

SIGNO FOUNDATION AND CHISOMBEZI DEAFBLIND CENTRE

**BASELINE SURVEY ON THE LIVING CONDITIONS FOR DEAFBLIND PERSONS IN THE
SOUTHERN PART OF MALAWI**

By

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Table of Contents

Acronym	5
Tables.....	7
Figures.....	8
Definition of Terms.....	9
Acknowledgements.....	10
Executive Summary	11
CHAPTER ONE	15
1.0 Introduction.....	15
1.1 Background Information on Malawi.....	15
1.2. Disability Status in Malawi.....	16
1.3 History of Deafblind Education in Malawi.....	16
1.4 Challenges in Special Needs Education Delivery in Malawi	17
1.5 Roles of Key Organisations in the Disability Sector in Malawi	18
1.5.1. Department of Persons with Disabilities and the Elderly	18
1.5.2. Malawi Council for the Handicapped	18
1.5.3 Federation of Disability Organisations in Malawi.....	19
1.6 Background to Baseline Survey.....	19
1.6.1 Scope and Objectives of the Baseline Survey.....	20
1.6.2. Objectives of the Survey.....	20
1.6.3. Components of the Baseline Survey.....	20
CHAPTER TWO	21
2.0 Policy Document Review	21
2.1 The Constitution of the Republic of Malawi	21
2.2 The Handicapped Persons’ Act.....	22
2.3 Employment Act	22
2.4 Technical, Entrepreneurship and Vocational Education and Training Act	22
2.5 The Malawi Growth and Development Strategy II (MGDS)	22
2.5.1 Education and Malawi Growth and Development Strategy II	23
2.6 National Policy on the Equalisation of Opportunities for Persons with Disabilities	24
2.7 National Special Needs Education Policy.....	24
2.8 National Education Sector Plan (NESP).....	24
CHAPTER THREE	26
3.0 Methodology	26
3.1 Preparatory Meetings	26
3.2 Participatory Approach in the Survey.....	27
3.3 Target Area	27
3.4 Target Population.....	27
3.5 Methods of Data Collection	27
3.5.1 Oral Interviews.....	27
3.5.2. Questionnaires.....	27
3.5.3. Testing Vision and Hearing	28
3.5.4. Observation	28
3.5.5 Key Informant Interviews	29

3.6 Limitations of the Survey.....	29
CHAPTER FOUR.....	29
4.0 Results and Discussion of Findings	29
4.1 Mapping of Individuals with Deafblindness.....	29
4.1.1 Identification and Assessment of Deafblindness	29
4.1.2 Family Care and Support	31
4.1.3 Response to Medical Services	32
4.1.4 Hearing and Vision Assessment	32
4.1.5 The Bodily Senses.....	34
4.1.6 Cognitive functions.....	35
4.1.7 All Day Living Skills.....	36
4.1.8 Vocational Skills.....	37
4.1.9. Education	37
4.1.10 Home Based Education.....	38
4.1.11 Family Situation and Income	39
4.1.12. Health and HIV and AIDS	41
4.1.12 Participation and Services in the Community and School.....	42
CHAPTER FIVE	44
5.0 Findings from Stakeholders and Institutions	44
5.1 Educational institutions.....	45
5.1.1The Education of the Deaf, Blind and Deafblind	45
5.2 Factors that prevent the PWDs to access and complete education	45
5.2.1 Cultural beliefs affecting the education of Persons with Disabilities	46
5.2.2 Interventions used for Persons with Disabilities to Access to Education and Employment.....	46
5.2.3 Interventions for Persons who are Deaf.....	46
5.2.4 Intervention for the Blind.....	47
5.2.5 Interventions for Persons who are Deafblind.....	47
5.3 Response of Head teachers and teachers on Deafblindness.....	48
5.4 Ministry of Gender, Children, Community Services, Disabilities and the Elderly	49
5.5 Department of Youth	50
5.6 Ministry of Labour.....	50
5.6.1 The Main Challenges faced by Deafblind in Seeking Employment.....	51
5.6.2 Access to Microfinance.....	51
5.7 Ministry of Health.....	52
5.8 Response from Opinion leaders on Education and Cultural Beliefs.....	53
5.8.1 Cultural beliefs for the education of People with Disabilities	53
5.8.2 Interventions for deafblind to access education or employment	53
5.9 Capacity Assessment of Chisombezi Deafblind Centre	54
5.10 Limitations of the Study.....	55
5.11 Conclusion	56
CHAPTER SIX.....	56
6.0 Recommendations.....	56
6.1 Access to Social Services.....	57
6.2. Capacity Building	57
6.3 Home-Based Training.....	58

6.4 HIV and AIDS and Sex Education	58
6.5 Family Income	58
6.6 Gender and Disability	58
6.7 Participation in the Family and Community.....	58
6.8 Vocational Skills Training	58
7.0 List of Documents Reviewed.....	58
8.0 List of People Interviewed/ Consulted.....	59

Acronym

AIDS	Acquired Immuno Deficiency Syndrome
ADL	Activities of Daily Living
CDBC	Chisombezi Deafblind Centre
DB	Deafblind
EMIS	Education Management Information Systems
FEDOMA	Federation of Disability Organisations in Malawi
HBE	Home Based Education
HI	Hearing Impairment
HIV	Human Immuno Virus
IEP	Individualised Education Plan
ICF	International Classification of Functioning, Disability and Health
LD	Learning Difficulties
MACOHA	Malawi Council for the Handicapped
MANAD	Malawi National Association of the Deaf
MGDS	Malawi Growth and Development Strategy
MOEST	Ministry of Education, Science and Technology
MUB	Malawi Union of the Blind
NESP	National Education Sector Plan
NGO	Non-governmental organisation
NN	Name of the Client
NSO	National Statistics Office
PODCAM	Parents of Disabled Children Association in Malawi
PTA	Parent Teachers Association
PWD	People with Disabilities
SBVM	Sisters of Blessed Virgin Mary
SEN	Special Educational Needs
SNE	Special Needs Education
SWAp	Sector Wide Approach
TEVETA	Technical and Vocational Educational and Training Authority

TV	Television
UNESCO	United Nations Education Scientific and Cultural Organisation
VI	Visual Impairment
VIHEMA	Visual Hearing Membership Association

Tables

Table 1:	Identified Persons with Deafblindness
Table 2:	Levels of Hearing Loss by Gender
Table 3:	Results of Vision Assessment by Gender
Table 4:	Gross and Fine Motor Development
Table 5:	Persons using Wheelchairs
Table 6:	Number of Persons using Walking Frames
Table 7:	Number of Persons using Standing Frames
Table 8:	Learning Potentials identified Persons with Deafblindness
Table 9:	Functional Assessment of Cognitive Functioning
Table 10:	All Day Living Skills
Table 11:	Vocational Skills Identified
Table 12:	Age of Starting School
Table 13:	Drop out Levels
Table 14:	Disability Profile
Table 15:	Family Assets
Table 16:	Source of Household Income
Table 17:	Comparison on Levels of Education
Table 18:	Strengths and Areas that need Improvement
Table 19:	Chisombezi Deafblind Staff and Competence

Figures

- Figure 1: Parents response on the causes of Deafblind
- Figure 2: Onset of the Eye Condition
- Figure 3: Vision Assessment
- Figure 4: Persons received Home-based Training
- Figure 5: Amount of Household Income
- Figure 6: Knowledge on HIV Transmission
- Figure 7: Activities Persons with Deafblindness Participate in School/Community

Definition of Terms

Assistive Devices

Appropriate aids, appliances, technologies and other support systems that facilitate effective learning of learners with special educational needs

Deafblind

A combined vision and hearing disability that limits activities and participation of a person in a society

Inclusive Education

The education that expects the curriculum, means of communication, teaching methods, educational materials, and other environmental factors to adapt to the needs of learners with special educational needs

Learning Support Assistant

A person trained to assist a specialist teacher in the management of learners with special educational needs

Low Vision

Loss of eyesight that makes everyday tasks difficult or impossible to be accomplished

Resource Centre

An institutional setting attached to a primary, secondary school or college to serve learners with special educational needs

Special Educational Needs

Difficulties learners experience in learning due to an impairment

Special Needs Education

A system for providing supportive learning environment for learners who may require extra support in order to achieve maximum potential

Special School

A school that provides educational and other related services solely to learners with special educational needs and is managed by specially trained teachers

Specialist Teacher

A trained teacher to assist learners with special educational needs

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Executive Summary

1.6 Background to Baseline Survey

This baseline survey was an initiative by the Signo Foundation a Norwegian organisation and CDBC in Malawi. The two organisations have a partnership agreement for a period of 2010-2014. Currently Signo Foundation has two projects in cooperation with CDBC in Malawi. The overall aim of these projects is to provide programmes and services to persons who are DB to strengthen their language development, skills required in daily life and access to education. Through this cooperation, Signo Foundation and CDBC intend to change the attitudes of the public towards persons who are deafblind and empower parents of children and youths with DB and relatives to fight for the rights of their children. Finally, the project also plans to change the attitudes of the society towards young persons who are deafblind infected by HIV and AIDS.

1.6.1 Scope and Objectives of the Baseline Survey

Deaf-blindness is a combination of vision and hearing loss. It has a tremendous impact on a child's ability to understand and interact with the world. Quality programming requires early intervention and educational and transition services that acknowledge the impact of deafblind on the child's unique needs. Since the Deafblind Education is new in Malawi there is need to have adequate information to inform planning of programmes to improve the living conditions for persons who are DB. The purpose of this baseline survey was therefore to establish the current status of the situation for children, youths and adults who are DB in Malawi.

1.6.2. Objectives of the Survey

The following objectives had been developed to achieve the aim of the survey:

- (i) Assess the individual needs, challenges and strengths of children and youths who are deafblind relation to the level of deafblindness, communication skills, activities of daily living skills, mobility and assistive devices.
- (ii) Establish the status of children, youths and adults who are DB in relation to access to, availability of , and awareness about ordinary education, homebased, education training opportunities and income generating activities and their level of participation and inclusion to local communities in the targeted districts
- (iii) Assess the current situation of the special competence of CDBC regarding communication skills, special needs education and specialisation in the field of deafblindness and provide recommendations to strengthen and widen relevant competence
- (iv) Establish and document programme baselines for each of the objectives, expected results and indicators from the logframe in the long-term plan the

- project, that will be used to evaluate the performance and determine the value of the project in 2014
- (v) Identify indicators for which there is sufficient data to establish baselines from existing sources and make recommendations for either filling the information gap with additional data collection, or replacement indicators for which information is and will be more easily available.

1.6.3. Components of the Baseline Survey

The baseline survey had three components namely:

- (i) Reviewing policy documents relating to disability in general and especially deafblind
- (ii) Mapping of the identified children, youths and adults who are deafblind in a geographically limited area of Southern Malawi
- (iii) Generalising the data from mapping and describe the current living conditions for the DB in Malawi

Malawi has no reliable statistics on disability though three surveys were conducted in the years of 1983, 2003 and 2008. Unfortunately these surveys do not provide any information on DB hence the need to conduct a baseline survey to establish the current status of children, youths and adults with deafblindness in Malawi.

The survey adopted the participatory approach to acquire knowledge and skills from different stakeholders on DB issues in relation to education, healthcare, parental roles, communication, and language development. It was conducted in thirteen districts in the Southern Region of Malawi. These districts were purposely selected since the majority of the Malawi population live in rural areas. It engaged different groups of people in order to obtain the required baseline information. It targeted 70 children, youths and adults suspected to have deafblindness, parents, specialist teachers, non-governmental organisations, government ministries, MACOHA, DPOs, FEDOMA, and PODCAM. Quantitative and qualitative methods were used to collect and analyse the data. Principal methods of data collection such as key informant interviews, oral interviews, observations; questionnaires, vision and hearing testing, and document review were used.

