

Education of Persons with Visual Impairment

Global Aims and Strategies





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Introduction

According to WHO, there are about 161 million people worldwide living with disabling visual impairments. Of these, 37 million people are blind, with 1.5 million being children in preschool and school age. More than 90% of children with visual impairment live in Africa, Asia, Latin America, and the Pacific Island nations. Most of the world's children who are blind or have low vision and are living in developing countries, are deprived of education. Furthermore, a vast majority of them are to be found in rural areas, whereas the few existing residential schools and other support services are mainly located in the urban centres. Partly due to this lack of access to education, and partly due to a lack of training facilities and job opportunities, only a minority of adults who are visually impaired and living in developing countries have access to any kind of formal employment. CBM can look back at a history of nearly 100 years working with and for people with visual impairment. As such, it is committed to contributing towards tackling the challenge of providing accessible education for all children with disabilities and creating truly inclusive societies, where People with Visual Impairment as well as other people with disabilities, enjoy the same rights and opportunities as all members of society.

Given the recurring cycle of poverty and disability, CBM strongly advocates for the development of comprehensive rehabilitation and prevention programmes, which will truly change the lives of persons with disabilities and break the cycle leading to further disability. A comprehensive approach is considered to be of far greater benefit than fragmented support, which may provide high statistics, but often fails to address the underlying causes and impact of the disability and poverty cycle. If the full impact of poverty on the lives of persons with disabilities, on their environment and on existing service delivery is to be addressed, then a comprehensive approach is truly necessary.

Worldwide, CBM supports partners in over 100 countries. In the field of education and rehabilitation of children and adults with visual impairment, CBM supports services for people who are blind or have low vision as well as for people with deafblindness or multiple disabilities. The range of programmes includes CBR programmes, special and inclusive/integrated schools, vocational training and livelihood programmes, as well as early intervention services.

The main responsibility in ensuring the social and civil rights of all children and adults, including those who are blind or have low vision lies in the hands of national governments. This includes the adequate planning and allocation of funds for the provision of both formal and informal education. CBM's role is of a supportive and advisory nature towards governments and their respective ministries. As an international non-governmental development organisation, CBM has a role to play in the development of best practices as well as in providing technical expertise to governments and local organisations. Furthermore, importance is given to the development of support materials and alternative education models, to networking with organisations to maximise services for persons with visual impairment, and to producing curricula for training programmes as part and parcel of a more comprehensive approach to increase the quality of life of persons with disabilities and their families.

In addition to the support of specific activities and programmes at country level, CBM is actively involved in global initiatives ensuring that children with disabilities are fully included in all national education policies. CBM is collaborating closely with like-minded organisations, and is fully supporting the international campaign: Education for All Children with Visual Impairment led by the International Council for Education of People with Visual Impairment (ICEVI) acting in partnership with the World Blind Union (WBU).

In the context of education and rehabilitation of persons with disabilities, CBM and its partners contribute to create and maintain environments, which are safe for any child or vulnerable person in order to prevent any form of sexual, physical or emotional abuse or neglect. CBM, together with its partners, seeks to prevent any form of gender discrimination and to achieve gender equality with man and women, boys and girls having the same rights and obligations.



This document will serve as the basis for the further development of region and country-specific standards and monitoring tools that will guide the implementation of CBM's standards for partner enablement in the different regions.

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Early Childhood Care and Education

Early Childhood Care and Education (ECCE), the term used by UNESCO, includes early detection/identification, referral/assessment, intervention and education. Early intervention usually covers the period from 0 – 3 years of chronological age but in some countries the age range is 0 – 6 years, especially where detection of disabilities in children and their referral for services occur later in childhood.

1. Present Situation

1.1. The prevalence of childhood disability is increasing because more severely disabled children are surviving, and in view of greater poverty, more wars/civil uprisings, heightened acts of terrorism, and frequent natural disasters.

1.2. In most developing countries, early detection, referral, assessment and intervention are not regarded as priorities in health, education and (re)habilitation policies. Children living in rural areas and poor urban neighbourhoods usually do not receive any early intervention services.

1.3. Where services do exist, health and other personnel involved are often neither adequately trained to provide early intervention services for children with disabilities, nor to provide support to their families. This is on the one hand, due to a lack of capacity-building programmes for them and on the other hand they are usually not informed about the small number of existing services.

1.4. The above also applies to a few Community Based Rehabilitation (CBR) and/or outreach programmes, although several of them are now providing appropriate early intervention services to overcome developmental delays, which is of crucial importance for the education and (re)habilitation of such children.

1.5. In many cases, economic factors, lack of knowledge of counselling and guidance to families, negative attitudes towards children with disabilities, and feelings of trauma and guilt among parents, prevent families from seeking or engaging in early intervention activities.

1.6. A number of developmental checklists and packages of skills inventory and teaching activities, designed to assist parents and professionals address the needs of these young children (e.g. Portage,

Oregon project, Reach Out and Teach) are available, but personnel concerned, are often either not aware of them, or these materials are not available in sufficient quantities.

1.7. There is seldom an interlinkage between existing early intervention services and school services to ensure that children are adequately prepared for a smooth transition into lifelong learning.

2. Present Activities of CBM

2.1. As CBM emphasises early detection, referral and assessment as vital components of an early intervention programme, an increasing number of its' partners have included these provisions in their CBR and education projects. However, the services are not always offered in a systematic manner and coverage is limited.

2.2. In 2006, CBM is supporting 87 projects, which are either specific early intervention programmes or which have an early intervention component. The range of projects includes pre-schools, kindergartens, schools, CBR programmes and medical projects.

