



Disability and  
Development Partners

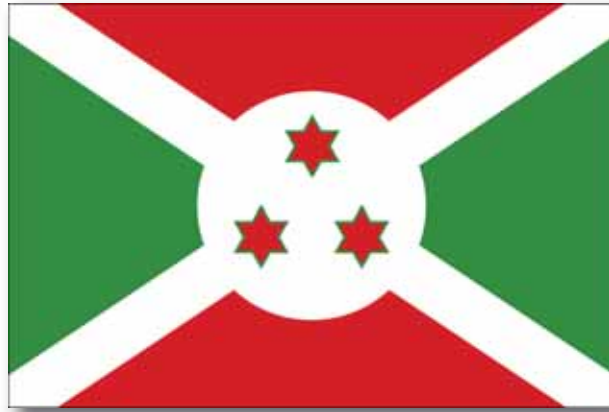
# REPORT

**Deaf Children in Burundi – their education and  
communications needs**

**October 2011**



**DDP thanks, in Burundi, l'Ecole Ephphatha pour les Sourds, Centre d'Education Specialisée pour Déficients Auditifs and Association Nationale des Sourds du Burundi and in the UK, Aurora Deaf Aid Africa, who contributed to this report.**



**BURUNDI** is a small densely populated country (8.5 million people, 26,000 sq miles) bordered by Rwanda (north), Tanzania (east) and the Democratic Republic of Congo (west) which became independent from Belgium in 1962. Burundi is the third poorest country in the world.

After a succession of military regimes, Melchior Ndadaye was elected president in the first democratic multi party elections of 1993 only to be assassinated a few months later. His successor Cyprien Ntaryamira's presidency was also short lived, but his death had catastrophic consequences. He was killed with Juvénal Habyarimana, the president of Rwanda, when their plane was shot down over Kigali airport, sparking off the Rwandan genocide in 1994 and Burundi's 10-year civil war. International efforts to bring peace in Burundi could not stop the killing of over 300,000 people and 1.2 million people fleeing as refugees to neighbouring countries. Burundi is now largely peaceful and national elections were held in relative calm between May and September 2010.

Burundi together with Kenya, Rwanda, Tanzania and Uganda make up the East African Common Market and have agreed to remove all barriers to trade amongst them. The free trade zone is expected to be fully operational by 2015 to enable the free movement of people, capital and services and as a first step towards establishing a common currency and a political federation.

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# Deaf Children in Burundi

## – their education and communications needs

### Abstract

**DDP** has undertaken a participative research study into the education and communication needs of Deaf children and young Deaf people in Burundi, funded by Comic Relief. This is the first study to bring together associations, schools, government representatives and, above all, deaf children themselves and their parents in order to understand the problems they face and their aspirations for the future and then to try to identify practical strategies to meet both.

The study report is based on desk research, visits to Burundi, a participative workshop, and a small survey carried out among the two schools for deaf and hearing impaired children in Burundi and among young deaf people attending informal classes and clubs.

We found that provision for deaf children's education and communication needs is woefully inadequate. There is a broad consensus, notwithstanding individual differences of philosophy and attitude, that the first steps forward must start from a commitment by government to include deaf children's needs in education and social policy, alongside practical support for developing formal Burundi sign language and opportunities for deaf children to learn and have the opportunity to acquire skills and livelihood opportunities.

## Abbreviations, names and translations

<b>ACGMHD</b>	Africa Contact Group for Mental Health and Deaf
<b>ADAA</b>	Aurora Deaf Aid Africa
<b>ASL</b>	American Sign Language
<b>ASMDB</b>	Association des Sourds-Muets pour les Développement au Burundi (Association for the Development of the Deaf-Mutes in Burundi)
<b>ANSB</b>	Association Nationale des Sourds du Burundi (Burundian National Association of the Deaf)
<b>BIF</b>	Burundi franc – the currency of Burundi
<b>BSL</b>	British Sign Language
<b>CBM</b>	Christofell Blinden Mission
<b>CESDA</b>	Centre d'Education Spécialisée pour Déficients Auditifs, Gitega (Centre for Special Education for Hearing Impaired, Gitega)
<b>CEPISA</b>	Centre de Formation Professionnelle et d'Intégration Sociale pour Sourds et Aveugles (Centre for Professional Training and Social Integration for Deaf and Blind)
<b>DDP</b>	Disability and Development Partners
<b>DMI</b>	Deaf Ministries International
<b>DPO</b>	Disabled People's Organisation
<b>HI Belgium</b>	Handicap International Belgium
<b>HI France</b>	Handicap International France
<b>IGP</b>	Income generating project
<b>UNCRPD</b>	UN Convention on the Rights of Persons with Disabilities
<b>UNHCR</b>	UN High Commissioner for Refugees /The UN Refugee Agency
<b>UNDP</b>	United Nations Development Programme

## Contents

- Abstract **1**  
Abbreviations, names and translations **2**
1. Introduction **5**
  2. Methodology **6**
  3. Deaf children and Education in Burundi **9**
  4. Ecole Ephphatha pour les Sourds, Bujumbura **12**
  5. Centre d'Education Spécialisée pour Déficiants Auditifs (CESDA), Gitega **15**
  6. Association Nationale des Sourds du Burundi (ANSB) **17**
  7. Status of sign language **19**
  8. Health and hearing aids **21**
  9. Deaf school children and other young deaf people – data analysis **23**
  10. Parents of deaf children **27**
  11. Deaf Burundians living and studying abroad – their views and experiences **29**
  12. Government support for people with disabilities including Deaf people **30**
  13. Conclusions **31**
  14. Recommendations **33**
  15. APPENDICES **35**
    - Appendix 1 – Questionnaires 1 & 2 – for school children; and children and young people attending informal classes **36**
    - Appendix 2 – A brief report – One day workshop on deaf children's communication and education needs, 25th March **38**
    - Appendix 3 – Organisations working with Deaf people in Burundi – past and present **42**
    - Appendix 4 – Case studies, introduction **43**
      - IRANKUNDA Pamela
      - IRAMBONA Sankara
      - MOBINIMPA Perry
      - Madame NZEYIMANA Russie and daughters, Jacqueline and Marie
      - HABOMIMANA Alain
      - NIYIFASHA Joel
  16. Acknowledgements **50**
  17. References, websites and addresses **51**



# 1.

## Introduction

This project and report emerged as a result of DDP working with a new and small Deaf people's organisation since 2007. Its founder Chris Kubwimana, a deaf Burundian, had been living in the UK for many years after being displaced here as a refugee during the war in Burundi that started in 1993.

When he first returned to his homeland about 3 years ago he was saddened and dismayed by the lack of progress for Deaf people and particularly the isolation and lack of opportunities for deaf children. He said 'it would appear that people born with deafness in Burundi are destined for a life of dependency, without help or education. Deaf children are seen as a social and financial burden to their families. The lack of understanding, knowledge, awareness and skills meant that the children and young adults alike do not get appropriate support and help for their needs. Many parents favour their hearing children over their deaf children, to whom they give less attention, emotional support and education.'

Chris had particular concerns about the neglect and lack of provision for an exceptionally disadvantaged small group – deaf blind children – who inhabit 'a dark lonely, silent and isolating place'. Deaf blind people's communication and mobility issues are unique and make independent living more difficult to achieve. In Burundi, the prevalence of deafblindness, like deafness, is unknown and there are no provisions at all for deaf blind children.

Inspired to do something, Chris gathered a group of friends – both Deaf and hearing – who were willing to share in his vision to help other Deaf people in Africa and approached DDP. They formally launched their group in 2009 and named it Aurora Deaf Aid Africa (ADAA).

Disability and Development Partners (DDP) is a UK registered charity and international NGO. Our objective is to develop and implement inclusive programmes in education, livelihoods, appropriate rehabilitation health and technology, human rights protection and capacity building. Our beneficiaries are disabled people, especially those who are disproportionately marginalised – women, young people and children. For the past 20 years DDP has collaborated with local partner organizations of and for disabled people, international and government agencies in India, Bangladesh, Angola, Nepal, Mozambique and Ethiopia. This is DDP's first introduction to Burundi.