Key Findings

- Most people are not aware of the people who are DB as a result they are categorised as either deaf or blind

- Parents and guardians face problems in communicating with the DB
- There are no vocational training programmes in the district specifically targeting youths who are DB
- Some persons who are DB lack assistive devices such as hearing aids, wheelchairs, low vision devices etc.
- IEP need to include instructional areas such ADLS, cognitive skills, orientation and mobility skills, and prevocational skills
- Some learners with deafness who are in school started very late therefore the need to introduced early childhood special needs education
- Some families had no basic assets therefore they should economically be empowered
- Some parents have never been to school. They should be encouraged to attend adult literacy classes in their communities
- There are no assessment guidelines for learners with SEN including those who are DB
- Learners who are DB are forced to follow the mainstream curriculum hence the need to develop an alternative curriculum for those with moderate to severe DB
- More boys who are DB are sent to school than girls who are DB
- Many persons with deafblindness not receiving HBE
- CDBC has only one specialist teacher experienced in teaching the DB learners
- Government ministries and organisations have no information on DB hence disability mainstreaming continues to be a challenge
- Access to microfinance by youths with disabilities and those who are DB is a challenge.
- Issues of HIV and AIDS are not yet known to some persons who are DB
- Hospitals lack personnel and other resources to conduct DB screening exercise

Key Recommendations

- FEDOMA to lobby MOEST to Introduce deafblind teacher education programme to prepare specialist teachers and learning support assistants for learners with deafblindness
- Teachers who have interest should undergo training in the field of deafblind
- MOEST in collaboration with MANEB to develop assessment guidelines for the identification and for use during national examinations.
- FEDOMA to lobby MOEST to introduce an alternative curriculum for the learners with moderate to severe SEN the deafblind inclusive
- CDBC to train teachers, medical personnel and other service providers in communicating with children, youths and adults who are deafblind and sign language

- MACOHA to lobby disability service providers to provide assistive devices to children, youths and adults with deafblindness
- MOEST to establish deafblind resource centres in mainstream schools cater learners with mild to moderate deafblindness
- MECOHA to lobby the MOEST to provide specialised teaching, learning and assessment resources for learners with deafblindness in primary and secondary schools
- FEDOMA and VIHEMA to advocate for the rights of persons with deafblindness to access education and employment
- MOEST should Improve the capacity of Chisombezi Deafblind Centre to offer quality SNE
- MOEST in collaboration with Signo Foundation to train staff in the provision of sport and recreation services to children and youths with deafblindness
- Signo Foundation need to strengthen the capacity of Chisombezi Parent and Teachers Association to support the education of learners who are deafblind
- Signo Foundation through CDBC need to strengthen the capacity of teachers and parents to develop comprehensive individualised education plan for their children
- CDBC should sensitise families on the importance of father and mother, guardian and relatives to take in homebased training
- CDBC should train parents on how to provide home based training to their children who are deafblind
- CDBC in collaboration with Ministry of Health to Identify the best ways of providing HIV and AIDS information to children and youths who are deaf blind
- CDBC in collaboration with the Ministry of Health to provide adequate information on pregnancy prevention and family planning services to youths and adults with deafblindness
- MACOHA and CDBC to lobby money lending institutions to provide loans to families of children who are deafblind for income generating activities
- FEDOMA, CDBC and MACOHA to sensitise schools, families and communities on the importance of sending the girl youth with a disability to school
- CDBC and VIHEMA to train families of children, youths and adults with deafblindness to improve participation in the family and community
- FEDOMA to conduct awareness campaigns on gender and deafblind issues for families and communities to include them in the family and community activities
- CDBC and VIHEMA to sensitise parents and communities to involve children and youths with deafblindness in sporting and cultural activities
- CDBC to lobby Signo Foundation to support expansion of existing vocational rehabilitation training centres run by MACOHA and Mulanje School for the Blind to enroll youths with deafblindness

Conclusion

The survey has produced vital information necessary to facilitate the expansion and improvement of deafblind education programme in Malawi. It has revealed the current living conditions, challenges and needs of the children, youths and adults who are deafblind in southern part of Malawi. Finally the survey has also provided adequate information for further research, planning and implementation of deafblind education in the country.

CHAPTER ONE

1.0 Introduction

1.1 Background Information on Malawi

Malawi is one of the developing countries in Southern Africa. Its population is estimated 13 million with an estimated growth rate of 2.8%. Eighty-five percent of the people live in rural areas. Children below 5 years constitute 22%, those ages below 15 years constitute 45.9% and persons aged 18 to 64 years constitute 50.2% of the population. The national literacy is 69% for males and 59% for females (NSO, 2008).

Malawi's economy depends much on agriculture and its export incomes mainly come from tobacco, tea and sugar. This agro-based economy makes the country vulnerable to external conditions such as unstable market prices on raw materials and climatic conditions that sometimes affect quality and production of crops. As a result, Malawi's economy actually depends on substantial inflows of economic assistance from international donors such as international Monetary Fund, World Bank, and individual development partners.

It is estimated that almost one million people in Malawi are living with HIV (UNGASS, 2010). In response, Malawi government has developed HIV and AIDS programmes to increase access to treatment and improve prevention initiatives. However, shortage of human and financial resources hinders the progress. This has resulted into very limited or no programmes targeting children, youths and adults with disabilities including those who are deafblind in the country.

Administratively Malawi is demarcated into three regions: Northern, Central and Southern. It has 29 district councils. Southern Region comprises of 15 districts and has a total population of 5,858,035. Out of this population 3,036,692 are females. It has the largest population among the three regions (NSO, 2008). The district councils form the Local Government System. They are responsible for the overall development of the district as well as to ensure community participation in the formulation and implementation of the District Development Plans. All district Councils have committees at Village, Area, and Traditional Authority levels for the purposes of facilitating community participation in development activities such as identification of projects. Some of the projects include construction of schools, health centres, and rural roads.

1.2. Disability Status in Malawi

Currently, Malawi has no reliable statistics on disability. However three surveys have been conducted in the years 1983, 2003 and 2008. These surveys do not provide information on deafblind (DB) which makes it difficult to plan programmes and services that disability inclusive.

In 1983 it was estimated that 2.9% of Malawi's population comprised of PWDs. 93% lived in rural areas. The survey indicated that 190,000 were PWDs and 53.7% represented men with disabilities. It further showed that at that time the major types of disabilities were total or partial loss of sight in one or both eyes (20.5%), epilepsy (18.8%), physically challenged (18.2%) and deafness (13.3%).

Another national survey was done in 1993 and the prevalence of disability was just the same as that found in 1983. The 2003 survey on Living Conditions found out that the prevalence of disability in Malawi was 4.18%. Taking into consideration the population size at the time, this implied that there were nearly half a million persons with disabilities in Malawi. This was higher than the two earlier national surveys conducted in 1983 and 1993. In the 2003 survey 50.7% of the persons with disabilities were females while 49% were males. The major forms of disabilities were physical disabilities (43%), seeing (23%), hearing (15.7%) and 11.5% had intellectual disabilities (Loeb and Eide, 2004). The *Living conditions* survey was different from earlier studies because it used the International Classification of Functioning, Disability and Health (ICF) model which defines disability in terms of activity limitations and participation restrictions.

More recently the 2008 Malawi Population and Housing Census showed that there are 498,122 persons with disabilities in Malawi and this translates into a national prevalence of 4.0% of the population which is similar to the results from the Living conditions survey. The 2003 *Living conditions survey* and the 2008 Population and Housing Census has helped Malawi to determine the prevalence of disability for purposes of informing policy and programming (Munthali, 2011).

1.3 History of Deafblind Education in Malawi

Deafblindness as one of the disabilities is the least researched disability in Malawi. As the term implies this disability is a combination of blindness and deafness. Attention to deafblindness was made by Sr. Emma Kulombe and Mr Joseph Kuphazi, specialist

teachers for the blind, who could not easily assist children who were deafblind (DB) hence the birth of deafblind education in Malawi

Deafblind Education in Malawi was started at Montfort Demonstration Primary School in 2004 through the initiative of Mr Ezekiel Kumwenda, former Chairperson of Malawi Union of the Blind. This happened when he had interacted with Aubrey Webson from Perkins School for the Blind in United States of America who saw the need for deafblind education and indicated to assist if such a school was opened. Later in the same year, the Sisters of Blessed Virgin Mary of the Roman Catholic Church established the Deafblind Centre at Mkwamba Village, Traditional Authority Likoswe in Chiradzulu district, southern part of Malawi, with funding from the Norwegian Church Aid. In 2006 Deafblind Centre was officially named Chisombezi Deafblind Centre (CDBC) as it is near Chisombezi River. Currently the CDBC is being funded by Signo Foundation. The centre provides care and teaches children who are DB life and communication skills. Parents of children with deafblindness are also trained in how to care for their children. Children who are DB are identified through hospitals,

1.4 Challenges in Special Needs Education Delivery in Malawi

Learners with disabilities are accepted into mainstream classrooms but they face several challenges. There are inadequate specialist teachers to teach learners with diverse needs. The school environment is not suitable for learners who are deaf-blind. The instructional materials such as Braille and other assistive devices are not adequate. Most teachers do not have communication skills to communicate with learners who are deaf-blind and those who are hearing impairment. In primary schools with SNE provision, specialist teachers fail to provide adequate learning support as classes are too large. Learners with mild deafness have problems in following lessons in the mainstream.

The critical shortage of specialist teachers affects the quality of education delivered to learners with disabilities. The Ministry of Education currently says that there are only 1,000 specialist teachers but there is a need for 12,000 specialist teachers. There is therefore a long way to go to fill these vacancies. The lack of specialist teachers is being addressed by Montfort SNE College in Chiradzulu which only trains specialist teachers for learners with learning difficulties, hearing and visual impairments. There is need to also start a deafblind specialist teacher training programme in Malawi. Upon graduating the teachers are posted to various primary and secondary schools. Most of these specialist teachers do not stay long in the SNE system. They are usually picked up by other organisations because in SNE in Malawi there is no defined career path. There are literally no incentives. The working conditions are generally very poor. Some specialist teachers go back to mainstream teaching.

Though most SNE institutions belong to religious organisations, the Malawi Government recognises the importance of improving the education of children and youths with disabilities (Makoko, 2007) and also a number of policy documents have taken issues of SNE on board. This a step forward in addressing issues of SNE.

1.5 Roles of Key Organisations in the Disability Sector in Malawi

The key organisations in the disability sector are the Malawi Council for the Handicapped, the Department of Persons with Disabilities and the Elderly currently under the Ministry of Gender, Women, Child Development and Community Services and the Federation of Disability Organisations in Malawi (FEDOMA)

1.5.1. Department of Persons with Disabilities and the Elderly

This department is currently under the Ministry of Gender, Women, Child Development and Community Services. It was established in 1998 as a ministry responsible for persons with disabilities. Its major function is to formulate and provide policy direction and coordinate sectoral programmes. The department is responsible for monitoring and supervision of the implement of the National Policy on the Equalisation of Opportunities for Persons with Disabilities. Similarly once the Disability bill is passed by Parliament, this department will be in charge of it. MACOHA is the main advisory and implementing government agency on disability and is part of this department.

1.5.2. Malawi Council for the Handicapped

Malawi Council for the Handicapped (MACOHA) was established by an Act of Parliament, the Handicapped Persons Act of 1971 Cap: 33:02 as a statutory corporation. Its goal is to facilitate the empowerment of PWDs to enable them to actively participate and integrate in social economic development activities of their communities and the country. MACOHA provides rehabilitation services to persons with disabilities in the areas of medical, social, education and economic empowerment. It provides counselling services, placement services for open employment, medical rehabilitation services, vocational training, and education sponsorship to persons with disabilities as well as encouraging community participation in community-based rehabilitation (CBR) programmes. MACOHA works in collaboration with disabled peoples organisations (DPOs) and other service providers to ensure that persons with disabilities are integrated in the society since disability is a cross cutting issue. Three main approaches used in the delivery of rehabilitation programmes and services, namely, community based, institutional based and community outreach strategies.

According to the provisions of the Handicapped Persons Act, MACOHA's designated functions are to:

- advise the Minister on all matters related to the care and welfare of PWDs,
- design and implement rehabilitation programs and services for the social economic empowerment and integration of persons with disabilities
- interest other government departments, public and private service providers and the general public to be actively involved in the rehabilitation process
- run vocational training centres for persons with disabilities
- regulate the work of service providers whose key mandate is to support the disability cause and to
- raise and invest funds in rehabilitation programs and services.

1.5.3 Federation of Disability Organisations in Malawi

FEDOMA was established in 1999 as an umbrella body of disability organisations in Malawi. Its mission is to enhance the welfare of all PWDs and enable them to assume their rightful role in society. Below are its objectives:

- (a) To support and encourage the formation of PWDs organisations in Malawi and to strengthen the existing ones.
- (b) To promote and coordinate development efforts and self-help projects among PWDs and their organisations.
- (c) Co-ordinate the work for equal rights and equalisation of opportunities for PWDs in Malawi society.
- (d) Promote training of leaders of the organisations and the administrative personnel.
- (e) To promote, support and complement government policies and programmes directed at PWDs.
- (f) Facilitate the exchange of information in the field of disability through research, civic education programmes and seminars.
- (g) Affiliate and cooperate with other national, regional and international organisations that work in disability

The following are the DPOs that are affiliated to FEDOMA:

- a) Malawi Union of the Blind (MUB).
- b) Disabled Women in Development (DIWODE).
- c) Malawi National Association of the Deaf (MANAD).
- d) Malawi Disability Sports Association (MADISA).
- e) The Albino Association of Malawi (TAAM).
- f) Association of the Physically Disabled in Malawi (APDM).
- g) Parents of Disabled Children Association of Malawi (PODCAM)

1.6 Background to Baseline Survey

This baseline survey was an initiative by the Signo Foundation a Norwegian organisation and CDBC in Malawi. The two organisations have a partnership agreement for a period of 2010-2014. Currently Signo Foundation has two projects in cooperation with CDBC in Malawi. The overall aim of these projects is to provide programmes and services to persons who are DB to strengthen their language development, skills required in daily life and access to education. Through this cooperation, Signo Foundation and CDBC intend to change the attitudes of the public towards persons who are deafblind and empower parents of children and youths with DB and relatives to fight for the rights of their children. Finally, the project also plans to change the attitudes of the society towards young persons who are deafblind infected by HIV and AIDS.

1.6.1 Scope and Objectives of the Baseline Survey

Deaf-blindness is a combination of vision and hearing loss. It has a tremendous impact on a child's ability to understand and interact with the world. Quality programming requires early intervention and educational and transition services that acknowledge the impact of deafblind on the child's unique needs. Since the Deafblind Education is new in Malawi there is need to have adequate information to inform planning of programmes to improve the living conditions for persons who are DB. The purpose of this baseline survey was therefore to establish the current status of the situation for children, youths and adults who are DB in Malawi.