2.3. In 2005, 10,162 children were enrolled in CBM supported pre-schools/kindergartens, of whom 2,435 were children who are blind or have low vision. 40,324 infants and children up to the age of 6 years were reached through CBM supported CBR programmes, of whom 3,091 were blind or had low vision.

3. Aims

3.1. To prevent impairments in children escalating into a serious disabling or handicapping condition by:

- (a) Creating an awareness among all stakeholders and the general public on the importance of early intervention for children with disabilities;
- (b) Imparting basic information to all stakeholders on the many causes of visual impairment and the seriousness of the developmental impact of blindness and low vision, if not arrested. This is to be done, in order to obtain commitment to carry out screening and early detection, and to refer children for intervention services as soon as possible.

3.2. To motivate government agencies, partners, parents and other stakeholders to ensure the incorporation of prevention, early detection, referral, assessment and intervention services into national health, education and (re)habilitation policies and



programmes so that all children with disabilities can be reached.

3.3. To encourage partners to assist children with visual impairment in achieving their maximum potential and to actively involve their parents and family members in the early training and (re)habilitation process.

3.4. To promote the full inclusion of young children with visual impairment into the mainstream life of the community and society as early as possible and, wherever practical, with extra emphasis on the girl child to ensure gender parity.

4. Strategies

4.1 Promote public awareness programmes through all available media, especially among all stakeholders:

- (a) To encourage the development of positive attitudes towards children with disabilities and their acceptance in the community;
- (b) To impart to them the seriousness of the adverse developmental impact of blindness and low vision, if not addressed at an early age.

4.2 Facilitate dialogue and meetings with relevant government ministries or departments, parents, and other stakeholders. This shall be done in order to ensure that the prevention of the causes of avoidable blindness, early detection, referral, assessment and intervention services are incorporated into national policies as well as into programmes of health, education, and social services. These measures are aimed at reaching all children who are blind or have low vision, especially in the rural areas and urban slums.

4.3. Support the organisation of appropriate capacity-building courses in ECCE, at different levels. The courses should target the needs of:

- (a) Parents, who are the key agents in the upbringing of their young children, assisted by family members;
- (b) Health and medical personnel, as they are the prime agents for the early detection/identification and referral of infants and young children with disabilities;
- (c) CBR personnel and teachers of infants and preschoolers;
- (d) Social service personnel and other stakeholders involved in ECCE programmes.

4.4. Ensure that colleges and universities training professionals and para-professionals for the human service sector, include relevant curricula on ECCE, and, where necessary, provide technical support for the preparation of the respective course modules. Emphasis should be placed on meeting the special needs of the individual child who is blind or has low vision, such as Activities of Daily Living (ADL), Orientation and Mobility (O&M), and the use of Braille or Low Vision devices.

4.5. Facilitate the development of parent associations and parent support groups, and encourage them, as well as partners, to enrol children with visual impairment in regular nursery/kindergarten/day-care centres in the community, wherever possible, so that the transition from early intervention services to lifelong learning will be easier and less stressful.

4.6. Encourage partners, parents, teachers and CBR staff to develop low cost teaching-learning materials and to utilise existing packages, which have detailed checklists of developmental milestones, ensuring that young children with visual impairment make the best possible progress in the major areas of child growth.

4.7. Ensure the monitoring and evaluation of the effectiveness of the various programmes and strategies applied, so as to provide technical support and advice from experts for appropriate adjustment and management in the best interest of each child who is blind or has low vision.

4.8. Assist in the establishment of relevant linkages and encourage networking, so as to enhance collaboration and co-ordination among all stakeholders for the better understanding of children with visual impairment, including those with additional disabilities, so that they have a better chance of reaching their maximum potential.



Educational Options for Children with Visual Impairment

1. Present Situation

1.1 In many developing countries, the traditional 'Special School for the Blind' is still the commonly known model for educating children with visual impairment.

1.2 'Integrated Education', which is a newer approach to educating children who are blind or have low vision, is implemented through a wide range of models, e.g.:

- (a) A 'Resource' model, with a school-based full-time specialist teacher assisting a varying number of students with visual impairment who are integrated in different classes of a mainstream/regular primary or secondary school. The 'resource room' is used for the additional instruction required by these students and for storing the special equipment and materials they require, as well as for producing tactile devices, etc.;
- (b) An 'Itinerant' model, where the students with visual impairment attend mainstream/regular schools and receive the support of an itinerant specialist teacher, who visits a cluster of schools in a given area. The teacher assesses their needs, helps with important areas, such as Braille competency, Orientation and Mobility (O&M), Activities of Daily Living (ADL), and use of functional vision. Furthermore, the teacher serves as liaison between the students and their families, school and health personnel, the community, etc.;
- (c) The 'Self-contained class' within the grounds of a mainstream/regular school and with a full-time specialist teacher, so there is only partial integration outside formal school hours.

1.3 In remote areas, where the services of special education teachers are often not available, but a Community Based Rehabilitation (CBR) programme is in place and functioning, the staff, often having adequate knowledge of and skills in O&M, ADL and Braille, assist children who are blind or have low vision and facilitate their learning in the inclusive setting of the village schools.

1.4 In the spirit of the World Declaration on Education for All (EFA), 1990, 'Inclusive Education' has emerged as a rights-based approach to ensure educational equity and quality for ALL, which includes

children with visual impairment and those with other disabilities as well.

1.5 In theory, parents of children with visual impairment have a few options to choose from, for the education of their children. In practice however, they have to accept whatever schooling is available in the community or as close by as it happens to be.

