legislation until they arrive where they are today. In Rwanda, we are still sitting, we need to learn to walk then run and who knows, one day fly!

Inclusion in countries such as the U.S. has a long history of family advocacy, litigation, and legislation (Lipsky & Gartner, 1997; Murdick, Gartin & Crabtree, 2007; Osgood, 2005, Turnbull, Turnbull, Erwin & Soodak, 2006; Wheeler & Richey, 2005). Over several decades of political and educational reforms, the state and federal governments eventually yielded, legislated, and funded inclusion. Rwanda has yet to begin such a process.

Lack of Reliable Statistics and Data. There was/is a serious lack of statistics and data on disability and special education in Rwanda. When the government conducted a national census in 2002, they did not request data for the population of PWDs. Private organizations and churches have no means or capacity to gather data on PWDs. There are no national electronic databases for PWDs in Rwanda. NGOs only gather statistics for the

categories of disabilities that they work with. For example, NGOs such as the Rwanda Association for the Blind would only gather statistics for people with blindness. This eventually led/leads to uncoordinated and sometimes conflicting data and statistics among NGOs.

Marginalization, Exclusion, and Negative Attitudes. PWDs were/are marginalized and excluded, and Rwandans had/have negative attitudes toward PWDs. Rwanda was/is underdeveloped, traditional, and largely rural, and the majority of people were/are not educated. Marginalization and negative attitudes of PWDs, therefore, was/is associated with traditional philosophies and beliefs in witchcraft and evil spirits common in many other African countries. When a child is born with a disability, people who hold traditional beliefs attribute disability to punishment from ancestral spirits that needs appeasement. This causes PWDs to be despised and alienated from society. Rusiha (participant) said, “Yes, we exclude them because if you don’t you will be part of the punishment from the angry ancestors and your own child will be disabled too.” Murwanda (participant) stated, “Women who have aborted at one time tend to have children with disabilities as the gods will be punishing them from their past evil deeds, so who wants to be associated with that!” Superstition is still pervasive and disability is regarded as a curse from local gods or bewitchment, and people without disabilities do not want to associate themselves with people perceived to be cursed (Thomas, 2005).

This situation was made worse with decades of colonialism where PWDs did not receive educational services. The colonial governments did not invest in PWDs as it was perceived expensive and economically unviable to educate PWDs (Mungazi & Walker, 1997). Such colonial morals are still largely held in Rwanda. Karangwa, Kobusingye, and

Niyiguha, (2001) state that most secondary school principals deny access to students with disabilities, and those attending are frustrated due to repeating the same grade several times, until they drop out of school.

Positive attitudes are, however, slowly encroaching because of the large prevalence of PWDs due to the 1994 genocide. Various complex disabilities came along with genocide. In 2004 Rwanda won its first-ever bronze Olympic medal during the Para-Olympics in Athens and this received widespread media publicity, and sports for PWDs has gained momentum, helping changing societal attitudes (Thomas, 2005).

Challenges Related to Access. The lack of adequate infrastructure curtails access to special education in Rwanda. There were/are few special education centers run by private organizations. The problem with a private special school system is that they are expensive and they run as boarding facilities, requiring students with disabilities to leave their parents and siblings and live in separate institutional environments. In addition, the special schools are very few and do not meet the demand of special education cases in Rwanda. The Special Education Department of the Ministry of Education estimated that only 0.5% of students with disabilities can be catered to in the current special education system (Thomas, 2005). There was/is no government subsidy, consequently negatively affecting access.

Special Education in Rwanda after the Genocide

Since the genocide, special education practice in Rwanda has experienced few changes; therefore, most of the interpretations of the findings that were applicable to pre-

genocide special education are also applicable to post-genocide special education. There are nevertheless, interpretations of findings that exclusively explain post-genocide special education.

Partnership Between Special Education and Community-based Rehabilitation (CBR). In Rwanda, private organizations, and NGOs run both special education and community-based rehabilitation. These are neglected by the Rwandan government hence NGOs filling the need. Special education professionals and researchers, (Bird, 2003 Karangwa, 2003 Karangwa, Kobusingye, & Niyiguha, 2001 Obura, 2003 Republic of Rwanda, 2003; 2006; Thomas, 2005). For example, Republic of Rwanda (2006), and Thomas (2005), although they recognize the distinctions between special education and rehabilitation, nevertheless emphasize the need to intertwine them because of pragmatic reasons. In Rwandan special education centers both education and rehabilitation are concurrently practiced as the government of Rwanda does not offer any comprehensive services to either of them. The NGOs that are already overwhelmed have not enough financial and human resources to provide separate infrastructure and services, but combined the services. This is out of necessity rather than choice.

Rwandan Community and PWDs are Traumatized. PWDs are psychologically traumatized from the genocide. A survey conducted by UNICEF and the government of Rwanda in 1996 reported that as a result of the genocide, 80% of children have experienced death in their family, 70% have witnessed with their own eyes someone killed or injured, 79% heard people screaming, 90% thought that they would die, 31% witnessed rape and sexual assault, 88% saw dead bodies, 80% tried to protect themselves during genocide, 16% hid under dead bodies, and 36% saw other children participating in

killing (Obura, 2003). This summarizes the extent of possible trauma that children and the people of Rwanda experienced. People still live in fear, grief, and anxiety about the memories and prospects of genocide. Gourevitch (1998) and Prunier (1995) state that Rwanda is now governed by a Tutsi minority who have to maintain power at all costs. The Hutu are disgruntled, and many of them silently wait until an opportune moment arises to re-mobilize the majority Hutu. This means future prospects of Hutu vengeance is likely. This causes people in Rwanda to live in fear and be anxious about an uncertain future.

Western-based Models. The subject of western-based education models in Rwanda is contentious among researchers, professionals, and the Rwandan community. Some argue that western-based models were/are ineffective in Rwanda. Participants seemed not to understand western-based models of education, most of them were not educationists or academics, and they lacked detailed knowledge of differences between African and western models. There was a sharp division among informants on this issue, some advocating for western-based models such as inclusion and TEP while others were critical of them. The international community neglected Rwanda until over a million people were killed. Rwandans, therefore, might be skeptical about western-based models.

Genocide and Poverty are Major Causes of Disability. Genocide and poverty are major causes and contributors to post-genocide prevalence of disability. Documents, participants and informants had a general agreement on this theme. The documents selected were authored between 2001 and 2006 and were written within the context of genocide hence the emphasis in explaining genocide as a major cause to disability. Participants were among the traumatized, some of who were victims of genocide, and

genocide-related disability was still fresh in their minds when interviews were conducted. Informants, however, assigned the theme number 9, because as professionals and practitioners in the field of disability, they focus much on what should be practically done to alleviate the problem, rather than what caused/causes disability. In Rwanda, genocide left thousands with physical and other disabilities and some disabilities resulted from poverty. For example, many children do not have access to vaccinations such as polio, diphtheria, measles, and others causing them to be ill and develop disabilities that can be avoided.

Public Special Education is Still Emerging. Public special education is emerging since the end of genocide. Public special education is a new phenomenon, with experiments conducted at Gahini secondary school of including people with blindness in mainstream classes (Thomas, 2005). PWDs still attend special education centers or institutions but there are slow changes toward public special education. Western type inclusion, though a research-based practice and philosophy, is arguably not easily implementable in Rwandan public schools at the moment, considering different factors at play in Rwanda, such as poverty, lack of government funding and legislation, lack of technology, and qualified personnel, among other factors. The government of Rwanda has started running few public preschools, and offering technical support and provides incentives to private organizations that offer pre-school education (Republic of Rwanda 2003a; Republic of Rwanda, 2006), which is a step toward government involvement in public pre-school education.

Problems in Defining and Classifying Disability The genocide left vulnerable children in various disabling conditions causing problems in defining and classifying

disability. Many children were depressed, traumatized, stressed, anxious, in panic, and fearful. Some were left with emotional disorders, psychological disorders, physical injuries, and some combinations of these disorders and conditions, hence a complexity of classification. The theme is, however, not mentioned in interviews or consultations because there was no interview question that focused on definitions and classifications of disability (see Appendix C), and the list sent to informants did not include this theme.