1.6.2. Objectives of the Survey

The following objectives had been developed to achieve the aim of the survey:

- (vi) Assess the individual needs, challenges and strengths of children and youths who are deafblind relation to the level of deafblindness, communication skills, activities of daily living skills, mobility and assistive devices.
- (vii) Establish the status of children, youths and adults who are DB in relation to access to, availability of, and awareness about ordinary education, homebased, education training opportunities and income generating activities and their level of participation and inclusion to local communities in the targeted districts
- (viii) Assess the current situation of the special competence of CDBC regarding communication skills, special needs education and specialisation in the field of deafblindness and provide recommendations to strengthen and widen relevant competence
- (ix) Establish and document programme baselines for each of the objectives, expected results and indicators from the logframe in the long-term plan the project, that will be used to evaluate the performance and determine the value of the project in 2014
- (x) Identify indicators for which there is sufficient data to establish baselines from existing sources and make recommendations for either filling the information gap with additional data collection, or replacement indicators for which information is and will be more easily available.

1.6.3. Components of the Baseline Survey

The baseline survey had three components namely:

- (iv) Reviewing policy documents relating to disability in general and especially deafblind
- (v) Mapping of the identified children, youths and adults who are deafblind in a geographically limited area of Southern Malawi

- (vi) Generalising the data from mapping and describe the current living conditions for the DB in Malawi

CHAPTER TWO

2.0 Policy Document Review

This section reviews the policies and acts that are in place in relation to children, youths and adults with deafblindness in Malawi.

2.1 The Constitution of the Republic of Malawi

To begin with the Constitution of the Republic of Malawi recognises the rights of persons with disabilities. In line with international instruments, the Constitution prohibits discrimination of any kind. “Discrimination of persons in any form is prohibited and all persons are, under any law, guaranteed equal and effective protection against discrimination on grounds of race, colour, sex, language, religion, political or other opinion, nationality, ethnic or social origin, disability, property, birth or other status” (Section 20, Malawi Constitution). Although the Constitution does not explicitly mention persons with disabilities in some sections, it can be implied that these sections especially in Chapter IV on Human Rights are also applicable to persons with disabilities for example that:

- All persons are entitled to education (Section 26).
- Every person shall have the right to freely engage in economic activity, to work and to pursue a livelihood anywhere in Malawi (Section 29).
- All persons and peoples have a right to development and therefore to the enjoyment of economic, social, cultural and political development and women, children and the disabled in particular shall be given special consideration in the application of this right (Article 30).
- Every person shall have the right to fair and safe labour practices and to fair remuneration (Section 31).

The Constitution therefore is an important legislative framework that ensures that the rights of persons with disabilities are upheld.

2.2 The Handicapped Persons' Act

In 1971 Malawi Government adopted the Handicapped Persons' Act which mandates the Malawi Council for the Handicapped (MACOHA) to provide rehabilitation programmes and services to persons with disabilities and administer vocational and special training centres for PWDs. The Act guides organisations that provide rehabilitation programmes and services to persons with disabilities. A major criticism is that the Act is charity-based and does not promote or protect the rights of PWDs (Wapling, 2009). It requires a review to address the current situation. In 2004 a *Disability Bill* was drafted to replace the Handicapped Persons Act (1971). The bill is currently with the Cabinet and will ensure that the rights of PWDs are protected and upheld (Munthali, 2011). Under this Bill discrimination based on disability is prohibited; access to quality education and other social services for PWDs are assured. There is a provision for equal opportunities for PWDs to develop their skills. Denial of PWDs for admission by any learning institution is criminalised. The Bill also provides for special needs education for learners with special educational needs.

2.3 Employment Act

The Employment Act (2000) does not allow discrimination against any employee or prospective employee on the ground of disability in respect of recruitment, training, promotion and terms and conditions of employment. The Act also emphasises on equal pay for work of equal value, without discrimination and prohibits against dismissal of an employee because of disability, or any other form of discrimination.

2.4 Technical, Entrepreneurship and Vocational Education and Training Act

The TEVET Act (1999) provides for representation of PWDs on its Board to ensure that their interests addressed. The Act created the Technical, Entrepreneurial and Vocational Education and Training Authority (TEVETA). The main objectives of TEVETA are: to promote demand-driven, competency-based modular training systems; monitor gaps between supply and demand for skills; promote managerial skills; foster an entrepreneurial spirit "*with regard to both wage and self-employment*"; and facilitate sound and sustainable financing for the training system. The Act does not specifically talk about PWDs it only provides skills development for them.

2.5 The Malawi Growth and Development Strategy II (MGDS)

This is an overall development agenda for Malawi. It is the country's overarching policy framework for 2011-2016. It has been designed to facilitate achievement of the country's vision as well as the Millennium Development Goals. It aims at creating wealth through sustainable economic growth and infrastructure development as a means of achieving poverty reduction. Disability and PWDs are mentioned in a few places namely under sub-themes economic empowerment, social development and

social protection. With regard to HIV/AIDS, the MGDS seeks to improve knowledge and capacity of young people, orphans and the physically challenged; and to integrate the elderly, orphans and the physically challenged affected by HIV/AIDS into mainstream development (Munthali 2011). The use of the phrase *physically challenged* has been described as unsuitable as it implies that only persons with visible impairments are included and others such as the DB or those with LD are not classified under this definition (Wapling, 2009). The MGDS acknowledges that PWDs are the most vulnerable in terms of access to assets and other facilities required to become economically empowered. Access to financial services and capital, skills development programmes, and technology developments is limited for PWDs. Most infrastructure and communication systems are not accessible to PWDs. The approach in MGDS has been criticised because it has a welfare approach rather than developmental or rights approach.

2.5.1 Education and Malawi Growth and Development Strategy 11

The MGDS asserts that an educated and healthy population is necessary to achieve sustainable economic growth. Education has been taken as a catalyst for socio-economic development, industrial growth and an instrument for empowering the poor, the weak and the voiceless. The education sector has identified three priority goals in the MGDS II and these are:

- a. Equipping learners especially at basic education level with basic knowledge and skills to enable them function as competent and productive citizens.
- b. At secondary school level, to provide the academic basis for gainful employment in the formal and informal sectors
- c. At tertiary level: to produce high quality professionals with relevant knowledge and skills in relevant fields

In order to achieve the goals stated above, the education sector intends to implement the following strategies:

- a. Training more teachers
- b. Rehabilitating the existing schools and building additional infrastructure including teachers' houses at all levels
- c. Improving the teaching-learning environment to reduce absentism
- d. Reviewing and reforming school curricula to address national needs
- e. Providing conducive environment for girls and learners with special educational needs (SEN)
- f. Equipping managers with managerial skills through targeted training and induction

A number of policies have developed to achieve the goals that are in MDGS and the Millennium Development Goals.

2.6 National Policy on the Equalisation of Opportunities for Persons with Disabilities

The policy was approved by government in 2005 and adopted in 2006. It promotes the rights of PWDs to enable them play a full and participatory role in society and consequently have access to the same rights and responsibilities as any other Malawian citizen. Particularly the policy recognises the importance of education, training and employment among PWDs. The Policy also acknowledges the need to engage disability people's organisations (DPOs) in the development, implementation and evaluation of programmes and services. Specifically, the policy further details the roles of different government ministries and departments. The Policy aligns well with the requirements of the international policies as well as Malawi's Constitution and other national policies including the National Policy on Special Needs Education. The policy also presents a comprehensive approach to mainstreaming disability across sectors and adopts community based rehabilitation as a national strategy.

Though the policy is in place, it has been argued that implementation is weak and the weakest in districts where there are no community based rehabilitation (CBR) programmes run by the MACOHA. Most sector ministries have not taken up the policy. Awareness of the policy seems to be low and dissemination of the policy has been limited.

2.7 National Special Needs Education Policy

The National Special Needs Education Policy (2009) guides the implementation of special needs education in Malawi. Currently Malawi provides SNE services to children and youths with visual impairment (VI), hearing impairment (HI), specific learning difficulties, intellectual disabilities, deafblind, physical and health impairment, emotional and behavioural difficulties and gifted and talented. The policy focuses on three priority areas that are stipulated in the National Education Sector Plan (NESP, 2008-2013). These are access and equity, quality and relevance, and governance and management. These priorities encompass components of special needs education which include: early identification assessment and intervention; advocacy, care and support; management planning and financing; access, quality, equity and relevance. Each of these priority areas has policy statements and strategies to ensure their effective implementation. Barriers to implementation of this policy include inadequate funding; inadequate teaching and learning materials; inaccessible infrastructure such as classrooms; long distances to facilities; and shortage of specialist teachers among other factors (Lang, 2010).

2.8 National Education Sector Plan (NESP)

The NESP for the period 2008-2017 outlines strategic interventions that will be implemented in Malawi within the education sector. This is the basis for investments in

the education sector by government and development partners. One of the major areas of emphasis in the Plan is that learners with special educational needs are taken care of. Some of the strategies that will be implemented over the 10 year period to address the challenges that learners with special educational needs include:

- Improving the provision of teaching and learning materials for both SNE and other adults;
- Ensuring CBR programmes run by MACOHA have SNE component;
- Mainstreaming SNE at all levels of education and for both out of school and in school youth;
- Mainstreaming SNE in both primary and secondary school curricula;
- Developing appropriate tools for SNE for example sign language and braille;
- Increasing enrolment and making selection equitable including those of SEN;
- Increasing the enrolment of SNE teachers in training colleges; and
- Reviewing and revising TEVETA Act to incorporate issues of SNE and inclusive education.

The NESP, therefore, addresses most of the problems relating to SNE. However, the actual delivery of services for learners with various forms of disabilities including those with deafblindness continues to be a challenge. If the Plan is implemented successfully then access to education by learners with special educational needs will improve.

Summary

Malawi Government has put in place several policies to address disability issues. However, persons who are DB continue to experience challenges in accessing basic social services such as education and healthcare. They fail to receive disability related services that they require due to lack of resources and absence of the Disability Law. The Disability Bill which is supposed to provide legal backing to the National Policy on the Equalisation of Opportunities for People with Disabilities has not yet been approved by Parliament.

CHAPTER THREE

3.0 Methodology

This section presents the approach for the survey, preparations made and general methodological design of the survey. It also includes information on targeted population, study area, target population, information gathering and limitations of the survey.

3.1 Preparatory Meetings

Meetings were held between Signo Foundation and CDBC to draw up a programme on how the survey would be conducted in the southern part of Malawi. The survey team was identified and trained by Ms. Inger Rodbroe and Kenneth Verngaard, representatives from Signo Foundation, in the use of the assessment tool and how to systematically conduct the baseline survey. In addition to the objectives stated above, the survey team was requested to ensure the following tasks are accomplished:

- i. Identify other persons who are DB in the targeted districts
- ii. Ensure that girls and women who are deafblind are reached
- iii. Document needs, challenges and strengths of persons who are DB according their gender
- iv. Review documents of relevant policies and strategies regarding poverty reduction, strategies, inclusive education and SNE in relation to the needs of persons with deafblindness

3.2 Participatory Approach in the Survey

The survey adopted the participatory approach. Representatives from Signo Foundation and key stakeholders of CDBC went through the survey documents together during the training session. The key stakeholders were specialist teachers for LD, VI and HI, parents of children with deafblindness, community based rehabilitation officers, vocational instructors, medical personnel, teacher trainers and representatives from disability peoples organisations. This approach did not only enable the survey team to acquire knowledge and skills in baseline survey but also learn from different stakeholders on deafblind issues in relation to education, healthcare, parental roles, communication, and language development.

3.3 Target Area

The baseline survey was conducted in twelve districts in the Southern Region of Malawi: Phalombe, Thyolo, Mulanje, Blantyre Rural, Machinga, Chikhwawa, Balaka, Nsanje, Neno, Zomba Rural, Mwanza and Chiradzulu. These districts were purposely selected since the majority of the Malawi population live in rural areas. The survey did not cover the Mangochi and two cities of Zomba and Blantyre which are in the Southern Region.

3.4 Target Population

The survey engaged different groups of people in order to obtain the required baseline information. It targeted 70 children, youths and adults who are deafblind, parents, specialist teachers, non-governmental organisations (NGO), government ministries of health and education, MACOHA, disability people's organisations such as Malawi Union of the Blind (MUB), Malawi National Association of the Deaf (MANAD), Federation of Disability Organisations in Malawi (FEDOMA), and Parents of Disabled Children Association in Malawi (PODCAM).

3.5 Methods of Data Collection

The survey used both quantitative and qualitative methods to collect and analyse the data. Principal methods of data collection such as key informant interviews, oral interviews, observations; questionnaires, vision and hearing testing, and document review were used. Each targeted population had its own data collection tool.

3.5.1 Oral Interviews

The parents of children and youths with DB had oral interviews. A total of 60 interviews were carried out. The team used these interviews to accommodate the literacy needs of some the parents and for them to be more comfortable to give their true feelings. Oral interviews enabled the team to probe deeper into the DB issues.

3.5.2. Questionnaires

The questionnaires were used since they can easily be analysed once completed (Denscombe, 2007). Since questionnaires are a "cost effective way" of obtaining data from a large audience. Questionnaires were administered to key stakeholders such as Ministries of Health and Education, Sight Savers International, FEDOMA, MUB, MACOHA, PODCAM and MANAD. These questionnaires were properly planned in order to get data of high quality that can be used for analysis. Participants were given a

choice to write their or not on the questionnaire. This was done to make the questionnaire an effective tool for data collection from the respondents who did not want to be identified by a name.

3.5.3. Testing Vision and Hearing

The vision and hearing screening exercise was conducted on persons suspected having deafblindness. The purpose of the screening was to establish whether an individual person was born deafblind or acquired it after birth and what were the causes.