2. Present Activities of CBM

2.1 CBM supports the different educational options:

- (a) Special schools, the majority of which have, for several decades, been pioneers and the sole providers of quality education for a very limited number of children with visual impairment;
- (b) Integrated programmes and inclusive schools, which have increased access to education for far greater numbers of children who are blind or have low vision;
- (c) CBR projects, which provide non-formal education, and support the inclusion of children with blindness or low vision into local schools, especially in rural and suburban communities.

2.2 CBM gives preference to the inclusion of as many children with visual impairment as possible and feasible in mainstream/regular schools, and encourages the provision of quality education for them.

2.3 In 2006, CBM is supporting 72 schools for children with visual impairment, 23 resource centres and 20 teacher-training and capacity-building courses.

3. Aims

3.1 To share with national governments and CBM's Education and Rehabilitation (E&R) partners, the respective strengths and limitations of the different educational models.

3.2 To encourage national governments to assume full responsibility for the education of all children who are blind or have low vision, in either of the educational options available.

3.3 To support operational research at country level; to study the efficacy and efficiency of the various educational models in terms of quality, cost, etc.

3.4 In countries where different educational models are implemented, to help parents of children



with visual impairment understand the respective strengths and limitations so that, where they have a choice, they are able to make informed decisions, based on what is best for each child and his/her changing needs.

3.5 To ensure that there is regular monitoring of the educational programmes for children with visual impairment, and a periodic evaluation to assess:

- (a) The level of inclusion and attainment of the students;
- (b) The quality and cost of the respective programmes;
- (c) The support given by the relevant stakeholders.

3.6 To promote the development of a full range of viable educational options, wherever feasible, so that all children with visual impairment can be reached and their specific needs met to the extent possible.

3.7 To support appropriate training courses for key personnel, e.g. teachers, administrative staff, parents, optometrists, and technicians. This is to be done to ensure that visually impaired students attain their maximum potential, enabling them to take their rightful place in society with as much confidence as possible.

4. Strategies

4.1 Ascertain from the major stakeholders what their perceived parameters of success of the different educational models are, draw on existing literature and, based on CBM's own experiences, compile information packages for sharing with the government and other stakeholders.

4.2 Assist CBM's partners, in collaboration with the national Ministry/Department of Education, to carry out context specific operational research, determining the efficacy and efficiency of the different educational models.

4.3 Facilitate the sharing of information with parents of children with visual impairment on the strengths and limitations of the different educational models being practised in the country so that they can make informed choices, if such opportunity exists.

4.4 Encourage and support the formulation and implementation of procedures to monitor and evaluate each educational model. Encourage the Education Ministry/Department and CBM's E&R partners to review the results so that adjustments can

be made to strengthen the programme(s) and accordingly improve the quality.

4.5 Support investment in human capital, by assisting with capacity-building training courses of key personnel in the required fields of expertise. This should include exchange programmes for project partners, to study model educational programmes for children who are blind or have low vision, with the aim of developing and providing a full range of quality services.

4.6 Assist the involvement of parents and family members of children with visual impairment in the process of education and (re)habilitation of their children from as early an age as possible. This helps to prepare the children for their future, supports their confidence and assists them in becoming independent members in their community.



Inclusive Education

1. Present Situation

1.1 “98% of children with disabilities in developing countries do not attend school.” (Director-General, UNESCO – October 30, 2003). This is in spite of the fact that:

- (a) The UN Declaration of Human Rights (1948), The Convention of the Rights of the Child (1989), and the Salamanca Statement and Framework for Action (1994), all highlight the fact that education is a fundamental human right for all;
- (b) The March World Declaration on Education for All (EFA, 1990), which included in Article 3, Clause 5: The learning needs of the disabled demand special attention. Steps need to be taken to provide equal access to every category of disabled persons as an integral part of the education system (as lobbied by ICEVI/CBM’s and WBU’s representatives), was unanimously adopted by the governments of the 155 countries, as well as over 150 Intergovernmental and Non-governmental organisations;
- (c) At the follow-up World Education Forum (April 26-28, 2000), the 162 participating “National Authorities/Institutions/Organisations”, 36 “International Organisations and Groups”, and 127 “Civil Society: Non-governmental Organisations, Foundations and Others”
 - Pledged full support for the achievement of the “EFA goals and targets for every citizen and for every society” by the year 2015;
 - Endorsed the Dakar Framework for Action as their renewed “collective commitment to action.”

1.2 Although special schools have been in existence for over 200 years, they have reached only a very small percentage of children with disabilities.

1.3 As creating equitable access to education is receiving far greater attention around the world today, in view of the extended EFA target year from 2000 to 2015, governments have been looking for cost-effective and educationally enriching service delivery models to reach out to the un-reached, which includes over 100 million children who are non-disabled. The generally accepted model is “Inclusive Education”. However, the current educational systems are not yet fully prepared to assimilate the principles of full inclusion for all children, which involve, among other things:

- (a) Focusing on the rights of the child to attend the school in the community;
- (b) Adopting a child-centred approach to meet the individual needs of each student;
- (c) Having teachers who celebrate the diversity among students and who are trained to provide quality education so that each student reaches his/her maximum potential;
- (d) Being accessible to students with mobility difficulties;
- (e) Providing students with disabilities with the special equipment, textbooks and materials they require, to put them on par with their classmates, thus becoming an inclusive school, which is welcoming and child friendly, and which has a safe and healthy environment conducive to learning.