PWDs Have a Right to Public Education. PWDs have a right to education and special education is a right for students. Article 40 of the Rwandan Constitution affirms the right of every citizen to education. In addition, it (Article 40) states that “The state has the duty to take special measures to facilitate the education of disabled people” (Republic of Rwanda, 2003; Thomas, 2005). This constitutional mandate, however, has not been fulfilled in Rwandan special education, as there still are hundreds of thousands of PWDs who are not receiving any government supported educational services. The lack of commitment by the government is demonstrated by the failure to implement its national proposals. Education Sector Strategic Plan 2004-2008 and the UNESCO-Ministry of Education Plan of 1999-2000 set the following goals: to train 20 special education teachers by 2008, open two special education centers, and to include a special education component at teacher training college by 2008. By the end of 2006, there was no progress in these planned commitments, except the establishment of a special education unit at the Kigali Institute of Education. Also, by the end of 2006, there were no government policies on the education of PWDs (Karangwa, Kobusingye, & Niyiguha, 2001; Thomas, 2005). Seventeen years after the genocide, there is still no government policy in special education (Karangwa, 2006) to affect the right to public education.

Girls are Disadvantaged. In Rwanda, girls in general are marginalized and hence disadvantaged in Rwandan society. Girls with disabilities are even worse off as they are poor and not prioritized in education. Many girls who were in school just before the genocide had given birth as a result of rape and could not be readmitted in schools. Rape and forced prostitution were used as weapons of torture and it is estimated that about 30% of girls and women between the ages of 13 and 35 were victims of sexual aggression and rape during the genocide. Those who survived had severe health complications, unwanted children, and HIV/AIDS leading to social isolation and exclusion (Ministry of Education, 1998; Obura, 2003).

Sexual violence and abuse is pervasive among women and girls with disabilities, especially those who are blind, deaf, and/or with mental retardation, who have difficulty communicating and reporting abuse. Rape and sexual violence in special education centers are common, resulting in unwanted pregnancies. There is no deoxyribo-nucleic-acid (DNA) testing in Rwanda, making it difficult to arrest the perpetrators of abuse and sexual violence.

Rwanda is a paternalistic society and men have an upper rank in the social stratification. If parents have seven children, boys have precedence in attending school over girls. Girls become more valuable through marriage since marriage brings bride-prize to families. Girls with disabilities, however, often do not get married, taking away the value that they are assigned. Girls with disabilities are among the poorest; they occupy *Umutindi nyakujya* (those in abject poverty). Although few girls with disability attend centers, many are still ostracized.

Need for HIV/AIDS Curriculum and Awareness. There is a need for HIV/AIDS curriculum and awareness in special education. Women and PWDs were raped and sexually abused during and after the genocide and some have developed sexually transmitted diseases and HIV (Thomas, 2005), hence the agreement among documents and participants on the need for awareness.

Western-based Education Models in Rwanda

The U.S. represents a western model of inclusion that is implementable and effective in educating its citizens with disabilities. Inclusion in the U.S. is summarized by six principles underlying special education programs. These are *zero reject* (PWDs are entitled to mandatory enrollment in free appropriate public education); *non-discriminatory evaluation* (any student who has a disability is entitled to evaluation of the disability through the school system); *appropriate education* (PWDs are entitled to receive individualized education programs that benefit them in progressing toward national policy goals); *least restrictive environment* (student's education needs undertaken in a typical setting and with other non-disabled students); *procedural due process* (parents and schools can hold each other accountable for education provided to a student with disability); and *parent participation* (parents and PWDs can be partners with educators in the student's education) (Turnbull, Huerta, & Stowe, 2006; Wheeler & Richey, 2005). Western-based education models, however, are so far un-implementable in Rwanda because inclusion needs to be backed by legislation, qualified special

education personnel, technology, adequate infrastructure, and positive attitudes among both general education teachers and students who are in mainstream classes. At Gahini Secondary School general education teachers and students in mainstream classes have been reported to resist teaching or learning with PWDs and there are no laws that necessitate the implementation on inclusion.

Implications for Future Research

There is much more to learn about the provision of special education in post-genocide Rwanda. One of the major premises of this study was that the provision of special education in post-genocide regions is characteristically different from the United States and the developed nations where genocide, civil war, and armed ethnic-political unrest are less common. This means that the study of special education provision in post-genocide regions presents a new dimension of research in special education studies: emergency special education, a field that calls for systematic investigation.

NGOs and the international community are involved in administering emergency education, as was the case with post-conflict regions such as Sierra Leone, Burundi, DRC, Liberia, Ethiopia, Eritrea, Sudan, and others (Thomas, 2005). Future research, therefore, might investigate the role played by the international community through international organizations such as World Bank, IMF, UN and other NGOs to determine how they can effectively partner with local governments in post-conflict regions to effectively offer research-based (as opposed to political-driven services) to alleviate the plight of PWDs and their families. Research should also be conducted to investigate how

international NGOs, local NGOs, and local governments should partner and coordinate their services for efficiency and to avoid duplication of services.

There is need to study the importation and portability of western-based educational models from the developed nations to developing nations where educational history, environment, and culture is distinctive. Programs such as Teacher Emergency Package (TEP) were ineffective and unpopular in Rwanda and the implementation of western style inclusion is still debatable (Obura, 2003) in a country where thousands of PWDs and people without disabilities are still excluded from public education. One purpose of this study was to determine if a western model of inclusion is implementable in Rwanda where there are no policies, adequate trained personnel, technology, and resources that enhance implementation, or whether inclusion can only succeed after capacity building. A similar study would investigate western-based models and methods that are implementable to developing countries.

This study indicated that children with or without disabilities are traumatized during conflicts such as genocide, war, and other crises. Crises and emergencies are associated with a plethora of disabling conditions such as psychosocial, psychological, emotional, behavioral, physical, and other disorders. There is, therefore, need to investigate how psychological and counseling services should be incorporated and implemented in special education to alleviate the plight of PWDs.

Finally, a larger and holistic study, similar to the one presented here, would focus on special education provision in emergency situations, post-war, post-conflict, post-crisis environments and situations. For example, a study of programs and services that could be provided to East Asia after the 2004 Tsunami, Iraq after the current war, Sudan

that is emerging from genocide similar to that of Rwanda, U.S. after hurricane Katrina and others, may yield new information on administering special education in emergencies and post-emergency situations.

Recommendations

There are several lessons that can be gleaned from the experiences of the Rwandan genocide to better serve PWDs and their families. Rwanda needs special education policies, structures, and models that would inform special education programs, services, funding, and other facets that necessitate the development of special education. Recommendations of a proposed structure and a proposed post-genocide special education model are presented in this chapter. Several recommendations are offered and briefly discussed as practical steps that can be taken to cater to PWDs and their families. Recommendations are informed by the findings in the study, and are discussed here.

Government Involvement and National Policy

The current situation is that NGOs and charitable organizations run centers of special education with limited government involvement. The government of Rwanda, however, has several responsibilities to execute. The first step would be that the government should formulate a special education policy that will inform implementation and prescribe the right to public education for PWDs. The government also needs to provide funding for structural change in public schools to accommodate children with

special needs and aggressively champion public special education awareness programs through the Ministry of Education, media, and technology. The government should, therefore, run special education in public schools and transform current special education centers into resource centers for PWDs. Resource centers should be run by charities or private organizations in partnership with the government. Both PWDs and typically developing children need to attend public schools with an environment that is sensitive to PWDs. The government has a responsibility, through the various ministries of education, to train both general and special education teachers in special education pedagogy.