Assessor checked whether hearing and vision were normal or not. The tests looked for any conditions that make it difficult to hear or see, such as glue ear or a squint.

The assessor used standardised tests such as the candle lights and the vision detection box which contained assorted animals, objects of different shapes, jigsaw puzzles, playing cards, ball bag, assorted objects for fixation, pieces of cloth for colour contrast and small beads.

An audiometer was used to establish the hearing acuity. Standardised instruments such as big brown bell, small box with pearls, rhythm egg, round box with a stone pellet, music animal and small box with sequins were used. Each of these measures in decibels

3.5.4. Observation

Observation-based assessment was used to systematically record observable behaviours of persons suspected to be deafblind in specific situations. An observational tool developed by Ms Inger Rodbroe and Kenneth Verngaard (2011) was used. The tool had indicators on identification of DB, individual needs and participation in family and local community. The identified person suspected to be DB was observed in the following areas:

- Mobility- use of hands and feet when tracing objects, way to ascertain a place, use of fine and motor skills, independent movement, exploration of the environment
- Interaction and Communication- establishment of contact, expression of wants and needs. use of body language, and interacting with family members
- Activity of Daily Living Skills- management of toilet visits, washing hands, dressing and undressing, eating, drinking, making a bed, etc.
- Vocational Skills- farming, cooking, needlework, handcraft
- Assistive Devices given to a person- type, use and challenges experienced
- Physical Appearance- characteristic features of the ear and eye and any other abnormality
- Bodily Senses- use of tactile and kinesthetic and any other neurological or motor disabilities
- Learning potentials- arousal, attention, memory and self regulation
- Information- exploration of the surroundings, response to situations, interests, identification of other people, ways of getting information,

3.5.5 Key Informant Interviews

The team had face-to-face interviews with a limited number of well-connected, experienced and informed stakeholders from the community, public and private sectors. These experts with their particular knowledge and understanding the survey thought they could provide an insight on the nature of challenges persons with deafblindness experienced and gave recommendations for solutions

3.6 Limitations of the Survey

Some limitations were identified in the initial stages. There was only one DB expert who was going to do all the assessments. In addition, the questionnaire guide for assessment had a lot of items to be collected within the period of the survey. The other limitation was communication between the survey team and Signo Foundation in Norway. There was a delay in getting the assessment tools in time and exchanging information. The fourth issue was that some people who were chosen to take part in the documentation were not willing to perform the assigned work in the specified time.

CHAPTER FOUR

4.0 Results and Discussion of Findings

This section presents the survey findings with regard to the current living conditions of children, youths and adults who are deafblind. The needs, challenges and strengths of children, youths and adults in relation to identification, health conditions, hearing, vision, bodily senses, cognitive functions, communication, information, moving around, activities of daily living (ADL), vocational skills and education will be presented.

4.1 Mapping of Individuals with Deafblindness

People with deafblindness often face challenges in the areas of assessment, exploration, social skills, independent living, self-determination, functional academics, and transition planning. The data collected revealed several issues concerning deafblindness. These issues include care and support, medical reasons, hearing and vision acuity, availability and use of assistive devices, communication, mobility skills, access to essential social services, activities of daily living, inclusion, participation, and knowledge on HIV and vocational skills.

4.1.1 Identification and Assessment of Deafblindness

At the heart of an assessment is the need for parental involvement and participation of the community members. The assessor involved family members, relatives, guardians

and teachers to collect adequate information. The 70 individuals suspected to have deafblindness went through in-depth assessments to confirm their deafblindness. Vision and hearing acuities, tactile and kinaesthetic senses, cognitive functions, communication and interaction, mobility were assessed.

At the end, the assessor recorded and identified 48 persons with deafblindness. Among them, 28 were males and 20 were females. Below is a table indicating the children, youths and adults identified by gender per district:

Table1: Identified Persons with Deafblindness

District	Children		Youths		Adults		Total
	F	M	F	M	F	M	
Balaka	2	1					3
Blantyre	2	2		2		1	7
Chiradzulu		2		2	1		5
Chikhwawa		3	1			5	9
Machinga	3	2	1				6
Mulanje				1			1
Thyolo	1	2	1	2		1	7
Mwanza	1						1
Neno						1	1
Phalombe		1	1				2

Nsanje					1	2	3
Zomba			3				3
Total	9	13	7	7	2	10	48

The districts of Chikwawa, Thyolo, Blantyre, Chiradzulu and Machinga had the highest representations. Mulanje, Machinga, Mwanza and Neno had the lowest representation.

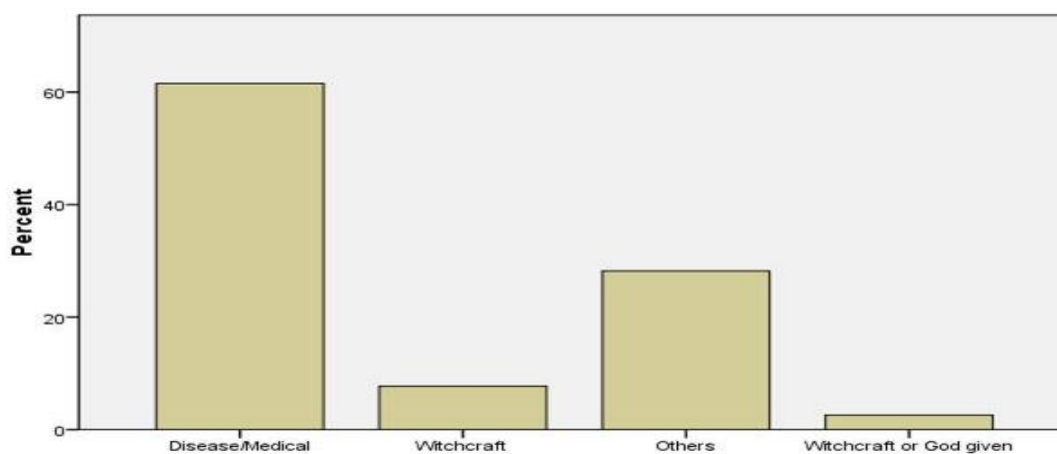
4.1.2 Family Care and Support

Families have a powerful role to play in the development of a child who is DB. The response to the impairment by family members plays a critical role in shaping the life of the person who is DB. The child who is DB has a right to belong to a family. The survey found out that most children, youths and adults with deafblindness were living with their parents. Some were living with other family members since their parents died and were orphans. Similarly some parents were very old as a result either a brother or a sister took the responsibility. Most of those with acquired deafblindness felt more comfortable to live with other members since they thought that their parents had bewitched them.

The information obtained indicates that 64.3% lived with their parents, 33.3% lived with other family members and 2.4% lived with other people. Families also explained what they considered to be the cause of deafblindness.

Below is a table indicating the responses of parents

Figure 1: Parent response on the Causes of Deafblindness



Having adequate knowledge is more important than little knowledge. The data collected clearly shows that most of the parents and guardians knew the common causes of

deafblind. They mentioned diseases as one of the major causes. However some parents thought their children were bewitched. There were still other parents who did not know the cause. They thought it was God’s punishment.

4.1.3 Response to Medical Services

Health is the most basic and essential asset which must always be available. Parents respond differently to a birth of a child with deafblindness in a family. Some families take time to accept and provide the necessary care and support to their children with deafblindness. However the assessor noted that many children with deafblindness had been seen by the medical doctor at one point in time during their life. 87.2% of them had been examined by a medical doctor while 12.8 % of them had not been seen by the doctor since there was nobody to encourage them to take the child to the medical doctor. Other parents accepted the child and saw no reason of going to the medical doctor. The blaming game between the father and husband on the disability took time. As a result, no any early intervention had been done .50% of the parents indicated that regular consultations with a medical doctor were necessary and that they need to carry out regularly so that the child can be physically fit. 10.9% of the parents knew the importance of making regular consultations with the medical doctors but never carried out. They knew that nothing would change even if they went to the hospital to see the medical doctor. The other group of parents which represented 39.1% did not even see the importance of having regular consultations with the medical doctors since they were discouraged by their friends and the community.

During consultations some parents were given pieces of advice and the medical personnel made some follow ups in order the check whether the situation had improved. Other parents even though given advice nobody made a follow up.

4.1.4 Hearing and Vision Assessment

The senses provide us with the ability to see, hear, smell, taste and feel. Impairment of any of these abilities can have a significant impact on educational, vocational, and social functioning. The assessor sought to collect data on the acuity, onset, need for assistive devices. Firstly, the assessor wanted to find out whether the identified individuals had once been assessed by the medical doctor. It was noted that 20.8% of them had a hearing examination by a medical doctor while 77.1% did not have a hearing examination. 2.1% failed to respond to the question. It was also important to find out from parents, guardians and relatives when the child acquired the deafblindness. The data indicated that 50% were born with hearing loss and 50% had hearing loss after birth. The assessor further observed that 14% had hearing aids on while 83.7% needed hearing aids. 2.3% needed no hearing aids due to the severity of the hearing loss. The table below outlines the levels of hearing losses that were established by gender:

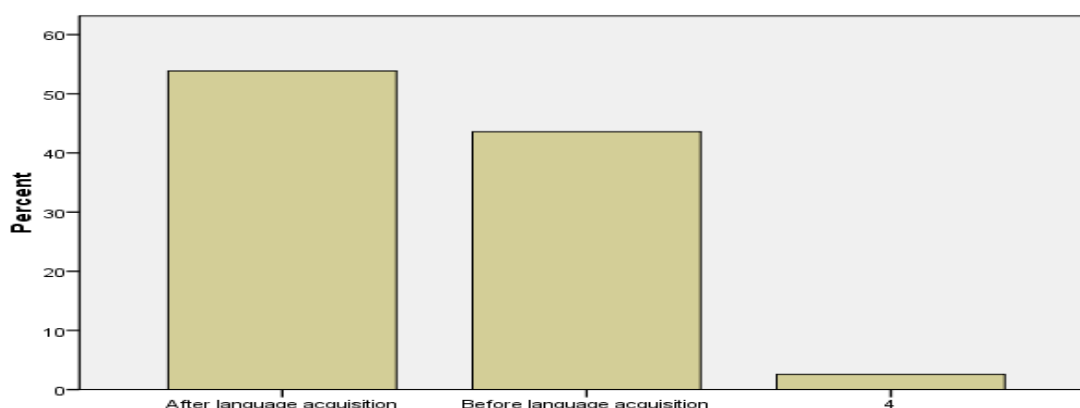
Table 2: Level of Hearing Loss by Gender

Level of Hearing Loss	Female	Male	Total
Mild (26-40db)	6	10	16
Moderate (41-55db)	4	10	14

Severe (56-80db)	4	3	7
Profound (more 80db)	7	4	11
Total	21	27	48

The assessor conducted vision assessment to check whether an individual had residual vision or using spectacles and low vision devices. First the assessor wanted to confirm whether an individual had an eye diagnosis or not. Half of the assessed individuals had an eye diagnosis and their eye condition was getting worse. 45% had a known eye diagnosis but the eye condition was not getting worse and 5% never had an eye diagnosis. It was also significant to know when the eye condition began. The table below shows the onset of the eye condition:

Figure 2: Onset of the Eye Condition



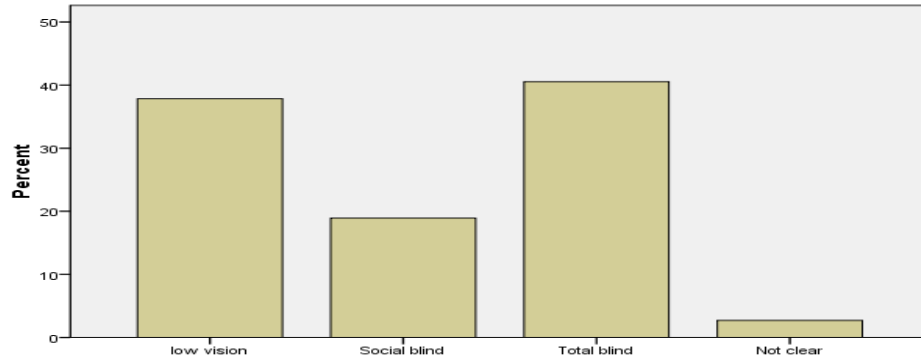
It was learnt that 53.8% of the assessed individuals got the eye condition after they already acquired the language and 35.4% got the eye condition before language acquisition. The remaining 2.6% marked the question as irrelevant. On assistive devices, the assessor observed that 9.1% of the individuals assessed used spectacles while 50% of them used low vision devices such as bold ruled notebooks, reading glasses and magnifiers. White canes were used by 38.6 % and 2.3 marked the question irrelevant, At the end the assessor found out that 37.8% had low vision, 18.9% had social blind and 40.5 % were totally blind. However, the assessor was not clear on the vision status of 2.7% of the assessed individuals. See the table below on vision assessment

Table 3: Results of Vision Assessment by Gender

	SEX		Total
	F	M	
Low Vision	6	8	14
Social Blind	3	4	7
Totally Blind	6	9	15
Not clear	1	0	1
Total	16	21	37

The figure below summaries clearly the results of vision assessment

Figure3: Vision Assessment



4.1.5 The Bodily Senses

Tactile and kinaesthetic are some of the major senses that a person with deafblindness requires to explore the physical environment. Some individuals apart from the use of residual senses also require assistive devices to assist them to move around and experience the environment. The assessor observed both the gross and fine motor developments.