DDP does not have country based offices and so our approach is to develop long term partnerships with local organisations. With ADAA we began to find out more about the debates, issues and challenges that Deaf people are facing in Burundi. We started exploring what could be done in terms of practical projects to support Deaf people in Burundi and it soon became clear that there was very little to inform us, with hardly any statistics on the number of Deaf people in the country, let alone information about deaf children's education and communication needs. Nonetheless it was clearly evident that services were insufficient to meet the needs, that there was no nationally co-ordinated strategy or policy for deaf children and in general that deaf awareness was lacking. As a result we decided to focus on deaf children's education and communication needs and in the process to get to know all the key players working in this area in Burundi.

This project has provided opportunities for parents of deaf children, teachers, and organisations of Deaf people to come together so that they could exchange views and build common platforms by articulating their most pressing concerns. Crucially, it has given deaf children an opportunity to express their aspirations and opinions, as we were able to interview all 416 deaf children currently in school and a further 200 children and young people not in school. We feel that the project and the processes involved have also enabled DDP staff to become more deaf aware. ADAA provided the relevant contacts in Burundi and as the project unfolded we shared each step of the research process with UK and Burundian colleagues.

We hope that the findings in this study and sharing it with our colleagues both in Burundi and in the UK will lead to direct action to address in practical ways the unmet education and communication needs of deaf children in Burundi and also to draw attention to the plight of deaf blind children who are the most forgotten and young deaf women who face many risks.

## 2. Methodology

### Our Approach

This research has been singular in setting out to present the deaf child and young person's point of view in Burundi and that of people close to them such as parents and teachers. To date no such research – on education and communications needs – has been done in Burundi especially none which focuses on deaf children's aspirations, what they know and how they feel. Without any existing data on deaf children or adults in Burundi we took the opportunity to talk to and interview all deaf children and adults that we had access to via key individuals and organisations e.g. the two schools for deaf children and ANSB.

Background research material was collected during three visits to Burundi by DDP, a one day workshop attended by parents, teachers and young deaf people; visits to Bubanza, Cibitoke, Mabayi and Rugombo to meet deaf youngsters (and their families) attending ANSB's informal classes; meetings with ANSB members in Bujumbura; and several meetings and visits to the two schools in Bujumbura and Gitega. We visited other ANSB projects, such as their tailoring unit in Kamenge run entirely by deaf adults, and met a new association of deaf people in Bujumbura. We also met government officials at the Ministry of Education, Ministry of National Solidarity, Human Rights and Gender and Ministry of Health.

### Visits

DDP's Kamala Achu made a first visit to Burundi in September 2010 while seeking funding for the project. Her second visit, accompanied by Chris Kubwimana and Ian Holder of ADAA, was made in March 2011 when the research project was underway and the one day workshop<sup>1</sup> was held and this was followed by the interviews with deaf children and their parents. Kamala made a 3<sup>rd</sup> visit at the end of August 2011 to gather more information, share findings with Burundian colleagues and prepare for the research report's launch on 28<sup>th</sup> October 2011.

### One day workshop

The workshop's organisation was started remotely via internet correspondence and completed together with Burundian colleagues in the week preceding the workshop. A brief report of the workshop and proceedings are to be found in Appendix 2. The workshop discussions and participants' feedback has been incorporated into the report.

### Interviews

#### The Questionnaires

Two Questionnaires<sup>2</sup> were designed in English, for school children and for young deaf people. English and French versions were sent to the head teachers of the two schools, and to ANSB and ADAA for comment. The questionnaires were designed to get basic information from/about the child or young person, their aspirations and any additional information either volunteered by them or elicited/observed by the interviewer.

The interviewers were selected from among teachers at the two schools, and members of ANSB. They were briefed individually, in separate groups and as a whole group by Kamala Achu and Chris Kubwimana. Simple cross checking such as date of birth and age and the importance of writing additional notes to include any observations or record any other disability was pointed out. One teacher, Phoebe, assisted by Chris, conducted the first test interviews with older children at Ephphatha School and we learned from this how much time we might need for all interviews, factoring in the different locations, which helped us to plan. We made it clear that interview conditions should be the same for all children in each of the locations and that interviewers should not suggest or give too many examples to

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1 Appendix 2

2 Appendix 1 for both French and English versions



elicit an answer and that at no point should they guess or assume what the child or young person means and if no information is forthcoming to record the answer as 'don't know'.

## **The Respondents**

### **Deaf children**

The number of interviews was determined by the number of deaf children attending school. As there are only two schools in Burundi and both are residential it was very possible that all the children could be interviewed in a short time.

A total of **299** interviews were conducted at CESDA, Gitega by a team of 5 people. They included 2 teachers – MUSOLE Patient (75) HABONIMANA Emilienne (62), the head teacher BANDORA Spes (54), NTIHARIRIZWA Phoebe (48) a teacher from Ephphatha School and RUKUNDO Stanislas (61). We rejected 2 questionnaires.

At Ephphatha School **117** interviews were conducted by NTIHARIRIZWA Phoebe with the first few assisted by Chris Kubwimana. We rejected 2 questionnaires.

### **Young deaf people**

These interview numbers were determined by the numbers of young deaf people who regularly attended ANSB's informal classes in 4 rural centres and who dropped in at ANSB offices in Bujumbura.

**200** interviews were conducted by four ANSB interviewers. They were two deaf people – MUNGUMWEMA Israel and Bernadette (both university students) and two hearing people, Chabel and Koudra, both sign language interpreters. The team went to 4 rural locations – Rugombo (40), Bubanza (40), Cibitoke (40), and Mabayi (40) and a further 40 interviews were conducted with young Deaf people who dropped in at ANSB's Bujumbura office. We rejected 16 questionnaires. In total **616** deaf children and young people were interviewed and **596** questionnaires were used for data analysis.

### **Parents of deaf children**

We identified **10** parents whose children were not in school. They were interviewed by RUKUNDO Stanislas who used the same set of questions for all.

### **Deaf Burundians living and studying abroad**

We wrote (by email) to 9 people with a standard questionnaire. We received **5** responses from India (3), Kenya (1) and South Africa (1).

## **Some challenges – Questionnaires, interviews, recording and data inputting**

- The quality of some questionnaire completion was poor e.g. questions were not answered, time taken recorded as very short, so clearly the interviewer(s) had not checked anything back and one particular interviewer's writing was illegible.
- There can often be a tension between quantitative and qualitative data. To facilitate the accurate collection of the former a questionnaire format with boxes for numerical replies might have been easier for people with limited experience in data collection to use.
- Some of the qualitative data is very poignant with the children speaking of their isolation, abuse, neglect or rejection by family and other difficult situations; the effects of war/conflict and displacement are also alluded to as well as their dreams and aspirations.
- We did not expect very young children to be able answer questions so their details had to taken from the school's registration records. This was a particular difficulty at CESDA where children as young as 4 years old are boarders, but where the interviewer(s) did not or were not able to collect full information.
- It was not always clear whether the information had been provided by the child or taken from records. A tick box could have been provided.
- CESDA – 305 pupils are registered; only 299 were interviewed as 6 older pupils were living away from the school compound and could not be reached in time.
- A total of 10 individuals conducted 616 interviews so we expected some differences and levels of understanding of the questionnaire depending on the age of children interviewed and the levels of sign language use (by both interviewer and interviewees).

- We were made aware of the disparities in sign language used in Burundi and the other methods of communication such as lip reading, gestures etc. The ANSB team was probably the most cohesive in terms of sign language use as they spend a lot of time together as a group.
- The rural locations posed some challenges in terms of transport and logistics.

### 3.

## Deaf children and Education in Burundi

“States Parties recognise the right of persons with disabilities to education. With a view to realising this right without discrimination and on the basis of equal opportunity, States Parties shall ensure an inclusive education system at all levels and lifelong learning...”

UNCRPD Article 24

It has to be acknowledged that the 10-year conflict in Burundi that started in 1993 seriously affected progress on education and services for deaf children and support for their families, where there were few specialist services or resources to start with. Those with the skills and ability to teach fled the country not to return, awareness of the needs of deaf children and adults is very low and what little knowledge there was could not grow, curtailed by the civil war. The only two institutions providing any education for deaf children are faith based organisations, with very different approaches to teaching communication skills, crucial for all children but especially for deaf children. Both these schools provide primary education only. There is no secondary school provision for deaf children in Burundi.