Training of Qualified Personnel

The study found that Rwanda has eleven teacher training colleges (TTCs), one in each province. Of these, there is no college that educates special education teachers. Most special education teachers were educated in Kenya, Uganda, or in western countries (Republic of Rwanda 2003a; Thomas, 2005). Recently, Rwanda has started a special education program at KIE. The government has a responsibility, through the various ministries of education to educate both general and special education teachers in special education and early childhood pedagogy. Universities and colleges need to educate counselors, special education teachers, psychologists, and other personnel related to and supportive of special education. NGOs and the government should partner to fund education, and universities, colleges, and local schools should interact in educating special education teachers.

Partnership between Government, NGOs, and Grassroots Communities

There is no meaningful partnership between government and NGOs in the field of disability. The NGOs have been and are willing partners, but the government of Rwanda does not tap that resource. There is need for partnerships among NGOs, government, and local communities in order to efficiently provide services to PWDs. Partnerships are necessary in areas such as disability awareness, census, and education of PWDs, providing resources in centers, train teachers, and others.

Early Childhood Education and Intervention

Currently, the government is not involved in the education of children younger than six years. Of the 257 nursery schools, only two are government owned, and the private schools cater to only 18,399 out of about 2 million pre-school aged students (Karangwa, Kobusingye, & Niyiguha, 2001). The government of Rwanda should have policies that inform public early childhood education and intervention. There is also need for early intervention early childhood education which include testing, determination, and evaluation of disabilities.

Inclusion compatible to Rwanda

PWDs in local communities who do not attend education services need to be enrolled in centers as a first step toward inclusive special education. Secondly, PWDs

then need to be moved to public schools. This gives time for capacity building in public schools to incorporate PWDs and is a pragmatic step toward eventual inclusive education. Inclusion cannot be implemented without first capacity building to cater to new educational practice. The experiment at Gahini Secondary School was ineffective because of the lack of capacity building prior to inclusion of students in public schools, but is a step toward world standards administration of special education.

Census on Disability

Currently statistics and data on the prevalence of disability are limited. The Ministry of Education has no statistics on PWDs (Thomas, 2005). The government of Rwanda should use national census to gather data on post-genocide prevalence of disability in order to understand the extent and need in the field of disability and special education.

Disability Awareness Policy and Programs

The study indicated acute marginalization, exclusion, and negative attitudes toward people with disabilities in Rwandan society. There is, therefore, need for the government to formulate a policy sensitive to PWDs to be enforced in both private and public sectors. Both the government in partnership with NGOs should initiate disability awareness programs. Schools, colleges, universities, and workplaces should encourage disability awareness policies and programs.

Counseling Programs/Services in Schools

The study indicated that genocide left Rwandan children traumatized. Girls were even more vulnerable due to rape which was used as a method of torture, resulting in higher incidences of post-genocide HIV/AIDS and unwanted pregnancies. Group and individual counseling programs need to be part of special education programs and services in Rwanda in order to address traumatic experiences. HIV/AIDS counseling should be provided in counseling services considering that in Rwanda, HIV/AIDS is still regarded a curse of promiscuity (Thomas, 2005). There is need for curriculum and awareness programs that disseminate HIV/AIDS information for PWDs.

Gender-Sensitive Affirmative Action

Rwanda is a paternal society and many girls are not prioritized in education and special education. Girls are marginalized and lack voice because of traditional and cultural factors (Republic of Rwanda, 2003a). The government needs to formulate gender-sensitive policies that inform implementation and enrollment of girls to address gender imbalances and inequalities in education. NGOs and the government should use disability awareness programs to target awareness among women, girls, and other marginalized groups.

Genocide and Poverty Alleviation Programs

The study found out that genocide and poverty are major culprits of disability in Rwanda. The government through the Ministry of Social Welfare should have policies and funding for poverty alleviation programs catering to PWDs and their families. Such programs should be extended to families that are headed by children whose parents perished in the genocide. Poverty alleviation programs may include houses, school lunch, free health services, and free education.

Evacuation of PWDs

Evacuation of PWDs was a silent theme and was not mentioned in documents or by informants, but was mentioned by a few participants. The review of literature indicated that PWDs are the first and main victims of emergencies (Blazer, 2000). There is need for safeguards for the protection and/or evacuation of PWDs during emergencies. Policies and strategies should be introduced to cater to the protection of PWDs during emergencies so that there will not be interruption of, for example, medical supplies. NGOs such as the International Red Cross and Red Crescent may have a vested interest to fund evacuation and protection measures to PWDs.

Proposed Organizational and Functional Structure

Closer analyses of the literature and data from documents, interviews, and informants indicate that there are potential players in Rwanda that can partner to provide programs and services for PWDs. These include international and national NGOs, Rwandan government, Ministry of Education, department of special education, directorate in special education, inspectorate in special education, special education centers/schools, special education personnel, and grassroots communities/families. These are represented in a proposed organizational and functional structure in Figure 3. It should be stressed that the structure does not necessarily represent a hierarchy, but interactive structure and major functions of each component and possible flow of resources, policy formulation, research, and practice. The major functions for each component are: NGOs provide funding; the government provides policies and funding; the Ministry of Education provides research and training of personnel through colleges and universities; department of special education and directorate provide planning and coordination of special education; the inspectors of special education provide supervision, assessment, and evaluation of special education programs; centers of education provide implementation of policies, programs, and services; personnel in special education are practitioners and implementers of policies; and grassroots communities and families are active recipients and partners of programs and services.