The table below summaries the areas of gross and fine motor development observed:

Table 4: Gross and Fine Motor Development

Area of Development	Independently (without support)	With support	Not able	Total
Crawl	4		38	42
Move around sitting	6	4	33	43
walk	30	5	5	40
Jump	29	5	8	42
run	30	3	9	42

The use of hands functionally was also observed. 28.6% could use hands/arms functionally and 54.8% could use the whole hand. 7.1% could use the fingertips while 9.5% could not use their hands/arms functionally. Tables below show the persons who use wheelchairs, walking and standing frames respectively.

Table 5: Number of Persons using wheelchair

	Number of Persons
Could use the wheelchair	3
Could not use the wheelchair	22
No need to use the wheelchair	2
Total	27

Table 6: Number of Persons using Walking Frames

	Number of Persons
Using a walking frame	1
Not using the walking frame	25
No need to use the walking frame	2
Total	28

Table 7: Number of Persons using Standing Frames

	Number of Persons
Using a standing frame	3
Not using standing frame	23
No need to use standing frame	2
Total	28

4.1.6 Cognitive functions

It is important to know the learning potentials of a child who is DB. This facilitates programme planning and monitoring the progress of child. The assessor summarised the learning potentials of the identified persons with deafblind as follows:

Table8: Learning Potentials of Identified Persons with Deafblindness

Sex	Very Good	Good	Rather limited	Limited	Very limited
Female	3	4	4	3	3
Male	13	2	3	1	6

There is need for the provision of additional learning support to the identified persons with deafblindness for them to realise their potentials. The specialist teachers and parents need to have an in-depth assessment for each individual and develop a comprehensive individualised education plan (IEP).

Table 9: Functional Assessment of Cognitive Functions

Area of Focus	Behaviour observed	Yes	No
Arousal	Alert most of the day	43	4
	Motor activity functions normally	38	9
	Pay attention to person	40	7
	Pay attention to object or an activity	39	8
Attention	Pay attention for several minutes in interaction/communication	33	15
	Pay attention in interaction/communication even when disturbed	30	18
	Pay attention to object/activity even when disturbed	29	19
	Pay attention more things at the same time	24	22
Memory	Remembers a game and continues even partner stops	30	16
	Is interrupted in an activity and can continue the activity afterwards	30	18
	Takes initiative to communicate about something that happened within the same day	30	18
	Take initiative to communicate about something that happened for more than a week ago	28	16

This information can facilitate the planning of the teaching and learning process. The specialist teacher need to know the individual learning needs and be able to plan lessons that accommodate the diverse learning needs.

4.1. 7 All Day Living Skills

Persons who are DB need to meet the requirements of their physical and social environment. They must be able to live in the environment by avoiding dangers and taking reasonable precautions to ensure their safety. At the same time it is important to assess the all day living skills since they assist in programme planning and transition services.

Table 10: All Daily Living Skills Profile

Skill	Able		With Support		Not Able	
	F	M	F	M	F	M
Toileting	10	23	0	0	10	5
Eating	8	23	8	3	1	5
Dressing	12	23	1	0	7	5
Undressing	12	23	1	0	7	5

Drinking	12	23	6	0	2	5
Washing him/herself	12	10	0	0	8	18

There is need to include ADLS in the IEPs of children with deafblindness who need support and those who are unable to perform the essential self-help skills such as eating, dressing, washing and toileting so that they can do them independently.

4.1.8 Vocational Skills

In order to improve the livelihoods of persons who are DB, it is important that they should be equipped with requisite vocational skills which they can use to get employed or self employed. The CBR programmes have been very useful in equipping persons with disabilities with essential vocational skills for them to earn a living. It was therefore important for the survey to identify the vocational skills persons who are DB possess and the available vocational skills training opportunities in the districts. They demonstrated skills in farming; cooking, needlework, and handicraft refer the table below.

Table 11: Vocational Skills Identified

Skill	Able		Not Able		Not relevant	
	F	M	F	M	F	M
Farming	4	16	3	3	1	1
Cooking	4	11	3	7	1	1
Needlework	3	2	4	13	1	2
Handicraft	1	4	6	12	1	2
Total	12	33	16	35	4	6

The majority of the respondents, 85.4%, said that there were no vocational training opportunities for persons who are deafblind in the districts. Contrary, 2.1% of the respondents indicated the availability of vocational training opportunities in the districts which do not allow PWDs to participate.

4.1.9. Education

Learners who are DB can be educated in a resource room, in a regular class with additional support from a specialist teacher and in a special school. They are not the same but have some common educational needs which include individual instruction, communication (i.e., Braille, sign language, and communication boards), integration of collaborative instruction across natural settings, concrete experiences, a stimulatory environment, and instruction and activities of daily living.

Parents are critical to the educational process. Parents have valuable information and expertise to share with professionals. Increasing emphasis on parent and family involvement in educational planning creates a need to train educational staff to recognize factors affecting the family structure, needs of the family, and methods for working effectively with each unique family system. The data collected revealed that out of the identified children and youths with deafblindness 22 were in school and these

began school at different ages.

Table 12: Age of Starting School

Age	6	7	8	9	10	14	15	Total
Number	14	2	2	1	1	1	1	22

Most of the children began school at the recommended age. However, some started school very late due to several reasons. Parents did not know that all children including those with deafblind have the right to education. Some schools informed the parents that they had no knowledge and skills in teaching and managing children who are deafblind. The assessor also noted that among the identified children only 7 learners were able to read and write braille. The majority requires skills in braille for them to communicate effectively and learn in class. On the same note it was discovered that even teachers had the same challenge. Only 4 teachers were able to read and write braille. While majority of the teachers could not use sign language. Only one classroom and 5 families were seen using sign language to communicate with children who are DB.

On the other hand, some parents provided support to children who had completed schooling in a number of ways. The majority provided fees, guidance and other requirements to their children. Among the identified persons only 3 completed schooling, 4 dropped out of school and 2 never gone to school. It was found out that these learners dropped out of school at different levels.

Table 13: Drop out levels

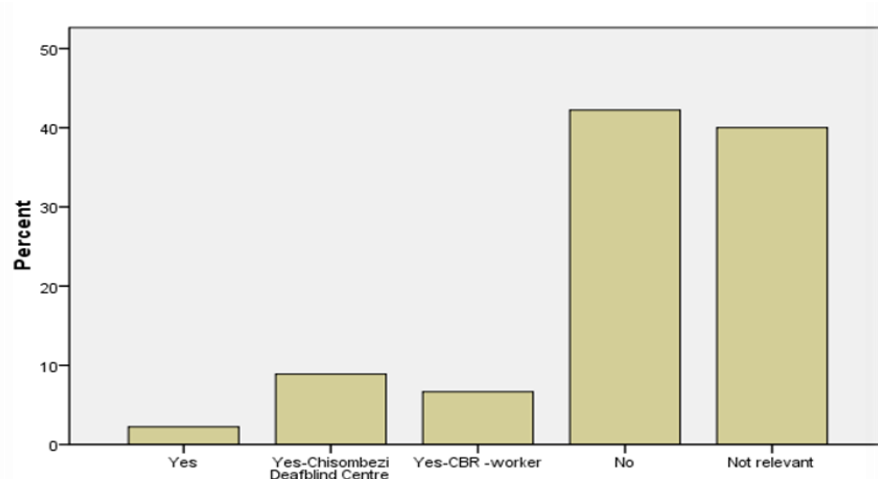
Level	P1-P4	P5-P8
Number of Learner	2	2

The data collected reveals a number of reasons why these learners dropped out of school. Frequent illness was one of the major reasons. The learners could not manage to go to school and learn as required. Some learners were from a single parent family. The parents failed to provide them school basic necessities due to poverty. Some parents did not encourage their children to be in school. They thought that it was a waste of resources. The children who had never gone to school mentioned lack of school fees, and long distance to school as the major barriers.

4.1.10 Home Based Education

The placement depends on the severity of deafblindness and the choice of parents. However, some learners can be taught at home. The education of a child at home is a great responsibility for a family. It demands a serious commitment of time, patience and energy. The data collected indicates that 8.9 % receive home based education (HBE) through CDBC and 6.7% from community based rehabilitation workers from MACOHA.

Figure 4: Number of Persons received home-based training



However, it was discovered that many children do not receive HBE. There were differences in the provision of HBE. Each family had its own way of supporting and training the deafblind child. The mothers and the siblings in each family provided the most support in HBE followed by the fathers and grandmothers and the least being the guardians.

4.1.11 Family Situation and Income

The data also provides information on the disability profile of 48 families of the DB, assets, household income and education background.

Below is a table indicating the consolidated disability profile.

Table 14: Disability Profile

Disability Category	Number of Persons with this disability in the Family	Relationship with the First Person with Disability	Relationship with the Second Person with Disability
Blind	18	Daughter, brother, wife	Uncle, aunt, in-law, nephew
Deaf	1	mother	-
Physical disability	1	sister	-
Not relevant	28	-	-

The table shows that some families apart from the DB child have also other members who have other disabilities. For instance, 18 families of persons with deafblindness have also members who are blind. This demonstrates that DB can also be caused by genetic factors.

Table 15: Family assets

Asset	Number of Families with the Asset
Radio	5

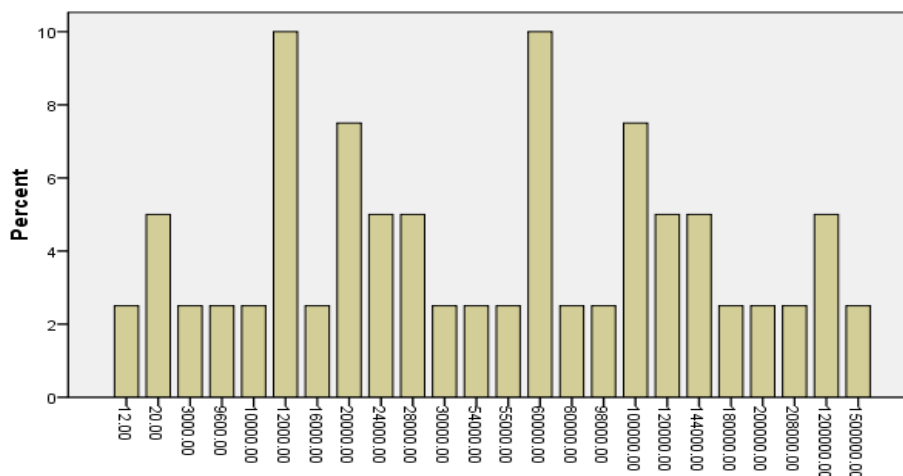
Bicycle	1
Mobile phone	2
Car	1
Radio, bicycle	8
Radio, mobile phone	3
Bicycle, mobile phone	2
Radio, mobile phone, TV	1
Bicycle, radio, mobile phone	8
Radio, bicycle, mobile phone, TV	1
Radio, bicycle, mobile phone, TV, motorbike, car	2
Total	34

It was discovered that 14 families had no assets highlighted above due to poverty. There is need to economically empower these families so that they can support their persons with deafblindness in their respective families.

Table 16 : Source of Household Income

Source of Income	Number of Families
Salary	6
Wage	4
Small Business	18
Agriculture	9
Small Business and Agriculture	1
Other sources	10
Total	48

Figure 5: Amount of Household Income



There a number of factors that determined the situation and income of individual families. These include stability of the family and the level of education of the mother,

father, and the guardians. Below is a table indicating levels of education between males and females in the families:

Table 17: Comparison on Levels of Education

Level of Education	Mother/Step mother/Guardian	Father/step father/Guardian	Never gone to school	
			Mothers/Step mother/Guardian	Father/step father/guardian
P1-P4	20	11	6	6
P5-P8	9	7		
S1-S2	1	1		
S3-S4	2	14		
University	1	0		
Total	33	33	6	6

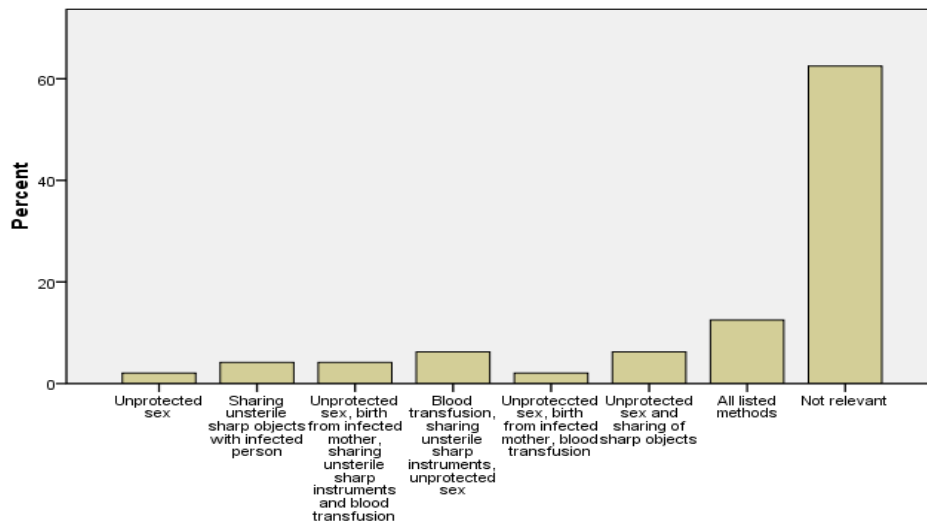
The table clearly shows that most of the parents went to school though attained different levels. However, there is need to encourage them to continue learning especially those that did not manage to go to school. There is need to introduce adult literacy classes in the community.