There is no Special Needs teacher training and only two sign language interpreters (without formal qualifications) in the whole of Burundi: without these resources teachers cannot be trained and deaf children will not have the opportunity to go to school and learn skills or be able to communicate their needs.

So, the history of education for deaf children in Burundi is recent and has been left entirely to the efforts of missionaries and Churches. The only two schools for deaf children were started within months of each other in 1981. Ephphatha School was started under the aegis of the Brethren Church from the US and now managed by the Community of Emmanuel Churches which also opened a school for blind children. The second school in Gitega, CESDA<sup>3</sup> was started by the Catholic Church of Notre dame de la Perseverance from Belgium. The Catholic Church has also opened about 8 schools for physically disabled and blind children in different parts of Burundi.

There have been no major new developments in this scenario apart from a 3 year span starting just before the 1993 war when a teacher from Ephphatha School started a new school, CEPISA<sup>4</sup>, but he soon left the country as a refugee. Other teachers tried to continue the school but the ensuing chaos, displacement of pupils and teachers and lack of funds made it impossible and the school was closed down.

The only other educational initiative, an informal one, has been through the planting of new churches targeting deaf people in 9 locations around the country including Rugombo, Cibitoke, Bubanza and Mabayi – the districts to the north of Bujumbura. Deaf children and young people attend informal classes held after regular school hours in government school premises or in community buildings. They learn basic reading and writing and sign language. The teachers are not qualified or formally trained.<sup>5</sup> Some young people who show the most promise will be selected as candidates for one year bible study courses in centres in Kenya.

### The school system and Ministry of Education

Primary education comes under the remit of the Ministry of Education, Basic Instruction and Adult Literacy. Secondary education is the responsibility of the Ministry of Secondary and Higher Education and Scientific Research. The Ministry of Labour, Handicrafts and Vocational Training has responsibility for vocational training. Finally, the informal sector also has its own ministry: the Ministry of Youth, Sport and Culture.

Primary education accounts for 50% of Burundi's education budget. There are no pre-schools as such, as this idea has only been developed through private ventures. Teacher training is very varied – there are teachers with university degrees who are not trained to teach and teachers/unqualified

3 Centre d'Education Spécialisée pour Déficiants Auditifs

4 Centre for Professional Training and Social Integration for Deaf and Blind

5 The 2 teachers we met in Rugombo and Bubanza respectively had attended Bible sign language training in Kenya that was supported by ANSB

teachers with no training at all except on the job. A document called 'Harmonisation of Education' has been produced by the Ministry.

Special education is not at all developed in Burundi, whereas in neighbouring Tanzania there is a Department for Special Education. The Ministry is not responsible for the education of deaf and blind children and acknowledges that this is a problem. Furthermore the two schools for deaf children founded and run by churches are not recognised by the ministry, so if pupils of Ephphatha school reach a standard where they could sit for exams they have to take them through another school.

There are 3 national exams – Primary school leaving exam, 'O' level and 'A' level. Primary Grade 6 is preparation for transfer to secondary schools. The problem is that as there are too few secondary school places, only 30% of children succeed in transferring and the rest either repeat or go to vocational training. 'O' level exams are then taken by 48,000 pupils a year.

The Ministry provided full statistical reports on the Burundian education sector 2009/2010 which show that Burundi has achieved high levels of primary school enrolment of 98.22% of known/registered children – a level which is supported by the information parents gave us. In the 17 provinces of Burundi including Bujumbura the total primary school enrolment (2009/2010) of children aged ages 7 to 12 was 1,374,431 (Boys 667,968; girls – 706,464).<sup>6</sup>

However, the Millennium Development Goal of education for all, including for children with disabilities, remains an objective and 30% of children are not able to go on to secondary school, through lack of places, while for deaf children such places simply do not exist.

The government has told people they should construct their own schools, but even if they did this and found teachers, funding would be a barrier, as Burundi's budget relies heavily on foreign aid and then again not all amounts promised are realised.

The Ministry does have guidance on constructing or starting new schools: the process should begin with a schools mapping delegation involving two ministry officials who determine where schools are needed. However, anyone can build if they have sufficient funds and conform to building standards. It is easier for Burundians, but foreigners need to get any new schools approved by the Ministry of the Interior and other ministries.

There remains the issue of how ordinary people can influence the government to meet the needs of children with disability and deaf children. There is without doubt awareness within the Ministry of Education that special needs education should not be left to the private sector. One major problem is low parental awareness, so sensitisation is needed, not by private schools but by the Ministry of Education.

Regarding MDGs, lobbying must be done for the right of children with disability to go to school, but the main problem is that the infrastructure simply does not exist. No government school caters for the needs of disabled children and special needs education is not part of the government or public school system.

The Ministry of Education makes no provision for the education of deaf or other disabled children because these children come under the classification of 'vulnerable' and therefore come under the aegis of Burundi's Ministry of National Solidarity, Human Rights and Gender. This ministry makes a standard annual grant of 900,000 BIF and supplies free electricity and water to organisations that work with disabled people, from which both the two schools benefit. There are no other government contributions towards the education of deaf children or indeed other disabled children.

There is one exception. St Kizito School of the Physically Handicapped in Bujumbura, founded in 1961, is recognised by the Ministry of Education. St Kizito's headmistress, Anne Marie Mushiranzigo reports that of the 235 pupils currently attending the school, none is deaf.

Needless to say there is no provision for the training of special education teachers or any of the other skills required to help deaf and disabled children learn. It is safe to say that the few teachers who are working with disabled children and deaf children have learnt their skills on the job and with minimal formal training from peers.

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6 Indicateurs 2009/2010 sur l'Enseignement au Burundi, Bureau de la Planification de l'Education, Nov 2010, page 21  
Statistiques du Secteur Educatif Burundais, Annuaire 2009/2010, Tome 1 Enseignement Prescolaire et Primaire  
Statistiques du Secteur Educatif Burundais, Annuaire 2009/2010, Tome 2 Enseignement Secondaire General et Pedagogue,  
Formation Professionnelle et Enseignement des Metiers  
Statistiques du Secteur Educatif Burundais, Annuaire 2009/2010 Tome 3: Enseignement Superieur

In terms of inclusion or mainstreaming it is hardly an issue as the two schools for deaf children provide specialised education using the national curriculum. For the very few pupils who make it to secondary schools it is an uphill struggle<sup>7</sup> as they have to use their own resources and determination to 'fit' in with hearing peers and teachers.

### **The future of deaf children's education**

We do not know of any organisations that are planning to build more primary schools let alone secondary schools for deaf children. Even if a secondary school were to be built it will require an enormous amount of capital and human resources, namely teachers trained to teach deaf children.

In the past, schools like Lycée du St Esprit and Ecotec School in Bujumbura have enrolled deaf pupils and are to be congratulated; however they are not equipped to address these pupils' needs. Deaf children have themselves taken up all the challenges of learning in a non-deaf environment. The Intercontinental School in Bujumbura started accepting deaf children in 2004 and this year's intake is 450 of whom there are 6 deaf pupils. They school is aware that staff and deaf pupils face communications challenges and also how some can be overcome e.g. teachers writing out more notes to facilitate the deaf pupils. The headmaster is full of admiration for deaf pupils and wants to continue supporting them and he is keen for all staff to learn sign language.

In Gitega, a number of schools have enrolled pupils from CESDA at secondary level and for vocational training and among them are the New Generation-Lycée Technique, Lycée Technique Christ-Roi, Collège Communal des Métiers, Fondation Stamm, Centre de formation artisanal and Lycée St Luc.

Deaf children cannot depend on the goodwill of a few schools to encourage their progress to further education and nor can the majority of deaf children be left with **no** access to primary school in the first place. What is to be done?

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7 See case study IRAMBONA Sankara

## 4.

### **Ecole Ephphatha pour les Sourds, Bujumbura**

The Ephphatha School for Deaf children in Bujumbura was set up under the aegis of the Brethren Church on 2<sup>nd</sup> November 1981. It was the idea of Andrew Foster of the Christian Mission for the Deaf, USA who founded many other Ephphatha schools in Africa. This school started with 12 children and is situated within the large compound of the headquarters of the Community of Emmanuel Churches in Burundi and Bujumbura city centre is visible in the distance. The large compound also contains the main Emmanuel Church, a clinic, offices and homes for pastors and missionaries.