1.4 It has been generally agreed that inclusive education is a strategy which also offers the best opportunity of achieving education for all children with disabilities, along with the collaboration and support of the special schools. These are already more open to becoming resource centres, supporting the development and expansion of inclusive schooling for children who are blind or have low vision.

2. Present Activities of CBM

2.1 CBM supports the proposed UN Convention on the Protection and Promotion of the Rights and Dignity of Persons with Disabilities.

2.2 CBM continues to support special schools for children with disabilities as part of an overall strategy, but the current focus is on assisting with the implementation and expansion of inclusive education. Therefore, the special schools are encouraged to expand their role by developing into resource centres, so that they can also provide professional and technical support to the mainstream/regular schools, which are inclusive.

2.3 CBM plays a significant role in lobbying governments to assume responsibility for the inclusion of children with disabilities in their national education plans and programmes. Towards this end, CBM encourages its` partners in various countries to:

- (a) Collaborate and co-ordinate with the Ministry/ Department of Education in the implementation of inclusive education programmes;
- (b) Seek national and local resources in order to ensure sustainable development.



2.4 CBM is supporting its' project partners by organising a number of capacity building programmes to:

- (a) Orientate them and the government towards a better understanding of inclusive education;
- (b) Add special needs education and inclusive principles to the curricula of the teacher training colleges and universities, as well as in-service training courses;
- (c) Ensure the participation of parents and family members in the education of their children with disabilities;
- (d) Produce teaching-learning materials to facilitate the successful inclusion of children with disabilities in the mainstream/regular schools.

3. Aims

3.1 To network with international organisations having similar interests to:

- (a) Support the passage of the proposed UN Convention on the Protection and Promotion of the Rights and Dignity of Persons with Disabilities;
- (b) Ensure educational equity and quality for all children with disabilities;

3.2 To promote the policy of a continuum of educational options, where feasible, but with a strong emphasis on inclusion, wherever possible, and to assist in capacity building of partners and the government to implement inclusive education by:

- (a) The introduction of special needs education curricula and inclusive principles into general teacher pre- and in-service training courses;
- (b) The expansion of the role of existing special schools into resource centres;
- (c) The production of teaching-learning materials and good quality low-cost devices to assist the children with disabilities to reach their maximum potential and to perform on a par with their non-disabled classmates;
- (d) The development of monitoring and evaluation procedures for assessing the success of the inclusive education programme, strengthening it where necessary, and documenting best practices.

3.3 To support the formation of parents' groups and associations of parents of children with disabilities, to advocate for and assist in quality-education of their children.

3.4 To develop links between CBM's Education and Rehabilitation (E&R) partners and Medical Services (MS) partners for the sharing of expertise in

early identification, medical/social intervention, and education/CBR services.

3.5 To ensure that components of special needs education and inclusive principles are added to CBR services for the preparation of inclusion of children with disabilities.

4. Strategies

4.1 Network with CBM's international partners and local NGOs to:

- a) Support the passage of the proposed UN Convention on the Protection and Promotion of the Rights and Dignity of Persons with Disabilities through national governments and regional bodies;
- b) Ensure educational equity and quality for all children with disabilities through the variety of mechanisms available at the national level.

4.2 Collaborate with and encourage project partners and the government to:

- (a) Promote inclusive education for children with disabilities, through the development of inclusive schools;
- (b) Organise top level management and leadership programmes on inclusive education for key personnel;
- (c) Assist special schools to become resource centres supporting inclusive education services for children with disabilities, by upgrading the personnel where necessary, and providing essential equipment for their expanded new role;
- (d) Ensure that all teacher-preparation institutes, in-service workshops and courses include modules in special needs educational needs and inclusive principles in the training curricula. Thus, their students will be as well schooled as possible in the essential skills, making them as independent and self-confident as possible;
- (e) Facilitate the transfer of technology for the production of good quality low-cost assistive devices and teaching-learning materials for the expansion of inclusive education;
- (f) Develop criteria for monitoring and the evaluation of the progress of children with disabilities in inclusive settings.

4.3 Assist with the mobilisation of support groups of parents to advocate for the rights of their children with disabilities and to request for their enrolment in inclusive schools, wherever feasible.

4.4 Encourage the preparation and distribution of materials in local languages, in order to create pub-



lic awareness on the human right to education of children with disabilities, within the context of inclusive education.

4.5 Ensure that advantage is taken of relevant meetings and gatherings of organisations, social clubs, and civil society to disseminate information about the special needs education of children with disabilities and inclusive principles.

4.6 Encourage support for the global campaign – similar to VISION 2020: The Right to Sight – to provide quality education for all children with visual impairment by 2015.

4.7 Facilitate staff development of CBR personnel by ensuring that their knowledge, skills and understanding of special needs education are updated.

4.8 Support the organisation of programmes on ‘disability management’ for the personnel of CBM’s medical partners, highlighting the importance of timely detection and prompt referral, for early assessment and intervention.

Education and Rehabilitation of Persons with Deafblindness

Deafblindness is the combined loss of vision and hearing in different degrees of severity and it is acknowledged as a unique single disability.

1. Present Situation

1.1 The prevalence of deafblindness is increasing, due to insufficient attention regarding the prevention of its` causes and the survival of more severely disabled children.

1.2 In most developing countries, persons with deafblindness neither have access to appropriate health, educational and rehabilitation services, nor to hearing and low vision devices.

1.3 The existing personnel of the special schools for children and youths who are visually impaired, those for children and youths who have hearing impairment, and the special programmes for those with multiple disabilities, are not adequately prepared to address the educational and rehabilitation needs of persons with deafblindness.