Proposed Organizational and Functional Structure

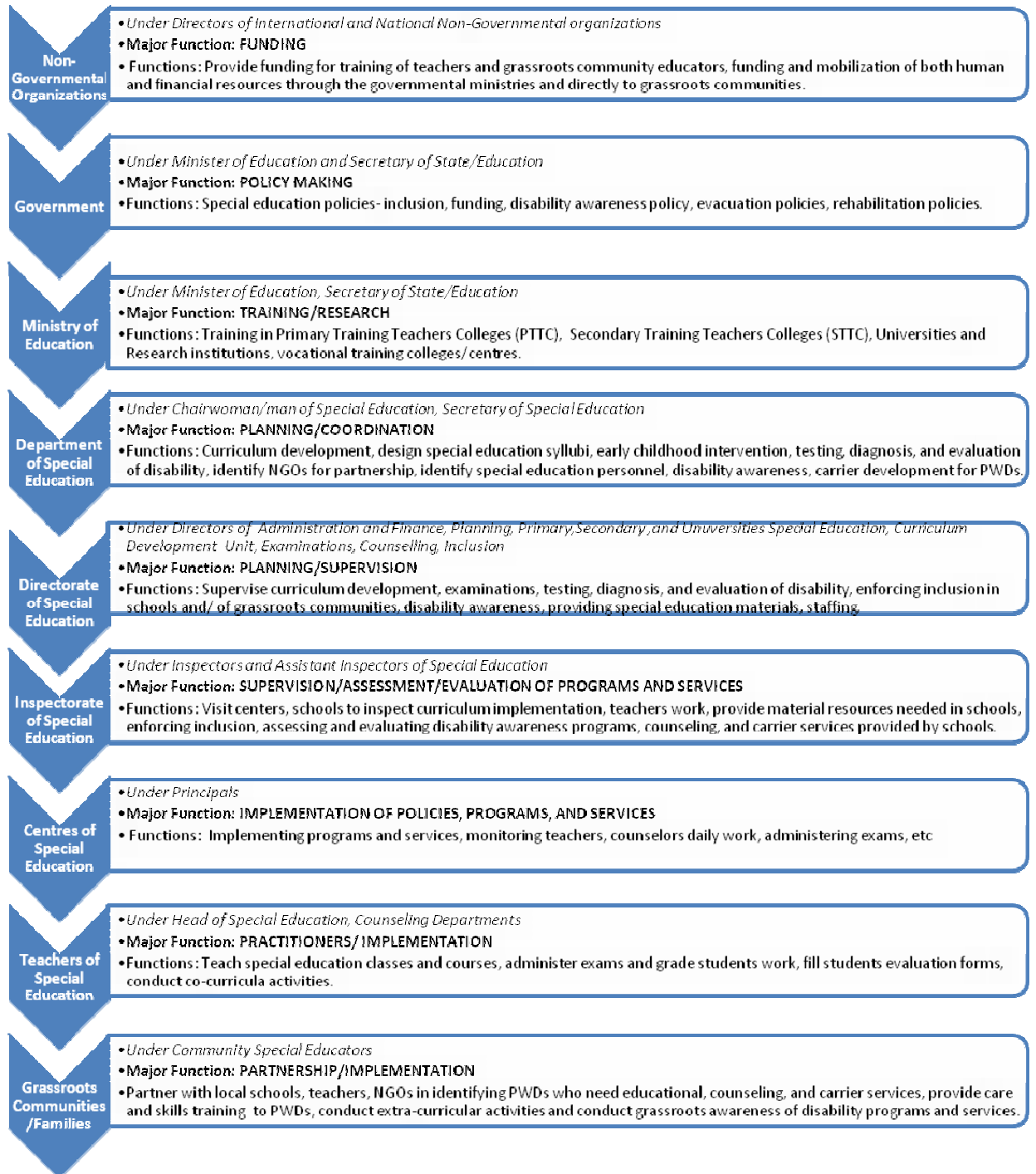


Figure 3. Proposed Functional and Organizational Structure

Note: Vertical arrows represent organizational structure and horizontal arrows functional structure

Proposed Post-Genocide Rwandan Special Education Model

A proposed post-genocide special education model presented in Figure 4 is a product of information gathered from the literature, data from documents, interviews, and key consultations, and the proposed structure and functions presented in Figure 3. Only applicable common themes were included in constructing the model. Although most of the themes are directly part of the model, some themes are indirectly applied and implicated. The proposed special education model also represents both the organizational and functional structures that are important to harness all possible political, financial, and human resources in Rwanda to serve PWDs and their families.

The organizations and their respective acronyms in Figure 4 include:

Non-Governmental Organization (NGO), Government (GVT), Communities (COMM), Ministry of Education (MINEDU), Colleges and Universities (COLL/UNIVE), Inspectorate of Special Education (INPEC/SPED), Department of Special Education (D/SPED), Directorate in Special Education (DIR/SPED), Principals of Schools (PRINCI), Schools (SCHOOL), and Teachers and counselors (TRS/CONSL).

Level one represents NGOs and the Rwandan government that should provide funding and make policies to influence and shape public special education and mobilize resources to schools and communities. Level two represents the Ministry of Education that provides research through universities and research centers and planning, supervision, and coordination of special education through the special education unit under the ministry. Level three represents the Department of Special Education that has the directors and inspectors of special education. These provide planning, coordination,

and supervision of special education services. The fourth level is public schools that provide implementation of policies and use research-based practice emanating from research. Level five represents the grassroots communities that are active recipients of services and partners with the whole structure. It should be stressed that the model is not hierarchical but interactive; this is why arrows point to both directions of items on the model. For example, the arrow at level five (grassroots communities) points upwards, meaning that communities are both active recipients and partners with the whole organizational structure in the implementation of policies, programs, and services. It is also important to note that the model represents the interactive relationship between policy-making, research, and practice. The proposed services are a combination of academic and vocational subjects, rather than the current exclusive vocational curricula.

Conclusion

This historical study focused on the provision of special education in Rwanda before and after the genocide and the importation of western-based models to developing countries where educational history, environment, and culture are different. The study demonstrated that post-genocide special education in developing countries is complex to administer due to genocide, war, poverty, negative cultural attitudes, and many other factors. Genocide brought complex needs and a sudden increase of PWDs that complicated the provision of services. The study demonstrated that pre-genocide special education in Rwanda was characteristically similar to post-genocide special education.

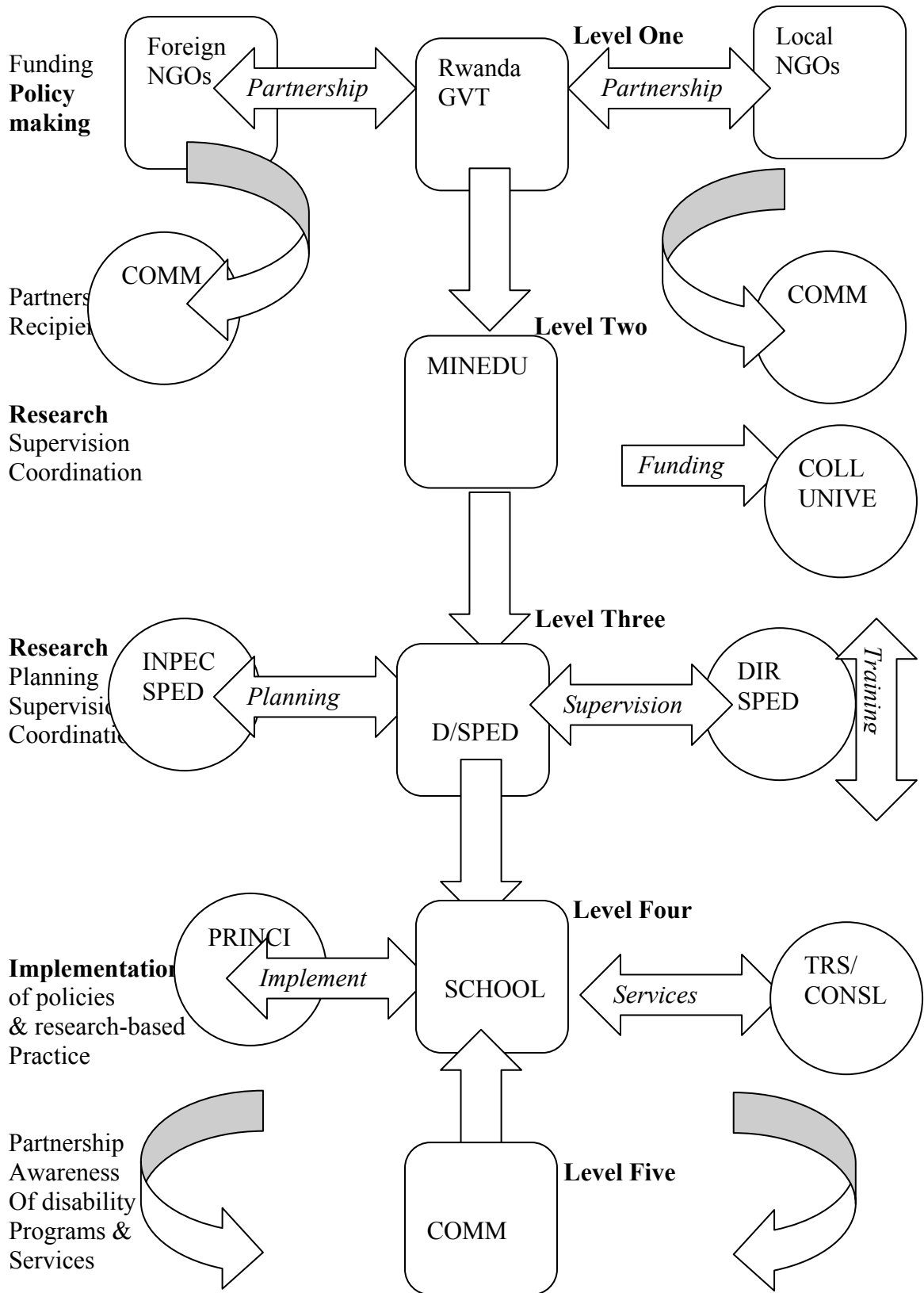


Figure 4. Proposed Post-Genocide Special Education Model

Current educational practice in Rwanda shows that changes are emerging in the post-genocide era due to factors that include an increased need.