#### **The school structure and curriculum**

Ephphatha School is using the same curriculum as any government primary school, namely from P1 to P6 French and Arithmetic are taught and from P3 children start learning Kirundi. There is a pre-school class for new children between the ages of 5 and 7, who are all drawn from different parts of the country and use different gestures and signs, and so need to be introduced to sign language as well as to arithmetic.

There are 6 classrooms, one for each grade P1 to P6 as well as one for preschool and 2 vocational training classrooms. The teaching staff team comprises 9 teachers (6 primary teachers), the head teacher and 2 house parents. Currently Grades P5 and P6 are taught by one teacher and the preschool class has been allocated a dedicated teacher. Two of the teachers are also the vocational trainers.

The support workers include a secretary, 2 cooks, 3 workers for the egg production unit and 1 watchman.

The new school year starts in mid January with 4 weeks Easter vacation in April/May and another 4 weeks holiday from mid August to mid September. The school breaks up for Christmas in mid December. In August–September 2011 all children returned home though some were not too keen to go as the diet in school is so much better. Teachers have observed that some children return to school much thinner than when they left as some of the families are poor and cannot afford as good a diet as the school.

Ephphatha is a residential school and its dormitories have spaces for 52 boys and 48 girls. A further 20 children (10 boys and 10 girls) attend daily from their homes nearby. The school has fostered a tradition whereby the older children help the younger ones as the children are expected to wash and dry their own clothes.

It is a fee paying school which costs 15,000 BIF per term. Parents are also asked to provide adequate clothing and supply items for daily use such as soap and toothpaste, as well as pay for the school uniforms at the beginning of the new school year.

The school has set up a small income generation scheme raising hens to lay eggs which are sold to augment the school's income and children's diet. Recently some goats have been added to the scheme.

After level 6, children rarely progress to secondary school because there are no secondary schools to teach deaf children in the country. Some very bright and determined children do go to government or private secondary schools but it is a huge challenge for them as they have to learn alongside their hearing peers and staff in these schools are not trained to teach deaf children. Six past ex-pupils of Ephphatha School have gone to university and 5 of them have graduated. A further 3 students are currently studying in an Indian university and are soon to be joined by 3 other pupils who completed their primary education at Ephphatha.

#### **Communications – Signing and oralism**

Ephphatha School believes in teaching sign language and hence the importance they place on pre-school preparation for pupils starting at the school. All teachers use sign language but none are formally qualified as most of this training has been done on the job by teachers who are more proficient in signing. In 1992 Ephphatha School started to do more to develop a signing vocabulary and produced a booklet of 83 commonly used words in Burundi, which can only be seen as a start because this was not followed up by any further publications. The teachers in Ephphatha do not discourage oralism nor do they force signing all the time. There is willingness among the teachers and the head teacher at

Ephphatha to learn oralism/lip reading from CESDA teachers and to teach CESDA teachers their signing skills.

### **The school income and expenditure**

The school's budget last year was nearly 27 million BIF with income from grants, child sponsorship and generated by the egg IGP unit. The unit raises between 1 and 1.6 million BIF per month. Children are given eggs once a month and when chickens get beyond egg laying they are simply sold off to raise more funds to buy chicks. There is regular support from CBM and equally regular support through individual child sponsorship from Lilian Fonds for 40 pupils per annum and Allow the Children (a US foundation) that sponsors 48 children. As an organisation deemed to be working with disability, Ephphatha School also receives the government's standard grant of 900,000 BIF, free electricity and water supply.

The staff bill is nearly 2.5 million BIF per calendar month and other costs have increased dramatically because of inflation and VAT taxes. The school cannot accept more children because they do not have class room and dormitory space and the additional teachers required. Children sleep two and three to a bed. To create a new classroom the head teacher has moved to the church administration block. Any increase in numbers of children will necessarily increase all other costs as well as the need for extra teachers.

### **Administration**

The school is managed by an executive committee of 7 church elders and 1 teacher. The office holders are the general secretary and treasurer and the board meets once a term and extraordinarily if needed. The school is just one project of the Community of Emmanuel Churches in Burundi which oversees over 100 churches throughout the country. The organisation's structure was slimmed down in 2000 when foreign missionaries withdrew and churches and projects developed their own local, independent structures and are almost autonomous. One of the main objectives of the Church apart from its religious duties is to undertake social projects such as the Ephphatha School for Deaf Children. They have opened a school for blind children in Bubanza and the Discovery school in the Bujumbura compound (partnered with the government) and various other projects including health centres.

The Board takes responsibility for the financial management of the school and does not intervene in other areas of its running. All pedagogic matters and children's welfare are the responsibility of the head teacher.

The church belongs to the national network of people living with disability and was active in fighting for the reinstatement of entitlement to free water and electricity for organisations doing disability related projects, from which Ephphatha School benefits. This network has also ensured that goods imported or donated for disabled people benefit are tax free.

### **Health Care**

The children's diet consists of fish once a week, one egg a month, with rice, beans, ugali and sweet potato. Banana smallholdings are prolific in the region but most bananas are grown for making beer. Bananas used in cooking and as fruit are expensive as they have to be grown on higher ground.

The health centre in the complex provides a basic health service. Routine immunisations are given, but otherwise no preventative health care is given: for example children are not weighed regularly and there are no dental checks. If any children fall sick they are taken to the clinic and medical expenses while children are residential are met by the school. Teachers have noted that some children return appreciably thinner after holidays because the food they receive at home is not as good as that at school. Organisations purporting to provide hearing aids have made visits but none of the children were assessed by professionally qualified audiologists.

### **The Head teacher**

MURISHI Maurice is the head teacher and is a qualified teacher. He speaks several languages including English and is proficient at using sign language. He is the school's 3<sup>rd</sup> head teacher since it started in

1981. The school's board supported his further education at Kyambogo University in Uganda, to learn more about special needs and about secondary school provision for children<sup>8</sup>.

### **Issues identified by the head teacher and the board**

- The cost of running the school, as inflation is rampant e.g. one load of wood (for cooking) last year was 240,000 BIF and this year it is 340,000 BIF. Ephphatha needs to raise more funds through its own income generating efforts as well as through fundraising.
- They may have to raise the fees but this could be detrimental as parents will not be able to pay more.
- The need for more dormitory space – currently 40 children are on the waiting list.
- They want to set up a similar primary school in Bururi in the south of the country, they have land but not the capital to build and run it.
- Ephphatha children have no chance to progress to secondary education. First, because they cannot sit for national examinations to qualify for admission to secondary schools because their school is not recognised by the government; secondly there are no secondary schools for Deaf pupils. This organisation wants to build a secondary school, train and employ teachers for which capital and human resources are needed.
- Deaf children who know they have the potential and are determined to go to secondary school need support through bridging classes to create the conditions and equip pupils so that they can cope with the challenges of learning in the hearing environment and learn from teachers who cannot sign.
- There is a need to provide employment opportunities for pupils who have finished at the school and who have done training in tailoring and carpentry. Ephphatha wants to build workshops to provide employment opportunities, generate income and provide training.

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<sup>8</sup> A comparative study on management of special and regular primary schools of Bujumbura and Gitega regions in Burundi, by MURISHI Maurice. Submitted to the board of Examiners in partial fulfillment of a bachelor of education degree at Kyambogo University, Uganda, May 2009.



## 5.

### Centre d'Éducation Spécialisée pour Déficients Auditifs (CESDA), Gitega

**CESDA** is situated in Mushasha suburb of Gitega, the second largest city in Burundi and the capital of Gitega Province in central Burundi. The city has a population of over 23,000 and is 80 kms from the capital Bujumbura. The school is set in extensive lands given by the Roman Catholic Church. CESDA is the second school for children with hearing impairment in Burundi and was established in 1982 with the support of the Bishop of Gitega.

The school started with 12 children: there are now about 305 children and young people on the school roll as of March 2011. Pupils are mainly aged 4 to 14, but there is a significant minority aged over 18 who enrolled 'late' at the school (aged 13 and over). Numbers fluctuate as children do not always return after the vacations and record keeping is not completely accurate. Most children are boarders and come from all over the country. There are slightly more boys than girls.