4.1.12. Health and HIV and AIDS

The girl youths revealed several methods used to prevent early pregnancies. Some of the common methods mentioned include the use of condom, pills, injection and abstinence.

Access to HIV and AIDS information continues to be a challenge among persons with disabilities. Parents of children with deafblindness need information on HIV and AIDS and on how to bring up their children so that they can ably prepare their children for future challenges. The survey however, found that many individuals knew how HIV is transmitted. The methods of transmission mentioned included unprotected sex, sharing unsterilized sharp instruments, and combinations of blood transfusion. Very few have knowledge of a single method of HIV transmission. Below is how they responded on HIV transmission:

Figure 6: Knowledge on HIV Transmission



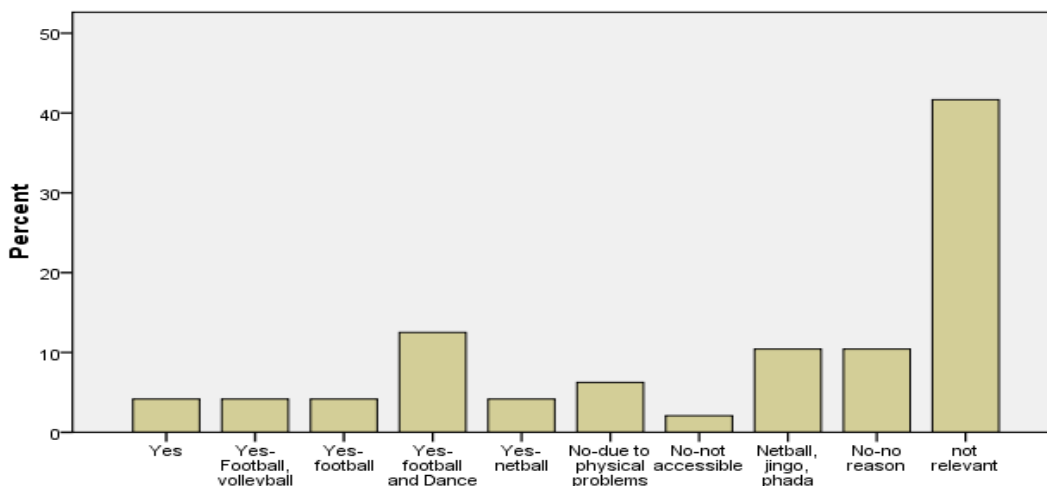
It was significant to know who provided HIV and AIDS Information. Family members, community leaders, volunteers, teachers provided this important information. Media also played a role in dissemination HIV and AIDS information. The radio, television, posters, leaflets and books provided information on HIV and AIDS prevention.

Most of the girls received most of the menstruation information from their mothers, guardians and grandmothers. The matron at school was the least in the provision of menstruation information. During menstruation period most of young girls with disabilities used strips of cloths and very few used cotton wool. Nobody used the sanitary pads. Most of the menstruation materials were being provided by parents and guardians. Other family members also provided these materials. Only one girl was able to source the materials alone. Some girls reported that during menstruation periods were unable to go to school. They said that they were being teased and laughed at by fellow learners in the school.

4.1.12 Participation and Services in the Community and School

Parents have a very powerful role to play in the promotion of the participation of their children in sporting activities at school and community levels. The survey noted that parents have so many challenges in ensuring that their children are included in the flow of family and community life. One of the challenges is communication. Parents must learn how to interpret particular forms of communication and help them to expand their communicative audience. The major sporting activities that individuals with deafblindness participated in the school and community include football, dancing, volley ball, netball-jingo and phada. However, it was observed that some individuals did not participate in sporting activities due to physical problems, inaccessibility and others had no reasons for their failure to participate. Some of the games played in the school required some reasonable accommodations so that all learners could participate without facing problems. Below is a table indicating the activities the learners participated in.

Figure 7: Activities persons with Deafblindness Participate in school/local community



The graph depicts that 14.6 %, 14.6 %, 4.2 % and 8.3 % of the respondents as being participants in sports and social functions, social functions, sports, and social function and religious activities respectively. In addition, 8.3 % of respondents never indicated the activities although they do participate where as 4.2 % said they do not participate due to in accessibility and also being left out by friends. Furthermore, 10.4 % do not participate with no reason and 35.4 % indicated that it was not relevant.

It was noted that some villagers were able to interaction with individuals with deafblindness. Most of the indicated speech as the method through which local villagers communicate with them 42.9% of males with deafblindness were being approached and communicated with the local villagers through speech, while only 20% of females indicated communicated to. Most of the local villagers were unable to communicate with them. More females (20%) than male (7.1%) NNs were not communicated to due inability of local villagers to communicate

Most of the families with individuals with deafblindness indicated that they received some assistance from the CBR-workers and very few received assistance from local community members. These results show that CBR-workers are very vital as regards to assisting families and persons who are deafblind. The families need training in areas of parenting skills, communication, guidance and counselling and need to be empowered so that they can improve the standards of living in their respective families.

Summary

Identification of individuals with deafblindness was a challenge since communities do not know deafblindness. Parents and the entire community should be given adequate information on deafblindness for them to support their children and locate those who are DB respectively. They need to be encouraged to go to the hospital with their children regularly for medical check-ups and for other related services. Parents that did not go to school should be encouraged to join adult literacy classes in the local communities.

There is a need to economically empower families that their household income is low so that they can acquire the basic assets. In addition parents require some skills to communicate with their children. It has been discovered that some parents experience some challenges in interacting with their children. They fail to pass on important information like HIV and AIDS to their children.

Some individuals with deafblindness need assistive devices such as hearing aids and low vision devices. IEPs are also important in the teaching and training of persons with deafblindness. There is need to include ADLS, cognitive skills, orientation, mobility skills and prevocational skills in the IEPs since these underlie one's ability to adapt to the environment. There is also a need to include children with deafblindness in early childhood programmes since some starts school very late. In addition youths with deafblindness should be given an opportunity to access vocational skills training programmes in their respective districts. Sex education is also another important area which should be included when teaching persons with deafblindness. This can facilitate the prevention of early pregnancies and the use of proper family planning strategies.

CHAPTER FIVE

5.0 Findings from Stakeholders and Institutions

This chapter reviews access to education health services, employment, microfinance and vocational skills training. Cultural beliefs, interventions, and use of sign language

will be examined. Functions of some government ministries and departments and the capacity assessment of Chisombezi Deafblind will also be presented.

5.1 Educational institutions

SNE in Malawi currently focuses on learners with VI, HI, LD and physical disabilities. The EMIS (2010) ascertains this scenario by giving statistics for learners with SEN. Those with HI are in two categories such as: Deaf 2.9% and hard of hearing 22.3%. The VI is also in two groups Blind 0.4%, and low vision 21.2% while LD 43.9% and physical disability is 9.3%. However, EMIS (2010) do not have statistics on some categories of SEN such as deafblind, emotional and behavioural difficulties.

Montfort SNE College trains specialist teachers for learners with HI, VI and LD at Diploma level with a special focus to primary education while Catholic University of Malawi offers SNE at degree level with special focus to secondary education. Apart from training teachers college has also a Braille Press where braille books are printed.

5.1.1 The Education of the Deaf, Blind and Deafblind

All respondents who were asked to explain about the education of the deaf, the blind and the deafblind in Malawi gave almost similar answers.

There is a comprehensive education programme for children, and youths who are deaf in the country. The educational provisions currently available for the deaf are residential special schools, resource centres or units in mainstream schools both at primary and secondary schools. There is an itinerant programme whereby a specialist teacher for the deaf move and visit cluster schools to support learners with SEN in their education. There is an Audiology Testing Centre in Chiradzulu for those who are deaf. This is where the hearing loss is assessed and hearing aids are prescribed and provided to those in need.

The blind has the best developed education programme in Malawi. There are special primary schools for the blind while the resource centres are in both secondary and primary schools. Like the deaf, there is also an itinerant programme for the blind.

Chisombezi Deafblind School is the only school for the DB in the country. The school is managed and owned by Sisters of The Servant of the Blessed Virgin Mary, (SBVM) whose headquarters is found in the Arch-diocese of Blantyre. From the data gathered, it is clear that deafblind is a new concept in Malawi.

5.2 Factors that prevent the PWDs to access and complete education

Many children with SEN drop out of school because of negative attitude of stakeholders like teachers, parents and government officials. Teachers sometimes are unable to support learners with SEN due to lack of knowledge and skills. Parents too feel that educating learners with SEN is a waste of resources hence priority is given to the able bodied children. Sometimes government fails provide adequate resources to the

education of persons with disabilities who are deaf, blind, and those with LD. The current assessment procedures used by the national examinations board favour the able-bodied learners and put those with disabilities at a disadvantage. The assessment fails to accommodate both the learning and physical characteristic of learners with severe disabilities and those who are deafblind. There are no assessment guidelines for learners with SEN and those who are DB. Teachers administering assessment need to be trained in setting up examination items that are responsive to the needs of all learners. The curriculum and assessment procedures need to be modified to meet the needs of learners with SEN.

It was also reported that qualified specialist teachers do not receive incentives such as promotions and extra notches for obtaining an additional qualification in teaching. This scenario demotivates the teachers. Consequently, they do not give the required additional support to learners with SEN. They concentrate much on average learners who follow lessons easily. As a result learners who are deaf, blind or DB fail complete their education in primary, secondary or tertiary education.

5.2.1 Cultural beliefs affecting the education of Persons with Disabilities

The survey reveals that in remotest rural areas the culture is that males are heads of families therefore they must be equipped with various skills so that they should support their wives and children. In such areas more boys are sent to school than their female counterparts. Girls are always seen as inferior to boys and are prepared for housekeeping and looking after children. This thinking is also applied to learners who are deafblind. Parents prefer to send boys to school than girls. Deafblind females are always locked up in their homes and are not regarded as human beings. In many primary and secondary, one observes that the number of girls is less to the number of boys. For example in clubs and societies more boys with disabilities take part than girls or women. Similarly, in income generating activities there are more males than females with disabilities. The same also applies to vocational rehabilitation centres where more boys are enrolled than girls.

5.2.2 Interventions used for Persons with Disabilities to Access to Education and Employment

This section explains that Interventions that have assisted the deaf, blind, and DB to access education and employment.

5.2.3 Interventions for Persons who are Deaf

The most popular intervention for children, youth and adults who are deaf are technical, medical, education and vocational rehabilitation. Technical intervention involves the use of technological equipment's to support the deaf in their education. Such equipment includes hearing aids of different type based on the degree of hearing loss. This intervention has also helped them to get employment since there is an improvement in their communication development. There are some learners who are deaf and are in need of medical attention to improve their hearing. Some may need surgery, while

others require medical treatment such as slinging for removal of wax, Otitis media and other attentions. Medical intervention improves both their health as well as hearing. Educational intervention includes offering quality education in conducive supportive environments such as special school, resources centre and in inclusive classrooms. This intervention therefore involves the provision of necessary teaching and learning materials during lessons. However, Malawi has no National Sign Language as of now. This situation makes communication difficult to the deaf from different parts of the country since they all use different signs in their communication. On the other hand, vocational rehabilitation is designed to provide professional competences or skills in certain areas with a focus to self employment or other types of employment. Malawi has many deaf individuals skilled in carpentry, tin smith, brick layering, radio repairs and shoe makers. These vocational skills have helped some of them to earn a living and have stable families.

5.2.4 Intervention for the Blind

There are several interventions that are put in place to support learners who are blind in the country. The technical intervention provides measures that facilitate learners with visual impairments to access to education. The measures involve the provision of assistive devices to learners who are blind. Some of these devices include magnifiers, lenses, white canes, Perkins braille and special computer software. These have proved to have helped many children, youth and adults who are blind in learning, communication, mobility and exploring the environment. Similarly some learners require medical interventions. Currently some learners have gone for eye surgery while others have been given drugs to treat their eye conditions. Some have received lenses to improve their vision and follow education instruction properly. This intervention has enabled many learners with vision problems to complete of their education at different levels.

In Malawi the blind have well established educational programmes in Malawi, There are special schools, resource centres, units and inclusive classrooms where many have benefitted. The provision of relevant teaching and learning materials in their education has helped them to complete their education and get employment. Some have managed to get employed after acquiring vocational skills. The vocational skills programmes have equipped them with vocational skills for their survival in the communities after school. Some of them are now business personnel, farmers and counsellors. Others have gone through professional training and become teachers, teachers, radio announcers, receptionist and health surveillance.

5.2.5 Interventions for Persons who are Deafblind

The most common intervention for children and youths with deafblind in Malawi is education which is offered at Chisombezi Deafblind Centre. Many learners at this school learn some skills of independent living such as communication, moving around, grooming, toileting, and feeding. Children, youths and adults who are DB like any other persons need health services. Medical intervention supports them to be health and attend class on regular basis. Similarly, persons who are deafblind require some vocational skills for them to earn a living and be independent.

There many employment opportunities in the communities for persons who are deafblind. However, employment demands proper training, education and experience. If the youths and adults who are deafblind are to be employed by the community they must acquire the necessary skills. The deaf and the blind who are educated have been employed both the private and public sectors. The most common interventions that can facilitate the employment of the persons with deafblindness in the community are the provision of informal education. The provision of vocational skills such as farming, business, and house-hold chores are essential.

5.3 Response of Head teachers and teachers on Deafblindness

The head teachers and classroom teachers provided rich and valuable information basing on their knowledge and experiences. On interventions used for males and females with deafblind to access education, they stated that in their schools the most interventions are given to the deaf, the blind and LD. They cited interventions such as technical, medical, educational and vocational rehabilitation that should be made available to the deafblind. However one stated CDBC provides education intervention to the DB.