A proposed organizational and functional structure was provided which encompasses findings from the study. The proposed post-genocide special education model may be applicable to other post-crisis, post-war, post-genocide situations in African countries such as Ethiopia, Sudan, Somalia, Uganda, Burundi, and Sierra Leone that suffered similar crises as Rwanda, but it should be emphasized that no universal model can be holistically applicable to all post-genocide and post-crisis environments. The proposed model is specific to Rwanda although selected aspects of it can be usable in other similar environments. The researcher does not attempt to elevate western-based models, rather suggests that various aspects of western-based models that are usable in specific situations, with good results to education of PWDs may be imported and implemented, nevertheless, with necessary modification as there are distinctions in environments between the west and African countries.

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APPENDICES

Appendix A: Informed Consent Form for Interviews

I am writing my dissertation research entitled: “A historical analysis of post-genocide Rwandan special education: Lessons derived and future directions”. The purposes of the research are: to compare the prevalence of disabilities between pre-and post-genocide Rwanda and how this affected special education provision; to explain the relationship among genocide, disability, poverty, social exclusion and special education; to compare and contrast special education programs and services between Rwanda and U.S; to assess how useful, applicable, and effective various western-based special education and rehabilitation intervention strategies are, specific to Rwanda. The findings will be used in my dissertation and potentially future presentations and/or publications.

A possible potential risk is that this interview may bring memories of the genocide and the fears and feelings associated with the genocide. In order to address this risk, the interviewee may contact the following mental health counselors/doctors: Drs. Christopher and Lawrence Edwards at (931)-520-0535. Their address is: 441 E. Broad St. Suite D Cookeville, TN 38501. Official permission has been obtained from them to provide mental health counseling. This study, however, may help the citizens of Rwanda to know that someone cares about what happened during the genocide and is investigating the possible interventions to alleviate the problems as to better serve people who were left with disabilities and their families. Be assured the information you are providing will be kept confidential and will be destroyed as soon as the study is completed. Your name will not be used; instead codes and pseudonyms will be used. No identifying information will be included in the data. If you have any questions or concerns please contact me or my dissertation advisor, Lisa Zagumny at (931)-372-6558.

Your participation is voluntary, refusal to participate will result in no penalty, and you are free to discontinue participating at any time without penalty. No cost and no compensation will be offered. Please allow one hour for the interview. You are not obligated to answer any questions (s) you are not comfortable with. Your name and signature on this form indicates your willingness to participate.

Name	Signature	Date
Arnold Nyarambi 931 Laurel Ave U-E-4 Cookeville, TN 38501 (931) 3724029 / anyarambi21@tntech.edu		
Dr. Lisa Zagumny Tennessee Technological University Box 5042 Cookeville, TN 38501 (931) 372 6558 lzagumny@tntech.edu		

APPENDIX B

Matrix 1: Initial Themes from Documents

Themes	Documents							
	SNED	SSER	NAER	CDC	ESP	MDD	PSNED	ESSP
1	PWDs are marginalized	Vulnerable children and PWDs are marginalized in education	PWDs are marginalized	Orphans and the PWDs are marginalized	*	Exclusion of PWDs in education	PWDs are marginalized	PWDs are marginalized in education
2	Genocide caused disability in Rwanda	Genocide lead to a lot of refugee, vulnerable children, PWDs inclusive	Genocide caused disability in Rwanda	Genocide led to orphans and PWDs. Approx. 600.000 PWDs	Higher % of PWDs due to genocide and war	Genocide and war led to disability	Higher number of PWDs due to genocide and war	*
3	Government apathy in providing special education	Governments that received refugees had no capacity, policy to accommodate refugees/PWDs	Government had no policy and capacity to educate refugees and returnees with disabilities	Government apathy in providing special education.	Government apathy in providing special education	No official government structure in special education	No official government structure/ policy in special education	No official government structure in special education
4	Several challenges in accessing education.	Many challenges to special education practice	Challenges in accessing education	Several challenges in accessing education	Several challenges n accessing education	Challenges in accessing special education	Challenges in inclusive education	Challenges in accessing special education*

APPENDIX B

Matrix 1: Initial Themes from Documents (continued)

Documents								
Themes	SNED	SSER	NAER	CDC	ESP	MDD	PSNED	ESSP
5	Lack of coordinated partnership between government and NGOs	U.N agencies did initially partner with government in providing education	NGOs and U.N did not coordinate well with government in providing education	NGOs were always willing partners but government did not use the resource	*	Local and foreign NGOs were willing and active in providing education	Government did not partner with local human resources	*
6	Problems in defining and categorizing disability	Complexity in definition and categorizing vulnerable children	Complexity in categorizing vulnerable children	Challenges in defining disability	Problems in defining and categorizing vulnerable groups	No clear classification system of PWDs	Problems in defining/ categorizing PWDs	*
7	Need for inclusion in education	No inclusion in refugee camps, PWDs fell under “community services” not education	There is no inclusion of PWDs in mainstream schools and classes	Need for inclusion in education	Need for comprehensive inclusion	PWDs should be included in mainstream schools	The draft advocates inclusion	There is need for inclusive education
8	No national Special education policy	No government and U.N special education policy	Government has no special education policy	No national Special education policy	No national Special education policy	No national special education policy as yet	No national policy for SPED by 2005	No national special education policy

APPENDIX B

Matrix 1: Initial Themes from Documents (continued)

Themes	Documents							
	SNED	SSER	NAER	CDC	ESP	MDD	PSNED	ESSP
9	*	*	AIDS makes educational reconstruction a challenge	Higher HIV/AIDS rate after the genocide and need for awareness	Need for a strong HIV/AIDS curriculum in schools	*	There is need for H.I.V related curriculum	*
10	*	Challenges faced by U.N, and NGOs in providing education during emergency situation	Challenges faced by the U.N and NGOs in educational reconstruction	Challenges faced by local NGO in providing services to vulnerable children	*	*	*	*
11	90% poverty in Rwanda	Extreme poverty conditions in refugee camps causing death p	53% poverty by 1993 and 90% live in underdeveloped rural life.	90 % Poverty causing disability, death	90% poverty in Rwanda complicates provision of education	*	High poverty in Rwanda impedes education	*
12	Girls disadvantaged in both general and special education	Girls are more vulnerable and disadvantaged	Girls were raped, and later marginalized in all facets of life	Girls affected by genocide, high dropouts, girl-heading families	Girls more vulnerable, high school dropouts.	Girls are poor and vulnerable	*	Girls should be prioritized in education
13	Lack of qualified personnel	Lack qualified teachers in refugee camps.	Chronic lack of qualified teachers	Lack of qualified personnel in education	No qualified personnel in SPED	Lack of human resources	Lack of qualified personnel	Lack of qualified personnel

APPENDIX B

Matrix 1: Initial Themes from Documents (continued)

Themes	Documents							
	SNED	SSER	NAER	CDC	ESP	MDD	PSNED	ESSP
14	Proposal for partnership between special education and Community-based rehabilitation (CBR) programs	U.N agencies and community-led initiatives in providing refugee education	Need for partnership between NGOs and CBR programs	Community Based Programs for rehabilitation	Need to strengthen CBR	CBR and special education are inseparable in Rwanda	*	CBR needs to e supported
15	*	No early childhood education in refugee camps	There is need to invest in public early childhood education	*	No early childhood intervention and special education		No educational assessment and tools before entering special education.	No early childhood intervention, and there is need to advocate
16	*	Rwandan community and PWDs are traumatized because of genocide	Rwandan community and PWDs are traumatized due to genocide	Vulnerable children and PWDs are traumatized	PWDs are still traumatized	Children are still traumatized	*	*

APPENDIX B

Matrix 1: Initial Themes from Documents (continued)