**BANDORA Spes** the head teacher has been at the school since 1991 and its head since 2003. She trained in France and Belgium. She is now the only professionally trained teacher of the deaf at CESDA, as other staff trained as teachers and then learnt 'on the job'. Spes has invited various authorities to the school and both the President of Burundi and the Governor of Gitega have visited.

The school year starts in September with 2 week breaks over Christmas and Easter and a longer summer break from July before term recommences in early September. Children are admitted at any time as Spes has found that parents are unable to understand the concept of a waiting list and so they tend to just turn up expecting the child to be taken in. Children are turned away for lack of space. Children are referred by NGOs, the Church and also via personal contacts, parents of other deaf children etc.

Most of the children have some family although some have been rejected and/or abandoned by their family. Some children remain at school during the two short holidays as families do not have the money for fares to collect them or because they have been abandoned. A smaller number remain during the long holiday, including those who are orphans.

#### Administration

The school is run by the Roman Catholic Church. The Bishop of Gitega appoints an administrator of the schools and an executive secretary who deals with finance. CESDA has a board of 4 people who report to the Church, but Spes has considerable autonomy on a daily basis. There are 25 teachers, 5 house parents – 4 women and 1 man, 2 kitchen staff and 2 guards – the latter also help in the dining hall as well as escorting sick children to hospital.

#### The school's income and expenditure

School fees are BIF 30,000 a year (10,000 a term) but the majority of parents/guardians do not pay the full rate and children are not required to leave if their parents do not pay. The school's annual budget is 60-70 million BIF which is however, not adequate to cover costs.

The government gives BIF 900,000 annually via the Ministry of National Solidarity. This is a set amount given to associations of disabled people which is the same whatever the size of the organization. An NGO, Children's Mission of Rome, gives between 8 and 11 million BIF a year for children aged 4-14 through the Church and Lilian Fonds sponsors 6 children's education. The Church has its own NGO which covers any shortfall in CESDA funds.

The monthly food bill is BIF 2,500,000. The school is concerned to give the children a good diet but finances only permit maize, ugali, sweet potatoes, rice, beans and porridge, cabbage and sombe (young cassava leaves). Meat is never given; fish is given twice a month. Eggs cost BIF 200 each and so are also currently too expensive to be given. The school is well aware of the importance of a good diet for the children's physical and mental development and is frustrated that they are unable to give the

children as much protein as they need. Teachers are paid monthly salaries which are lower than in government schools and so they tend to leave in search of higher salaries.

### **School Structure and curriculum**

The school day runs from 7.30 a.m. to 1p.m. Lunch is from 1-2.30 p.m. and then some of the older children do vocational training – carpentry and wood carving – in the workshops. Thursdays and Fridays after school are designated for cleaning, washing clothes etc and Saturday morning is for cleaning and clearing the school grounds while the afternoon is free. The girls have sewing classes, but there is no dedicated sports ground in the extensive grounds. There is the opportunity for clay modeling but the children are not very keen on this. There is a TV. There are 45 minute Church services on Sundays and on Thursdays. The school is aware of the need for much more extracurricular/recreational activities for the children.

The curriculum is the same as for the public schools but with additional classes in speech training and lip reading. Traditional dances and drumming are also taught. There are 6 grades: children in the highest grade are divided into two ability groups. Most of the children in the less academically able group go to other schools in Gitega to train alongside hearing children in carpentry, cooking and sewing etc. In 2009-2010, 31 CESDA pupils attended morning courses with hearing children at Fondation Stamm, returning to CESDA for workshop practice in the afternoons. In the last 10 years, 8 went to secondary schools, of whom 5 went on to vocational training and 3 to university.

### **Communications – signing and oralism**

There has been a tradition of making children speak at CESDA as that was the favoured method of the school's founders. There is an ongoing debate about the merits of different communication systems and the problems when people learn to sign but their families and friends cannot sign. However, children who cannot hear at all and never have done, will not be able to learn to speak. Another significant issue is the lack of a universal sign language or one specific to Burundi. We noted that many CESDA children could communicate through signing and teachers have told us that signing is their language and some children even have a secret sign language to use when talking about their teachers.

### **Health**

School fees do not cover medical costs and so if a child is ill the school has to pay for doctors, medicines etc.

### **Issues identified by the head teacher:**

- Lack of teaching aids/material
- Low level of teachers' pay
- Insufficient teachers and other grades of staff
- No nurse to monitor the children's health
- Children's nutrition needs improving
- Deaf children are turned away due to lack of accommodation and staff
- Need for more deaf schools throughout the country so that children do not have to be so far from their families and to fill the need for more places
- Secondary provision for deaf children needed and/or some form of inclusive secondary education
- Sports facilities need to be developed
- Vocational training needs to be expanded and improved
- No regular donors apart from the Church
- A direct quote from CESDA 2009-2010 annual report to the Diocese of Gitega "The center deplores the real lack of specialized teachers and sufficient staff and multidisciplinary training materials required to cover the full range of interventions needed for the deaf and deaf blind".

## 6.

## Association Nationale des Sourds du Burundi (ANSB) – Burundi National Association of the Deaf

The association was registered in 2002 and is currently led by HAMISI Fabien as Executive Director and MUNGUMWEMA Israel, a university student, who is its President. ANSB has 7 board members and 12 people on its management committee. Two sign language interpreters, Koudra and Chabel, work closely with Fabien and his team. The ANSB has an office in a rented house located in Avenue Quartier 9, in the Ngagara area of Bujumbura City. It also operates informal centres in several rural locations and a tailoring project in the city.

ANSB is a member of the World Federation of the Deaf. They took part in a regional survey conducted by WFD and reported having a total of 815 members, of whom all but 5 are Deaf people and 107 are hard of hearing. ANSB said that there are 304 Deaf people who use sign language as their main language of communication.<sup>9</sup>

Although ANSB has no written strategy, their mission is to advocate for the promotion of deaf people's human rights, their access to quality services such as education and health, and to build the capacity of the association. They also want to work in partnership with agencies of the state and international NGOs to sensitize the public and to change attitudes towards Deaf people. They feel it is important for the state authorities to create and implement legislation for opportunities for deaf people to get training and employment.

One of their most successful programmes has been in reaching out to Deaf people in rural areas and setting up informal classes to teach sign language and basic literacy and numeracy. We visited centres in Rugombo, Cibitoke, Mabayi, Bubanza, and all rural areas to the north of the capital, Bujumbura. ANSB had started by identifying all the deaf children and young people in each area and then talked to parents and other families members to encourage them to attend the classes. At the same time they negotiated the use of classrooms in local schools and community centres. For example, in Rugombo the class is held at one o'clock in a government school after the end of the regular school day.

ANSB has trained teachers from among their members who are currently teaching these classes. The informal class in Rugombo is taught by Amissa who is deaf. She is very creative in her use of drawings and other teaching materials to get her message across and to teach sign language. Many who attend the classes have never been to school or have dropped out because of the obvious lack of support for deaf children in government schools. Amissa's class is attended by a big group whose age range is from people in their thirties to the youngest, Alice, a girl aged 6.<sup>10</sup> Amissa has responsibility for other groups in nearby Cibitoke where she teaches informal classes in the mornings and she also provides teaching support for groups in Bubanza and Mabayi. In her spare time she teaches sewing with a view to setting up a tailoring co-operative for deaf girls. Four people currently in Amissa's class have been selected to join a one year training course in Kenya to undertake Bible studies which has been funded by Deaf Community Outreach.

In Bubanza, a large group of young Deaf people, most of them over 18 years of age, attend classes in a room that is part of a community centre that adjoins the main marketplace. Francis, the teacher, is deaf and he works in close cooperation with the local branch of the network of people living with disability. The network's local representative, Jeremy, coordinates many different groups of disabled people, each with their special needs. He agrees that it would be great if everyone could learn signing so as to communicate with one another.

ANSB is aware of the many needs of Deaf people, especially in a province like Bubanza, which is a poor rice growing region not well served by transport links. It is not easy for people to attend classes regularly or to stay the full course of the day. Some parents had heard of CESDA and the Ephphatha schools but many others don't know these schools exist and in any case it is unlikely that they would be able to afford to send their children to such schools.