The head teachers and classroom teachers identified several challenges that prevent boys and girls who are DB to access education and complete it. They cited lack of well trained teachers to support the deafblind in their education. Teachers have not been trained to teach and manage learners who are deafblind. As a result they have difficulties in assessing these learners since there are no assessment guidelines for learners with SEN the deafblind inclusive. In the schools there are no specialised teaching, learners and assessment resources for the DB. The school infrastructure and school playgrounds are not conducive to the needs of learners who are DB since they were built some years ago. It is only CDBC which has been designed and built with the needs of deafblind children in mind. It has some ramps, wide doors and good floor space that promote mobility of children to other areas of the school.

On the issue of sign language the teachers agreed that it is not known in schools and is not being used by teachers during lessons and other school activities. It is only individuals who are deaf who use it amongst themselves.

The head teachers and classroom teachers also identified key factors that prevent boys and girls who are DB to completing their education and these include:

- negative attitude of stake holders
- lack of appropriate teaching and learning materials
- lack of well qualified teachers to support learners who are DB
- Curriculum that does not meet their needs of the learners is among the factors that attribute to the DB not accessing or completing their education.

In order to overcome the challenges highlighted above by the Head teachers and classroom teachers it is important to have adequate baseline line information. There is need to conduct national identification and assessment campaign. This information will

facilitate the development of a comprehensive national deafblind programme. The Ministry of Education requires introducing deafblind teacher education training programme. There is need to have more specialist teachers and open up deafblind resource centres in mainstream schools in all the six educational divisions. These resources centres can enrol learners with mild to moderate deafblindness. The national SNE budget should also include the provision of specialised teaching, learning and assessment resources for learners who are DB. Parents also can take leading role in supporting and ensuring that learners who are DB are retained and complete their education.

As explained earlier the education sector is guided by policy prescriptions in the National Education Sector Plan (NESP). It has three policy goals of access and equity, quality and relevance, and governance and management. In addition, the Ministry of Education, Science and Technology (MOEST) and its partners have adopted Sector Wide Approach (SWAp). This reflects commitment towards that Paris Declaration on Aid Effectiveness and Harmonisation. NESP provides policies that promote the accessibility and equity in education for those with SEN. In these policies the government is committed to provide adequate and appropriate teaching materials, train more specialist teachers, and promote inclusive education and access to vocational skills training.

5.4 Ministry of Gender, Children, Community Services, Disabilities and the Elderly

This survey established that ministry has several departments which include gender affairs, child development, community services, disabilities and the elderly. Currently youths with disabilities are given places in secondary schools and colleges without gender bias. Previously, there were more boys than girls in schools and colleges. In politics few women were being given leadership positions and the business sector was dominated by males. However things have changed for the better now. There is a fair gender balance in many places.

The Ministry advocates for equalization of opportunities for PWDs. At present the ministry is unable to mainstream DB issues in its programmes since the majority of its staff lack capacity in deafblind. They require sensitization and orientation to lobby them to establish policies for this special group. The ministry is also responsible for the management of early childhood development and education. However, evidence has shown that very few children with disabilities access preschool education in Malawi.

The Department of Persons with Disabilities and the Elderly was unable to provide information on deafblindness. They referred the team to the MOEST which develops and produces annually the EMIS report on the education of learners with various disabilities at all education levels. However, the EMIS had no figures on learners with deafblindness at primary and secondary schools (EMIS, Report, 2010). This clearly indicates the need for the department to work with other line ministries in order to

promote the equalization of opportunities in education and employment among DB. The MOEST must work closely with the Department of Persons with Disabilities and the Elderly and MACOHA in ensuring that deafblind persons access education. On employment, it is vital for MOEST and MACOHA to conduct sensitization meetings with the employers in major cities of Blantyre, Lilongwe, Zomba and Mzuzu on the importance of recruiting PWDs. The Department of Persons with Disabilities should provide adequate support to Mulanje School for the Blind. The school now enrolls persons who are deafblind in its vocational training programmes. This is in line with the TEVET Act of 1999 which provides representation of PWDs in different forums.

The ministry in collaboration with MOEST has come up with Special Needs Project which saw a number of assistive devices being bought and distributed to resource centres. This financial year there is special budget for procurement of assistive devices for those in need. This is in response to what is stipulated in the national disability policy by facilitating the production, and availability of quality adaptive equipment and assistive devices (National Policy on the Equalization of Opportunities for Persons with Disabilities, 2005). Similarly, the MOEST has conducted several awareness and sensitisation workshops with the directors in government ministries and departments on disability issues in general. Awareness materials have also been distributed to policy makers and the general public. The MOEST is working towards disability mainstreaming which will see the appointment of disability officers in each ministry and departments.

5.5 Department of Youth

This department is responsible for the development of all young people's including those with deafblindness. It was reported that some youth with disabilities are supported in community rehabilitation services. Through this intervention youths acquire skill for the survival and well being in the societies. This is in line with the government policy on rehabilitation (National Policy on the Equalisation of Opportunities for Persons with Disabilities, 2005). However youths with deafblindness should show themselves up so that appropriate intervention could be provided.

5.6 Ministry of Labour

The respondent has emphasized that ministry of labour is the one responsible for the employment of all citizen in Malawi. Policies for the employment do not side-line people with disabilities (Employment ACT, 2000). The employment policies only seek appropriate skills and educations that if a person with disability possesses can ably get employment anywhere without discrimination

This Ministry was consulted to give issues of employment regarding PWDs and DB in particular. The Ministry of Labour stated that data is collected but through the National statistics office (NSO) in Zomba. It is disseminated to other offices upon request. This shows that the Ministry of Labour does not have data on the participation and involvement of DB persons in the labour force.

However, it was that many people who are DB do not actively participate in labour market for a number of reasons. There is discrimination at the workplaces. Most public and private buildings in the country are unfriendly to PWDs. Some people believe that DB individuals cannot work actively and hence not suitable for employment. This is just

mare fallacy since some have not yet been given chances to display their potentials at the work places. It was noted that lack of proper training, education and skills prevent persons who are deafblind from taking active part in the labour market. Some are not aware where they can get employment that suits their capabilities.

There are a number of laws and policies in the country that promote the participation of persons with deafblindness in the labour market. The employment Act of 2000. This act gives a chance to every qualified person to get employment without discrimination and receive appropriate wages or salaries without looking at gender, disability, religion and other ethnic backgrounds. There is also Workers Compensation Act which looks into the compensation of any worker who gets injured while at work or those who get the retirement age. The most notable act is Labour Relations Act which also promotes the equalization of opportunities for PWDs. It encourages employers to focus the potentials, skills and education of employees rather than their disabilities. These laws and act as well as policies are being implemented effectively because there are few people with disabilities who are holding senior positions in government and private sectors. The Ministry of Labour should ensure that all labour laws are made known to the public. This will assist the public including PWDs to know when they have been deprived of their rights and privileges. These laws should not only be known by the lawyers but also by all citizens including PWDs. There is need to hold awareness campaigns on equalization of opportunities for PWDs.

5.6.1 The Main Challenges faced by Deafblind in Seeking Employment

The main challenges faced by the DB in seeking employment are lack of proper training skills and education to work competently in some specific jobs. Lack of common communication modes and orientation as well as mobility prevent them from going around looking for employment or employ themselves. Negative attitude towards PWDs by the employers is another challenge. Lack of teachers or educators for those who are DB is also one of the challenges.

It is therefore imperative that sensitization should be one of the programmes in order to create awareness about the availability of deafblind who are in great need of education and employment. Teachers should be oriented on issues of DB. Government and NGOs must work in collaboration to make deafblind known to the masses. There is need to develop curriculum guidelines for the DB and the introduction of DB programmes across the country.

5.6.2 Access to Microfinance

Microfinance institutions provided valuable information on access to loans. They said that youths are able get microfinance or loan from their institutions. One of the institutions said that youths with disabilities and the elderly have formed a group and have already been given the loan. On eligibility to loans, the youths must be aged between 18 and 65 years. They must also be non-defaulters to any lending institutions and should be able to run a legal business. The lending institutions were unable to give specific information on the youths with disabilities that have already accessed the loans. One of the institutions, Malawi Rural Finance, said that many youths are not aware of

the services the company offers. One of the major barriers for the youths with disabilities to access microfinance is the collateral. They fail to access loans because of lack of cash for collateral. It is easy to get a loan if the youths are in groups rather than as individuals. In these groups they can be trained in business management. This prevents miss use of the money.

5.7 Ministry of Health

A number of health services for children, youths and adults with disabilities were identified. These health services include early intervention, prevention, screening, referrals, treatment, and counselling. Persons suspected having deafblindness are screened and interventions to correct the conditions are determined. Another service available is giving treatment when they are sick. Sometimes guidance and counselling is provided either to the parents or the person with deafblindness. In some cases the health personnel make referrals of persons with disabilities to education institutions and MACOHA for further in-depth assessment before determining the type of rehabilitation required. The services such screening, medication, counselling and referrals are also done at primary and secondary levels including clinical and hospital levels.

However there is inadequate capacity and resources to screen DB person since there are no specialists for this disability. Similarly there is lack of qualified teachers to conduct the assessment to establish educational needs of learners who are DB. Many resources for screening exercise are unknown and are not available in the country. This means that the DB community is not given appropriate support in hospitals in the absence of proper communication channels. In some hospitals in the country there are Ophthalmic clinical officers ready to support those with visual impairment. The resources are like trail, lens set, retinoscopy, ophthalmoscope and touch are available in these hospitals.

The Ministry of Health trains rehabilitation technicians at Kachere Rehabilitation School. The eye specialists and speech therapist are also trained at College of Medicine. At present there are no disability nurses in the country. Consequently, health issues of DB persons are addressed by clinicians. Nobody uses sign language in the health sector. In all hospitals and clinics no one has been trained to use sign language. There are no sign language interpreters. However it was pointed out that medical staff is currently being trained by Malawi National Association of the Deaf (MANAD). It is hoped that hospital staff will soon be trained in sign language. Communication is important in the access and delivery of health services to all people including those with disabilities. It is through communication where the Ministry of Health can pass on health messages on disease and disability prevention.

The Ministry of Health has put in place several measures to prevent disabilities in children. These include the provision of vaccines to children under-five years to protect them from disabling diseases. Another measure is community sensitization about the causes of disabilities. The hospitals and clinics distribute free drugs for example. LA or vitamin A. They also provide treatment to antenatal mothers before delivery. The Ministry of Health in collaboration with MOEST and disability sectors have initiated

School Health Programme through Comprehensive Eye Care Services to prevent diseases and disabilities.

5.8 Response from Opinion leaders on Education and Cultural Beliefs,

Opinion leaders, such as village head, political leaders, and Parent Teacher Association (PTA) indicated that some learners with disabilities go to schools close to their homes. Other children with disabilities do not go to school either close to their homes or away from their homes. They are not getting education of any kind. Some of PWDs have opted to go to other service providers, such as SOS Children's Village and MACOHA provide vocational trainings for PWDs. These services are being provided to both male and female PWDs without discrimination as advocated in the inclusive education which stress that education is a right (UNESCO, 1994)

5.8.1 Cultural beliefs for the education of People with Disabilities

In some areas of the country parents of disabled children are taken as sinners. They sinned against God and the disabled child is a punishment to them. This resulted to the child being laughed and teased. In such areas persons with disabilities do not going to school to avoid bringing shame to the families. However, there are no direct cultural beliefs which limit the PWD from going to school but attitude of others barred them.

The parents and other opinion leaders pointed out that long distances from home to schools become a barrier to many PWDs they cannot walk many distances to schools. This is true to children with VI and physical disabilities. Consequently, many children with disabilities do not go to school. Some are sent by their parents to towns, streets or cities to beg and bring money to their homes. This means that such children are taken as source of material and financial resources for the families. Some parents are not aware where to go with their disabled children for education and guidance. Negative attitudes, unfriendly roads are among the factors that prevent DB person from completing their education.

On the other hand the key factors that prevent male and female DB children from accessing and completing education are lack of professionalism by teachers. This means that many teachers do not have necessary skills to support learners who are deafblind such that even if learners who are DB attend classes they do not benefit. The second common factor is lack of teaching and learning materials that can facilitate the learning of DB learners. The third factor is lack of role model to encourage parents to send deafblind person to school or to encourage the child in his or her education. Negative attitudes and long distances are also among the factors.

5.8.2 Interventions for deafblind to access education or employment

Some parents have indicated that the most notable intervention is the provision of vocational skills. These skills can help them to be economically independent and making positive contribution to the society (The Malawi Growth and Development Strategy, 2011-2018). These leaders also pointed out that guidance and counselling is also another intervention for children with disabilities. The parent also noted that business management is also an intervention for PWDs. The aim is to help them manage their finances and other resources.

On employment opportunities it was learnt that many persons with deafblindness have problems in getting employment. This is so because they lack proper education, vocational skills and special aptitude that can help them to qualify for employment. Many development programmes do not mainstream disability mainly those with the deafblind. Parents should assist their deafblind children with necessary skills for their survival in the society and gaining of employment.

It was noted persons who are DB do not get information for employment. This is going against or violation of right to information that everyone in Malawi has (Constitution of Malawi, 1995). However they suggest that information about employment should be made accessible to them. DB individuals should be told that they can get employment like anybody else. Several suggestions were made on how to improve the conditions of persons with disabilities and the deafblind in particular. These suggestions include:

- Provide civic education on employment to stakeholders, parents and community.
- Lobby employers to employ PWDs
- Co- curriculum to be put in place for all learners regardless of the disability one has.
- The education of DB should be country wide.