Themes	Documents							
	SNED	SSER	NAER	CDC	ESP	MDD	PSNED	ESSP
17	Exclusion of the disabled in all facets of life	Exclusion of vulnerable children and PWDs from education	PWDs are excluded due to poverty	Exclusion of the PWDs in all facets of life	Exclusion of PWDs in all facets of life	PWDs are excluded in mainstream society	Exclusion of PWDs from the mainstream society	PWDs are excluded and need to be included in society
18	Need for more special education centers to cater for PWDs	No adequate special education infrastructure	Need for more special education schools	*	Need for more special education infrastructure	Need for more infrastructure in special education	No adequate special education infrastructure, 20 centers for PWDs.	Need for infrastructure in special education
19	Rwandan have negative attitudes toward PWDs	PWDs were not prioritized in refugee camps	Rwandan society have negative attitudes toward PWDs	Negative societal attitude and social exclusion toward PWDs	Lack of awareness and negative attitudes toward PWDs	PWDs considered helpless in society	Negative attitude toward inclusion and PWDs	Society needs to change attitude toward PWDs
20	Lack of reliable statistics in special education	Lack of statistics of PWDs in refugee camps	There is no reliable statistics in special education	Lack of reliable data and statistics of children in difficult circumstances.	No clear statistics of PWDs	Lack of reliable data and statistics in special education	Lack of reliable data and statistics in SPED and general education	There is need for a census for PWDs

APPENDIX B

Matrix 1: Initial Themes from Documents (continued)

Themes	Documents							
	SNED	SSER	NAER	CDC	ESP	MDD	PSNED	ESSP
21	Global policies that influence Rwandan education	U.N. policies that influence education during emergencies	U.N. policies and practice shaped education in Rwanda	*	*	Some global policies influence education	Global policies that influence Rwandan education	*
22	Poor state of special education centers	Poor state of refugee schools	Poor state of schools post-genocide	*	Poor state of special education centers	Poor state of the special education centers	Centers needs improvement	Advocate for improvement of centers
23	Public special education just starting in Rwanda	Public SPED is a new concept and less practical in refugee camps	*	*	*	Public special education a new concept in Rwanda	Need for public special education	Needs for public special education in Rwanda
24	*	*	*	*	Special education groups should advocate for their cause	PWDs should advocate for themselves	*	*
25	Special education is a right for all students	Education is a right and heals psycho-social trauma during emergencies	Education is essential and should start during emergencies	*	Special education is a right for all	Education is a right for all	Special education is a right for all	Special education is a right for all

APPENDIX B

Matrix 1: Initial Themes from Documents (continued)

Themes	Documents								
	SNED	SSER	NAER	CDC	ESP	MDD	PSNED	ESSP	
26	*	*	Western-based models such as TEP were ineffective	*	*	Western-based inclusion model inapplicable	*	*	
27	*	Education is neglected during emergencies	Education is often neglected during war and genocide	*	*	Education was ignored during genocide	*	*	
28	*	Need for peace education in Rwanda	There is need for history and peace education in Rwanda	*	*	Need for peace education in Rwanda	*	*	
29	*	Need for quick educational response to the refugee crisis	Need for post-genocide educational reconstruction	*		There is need for post-genocide education reconstruction			
30	SPED in Rwanda is run by charities and private organizations	International NGOs run education in refugees camps	Special education in Rwanda is run by private organizations and charities	*		Over 90% of special education in Rwanda is run by charities	Private organization and charities run special education in Rwanda	Over 90% of special education is run by charities	Charities run special education in Rwanda

Appendix C: Interview Questions

1. What was the situation of young people with disabilities (PWDs) in Rwanda before the genocide?
2. What was the situation of PWDs in Rwanda after the genocide?
3. What was special education in Rwanda before the genocide?
4. What was special education in Rwanda after the genocide?
5. What non-local programs and services were provided in Rwanda before the genocide? (Western-based)
6. What non-local programs and services were provided in Rwanda after the genocide? (Western-based)
7. Do local communities do anything to serve people with disabilities? (Non-western programs)
8. What role does the government of Rwanda play in educating PWDs?
9. What role should the government play to educate PWDs?
10. Are their policies/laws in place for PWDs? If not, what policies can be made to cater for PWDs?
11. What non-governmental organizations (NGOs) cater to PWDs?
12. How effective are the NGOs in providing programs and services to PWDs?
13. What can the NGOs do differently to better serve people with disabilities?
14. What is the major cause of disability in Rwanda?
15. Suppose genocide occurs again what should be done for PWDs to be safe?

APPENDIX D

Matrix 2: Initial Themes from Interviews

Themes	Participants									
	Munashe	Murwanda	Mujenga	Muhima	Nkundiye	Rwgema	Ngedahimana	Rusiha	Nyamirambo	Kabuga
Charitable organizations and NGOs caters for education of PWDs	+	+	+	+	+	+	+	+	+	*
No real education except vocational training	+	+	*	+	+	+	+	+	+	+
Government apathy in providing special education	+	*	*	*	+	+	+	+	+	+
Need for special education policy	+	+	*	+	+	+	+	+	*	+

APPENDIX D

Matrix 2: Initial Themes from Interviews (continued)

Themes	Participants									
	Munashe	Murwanda	Mujenga	Muhima	Nkundiye	Rwgema	Ngedahimana	Rusiha	Nyamirambo	Kabuga
Genocide caused disability	+	+	+	+	+	+	+	+	+	+
Witchcraft and dirty water causes disability	+	*	*	*	+	*	*	*	*	+
Poverty causes disability	+	+	+	+	+	+	+	+	+	+

APPENDIX D

Matrix 2: Initial Themes from Interviews (continued)

Themes	Participants									
	Munashe	Murwanda	Mujenga	Muhima	Nkundiye	Rwgema	Ngedahimana	Rusiha	Nyamirambo	Kabuga
Marginalization and exclusion of PWDs	+	+	+	+	+	+	+	+	+	+
Negative attitudes toward PWDs	+	+	+	+	+	+	+	+	+	+
Lack of statistics and data on PWDs	+	+	+	+	+	+	+	+	+	+

APPENDIX D

Matrix 2: Initial Themes from Interviews (continued)

Themes	Participants									
	Munashe	Murwanda	Mujenga	Muhima	Nkundiye	Rwema	Ngedahimana	Rusiha	Nyamirambo	Kabuga
Public special education a new phenomenon in Rwanda	+	+	+	+	+	+	+	*	*	*
Poor or no adequate special education infrastructure	+	+	+	+	*	+	*	+	*	+
Lack of qualified teachers in special education	+	*	*	+	+	+	+	+	+	+

APPENDIX D

Matrix 2: Initial Themes from Interviews (continued)

Themes	Participants									
	Munashe	Murwanda	Mujenga	Muhima	Nkundiye	Rwgema	Ngedahimana	Rusiha	Nyamirambo	Kabuga
Need for inclusion in special education	+	+	*	*	*	*	*	*	*	*
Need for coordination between government and NGOs	+	+	+	+	*	*	*	*	*	*
Need for partnership between special education and CBR	+	*	*	+	+	*	*	+	+	+

APPENDIX D

Matrix 2: Initial Themes from Interviews (continued)

Themes	Participants									
	Munashe	Murwanda	Mujenga	Muhima	Nkundiye	Rwagema	Ngedahimana	Rusiha	Nyamirambo	Kabuga
Need for early childhood education for PWDs	+	+	+	+	+	+	+	+	+	+
HIV/AIDS a challenge to special education	+	*	+	*	*	+	+	*	*	*
Girls are disadvantaged in Rwanda society	+	+	+	+	+	+	+	+	+	+
Families should be responsible for educating PWDs	+	*	*	+	+	+	+	+	+	+

Note: + represents similar/same themes. * represents that there no information on the theme from the participant