9 WFD – Global Survey Report, WFD Regional Secretariat for Southern and Eastern Africa (WFD RSESA), July 2008

10 Cover photo

The group in Bubanza expressed very strong concerns about the situation of deaf women and their extreme vulnerability. They felt that communication skills and information are very important for every deaf person, especially for women who need to protect themselves against rape and to be confident to say who abused them and to go to the police. They had received some training on HIV prevention.

ANSB, as the main and most well known association of Deaf people, has many needs as well as demands on their time. They plan to set up ANSB groups in different parts of the country as well as more informal classes for the many deaf children and young people who are on their waiting lists and who are missing out on education.

As outlined elsewhere in this report, the absence of a recognised sign language in Burundi and the lack of sign language interpreters is a challenge which ANSB along with other organisations has been grappling with – a challenge exacerbated by the fact that deaf children’s education is not a priority and does not fall within the remit of the Ministry of Education. To this end ANSB has been promoting the use of a basic manual<sup>11</sup> containing 500 words and signs produced with the help of DeafNet, a part of the National Institute for the Deaf, South Africa.

One very successful ANSB project is the tailoring unit<sup>12</sup> set up in Kamenge, in Bujumbura which is run and managed by Deaf people. It is a model that that can be replicated to create more livelihood opportunities for other deaf adults and also to provide training and apprenticeships.

ANSB is often called upon to provide specific services to other NGOs and agencies, for example, when international NGO’s conduct training for VCT workers ANSB creates access and information for Deaf people and provides sign language interpretation.

ANSB has successfully raised sponsorship from various international sources to send several deaf students aboard for university study. This year 3 more students will start their university studies in India.

On 29<sup>th</sup> September 2010 the World Day of Deaf observed in Burundi was a very important day, as it was the first time that the national news on Burundi TV was signed, as a direct result of the efforts of ANSB.

ANSB is aware that there is much to do, they take pride in their successes and want to grow and strengthen their organisation. However, in terms of organisational funding ANSB has received very little, and they manage with the per diems received for training and other services, the use of free office space and a modest government subsidy<sup>13</sup>.

Fabien Hamisi, the Executive Director and a key ANSB figure is also DMI’s representative<sup>14</sup> in Burundi. This situation is not perceived as a conflict of interest by him or other ANSB members as they are managing to fulfill the separate activities of the association and DMI.

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11 Un Manuel d’introduction á la Langue des signes du Burundi, 2009

12 Atelier de couture, B.P. 7027, Kamenge, Bujumbura

13 900,000 BIF per annum and free water and electricity

14 <http://www.deafmin.org/countries/burundi.html>

## 7.

**Status of sign language**

Sign language<sup>15</sup> started in Burundi with the arrival of Dr Andrew Foster, an American Deaf missionary and educator in 1981. Before then sign language was an unknown foreign language like any others. Dr Foster, who started Ephphatha School, the first deaf school in Burundi, brought an American Sign Language (ASL) book with him and started to teach deaf children and young adults as well as some hearing teachers.

Sign language is a complete visual means of communication using gestures, facial expression, and body language. There is no standard sign language in Burundi at the moment nor is there a standard for it. Before the 1993 war, ASL was the most common sign language among the few people, both Deaf and hearing, who used signing. During the war, many teachers and signers were displaced as refugees in neighbouring countries and further afield. This led directly to the destruction of the base from which any culturally specific Burundian sign language could have been developed or from which ASL could have been refined in the Burundian context.

Currently there are very few Deaf people in Burundi who could be said to have an excellent or in-depth knowledge of ASL or indeed any other sign language. The same goes for those hearing people in Burundi who communicate using sign language with Deaf people. However, both Deaf and hearing people are somehow managing to communicate but this is confined to a small groups.

There have been fledgling attempts to create a standard sign language 'vocabulary' or dictionary but as yet there has been no concerted and informed effort. Only two sign language manuals have been published in Burundi, comprising some 583 words and illustrated signs. The first is a small compilation of 83 verbs and nouns of commonly used things, animals and actions in Burundi published by Ephphatha School<sup>16</sup>. This book had been used by both schools for deaf children but is adequate only as start to the process of creating a complete manual for the range of vocabulary needed. The second publication is a book of 500 words and illustrations produced by DeafNet, part of the National Institute of Deaf in South Africa in collaboration with ANSB<sup>17</sup> and published in Burundi in 2009. We found no other sign language publications or follow up to these two manuals.

In the meantime neighbouring countries such as Kenya, Uganda and Rwanda have become more advanced in the use of signing. The movement of people in the region has brought many influences and added to the evolution or some would say confusion of sign language development in Burundi. Signs from neighbouring countries for some commonly used words are quite different when used in the Burundian context; however, as language whether signed or spoken is a 'living' thing, people have adapted their uses to the Burundian context.

One of the main influences on sign language in Burundi is the work done by international evangelising organisations whose main objective is to bring the message of the Bible to Deaf people<sup>18</sup>.

A frequently recounted problem was the communication difficulty for the deaf child with family members. This following statement can be applied to any culture anywhere in the world. 'Language and communication skills are at the heart of a deaf child's social, emotional and intellectual development. Research has clearly shown the importance of learning language, whether signed or spoken, early in life. For virtually all children this means learning at home through interaction with their parents.'<sup>19</sup>

When the children are very young it is common to use gestures or to point to things to get simple messages across; however such gestures are not uniform across the country as each family develops its own method, and differences occur between districts and provinces. Given the lack of schools, information, teaching materials and very limited deaf awareness it is no surprise that parents and children experience great difficulty communicating and many simply give up. As a result the deaf child is excluded from everyday activities and suffers in isolation.

15 There are hundreds of different sign languages in use just as spoken languages

16 'Livre des signes nationaux' association des églises Emmanuel, February 1992

17 Un Manuel d'Introduction à la Langue des Signes du Burundi, DeafNet, NID South Africa.

18 <http://www.deafmin.org/countries/burundi.html>, [http://www.doorinternational.com/news/impossible-task?searched=burundi&highlight=ajaxSearch\\_highlight+ajaxSearch\\_highlight1](http://www.doorinternational.com/news/impossible-task?searched=burundi&highlight=ajaxSearch_highlight+ajaxSearch_highlight1)

19 [http://www.ndcs.org.uk/family\\_support/family\\_sign\\_language/the\\_importance\\_of.html](http://www.ndcs.org.uk/family_support/family_sign_language/the_importance_of.html)

Many young Deaf people who are able to communicate via signing have told us of their frustration when parents and siblings can't understand their signs or the written word learnt at school or in informal classes. This means that there are many parents who do not know sign language, did not have the opportunity to learn it or be exposed to it and there are also illiterate parents who cannot use reading or writing to communicate with their school-going deaf children. Additionally parents are often Kirundi-only speakers while their children learn French at school and so learn to read and write in French.

In the course of this research we came across only two sign language interpreters<sup>20</sup> in Burundi, NIJEBARIKO Chabel and Koudra M. Masepé. Both signers work closely with ANSB and its Executive Director HAMISI Fabien, however neither has had formal training or qualification except one month's training some years ago from a visiting Kenyan signer. Both Chabel and Koudra have continued to develop their skills using the internet, manuals, videos and continuous practice due to demand. Between them the two interpreters speak Kirundi, French and English as well as some Swahili.

It may be possible to increase the number of interpreters very quickly by bringing in a professional trainer from a neighbouring country to train a group of potential interpreters<sup>21</sup>. The most appropriate would be a trainer from Rwanda because of the similarities between Kirundi and Kinyarwanda, the language of Rwanda and because they share a common official language, French. In terms of sign languages or indeed languages generally, national borders are porous so there is a lot of seeping in of signs and it was felt by many in Burundi that Kenyan influences are the strongest. This is also a result of the number of Deaf Burundians who have been in Bible training in Kenya and who have come back to spread the gospel and signing. A popular opinion was that ASL could be the basis of a Burundian sign language as it had already been used here. An inventory of signs reflecting Burundian culture and context could then be embedded in a base of ASL.

