

Education of children with multi-disabilities and visual impairment (MDVI)

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1.0 Introduction

Low Vision Kenya is one of Christoffel Blinden Mission International (CBMI) project, which was started in 1994 at PCEA Kikuyu Hospital to cater for children with Low Vision and train other personnel to offer low vision services in East Africa.

As years went by, other services were also started. These include:

-Rehabilitation, Refraction, Early Intervention, Orthoptics.

2.0 Multi disability and Visual Impairment (MDVI)

This is a condition whereby an individual has more than one disability over and above visual impairment. Sometimes it may be a combination of two, three, or even more impairments. The commonest received from the above hospital are:

- a) Visual impairment + dumb and deaf.
- b) Visual impairment + cerebral palsy. (C.P)
- c) Visual impairment + mentally challenged
- d) Visual impairment + speech + C.P

Three quarters of these children come from very poor living conditions, which have contributed a lot to the impairment.

As per the practical experience, this is an area, which demands attention in all countries, especially the developing countries, in order to achieve equality in education, self-fulfilling and treat each child with dignity.

According to Convention on the rights of the child, Adopted by United Nations General Assembly 20 September 1990, every child has a right to education, Health care, shelter, love and care, to be heard and to play.

Article 28 states that, 'Parties recognize the right of the child to education, and with a view to achieving this right progressively and on the basis of equal opportunity, they shall in particular:

- (d) Make educational and vocational information and guidance accessible to all children.

(e) Take measures to encourage regular attendance at school and the reduction of dropout rates'.

Unfortunately this part of the convention is not being observed, as children with MDVI have to pay heavily to be in school. Those who cannot make it are still in their homes. Thank God for governments and NGOs who have taken the challenge and build few schools.

3.0 Challenges

3.1. Personnel

There are no enough personnel to handle these children. Sometimes the few who are there choose to look for green pastures as they argue that the work they do is not equivalent to the money they get. In some schools where the units are attached to, it is claimed that these teachers do not work. Why should they waste time on someone who will never pass exams? Why should the ratio be one on one? It is a waste of resources. Such comments from some of those in authority bring discouragement and despair to the few committed service providers. This takes us back to the negative attitudes the 'able' bodied have towards children with MDVI.

In my personal opinion, success is not only measured by academic standards but by achieving a single step in delayed milestone. The institutions training such personnel are few and expensive. It is my humble request by the end of this conference to come up with ideas on how to advice education ministries in different countries to reduce fee to enable more personnel to be trained.

3.2 Institutions

There are very few institutions, which accommodate children with MDVI. Most of these institutions are boarding, due to the nature of special needs of the children. The parents are forced to pay boarding fee, failure to which the child stays at home. This contradicts Article 23 (Disabled children) of convention on the rights of the child, which states and I quote, "The right of disabled children to special care and training designed to help achieve self-reliance and a full and active life in society."

Some countries have implemented this. Thank you. What about those countries who have not pulled it out of paper to actuality? Is this not child abuse or should we baptize it by saying, "there are no fund allocated for that", should priorities be reset in order to include children with MDVI in the list of those children to be treated with dignity and benefit from compulsory free primary education.

3.3 Vocational Training Institutes

Article 1 defines a child as every person less than 18 years. $\frac{3}{4}$ of children with MDVI have delayed milestone in all area of development. This means some children go to school at late years unlike other children as per definition of a child. The big question is," should children with MDVI be barred from attending these institutions because of their age?

After gaining some skills of daily Living, the child with MDVI is sent home to the parents/guardian, as there is nothing else to do. Some developing countries do not have any

vocational Training centers for children with MDVI. We all understand that they are expensive to run. What is the way forward for countries that do not have vocational training institutions?

4.0 Myths and Beliefs.

Different communities attach disability with some myths and beliefs, which leaves the parents of such children stigmatized such that they do not want to be associated with such a child. I give an example from Samburu community in Kenya, as quoted in the Samburu Handicapped Education and Rehabilitation Programme (SHERP) by Grace Seneiya of Samburu, Maralal where such children “Ngoki” which means in Samburu language valueless, useless, incomplete are left in manyattas (samburu home stead) as the other members of the family move or the MDVI is thrown in the river. In the same community, albinos are killed at birth by the traditional birth attendants. Some children are not given names and are only referred to as ‘it’. Some parents feel stigmatized that they hide the ‘it’ or choose to eliminate the ‘it’ in order to reduce the pain. (Article 8 – Preservation of identity). Children with MDVI have suffered from child abuse, which may not be noticed, as some cannot express themselves.

5.0 Suggestion for the development of relevant strategies

- a) Through ICEVI, can governments, which have not recognized MDVI as human beings do so by creating and implementing disability act and policies as per the special needs of these children.
- b) Families of children with MDVI be given support through governments to ensure child survival.
- c) Each state to domesticate convention on the rights of the child to cover every child not only ‘able bodies’.
- d) Free education for children with MDVI in reality not theoretically.
- e) Strong networking between concerned governmental arms and Non governmental organizations if every child with MDVI has to be reached.
- f) Different governmental arms to give positive image towards children with MDVI to help change the negative attitudes within the society.
- g) Together we can do it lets swallow our pride and accept each other with unconditional positive regard.

Article 42: Public awareness

States to make the rights contained in this conventions widely known to both adults and children’. This may reduce stigma.

Article 26: Social security

The right where appropriate to benefit from social security or insurance’. Can ICEVI follow up this with different countries?

Article 45: Implementations

‘The right of the specialized agencies and UNICEF to be present at committee proceedings, the prerogative of the committee to invite competent bodies to provide expert advice, to request the secretary general to undertake studies and make recommendations’ –reminder to different countries.