Education program for learners with hearing impairment: the African context

Ismael K Byaruhanga highlights the audiology service provision in his educational setting in the Democratic Republic of the Congo

Most countries in East, Central and South Africa have provided some form of special programs for learners with hearing impairments (HI) before and after their independence around the 1960s (Werth & Sindelar, 2007; Mpofu, Zindi, Oakland and Peresuh, 1997;Ndurumo, 1993; Kenya Deaf Resource Centre, 2003 & Kenya Federation of Deaf Teachers, 2004). The education of learners with HI in those countries is mainly perceived as a charitable service and was pioneered by non-governmental organizations (NGOs) and churches (Byaruhanga, 2019; Ndurumo, 1993).

Following the efforts of organizations and churches, some states have expressed their will in strengthening the adoption of policies and laws for quality education for learners with HI, the establishment of special schools, units attached to regular schools and inclusive settings at different levels; primary, secondary and vocational rehabilitation (Byaruhanga, 2019; Lule & Wallin, 2010; Ndurumo, 1993). The improvement is also observed in the development of different services such as: Educational Assessment and Resource Centres (EARCs), with focus on early identification, assessment, referral and placement of learners with HI; a training program for teachers at certificate and diploma level; the recognition of sign language, and other support services related to the provision of hearing aids (MOEST-Kenya, 2003; Werth & Sindelar, 2007; Lule & Wallin, 2010); Ministry of Education – DRC, 2012).

The photos show a three day training seminar for Teachers of the Deaf on basics in audiology, delivered by Ismael.

Educational program for learners with hearing impairment in the DRCongo

According to Zairian National Commission for UNESCO, Ministry of Education – DRC, (2005) and Ministry of Education of 2010/2015, there have been two different systems in the DRC: during Mobutu's regime of 1965-1997, and the current National Action Plan for Education for All (Ministry of Education – DRC, 2005). Before 1996, special needs education was organized by the Ministry of Education and emphasized the needs of the child and the type of disability. The purpose was to prepare people with disabilities to develop their physical, intellectual, moral and professional skills and promote their social inclusion, integration or reintegration into socio-professional life (Commission National Zaïroise pour l'UNESCO, 1996).

The Commission argue that education for special needs children should be provided in special schools or in special units in mainstream schools at nursery, primary, secondary, vocational and university levels. Furthermore, it stresses that the duration of primary education in special schools should vary depending on the type of disability of the children: for the physically disabled: 6 years, for the visually impaired: 8 years (6 years + 2 years of learning Braille), for the hearing impaired: 8 years (6 years + 2 years to learn sign language). The national program should be adapted to these different types of education so that all special primary schools should begin with basic skills, which lasts about two years, and aims at introducing sign language for learners with HI, and Braille

for learners with visual impairment.

According to the State Regulation as stipulated in the National Commission, the teaching methods should be focused on the child's needs and the number of learners with HI should be limited in a class to allow higher performance. Examples:

- deaf children: minimum 1, maximum 6 in a class
- blind children: minimum 1, maximum 6 in a class
- children with a physical disability: minimum 5, maximum 15.

(Commission National Zaïroise pour l'UNESCO, 1996).

Considering the current National Action Plan for Education for All (2005) and the Development Strategy for Primary, Secondary and Vocational 2010/11–2015/16 of the DR Congo, the current status of special education differs from that of the second republic of the Mobutu regime, as described by the Commission National Zaïroise pour l'UNESCO, 1996. No clear policy is defined to take into account the case of learners with special needs and there is no national strategy for the identification, monitoring and supervision of children with special needs. Special education in its current state is organized mainly by religious and private organizations (Ministry of Education – DRC, 2005, 2010).

This shows that there are considerable gaps in the implementation of special needs education and service provision for learners with HI in the country. In addition, the new Constitution of the DRC of 2006, Article 52, states that, a person with a disability and older people, both have the right to special measures of protection regarding their physical, intellectual and moral needs (Government of DRC, 2006). This statement seems not to define clearly the future of people with disabilities as they are still subjected to social stigma that affects the recognition of the needs of children with HI in terms of early intervention measures, educational and rehabilitation services and provision of resources.

Audiology service from the health sector in the DRCongo

An alarming shortage of audiologists who can provide audiological services to children, is a challenge in both developed and developing countries (Mulwafu et al, 2011). DRCongo is not excluded; there are only 2 audiologists trained serving a population of about 85 million. The ratio of audiologists to hearing impaired in DRCongo is about 1:2,600,000 and the ratio of audiologists to the entire population of DRCongo is about 1:42,500,000. This has implications for audiological service provision to children with auditory disorders in the country.