Any debate or discussion on sign language, the quality of signing and what type of communication is best will inevitably give rise to many opinions and preferences, especially in a country like Burundi with its colonial and recent history. We did not undertake to assess the quality of signing except to note that it worked in the schools and among the small groups that we had the opportunity to observe and interact with.

The issue of the type of communication is complex and has to be seen within the context of Burundi's history, the education scenario and other influences such as evangelical and missionary work with Deaf people. Of the two schools, one uses sign language and the other lip reading/oralism; however in practice and over time there appears to be a convergence towards signing. Deaf people who have studied abroad and travel to workshops and conferences have also been influential in bringing changes. Without doubt there is a huge gap in terms of sign language knowledge and spread. Evangelical activities with Deaf people have been dynamic in bringing together otherwise marginalised and isolated people to learn signing and at the same time to get to know other Deaf people and to socialise.

All who contributed to this research are of the same opinion regarding the future of sign language in Burundi: that it is of paramount importance that research and development towards a sign language should be culturally relevant and take into account different dialects and traditional differences within the country, but that it should also not be too different to that used in the EAC<sup>22</sup> countries.

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20 Defined as a hearing person able to interpret signing to a hearing person and able to communicate with a deaf person through signing

21 In the UK – a qualified sign language interpreter is required to attend 3 year university course, after graduation they are required to register as a trainee interpreter and practise their skills, and this is followed by a 1 or 2 year post graduate diploma based on language skill level at undergraduate degree stage. Interpreters are required to register as a Member of the Register of Sign Language Interpreters (MRSLI). There is an alternative non-university route that is longer. Interpreters are required to follow a code of ethics.

22 In 2010, the EAC (Uganda, Kenya, Burundi, Rwanda and Tanzania) launched its own common market for goods, labour and capital within the region, with the goal of a common currency by 2012 and full political federation in 2015.

## 8. Health and hearing aids

During our previous visits in September 2010 and March 2011 to both Ephphatha and CESDA schools, we did not observe more than a handful of children wearing hearing aids. However, from the interviews conducted a week after our visit we found a significant 52 children with hearing aids. This can be explained by the fact that a hearing aid camp was held in Bujumbura the week before the survey was done. A number of CESDA children had been brought to this event from Gitega and the camp organisers had also visited Ephphatha School to fit hearing aids to children there.

There are 107 hard of hearing children in the two schools. This figure is reported by the children themselves and for the very young ones we obtained the information from school records. This could mean that were there audiology testing and proper prescriptions for hearing aids these children could go to government school with their non deaf peers. It could also mean that many of these children could also progress to secondary school as there are no secondary schools for Deaf children or hard of hearing children and no sign language interpreters to facilitate communications in government schools.

Among those children and young people interviewed at the ANSB office and at the 5 rural informal classes 45 said that they were hard of hearing but none were using hearing aids due to the lack of a service.

Of the 596 children and young people interviewed, 349 said they had no hearing at all, which includes 51 very young children whose data was taken from their school records or reported by parents.

The lack of qualified audiologists and routine assessment of children's hearing and health remains a big issue. Burundi has received visits from organisations issuing hearing aids to children but these do not help children in the middle or long term. Firstly children require proper testing to identify the level of loss and type of loss. Secondly, as they grow they need ear moulds to be remade to fit them. Thirdly technical support to repair aids is not available and batteries are costly and need to be replaced regularly. All these factors mean that hearing aids are an ineffective aid to hearing impaired children in Burundi at this time, and the emphasis has to be on the prevention of deafness and the teaching of effective communication techniques to those with deafness.

Whilst foreign organisations who conduct hearing aid camps do so with good intentions, they cannot provide a comprehensive or regular follow up. The teachers in both schools have reported that children usually discard hearing aids within a few days of being fitted with them. This situation points to the need for a national audiology service to screen all young children and babies for early identification of hard of hearing or deafness.

Unfortunately audiology services in Burundi are extremely limited. The Military Hospital in Bujumbura has two ENT doctors who have equipment with which they can perform some audiology tests on adults. The senior ENT doctor felt that it might be also possible to test children's hearing using existing equipment plus a degree of ingenuity. There have not been any studies on the causes of deafness in the country but the doctor felt that a significant number might be due to severe and or repeated attacks of otitis media which could and should be treated, so that many cases of deafness were preventable.

There have been few studies on the incidence and causes of deafness in Africa and none in Burundi. A study by A Smith and J Hatcher in 1992 in the Gambia found a prevalence of 2.7/1000 severe and profound hearing loss with 31% being caused by meningitis. The same study alludes to Swaziland and Botswana where chronic otitis media was found to be the main causative factor. A study in Nigeria (Dunamde, Segun Busari, Olajide and Ologe 2002) found that 35% of cases were congenital and half of the remainder were caused by febrile illness, measles, meningitis and mumps. A large study by McPherson and Holborowen in the Gambia (1985) found that meningitis was the principal cause of deafness. Studies have also shown a link between deafness and malaria; however it is unclear if the cause is anti-malarials, the treatment, or the parasite that causes cerebral malaria (Zhao and Mackenzie 2011). These studies indicate that effective immunisation programmes and prompt treatment of ear infections could considerably reduce the burden of deafness in Burundi and other countries in similar situations. The above studies note the importance of prevention as the conditions for providing hearing aids are not present in many countries. There are several good public health programmes focussing on the

prevention of HIV, tuberculosis, malaria and other communicable diseases. An educational campaign to educate the public about the preventable causes of deafness would be a valuable addition to the health service.



## 9. Deaf school children and other young deaf people – data analysis

In the course of this research we realised that no one had ever done a piece of research based on asking deaf children what their lives were like, what they remembered, how they communicated with the rest of their family, what they aspired to, their point of view. As there were only two schools for deaf children in Burundi with less than 420 children in total we focussed on them in the first instance. Both head teachers were extremely cooperative in providing us access to the schools and using the teaching staff as interviewers. We decided to develop a very brief questionnaire and to interview every child because it was easily possible to do so as both head teachers were very committed to the venture.

Obviously the very young children and those not so proficient in sign language or in lip reading could not be interviewed fully; their details were taken from school records and completed as far as possible by teachers. The rest of the interviews were done via ANSB and at rural centres which are also informal sign language classes and with young people who dropped in at the Bujumbura office.

Some of the qualitative data is the most poignant and that speaks of some children's isolation, abuse, neglect or rejection by family and other difficult situations. The effects of war/conflict and displacement are also alluded to. The heartening things are the children's dreams/aspirations which, in many cases, are not restrained by their hearing disability.

We did 616 interviews, of which 20 were discarded as they were either illegible or important fields such as age and sex was not filled in. We used Excel to input the data

	ANSB and rural centres			CESDA			EPHPATHA		
Ages	F	M	T	F	M	T	F	M	T
<b>2–10</b>	14	32	46	50	57	107	11	14	25
<b>11–15</b>	23	19	42	51	66	117	21	26	47
<b>16–18</b>	41	37	78	14	30	44	10	17	27
<b>Over 18</b>	9	9	18	9	20	29	8	8	16
<b>Totals</b>	87	97	184	124	173	297	50	63	115

and to create pivot tables to make basic calculations and correlations from 596 questionnaires.

The responses to open ended questions and notes by the interviewers were very interesting. Of particular note were children's remarks to questions about their family as nearly all of them were boarders and they see their families only during the school holidays.

It was also interesting to read their responses about when their parents realised that they were deaf. Most children said they had been born deaf which is a situation practically no one can definitely claim. It could be that their deafness had occurred at a very young age. Most of the children also replied that they did not know the cause of their deafness or parents had not told their children nor was it noted in their school record. Just over 20% of Ephphatha children had offered an explanation; mostly an illness was given as the cause. About 19% of children at CESDA gave illness as the cause. Regardless of knowing or being told the cause of deafness 12.5% of CESDA children said that their parents had sought medical attention and among the Ephphatha children 19% of parents had sought some form of medical treatment.

Traditional medicine does not feature at all but a few parents had been able to access services, even to the extent of one parent taking their child abroad<sup>23</sup>. Clearly these results depend on the child having been informed by their parent or are dependent on the parent having provided that information to the

school or to the teachers at the informal classes. There is further analysis of the causes of deafness in the chapter on 'health and hearing aids'.