1.4 Due to the lack of understanding of children with deafblindness, they are more vulnerable to abuse, neglect, abandonment and segregation in the community.

1.5 Some international organisations are involved in supporting programmes for people with deafblindness, and a few post-graduate courses have also been introduced in some developing countries. However, although tools and learning materials are available in some languages, the needs of people with deafblindness are still far from being adequately addressed.

1.6 As a result of the aforementioned facts, in most developing countries there are even fewer programmes and services to support the transition from school to work of the very small number of children and youths with deafblindness that have the opportunity to reach this level. As a consequence, the lack of services for those who acquire deafblindness in adulthood is even greater.

1.7 There is a severe lack of interpreters and other individuals trained to communicate with persons who are deafblind, and also interpret or translate for them with others, who are not.



2. Present Activities of CBM

2.1 CBM is offering a growing number of seminars, courses and capacity-building programmes, to increase the number of qualified personnel. This is done with the aim of improving the quality of service delivery for persons with deafblindness and to initiate new programmes.

2.2 CBM is supporting personnel training and providing teaching material, in order to include children and youths with deafblindness in CBR programmes.

2.3 CBM is also supporting a limited number of programmes on transition to work for youth and adults with deafblindness.

2.4 In 2006, CBM is supporting 15 projects for persons with deafblindness, mostly schools and rehabilitation centres.

2.5 In 2005, 1,039 persons with deafblindness received educational and social care in CBM-supported projects.

3. Aims

3.1 To encourage and assist the government and partners to become involved in the early identification, needs assessment, and speedy referral of children with deafblindness for appropriate services by:

- (a) Providing training to their personnel;
- (b) Supporting the development of identification and assessment tools.

3.2 To promote the development of a variety of proven educational options, across the full age-range, so that all children and youths with deafblindness can be reached and their specific needs met by:

- (a) Stimulating partners, to include independent living skills training in their curricula for those with deafblindness;
- (b) Promoting the implementation of functional curricula in programmes for these students;
- (c) Fostering their communication skills and social development.

3.3 To encourage partners to facilitate programmes supporting the transition from school to adulthood, working jointly with persons with deafblindness, their families and local organisations.

3.4 To motivate project partners to foster the development of positive attitudes among the community towards children and youths with deaf-

blindness, by creating interactive opportunities for them, their families and the community, to mingle.

3.5 To encourage the prevention of all forms of abuse and neglect of those with deafblindness.

3.6 To advocate for the rights and dignity of persons with deafblindness.

4. Strategies

4.1 Promote the strengthening of links between health- and Education and Rehabilitation (E&R) professionals, as well as parents, to coordinate programme development on behalf of children with deafblindness, including:

- (a) Prevention of the causes;
- (b) Early identification of children with deafblindness;
- (c) Prompt referral to appropriate intervention programmes.

4.2 Ensure the development of intervention programmes, to enrich the quality of life of persons with deafblindness, regarding:

- (a) Health;
- (b) Audiology;
- (c) Ophthalmology;
- (d) Formal and alternative educational models;
- (e) Transition from school to work.

4.3 Support the professional development and training of teachers, Community Based Rehabilitation (CBR) workers, parents, and other key personnel so as to increase their collaborative capacity to:

- (a) Develop appropriate teaching-learning materials and use effective strategies to educate and train persons with deafblindness;
- (b) Include children and youths with deafblindness in community-based and school-based programmes, as well as home schooling;
- (c) Enable development of tactile, aural-oral and total communication skills;
- (d) Advocate on behalf of children and youths with deafblindness.

4.4 Encourage partners to develop strategies to facilitate connections between families of persons with deafblindness, programmes for them and the community.

4.5 Support the provision of assistive devices to persons with deafblindness, such as hearing and low vision devices, Braille material, and orientation and mobility devices to meet their specific needs.



Education and Rehabilitation of Persons with Multiple Disabilities

1. Present Situation

1.1 With the advances in medicine, science and technology, more premature babies survive and, as a consequence, the number of persons with multiple disabilities is increasing.

1.2 There is no standard definition of multiple disabilities. Some countries have developed their definition on a clinical basis, while others have used functional criteria.

1.3 Persons with multiple disabilities, especially those living in rural or marginal areas, generally suffer the highest degree of discrimination, neglect, abandonment, and segregation.

1.4 Special programmes for persons with visual or hearing impairment, usually do not offer services for those students with additional disabilities, leaving them without access to care, education and rehabilitation.

1.5 A few special programmes for persons with visual or hearing impairment, are training their staff to provide the needed education and rehabilitation for persons with multiple disabilities.

1.6 Some Community Based Rehabilitation (CBR) programmes in different regions, also offer services for persons with multiple disabilities.

1.7 Families in most developing countries are creating their own programmes for their sons and daughters with multiple disabilities, because they are unable to avail of any appropriate services.

1.8 Some international organizations are involved in supporting programmes for people with multiple disabilities, and a few post-graduate courses have also been introduced in some developing countries. However, although tools and teaching-learning materials are available in some languages, the needs of people with multiple disabilities are still far from adequately addressed.

2. Present Activities of CBM

2.1 CBM is supporting a growing number of special centres for children and youths with multiple disabilities, especially for those with blindness in

combination with other disabilities. These centres usually function within the existing school, for those with visual or hearing impairment. Some of these schools continue to create additional services.

2.2 CBM is also supporting an increasing number of children and youths with multiple disabilities through CBR programmes. However, some programmes do not yet have a sufficient number of well trained specialists, which prevents these children from receiving optimum attention.