APPENDIX E

Matrix 3: Organized Themes from Documents

Themes	Documents							
	SNED	SSER	NAER	CDC	ESP	MDD	PSNED	ESSP
1	Genocide caused disability in Rwanda	Genocide lead to a lots of refugees, PWDs, vulnerable children	Genocide caused disability in Rwanda	Genocide led to orphans and PWDs approx. 600.000	Higher percentage of PWDs due to genocide/war	Genocide/ war led to disability	Higher number of PWDs because of genocide/ war	*
2	Poverty contributes to disability	Poverty caused disability and death in refugees camps	*	Poverty contributes to disability	*	Poverty a cause and consequence of disability	*	*
3	PWDs are marginalized in Rwanda	Vulnerable children/ PWDs are marginalized in education	*	Orphans and PWDs are marginalized	*	PWDs are marginalized and excluded from education	PWDs marginalized in education	PWDs are left out in education
4	Exclusion of PWDs in all facets of life	Exclusion of vulnerable children and PWDs from education	PWDs are excluded due to poverty	Exclusion of the PWDs in all facets of life	Exclusion of PWDs in all facets of life	PWDs are excluded from the mainstream society	Exclusion of PWDs from the mainstream	PWDs are excluded from society and education
5	Rwandans have negative attitudes towards PWDs	PWDs were not prioritized in refugee camps	Rwandan society have negative attitude toward PWDs	Negative societal attitude with PWDs and social inclusion	Lack of awareness and need to change negative societal attitude	PWD are regarded as helpless	Negative attitude toward inclusion and PWDs	Rwandan society needs to change attitudes toward PWDs

APPENDIX E

Matrix 3: Organized Themes from Documents (continued)

		Documents							
		SNED	SSER	NAER	CDC	ESP	MDD	PSNED	ESSP
Themes									
6	*		Rwandan community and PWDs are traumatized genocide	PWDs and Rwandan community were left traumatized	Vulnerable children and PWDs were traumatized by genocide	PWDs are still traumatized by genocide and war	Children in Rwanda are still traumatized	*	*
7	Problems defining and categorizing disability	Complexities in defining and categorizing vulnerable children	It is complex to classify vulnerable children	Challenges in defining disability	Problems in defining and categorizing vulnerable groups in Rwanda	No clear classification system of PWDs	Problems in defining and categorizing special needs groups	*	
8	Lack of reliable statistics in disability	Lack of statistics of PWDs in refugee camps	There is no reliable statistics of PWDs and other vulnerable groups	Lack of reliable data and statistics of children in difficult circumstances.	No clear statistics in special education	Lack of reliable data and statistics in SPED	Lack of reliable data and statistics in SPED and general education	There is need for a census for PWDs in Rwanda	
9	SPED is right for all students	Education is a right and heals psycho-social trauma during emergencies	Education is essential and should start during emergencies	*	Special education is a right for all	Education is a right for all	PWDs have a right to education	PWDs have a right to education	

APPENDIX E

Matrix 3: Organized Themes from Documents (continued)

Themes	Documents							
	SNED	SSER	NAER	CDC	ESP	MDD	PSNED	ESSP
10	General challenges in accessing general and special education	Many challenges to access special education	Challenges in accessing general and special education	Challenges to accessing general education	Several challenges in accessing education in Rwanda	There are many challenges in accessing education	Challenges in accessing inclusive education	There are challenges in accessing education in Rwanda
11	SPED run by charities and private originations	International NGOs and charities run education in camps	Charities and private organization run SPED	*	Over 90% of SPED is run by charities	Many private and charities run SPED in Rwanda	Over 90% of SPED is run by charities	Charities and NGOs run SPED in Rwanda
12	Public SPED just starting in Rwanda	Public special education is a new concept in Rwanda	*	*	*	Public special education a new concept in Rwanda	Need for public special education	Less public attends special education in Rwanda
13	Government apathy in providing special education	Governments that received refugees had no capacity, policy to accommodate refugee school children and PWDs	Governments had no policy and capacity to educate refugees, returnees, and PWDs	Government apathy in providing special education, only 337 are in mission supported SPED	Government apathy in providing special education	No official government structure in special education	No official structure and policy in of special education	No official structure in special education in Rwanda

APPENDIX E

Matrix 3: Organized Themes from Documents (continued)

Themes	Documents							
	SNED	SSER	NAER	CDC	ESP	MDD	PSNED	ESSP
14	No national special education policy	No government and U.N special education policy	Rwandan government have no special education policy	No national special education policy	No national Special education policy	No national special education policy as yet	No national policy for SPED	No national special education
15	Need for SPED centers to cater for PWDs	No adequate SPED infrastructure	Need for more SPED schools	*	Need for more SPED infrastructure	Acute need for SPED infrastructure	No adequate centers	Need for infrastructure in SPED
16	Poor state of SPED centers	Poor state of refugee schools	Poor state of schools post-genocide	*	Need for new SPED centers	Poor state of SPED centers	Centers needs improvement	Advocate for improvement in centers
17	Lack of qualified personnel in special education	Lack of qualified teachers in refugee camps.	Chronic lack of qualified teachers	Lack of qualified personnel in education	Lack of qualified personnel in special education	Lack of human resources in education	Lack of qualified personnel	Lack of qualified teachers in education
18	Need for inclusion in education	Need of comprehensive inclusion of PWDs in refugee camps	There is no inclusion of PWDs in mainstream schools	Need for inclusion in education	Need for comprehensive inclusion in special education	PWDs should be included in SPED	The draft advocates a policy of inclusion	There is need for inclusive education in SPED

APPENDIX E

Matrix 3: Organized Themes from Documents (continued)

Themes	Documents							
	SNED	SSER	NAER	CDC	ESP	MDD	PSNED	ESSP
19	Proposal of a partnership between SEN and CBR programs	Partnership between U.N agencies and community-led initiatives in providing refugee education	Need for partnership between NGOs, government and CBR programs	Community Based Programs for rehabilitation	Need to strengthen CBR	CBR is part of special education in Rwanda	*	CBR needs to be supported
20	*	No early childhood education in refugee camps	There is need to invest in early childhood special education	*	No early childhood intervention and special education	*	No educational assessment and tools before entering SPED	No early childhood education and there is need to advocate for it
21	*	Challenges faced by U.N, and NGOs in providing education during emergency situation	Challenges faced by the U.N and NGOs in educational reconstruction	Challenges faced by local NGO in providing services to vulnerable children	*	*	*	*

APPENDIX E

Matrix 3: Organized Themes from Documents (continued)

Themes	Documents							
	SNED	SSER	NAER	CDC	ESP	MDD	PSNED	ESSP
22	Lack of coordination between government and NGOs	U.N. agencies did not initially partner with government of providing education	NGO and government did not coordinate in providing education	NGOs were always willing partners but government did not partner with them	*	Local and foreign NGOs were willing and active in providing education	Government did not partner with local NGOs	*
23	Global policies that influence Rwandan education	U.N policies that influence education during emergencies	U.N policies shaped education during and after the genocide	*	*	There are some global policies that influence education in Africa	Global policies influence Rwandan education	*
24	Girls disadvantaged in both general/special education	Girls are more vulnerable and disadvantaged in education	Girls were raped, gave birth after genocide	Girls affected by genocide, high dropouts, heading families	Girls more vulnerable, high school dropouts.	Girls are among the poor and more vulnerable	*	Girls should be prioritized in education
25	*	*	AIDS makes educational reconstruction a challenge. In 1992, 30% women are HIV/ AIDS	Need of HIV awareness. Higher HIV/AIDS rate after the genocide: 11.2%.	Need for a strong HIV/AIDS curriculum in schools	*	There is need for HI/AIDS related curriculum	*

APPENDIX E

Matrix 3: Organized Themes from Documents (continued)

Themes	Documents							
	SNED	SSER	NAER	CDC	ESP	MDD	PSNED	ESSP
26	*	Education is neglected during emergencies times	Education is often neglected during war and genocide	*	*	Education was ignored during genocide in Rwanda	*	*
27	PWDs should advocate for themselves	*	*	*	*	There is need for self-advocacy of PWDs	There is need for advocacy of PWDs	PWDs should start self advocacy
28	90 % Poverty in Rwanda	Extreme poor conditions in refugee camps caused deaths	90% live in underdeveloped rural Rwanda	90% poverty in Rwanda and poverty leads to disease and death	90% poverty in Rwanda complicates the provision of services	PWDs are among the poorest in Rwanda	High poverty in Rwanda impedes education and development	*
29	*	Western-based models of education such as TEP, and inclusion are ineffective in Rwanda	*	*	*	Rwanda is experimenting with western-based inclusion	*	*
30	*	Need for peace education	Need for peace and history education	*	*	Need for peace education	*	*