5.9 Capacity Assessment of Chisombezi Deafblind Centre

This is the only centre which offers education and other related services to children and youths who are DB in Malawi. The centre has 17 members of staff with different qualifications. However, there is only one specialist teacher who has experience in the teaching of the children and youths who are DB. She is the one who offers in-house training to the other members of staff on how to work with the DB. The knowledge and skills were obtained from international DB conferences, in-house trainings at Chisombezi by DB specialists, DB courses in the western countries and exposure trips in African countries.

Two of the staff members are specialist teachers for the HI and LD respectively. This SNE knowledge and skills assist them also in teaching children with deafblindness. The orientation workshops on DB have also assisted them teach and manage learners who have deafblindness. They are able to develop the theme based curriculum for the children in the school and those who are on home based education. Deaf sign language was introduced and taught to all members of staff by the deaf person. The other staff members work as assistant teachers, hostel caretakers and security guards. All these have go through in-service training to help them understand the nature of deafblindness and how they should be inclusive in the day to day activity with learners.

The centre has areas of strengths and areas that need improvement. The table below outlines areas of strengths and those that need improvement.

Table 18: Strengths and Areas of Improvement

Strength	Areas for improvement
Identification of deafblind children	Communication skills

Admission of deafblind children	Training of teachers and assistant teachers
Welfare of pupils	National wide identification
Provision of social support	Provision of materials to continue

The major challenges of the centre are lack of well trained specialist teachers and learning support assistants for the DB. There is need to equip the existing members of with the best methods of communicating with learners who are DB. Though the centre has these challenges it has made some achievements. Ten learners have acquired skills of daily living, communication household and self care skills. The table below indicates the current status of CDBC.

Table 19: Chisombezi Deafblind staffing and competence

Category	Male		Female		Total	
	No	%	No	%	No	%
Bachelor of special needs Education and Deafblind Knowledge			1	5.88%	1	5.88%
Diploma			1	5.88%	1	5.88%
Teaching qualification with specialization	1	5.88%	1	5.88%	2	11.76%
Malawi School Certificate Of Examination	1	5.88%	1	5.88%	2	11.76%
Junior Certificate Of Examination	1	5.88%	3	17.64%	4	23.55%
Primary Leaving Certificate & without Certificate	3	17.64%	4	23.56%	7	41.17%
TOTAL	6	35.28%	11	64.0%	17	100.00%

5.10 Limitations of the Study

There were some limitations during the collection and analysis of data. Identification of children, youths and adults with deafblindness was a challenge. The communities failed to provide information to the team. So it was difficult to locate them. The survey had intended to identify 70 persons with deafblindness. However, upon an in-depth assessment it was established that only 48 had deafblindness. In addition, some of the learners at CDBC were not DB. The communities seemed to be used to the common disabilities that they often see such as deafness, blindness, and physical disabilities. It

was a challenge to make appointments with senior ministry officials. As result the team was being referred to delegated officers who could not give adequate information.

Summary

There are well developed SNE programmes for learners with VI, HI and LD across the country not for learners with deafblindness. It is only CDBC in Chiradzulu district which offers education to learners who have DB. Learners with deafblindness fail to access to mainstream education because of negative attitudes and teachers lack knowledge and skills to teach them. In addition there are no assessment guidelines for learners with SEN including those who are DB. Teachers have not been trained on how to adapt the curriculum to accommodation the learning characteristics of the DB. The key factors that prevent male and female DB children from completing education are lack of professionalism by teachers, teaching and learning materials, role models to encourage parents to send children to school and long distances.

The government ministries are unable to mainstream disability issues in their routine programmes in particular DB due to lack of information. Consequently, there are very few children with disabilities accessing early childhood education. In addition training curricula for the specialist teachers and rehabilitation technicians at Kachere has no DB issues. There is also inadequate capacity in hospitals to conduct DB screening exercises. Youths with disabilities are also unable to access employment due to lack of training opportunities and education. They also have a challenge in accessing microfinance since they have no cash for the collateral.

CDBC has inadequate personnel. There is only one specialist teacher experienced in the teaching of learners who are DB.

5.11 Conclusion

The survey has produced vital information necessary to facilitate the expansion and improvement of deafblind education programme in Malawi. It has revealed the current living conditions, challenges and needs of the children, youths and adults who are deafblind in southern part of Malawi. Finally the survey has also provided adequate information for further research, planning and implementation of deafblind education in the country.

CHAPTER SIX

6.0 Recommendations

The survey has managed to bring out the required information on the current status of children, youths and adults with deafblindness in southern part of Malawi. It has described the current living conditions and analysed public documents towards persons

with disabilities in particular those who are DB. This section presents the recommendations basing on the data collected from different sources.

6.1 Access to Social Services

- FEDOMA and other development partners to lobby government to pass the disability bill into a law
- FEDOMA to lobby MOEST to Introduce deafblind teacher education programme to prepare specialist teachers and learning support assistants for learners with deafblindness
- Teachers who have interest should undergo training in the field of deafblind
- MOEST in collaboration with MANEB to develop assessment guidelines for the identification and for use during national examinations.
- FEDOMA to lobby MOEST to introduce an alternative curriculum for the learners with moderate to severe SEN the deafblind inclusive
- CDBC, Signo Foundaton and other interest development partners to train teachers, medical personnel and other service providers in communicating with children, youths and adults who are deafblind and sign language
- MACOHA to lobby disability service providers to provide assistive devices to children, youths and adults with deafblindness
- Ministry of Youth to provide loans to youths with disabilities
- MOEST to establish deafblind resource centres in mainstream schools cater learners with mild to moderate deafblindness
- MACOHA to lobby the MOEST to provide specialised teaching, learning and assessment resources for learners with deafblindness in primary and secondary schools
- FEDOMA and VIHEMA to advocate for the rights of persons with deafblindness to access education and employment
- CDBC and MACOHA to conduct door to door campaigns to identify persons with deafblindness
- Ministry of Labour to encourage both public and private sectors to employ PWDs

6.2. Capacity Building

- MOEST should Improve the capacity of CDBC to offer quality SNE
- MOEST in collaboration with Signo Foundation to train staff in the provision of sport and recreation services to children and youths with deafblindness
- Signo Foundation need to strengthen the capacity of Chisombezi Parent and Teachers Association to support the education of learners who are deafblind
- Signo Foundation through CDBC need to strengthen the capacity of teachers and parents to develop comprehensive individualised education plan for their children
- Ministry of Gender and Disabilities to strengthen the capacity of PWDs

6.3 Home-Based Training

- CDBC and MACOHA should sensitise families on the importance of father and mother, guardian and relatives to participate in homebased training
- CDBC and MACOHA should train parents on how to provide home based training to their children who are deafblind

6.4 HIV and AIDS and Sex Education

- CDBC in collaboration with Ministry of Health to Identify the best ways of providing HIV and AIDS information to children and youths who are DB
- CDBC in collaboration with the Ministry of Health to provide adequate information on pregnancy prevention and family planning services to youths and adults with deafblindness

6.5 Family Income

- MACOHA and CDBC to lobby money lending institutions to provide loans to families of children who are DB for income generating activities

6.6 Gender and Disability

- FEDOMA, CDBC and MACOHA to sensitise schools, families and communities on the importance of sending the girl youth with a disability to school

6.7 Participation in the Family and Community

- CDBC and MACOHA to train families of children, youths and adults with deafblindness to improve participation in the family and community
- FEDOMA and CDBC to conduct awareness campaigns on gender and deafblind issues for families and communities to include them in the family and community activities
- CDBC and MACOHA to sensitise parents and communities to involve children and youths with deafblindness in sporting and cultural activities

6.8 Vocational Skills Training

- CDBC to lobby Signo Foundation to support expansion of existing vocational rehabilitation training centres run by MACOHA and Mulanje School for the Blind to enroll youths with deafblindness
- TEVETA to include youths with deafblindness in informal technical education

7.0 List of Documents Reviewed

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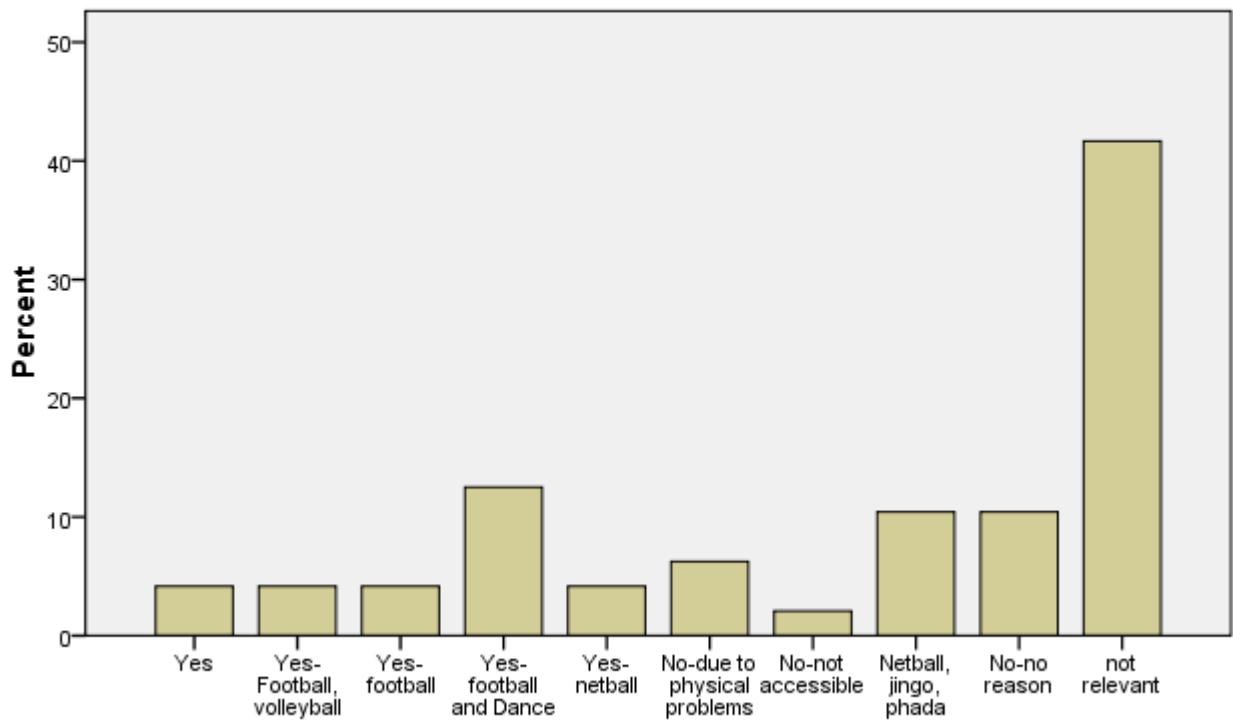
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8.0 List of People Interviewed/ Consulted

No.	Name	Position/Designation	Institution
1	Mr. Raphael Chigadula	Chief SNE Officer	MOEST SNE Directorate
2	Mr. G. Mafuta	District Education Manager	MOEST
3	Mr. C. Sakwata	District Education Manager	MOEST
4	Mr. Lazarus. Thom	Principal	Montfort SNE College

5	Mr. Hastings Magombo	Deputy Principal	Montfort SNE College
6	Mr. Nepial. Sikero	Head of Department	Montfort SNE College
7	Mr. Ezekiel Kumwenda	Chairperson	VIHEMA
8	Mr. Symon Munde	Chairperson	MUB
9	Fr. Augustine Kanyendula	Project officer	MUB
10	Mrs. Mirriam. Namanja	Executive Director	PODCAM
11	Mr. Victor Luwambala		TEVET
12	Mr. Maxwell Nyirenda	Disability Prevention Officer	Ministry of Disability
13	Mr. Joe. Nkhula	Lecturer	CUNIMA
14	Mr. Julio Mwenyekulu	Lecturer	CUNIMA
15	Mrs Jennifer. Mgwira	Head of department SNE	CUNIMA
16	Mr. Phiri	Parent	PODCAM
17	Mrs. Limani	Parent	PODCAM
18	Mrs Elita Mlauzi	Parent	Chisombezi
19	Mr. Dynes	Parent	Chisombezi
20	Mr. George Nanthiko	Head teacher	Mua School for the Deaf
21	Mr. Sadoki Banda	Teacher	Mua School for the Deaf
22	Mr. Innocent Chakwantha	Deputy Head teacher	Mua School for the Deaf
23	Mr. Foster Chabenda	Teacher	Mua School for the Deaf
24	Mr. Magareta	Head teacher	Mountain school for the Deaf
25	Mrs. Masala	Teacher	Mountain school for the Deaf
26	Mr. Donald Eliya	Teacher	CDBC
27	Mrs. Bondwe		Ministry of Gender
28	Mr. Adini	Officer	Ministry of Labour
29	Mrs. Mtambo	Ophthalmist	Ministry of Health
30	Mr. Mkumbadzala		Ministry of Youth
31	Mr. Masowa	Credit Officer	Microfinance Chiradzulu
32	Mr. Nova	Clinical Officer	Ministry of Health
33	Mrs. Galimoto	Nurse	Ministry of Health
34	Mr. Patel	Primary Education Advisor	MOEST, Malawi TDC Zone

NN participates in sporting activities in the school/ local community



NN participates in sporting activities in the school/ local community