2.3 In addition, CBM is supporting a limited number of transition-to-work programmes for youth and adults with multiple disabilities.

2.4 In 2006, CBM is supporting 68 projects for persons with multiple disabilities, including 42 CBR programmes, 5 schools and 4 resource centres.

2.5 In 2005, 17,114 persons with multiple disabilities received educational and social care, out of whom 14,460 were reached through CBR Programmes and 1,955 were school children.

3. Aims

3.1 To support the establishment of programmes to meet the needs of persons with multiple disabilities, including programmes to:

- (a) Identify persons with multiple disabilities as soon as possible, and refer them to services;
- (b) Assess their individual needs in order to plan appropriate services;
- (c) Provide the person with multiple disabilities with effective and relevant education and training;
- (d) Support the participation of persons with multiple disabilities in family- and community life;
- (e) Increase their independence and their ability to perform daily tasks, through education, training and support.

3.2 To encourage the provision of education for persons with multiple disabilities in regular schools (inclusion), special schools, their communities, and their homes, based on the capabilities of the persons, their families and their communities.

3.3 To assist in the development of transition programmes from childhood toward adult life, jointly with the person, his/her family, local agencies, and the community.

3.4 To work jointly with partners, family members, the community and the government, to preserve the rights and dignity of persons with multiple disabilities.



3.5 To promote inclusion of people with multiple disabilities, by providing training to families and community members in communication and socialising with persons with multiple disabilities, how to assist them, and also appreciate their abilities.

4. Strategies

4.1 Promote the strengthening of interlinkage between health-, Education and Rehabilitation (E&R) professionals, as well as parents, in order to coordinate programme development on behalf of children and youths with multiple disabilities, including:

- (a) Prevention of the causes;
- (b) Early identification of children with multiple disabilities;
- (c) Prompt referral to appropriate intervention programmes.

4.2 Encourage educational, rehabilitation, health and social services authorities to take appropriate steps to plan, support and follow-up services for persons with multiple disabilities.

4.3 Foster close home-school linkage, encouraging family members and neighbours to work together and play an active role in the care, education and training of children and youths with multiple disabilities.

4.4 Support the organisation of training in verbal and nonverbal assessment methods, using functional materials within the natural environment and the daily routine of the person with multiple disabilities.

4.5 Support the development of courses, seminars, and pedagogical videos on appropriate education of persons with multiple disabilities.

4.6 Provide advice and other forms of technical assistance to programmes and individuals serving people with multiple disabilities.

4.7 Facilitate the implementation of the functional curricula approach in services for people with multiple disabilities, increasing their ability to live as independently as possible. This approach should include alternative communication systems, Orientation and Mobility (O&M), Activities of Daily Living (ADL) and social skills, basic literacy, number skills and vocational training, based on the capabilities of the individual.

4.8 Work jointly with CBR programmes to develop pre-school, school, and vocational curricula for children and youths with multiple disabilities and pro-

vide training to help them develop sufficient knowledge and skills to implement the curricula in partnership with family members, friends and other community members.

4.9 Ensure the implementation of a wide range of programme models for persons with multiple disabilities, i.e.:

- (a) Full inclusion of children and youths with multiple disabilities, with the necessary support services;
- (b) Partial integration in regular classrooms with resource/itinerant-teacher support;
- (c) Special/self-contained classrooms, with resource teachers, within regular schools;
- (d) Special centres;
- (e) Family and home-based services;
- (f) Community-based services.

4.10 Whether children are served in inclusive, separate, or individual programmes, encourage partners to provide opportunities for social integration and development of social relationships.

4.11 Assist in the development of programmes that provide vocational training and transition to employment for youths with multiple disabilities.

4.12 Provide equipment and assistive devices to persons with multiple disabilities, such as wheelchairs, hearing and low vision aids, and augmentative communication devices, according to their needs.

4.13 Encourage involvement of individuals, family, and members of the community in the process of including and accommodating people with multiple disabilities in their communities and schools, in order to change negative attitudes.



Orientation and Mobility, and Activities of Daily Living

1. Present Situation

1.1 Children, youths and adults with visual impairment in many developing countries are either not trained at all – or not adequately trained – in Orientation and Mobility (O&M) and Activities of Daily Living (ADL) skills, which would give them the level of independence and self-confidence, of which they are individually capable.

1.2 In many developing countries, there is a serious lack of:

- (a) Professionally trained specialist O&M and ADL Trainers of Trainers;
- (b) Trained instructors/teachers to impart these essential functional life skills to persons with visual impairment, since O&M and ADL do not form an integral part of the curricula of special education programmes for children and youth who are blind, or have low vision.

1.3 There is no specific position for O&M and ADL specialists and, therefore, those teachers and other personnel, who are called upon to instruct persons with visual impairment, have to assume this important additional responsibility with very limited or no training at all, so they function intuitively and acquire whatever book knowledge they can.

1.4 Parents and family members of those who are blind or have low vision, who can play a valuable role too in imparting these O&M and ADL skills, are usually not called upon to assist.

1.5 In most developing countries, there are no adequate budgetary allocations by the ministry/department concerned, to train instructors and teachers of O&M and ADL who can offer these services to children, adults and the elderly.

2. Present activities of CBM

2.1 In some countries, CBM supports and offers short term courses on O&M and ADL for teachers, educators, CBR staff and parents through its' partners.

2.2 CBM also assists its' partners, which are teacher training institutes, to ensure that regular courses in the teaching of O&M and ADL skills are included.

2.3 CBM encourages national governments and local authorities to include O&M and ADL training as an integral part of the general curricula of special education courses.