Note: * represents no information on the particular theme. SPED is abbreviation for special education CBR is Community-based Rehabilitation

APPENDIX F

Matrix 4: Blending of Overlapping Themes from Documents

Blended Themes	Grand Theme
1, 2	Causes of disability: genocide and poverty in Rwanda
3, 4, 5	<p>Marginalization and exclusion of PWDs</p> <p>Rwandan community and PWDs are traumatized genocide</p> <p>Problems defining and categorizing disability</p> <p>Lack of reliable statistics in disability</p> <p>SPED is right for all students</p>
10, 21	<p>Challenges faced by U.N, NGOs and Rwanda in providing education</p> <p>SPED run by charities and private originations</p> <p>Public SPED just starting in Rwanda</p>
13, 14	Lack of government involvement in special education
15, 16	<p>Poor state of infrastructure and need of improvement</p> <p>Lack of qualified personnel in special education</p>
13, 29	Western based education model in education (TEP and inclusion)

Blended Themes	Grand Theme
19, 22	<p data-bbox="705 272 1199 337">Proposal for partnership between Rwanda, NGOs, CBR, SPED</p> <p data-bbox="705 418 1335 524">There is need to invest in early childhood special education Global policies that influence</p> <p data-bbox="705 565 961 592">Rwandan education</p> <p data-bbox="705 638 1394 665">Girls disadvantaged in both general/special education</p> <p data-bbox="705 711 1318 738">Need for HIV/AIDS awareness, and curriculum</p> <p data-bbox="705 784 1394 812">Education is often neglected during war and genocide</p> <p data-bbox="705 857 1062 922">PWDs should self-advocate 90 % Poverty Rwanda</p> <p data-bbox="705 967 1184 995">Need for peace and history education</p>

APPENDIX G

Matrix 5: Organized Themes from Interviews

Themes	Munashe	Murwanda	Mujenga	Muhima	Nkundiye	Rwegema	Ngedahimana	Rusiha	Nyamirambo	Kabuga
Genocide cause disability	+	+	+	+	+	+	+	+	+	+
Witchcraft causes disability	+	*	*	*	+	*	*	*	*	+
Poverty causes disability	+	+	+	+	+	+	+	+	+	+
Marginalization of PWDs	+	+	+	+	+	+	+	+	+	+
Negative attitudes toward PWDs	+	+	+	+	+	+	+	+	+	+
Private and charities provide education for PWDs	+	+	+	+	+	+	+	+	+	*
Rwandan community/PWDs are traumatized	+	+	*	+	+	+	+	+	+	+
Government apathy in providing SPED	+	*	*	*	+	+	+	+	+	+
Need for SPED policy	+	+	+	+	+	+	+	+	*	+
Lack of statistics in disability	+	+	+	+	+	+	+	+	+	+
Public SPED a new phenomenon	+	+	+	+	+	+	+	*	*	*

APPENDIX G

Matrix 5: Organized Themes from Interviews (continued)

Themes	Munashe	Murwanda	Mujenga	Muhima	Nkundiye	Rwegema	Ngedahimana	Rusiha	Nyamirambo	Kabuga
Poor or no SPED infrastructure	+	+	+	+	*	+	*	+	*	+
Lack of qualified teachers	+	*	*	+	+	+	+	+	+	+
Need for western-based inclusion in SPED	+	*	*	*	*	*	*	*	*	*
No early childhood SPED	+	+	+	+	+	+	+	+	+	+
Need for partnership government and CBR	+	*	*	+	+	*	*	+	+	+
Need for government coordination with NGOs	+	+	+	+	*	*	*	*	*	*
AIDS a challenge in education	+	*	+	*	*	+	+	*	*	*
Girls are disadvantaged	+	+	+	+	+	+	+	+	+	+
Families have responsibility catering for PWDs	+	*	*	+	+	+	+	+	+	+

APPENDIX H

Matrix 6: Blending of Overlapping Themes from Interviews

Blended Themes	Grand Themes
1, 2	Genocide and poverty major causes of disability
3, 4, 5	Negative attitudes and exclusion of PWDs Private organizations and charities SPED for PWDs Rwandan community and PWDs are traumatized
8, 9	Lack of government involvement in SPED Lack of reliable statistics and data Public SPED a new phenomenon Poor or no adequate SPED infrastructure Lack of SPED qualified teachers Criticism of western-based inclusion in SPED
16, 17	Need for partnership between government, CBR, and NGOs No early childhood SPED in Rwanda Girls are disadvantaged and left out in education HIV/AIDS pose challenges in education and need for awareness and curriculum

APPENDIX I

Matrix 7: Themes Common to both Documents and Interviews

Documents	Interviews
Genocide and poverty major causes of disability in Rwanda	Genocide and poverty major causes of disability
Marginalization and exclusion of PWDs SPED is run by charities and private organizations	Negative attitudes and exclusion of PWDs Private organizations and charities SPED for PWDs
Rwandan community and PWDs are traumatized	Rwandan community and PWDs are traumatized
Lack of government involvement in SPED	Lack of government involvement in SPED
Lack of reliable statistics and data in disability	Lack of reliable statistics and data
Public SPED just starting	Public SPED a new phenomenon
Poor state of infrastructure and need for improvement	Poor or no adequate SPED infrastructure
Lack of SPED qualified teachers	Lack of SPED qualified teachers
Criticism of western-based education models (TEP and inclusion)	Criticism of western-based inclusion in SPED
Need for coordination and partnership between government, SPED, and CBR	Need for partnership between government, CBR, and NGOs
Need to invest in early childhood SPED	No early childhood SPED in Rwanda
Girls are disadvantaged in education	Girls are disadvantaged and left out in education
Need for HIV/AIDS awareness and curriculum	HIV/AIDS pose challenges in education and need for awareness and curriculum

APPENDIX J

Matrix 8: Order of Themes from Informants

Themes	Order of Themes
1	Lack of government involvement SPED
2	Poor state of infrastructure and need for improvement
3	Lack of SPED qualified teachers
4	Need for partnership between government, CBR, and NGOs
5	SPED is run by charities and private organizations
6	Need to invest n early childhood SPED
7	Rwandan community and PWDs are traumatized
8	Criticism of western-based education models (TEP and inclusion)
9	Genocide and poverty major causes of disability in Rwanda
10	Lack of reliable statistics and data in disability
11	Negative attitudes, exclusion, and marginalization of PWDs
12	Girls are disadvantaged and left out in education
13	Need for HIV/AIDS awareness and curriculum
14	Public SPED a new phenomenon

VITA

Arnold Nyarambi was born at Nhowe Mission in Macheke, Zimbabwe. He attended elementary, primary, and secondary education in Murehwa, and Advanced Level Education at Nhowe Mission, Macheke. In 2000, he graduated from Africa University, an African regional university located in Zimbabwe, with a Bachelor of Arts with Education majoring in World History, Music and African Culture, and a minor in Guidance Counseling. Between 1996 and 2000 he taught at several secondary schools in Rusape, Zimbabwe. He taught for three years at Marist Brothers Shungu High School in Kwekwe, Zimbabwe between 2000 and 2002. In 2004, he graduated with a Master of Music in Music Education at Shenandoah University, Winchester, Virginia in the United States. He worked for Grafton Schools Inc. as a Special Education Instructional Specialist in Winchester, Virginia from 2004 to 2005. He entered Tennessee Technological University in August 2005. In 2006 he worked as Director of Education and Recreation at Jaycee Foundation Camp Discovery in Gainesboro, Tennessee. In 2009, he completed a Doctor of Philosophy degree in Exceptional Learning with a concentration in Applied Behavior Analysis from Tennessee Technological University. He is currently an Assistant Professor of Special Education and Diversity at Fairmont State University in West Virginia and is looking forward to a future in research and personnel preparation at East Tennessee State University in Johnson City, Tennessee.