Role and strategies of the Government of the DRCongo in bringing services into a national plan

Early detection, assessment, rehabilitation and placement are indispensable prerequisites for the successful development and integration of a child at risk of hearing impairment. This was the major aim behind the founding of 'Education Assessment and Resource Centre (EARC)' in some countries like Kenya and Uganda. These centres have had many challenges to maintain themselves, because they were established by international organizations (MOEST-Kenya, 2003; Terre des Hommes, 2007; Lule & Wallin, 2010; Ndurumo, 1993).

In the DRCongo there is a National Program of Community-Based Rehabilitation (PNRBC), integrated into the Ministry of Health, that houses activities related to the Prevention of Deafness and Hearing Impairment (PDHI) - combining ENT, Audiology and Speech Language Therapy. The division also works closely with other specialized structures such as ophthalmology that has its own national program and orthopedic services for early identification and referral (MoH–DRCongo, 2012).

Despite the absence of a specific PDHI program for the early detection of deafness as one of the public health problems, the government of DR Congo has a decentralized health facility in accordance with primary health care standards. This is characterized by the presence of health centres as the first-level care facility, a compulsory structure at the level of a Health Zone with the role to bring care closer to the communities; to serve as a

structure of first contact of the population and to provide a minimum package of care activities according to national standards (MoH DR Congo, 2006).

Furthermore, at the health centre, there is a community-based service called Community Awareness Unit (CAC) that incorporates Community Health Workers, Community Links, Community Based Workers per village or street. Therefore, the available services such as: Community Awareness Unit, and other services like the Preschool Consultation Program and the Community Based Rehabilitation, are a great opportunity to offer ear and hearing health service to the population of the DRCongo through a bottom-up approach.

The Declaration of Alma-Ata's was a declaration on the need for urgent action by all governments, health and development workers, and the world community to protect and promote the health of all people, signed at the International Conference on Primary Health Care in Alma-Ata, 12 September 1978. Following recognition of this declaration of rehabilitation as an appropriate strategy to promote a political commitment to improving access to rehabilitation services for people in their communities; the transfer of basic rehabilitation skills from specialists to teachers, PHC workers and less-specialized practitioners, could be an ideal in the DRCongo. Wade, (2003) suggested that: rehabilitation is more effective when given in the patient's own environment. Furthermore, Turmusani et al (2002) support that: promoting ear and hearing through CBR should maximize and improve access to service provision in audiology in education settings. Lastly, Lorenzo et al (2015) suggested that Community Based Workers are in an ideal position to assist in providing critical support to people at risk of neglected conditions in the areas.

Access to children and young people

In the DR Congo, about 80 centres and schools for people with hearing impairment exist with around 140 teachers (MoH-DRCongo, 2012). Byaruhanga et al (2015) found that 85% of teachers for learners with HI in former Oriental Province were diploma holders in general/regular education, with basic understanding about education for learners with HI. As for the audiology service, until 2013 no audiology centre or Education Assessment and Resource Centre existed in the country. The first audiology centre was established in Aru, in the north of the DRC by the author, as one of the services of the Centre for Education and Community Based Rehabilitation (Byaruhanga, 2019). This means that the majority of these schools or centres for the deaf do not benefit from an educational audiology service.

To make the audiology service accessible at different levels in the community, as well as for the sustainability of the service provision in a country like the DRCongo, the implementation of EARCs as described in other African countries could also be replaced by building capacity of one or two Teachers of the Deaf in the existing schools or centres as educational audiologists, who can collaborate with audiology centres to promote quality services for learners with HI. In addition, initiating an online platform that African based members could have easy access to, to exchange ideas and resources about audiology in educational settings, would be a way to gradually sharpen the skills of professionals where there are fewer

opportunities for academic training, and where the government has no clear policy for the education of learners with HI, because, in the DR Congo, about 60% of the schools are managed by churches and non-governmental organizations (Byaruhanga et al 2015, 2019).

To conclude, the role of audiology in educational settings for learners with hearing impairments is vitally important (BAEA, 2016; Maloney et al, 2004; ASHA, 2002). Gregory et al (1998), argue that the audiology service is one of the central aspects of the education of deaf children; failure to attend to this aspect of deaf education is failure to attend to the needs of deaf children and their parents. In many developing countries, audiology services are not directly attached to schools for learners with hearing impairments. Furthermore, Miles and McCracken (2008) reported that school-based audiology services can deliver considerable benefits to deaf children and their families where audiology clinics may not be available or not established or where they are only based in major cities.

The importance of developing audiology skills among teachers of deaf children is also recognised because they are able to provide audiological services alongside their teaching commitments. Teachers are expected to assess the functionality of hearing aids in terms of changing batteries, cleaning the earmould and controlling the picking of sound in the environment, among others. Besides the training of teachers as mentioned above, there is a need to engage local non-governmental organizations, the faith based organizations and the community in mobilizing resources to implement structures for the training of special teachers for HI at different levels: in-service training, diploma and degree level training, for quality audiology service provision in educational settings.

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