2.4 CBM also encourages its' partners to work with governments, in order to obtain allocation of resources for O&M and ADL programmes.

3. Aims

3.1 To encourage national governments to include O&M and ADL training as an integral part of the curricula in all educational programmes for children who are blind or have low vision.

3.2 To ensure that O&M and ADL skills are taught from infancy, or at the age of onset of visual impairment, not only to those who are blind but also to those with low vision, those who have additional disabilities, and those who are deafblind.

3.3 To support partners to involve parents and family members as key stakeholders in the O&M and ADL programme.

3.4 To ensure that partners and governments recognise and accept the O&M and ADL specialist as a regular member of the staff.

3.5 To stimulate partners to apply an inter-disciplinary team approach in assessing the skills attainment level in O&M and ADL in individuals.

4. Strategies

4.1 Sensitise governments, partners, parents of persons with visual impairment, as well as the civil society in general, to recognise and accept the functional importance of O&M and ADL skills, which are essential for the self-confidence and independence of the individual, throughout life.

4.2 Assist partners, training institutes and governments to conduct both pre- and in-service training courses, at national and regional levels, in order to prepare:

- (a) Professionally qualified specialists as Trainers of Trainers in O&M and ADL;
- (b) Teachers and Instructors of the above skills for all educational, training and CBR programmes.

4.3 Support partners in their efforts to include parents and family members in the O&M and ADL programme by giving them the necessary training.



4.4 Encourage periodic refresher courses for O&M and ADL specialists and upgrading in-service workshops for instructors and teachers of these skills.

4.5 Provide information on affordable and appropriate assistive devices for improving O&M and ADL skills.

4.6 Provide partners guidance and/or technical support, if required, in the application of an interdisciplinary team approach, in assessing the skills attainment level in O&M and ADL of persons with blindness or low vision.

Transition from School to Work

1. Present situation

1.1 Programmes assisting the transition from school to work, for students with visual impairment, are either limited or non-existent in many developing countries.

1.2 Where transition programmes do exist, the young adults are usually referred to sheltered workshops or what is the only Vocational Training or Rehabilitation Centre in the country, and located in the city.

1.3 The curriculum of schools for children with visual impairment seldom includes pre-vocational training skills, which makes transition to employment difficult.

1.4 In many developing countries, appropriate vocational training programmes are not available for the development of suitable job skills for young adults who are blind or have low vision.

2. Present Activities of CBM

2.1 CBM assists some schools for children with visual impairment, to incorporate pre-vocational skills training in their curriculum.

2.2 CBM supports and encourages the existing vocational training and rehabilitation centres to introduce new career opportunities and vocational trades to increase the employability of young adults with visual impairment.

2.3 CBM supports Community Based Rehabilitation (CBR) programmes and Self-Help Groups of persons with disabilities, to engage in self-employment activities and income generating projects either on their own or as co-operative movements.

2.4 CBM supports a limited number of sheltered workshops in developing countries.

2.5 CBM encourages its partners to organise awareness exhibitions, to project and promote the skills and capabilities of well-trained young adults, who are blind or have low vision, in the various fields to potential employers and the public.

2.6 In 2005, about 6,000 persons with visual impairment received Vocational Training in CBM



supported programmes. This includes centre based activities in production centres and cooperative workshops as well as community based apprenticeship training, short term skill training and mainstream vocational training. About 250 persons with visual impairment were placed in open employment through CBM supported projects, and about 1,200 have started to earn their livelihood through micro-enterprise/self employment.

3 Aims

3.1 To assist partners and governments to introduce a full O&M and ADL programme, as well as an appropriate pre-vocational training curriculum, into all schools which have students who are blind or have low vision. This should be done in order to prepare them for life and to expose them to simulated work situations they are likely to face so that they can step out into the world with self-confidence and as independently as possible.

3.2 To ensure that partners and governments in charge of vocational training and rehabilitation centres, provide relevant skills training which match the individual's ability to the current employment market requirements, both in the public and private sectors.

3.3 To support efforts which create opportunities for on-the-job training and apprenticeship programmes, facilitating the smooth transition to the work environment.

3.4 To encourage partners, in collaboration with the government, to organise public awareness campaigns and exhibitions, showcasing the abilities and capabilities of well-trained persons who are blind or have low vision.

3.5 To support partners to change traditional Sheltered Workshops into viable Production Centres, wherever feasible.

4. Strategies

4.1 Assist partners and governments to ensure that all educational programmes for children with visual impairment – be they special schools, integrated programmes, or mainstream schools which include children with disabilities – provide functional rehabilitation courses such as life skills training and pre-vocational activities, in the form of:

(a) O&M and ADL, which must include independent travel, according to each student's capability, as well as social and communication skills;

(b) Participation in real work settings within and around the school; writing resumes/CVs, attending mock interviews, etc.

4.2 Encourage partners in charge of vocational training and rehabilitation centres for those who are blind or have low vision, to ensure that they have a strong Placement Service, which:

(a) Organises orientation programmes to provide the trainees with information on existing vocational education and employment schemes;

(b) Explores and creates opportunities for on-the-job training and apprenticeship programmes within the government and private sector and also follows up newly placed employees in the work environment so that they settle in well.

4.3 Support the development of Information and Communications Technology (ICT) training programmes for the personnel of vocational training and rehabilitation centres, to upgrade their knowledge about the increasing career opportunities available to ICT trained persons with visual impairment.

4.4 Encourage partners to foster the formation of Self-Help groups and associations of persons with visual impairment, in order to join forces with non-governmental organisations and local networks of employees, with a view to advocating their employment rights and identifying more job opportunities within the public and private sectors.

4.5 Support Self-Help groups, in co-operation with CBM partners, the CBR network, and the parents of persons with visual impairment, especially in the rural areas, to identify viable income generating projects and self-employment opportunities, based on the needs of the local market and the availability of raw materials.

4.6 Assist partners in upgrading traditional sheltered workshops, wherever feasible, into viable production centres, which function alongside each other, if there is a need for the former to continue.

4.7 Support partners to develop tools to assess the vocational skill attainment level and preparedness of persons with visual impairment for employment.



Training of Teachers for Children with Visual Impairment and Continuing Education Programmes

1. Present Situation

1.1 The growing number of children with visual impairment, coupled with the global emphasis on EFA by 2015, requires more teachers to be trained in the education of blind and low vision children. However, there are insufficient teacher preparation programmes to meet the demand, especially in developing countries.

1.2 However, in an increasing number of developing countries, universities/colleges have started to include special needs education courses within their general teacher preparation curricula, especially in recognition of the importance of inclusive education and the additional expertise required of mainstream teachers, to provide quality education to all students, including those with disabilities.

1.3 Some teacher preparation programmes follow a single category approach to train teachers of children with a specific disability, whereas some others promote a multi-category approach to prepare teachers to work in inclusive schools, which admit children with diverse special needs.

1.4 Not all teacher preparation courses in visual impairment include essential curricula such as: low vision, Orientation and Mobility (O&M) and Activities of Daily Living (ADL), physical education, Information and Communications Technology (ICT), deafblindness and multiple disabilities.

1.5 Continuing education programmes for teachers of children with disabilities are not offered in most developing countries.

2. Present Activities

2.1 CBM is supporting some teacher preparation programmes in developing countries, to prepare specialist teachers of children with visual impairment.

2.2 CBM has developed some basic modules for training teachers of low vision, O&M and ADL, adapted physical education, ICT, deafblindness and multiple disabilities.

2.3 CBM is supporting its partners in the preparation of tools to orientate parents and family members as key stakeholders in the education of children who are blind or have low vision.

2.4 CBM is collaborating with international non-governmental organisations, universities/colleges and governments in offering both leadership training courses for key administrators and courses for the Training of Trainers in the specialised areas listed in 1.4 above, as well as the teaching of mathematics.

2.5 In 2006 CBM supports 20 teacher training and capacity building courses.

2.6 In 2005, 2,180 teachers for the visually impaired received training through CBM supported projects.

3 Aims

3.1 To support teacher preparation programmes in developing countries, to meet the growing demand for teachers who are trained to provide quality teaching to students who are blind or have low vision, regardless of the educational model they happen to be admitted into, and to produce appropriate local teaching-learning materials.

3.2 To collaborate with international non-governmental organisations, universities/colleges, governments and national organisations to offer both leadership training courses for key administrators, and courses for the Training of Trainers in the specialised areas listed in 1.4 above, as well as the teaching of mathematics to those with visual impairment, which is generally weak.

3.3 To encourage project partners, parent support groups and organizations of persons with disabilities to persuade universities/colleges to incorporate special needs education curricula in all relevant pre- and in-service teacher preparation programmes, so as to increase the enrolment of children with visual impairment in inclusive schools or other existing educational settings.

3.4 To stimulate partners and governments to invest in human capital by supporting their professors and lecturers to become members of professional bodies in order to preserve and improve the quality of special needs education courses. Furthermore, to ensure the competencies of all teachers of children who are blind or have low vision, as part of a national programme of capacity building with a focus on enrichment and quality assurance.



4. Strategies

4.1 Collaborate with the Universities/Colleges that have the will and the resources to initiate/review/upgrade the curricula of teacher preparation programmes for children with visual impairment, and to conduct operational research with a view to:

- (a) Determining what works best where;
- (b) Introducing innovative approaches to quality education.

4.2 Encourage other Universities/Colleges to offer regular pre- and in-service training courses for teachers of children who are blind or have low vision, as well as continuing education programmes, for existing teachers.

4.3 Explore the possibility of assisting partners and other training institutes to establish and run special needs education teacher preparation courses in visual impairment in regions where none exist, especially for the purpose of also drawing on the services of parents, family members and the community.

4.4 Assist in the development and production of appropriate local teaching-learning materials for the education of children with visual impairment, especially in the teaching of mathematics.

4.5 Collaborate with teacher preparation Universities/Colleges to develop guidelines for assessing the quality and effectiveness of special schools, integrated programmes, and inclusive education models.

4.6 Assist with the preparation of exchange visits for key teacher educators from developing countries, to gain firsthand knowledge about good practices of special needs education services for children who are blind or have low vision.

4.7 Support partners in the organisation of seminars and workshops for lecturers and teachers, at regular intervals, to update their knowledge, skills and understanding of special needs education.

4.8 Encourage educators of children who are blind, or have low vision, to attend local and international conferences to:

- (a) Present locally developed models, achievements and challenges;
- (b) Exchange experiences with colleagues, both on national and international levels;
- (c) Establish links and set up networks for professional exchanges, in order to raise standards and improve the quality of teaching children with visual impairment.

Abbreviations

- ADL: Activities of Daily Living
- CBM: Christoffel-Blindenmission – Christian Blind Mission
- ECCE: Early Childhood Care and Education
- ICEVI: International Council for Education of People with Visual Impairment
- O&M: Orientation and Mobility
- WBU: World Blind Union
- WHO: World Health Organisation



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