Some 10% of the children at the two schools had a deaf family member but this included aunts and grandparents and they might have been affected by older age onset deafness. Research in the USA (Mitchell and Karchmer 2004) showed that less than 5% of the deaf and hard of hearing had a deaf parent and not 10% as had been the widely held belief. They stated that the key issue was whether both parents were deaf. The children in our study who had no speech had probably either been born deaf or lost their hearing prior to the development of speech whilst others had lost their hearing following an illness – often untreated. Illnesses included meningitis, ear infections, malaria and the generic term 'fever'.

In the ANSB centres the gender balance was fairly even, whilst in both schools there are more boys than girls – see table above; there are 11% more boys than girls at Ephphatha School and 16% more boys than girls at CESDA.

Children gave a great variety of subjects as their 'favourite' and unsurprisingly football was the most popular sport. The majority of children reported having friends who were not deaf although they also spoke of communication problems with them. Most school children who were able to reply said that they helped with domestic tasks at home in the holidays.

Children at the two schools were asked what they wanted to do on leaving school. The young ones did not (or were not able to) answer but the older ones had aspirations – many were keen to continue in education and then have a trade or profession, typically mentioning medicine, engineering or teaching, while others wanted to run businesses. The sense of frustration at the lack of opportunity for secondary, let alone further education, is captured more powerfully in the interviews<sup>24</sup> with young people.,

Burundi is a rural country (11% urban in 2009) with the majority of people having some connection with the land either as main or secondary occupation (cultivating, market gardening, growing bananas and a few are also engaged in animal husbandry). Overall the majority of the children and young people interviewed described one or both parents' occupation as farming (77% of respondents) with Ephphatha (46%) reflecting the school's urban catchment area.

Comments were made by the children or by the person completing the questionnaire on their behalf which gave further insights into their lives. A selection is given below:

- The child was found in the forest by a woman who had gone to the fields
- After the parents' death the child was taken in by one of his family, he doesn't know the exact relationship
- Child born deaf, father murdered, mother died of illness
- Teacher at 'normal' school refused to keep her after a month saying it was impossible to teach a person who couldn't hear
- Cared for by her grandma with five other orphans until she came to the centre
- Deaf from birth, mother dead, father was killed, lives with grandmother
- Child is deaf-mute/blind with physical handicap and could only be identified by school records
- Grew up in Tanzania in a refugee camp
- Her family is not interested in her
- Illegitimate child, looked after by widowed grandmother
- He is frustrated to stay at home because of the contempt with which he is treated
- No cause found for deafness, thought it was due to bad spirits
- Suffers violence from parents and siblings; 'they don't love me'
- Would love to be able to communicate better with parents; they speak Kirundi, he doesn't understand that, only French

Communication or the lack of communication is at the heart of the deaf child's experience. In the questionnaire we tried to find out about what communication techniques children used, how they communicated with friends and family, and what they experienced. The open format of this question gave rise to a huge range of answers. On the one hand some children seemed quite upbeat about

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23 See Health and Hearing aids (*opposite page*)

24 See Case studies

communicating with friends (deaf friends particularly) and family and 60% of the whole group surveyed reported using a range of gestures and informal signing either alone or in combination with e.g., lip-reading 'We use gestures and we understand very well'. A few were able to enlist the aid of an older deaf sibling or deaf grandparent to help.

A general comment about lip-reading that could be made is by looking at the number of children at Ephphatha school (where there is more focus on signing) that 55% children answering this question said they could lip read (or lip read a bit) and at CESDA (where there is more focus on oralism) 63% said they could so the variation between the schools is not huge which points to a convergence of methods and a pragmatic approach to communications both by the children themselves and teachers.

Very few children interviewed mentioned writing on its own (only 2 respondents) as a means of communicating with parents and family, though many children, especially those attending the two schools, reported that they could write, or write a little, either in Kirundi or French. Overall 63% said they could do so, 76% at Ephphatha School, 51% at CESDA, and 47% of those interviewed at ANSB centres.

For children who learn how to write communication may still be a problem if their parents are not literate in Kirundi or French. What they learn in school will still have to be mediated or revised when trying to communicate at home during holidays through tried and tested methods such as gestures. Interviewers and teachers at CESDA, the school which places a greater emphasis on oralism, noted that children were signing informally among themselves. However, this contrasted with the frustration some children and young people felt when trying to communicate with parents who were not able or willing to do engage in gesture, signs etc, 'I am silent at home'.

A significant number of children at the schools – nearly a quarter, 91 out of 412, were either orphaned or only had one surviving parent. It is a well recognised fact that increased poverty goes alongside disability and so a large number of children at the schools are at even greater risk with either no parent or only one to provide for them.

We did not ask about child protection issues but some children and young people were at times clearly in vulnerable situations. Hearing impaired children are more likely to be socially isolated, they may have significant problems in communicating to others what is happening to them, they have limited people to be able to tell about any abuse as a consequence and they are also particularly at risk of bullying<sup>25</sup>.

The year of birth was requested for all of the children; for children registered with ANSB this was given for 30% of them. Government of Burundi and UNICEF statistics in 2008 indicated that only half of the country's children had had their birth registered.

It was clearly demonstrated from the information gathered at the two schools that the majority of children learn to sign and hence have improved communication. Most did not know of the existence of sign language when they started at school but 91, 79% of the pupils at Ephphatha and 193, 23% of the pupils at CESDA were able to sign with varying degrees of proficiency after they had been at school. This disparity is probably due to there being larger numbers of children aged 2-10 at CESDA; 107 – 36% of the total as compared with Ephphatha school where there are 25 aged 2-10, 22% of the school population.

We asked whether the child had disabilities in addition to their deafness. At both schools a small number of children had physical and visual disabilities. Additionally there was one deafblind child at CESDA.

Children were asked how their families came to know of the schools or informal centres. Many children did not know the answer to this whilst a good number said a parent had found the school – sometimes through their own initiative and sometimes someone told them about the school. Churches and the Deaf community were also proactive in informing people about the schools and particularly about the existence ANSB's informal centres.

Few children had attended any kind of schooling prior to enrolling at the two schools or joining one of ANSB's informal classes. A very small number had been to a government school and had either been told to leave as the teacher could not teach them or else they had attended government school prior to losing their hearing.

25 Statistics in the UK show that disabled children experience up to four times the amount of abuse as their non disabled peers.

The above analysis is a mere snapshot of deaf and hard of hearing children in the two schools and those children and young people who are attending ANSB's informal classes or dropping in at their office in the city. We could not have reached out to all deaf children and young people in the country let alone in any selected province as this would have been a monumental task and outside of the remit of this research. Children's participation in the research processes has been without doubt been a most valuable exercise in inclusion of a most marginalised group.

## 10.

### Parents of deaf children

This was a small study and as such only provides a snap shot of the families' situation and may not be representative of the experience of others. We interviewed nine parents and one sibling (as both parents had died) of ten deaf children, most of whom were not in school, in face to face interviews. A simple questionnaire was used.

The children's ages ranged from 5-16 and there were nine boys and one girl; nine had between 2-10 siblings, one child was an orphan, one child's father had left the home. It is interesting to note that three families said they became aware that the child was deaf aged under 1 year, two at the ages of 3 and 4 months. This is very young to notice deafness and it may be that the child was very ill then and the family subsequently attributed the deafness to that time. All but one child had siblings and none of the siblings were deaf which leads one to believe that either illness and or inadequately treated illnesses had caused the deafness (c.f. genetic conditions). One child had a clear such history.

The majority of parents tried to get help when they suspected their child was deaf for example, by taking them to hospital. The amount of help/advice received seems to have very limited. The questionnaire does not reveal the time interval between the realisation of the deafness and the parents acting on that. Two did not as they were too poor and one took no action. One of those who took their child to hospital also took them to 'St Kizito', a school for disabled children, but their child was not accepted as the school only takes in physically disabled children.

In this mini study we found parental reaction to their child's deafness seems to follow the 'normal' trajectory of shock and sadness followed by acceptance. The parents who participated in the one day workshop said the same; all the parents who attended the workshop had their children in school. For four parents their Christian faith was central to their reaction. One family said they were not surprised as they already had a deaf person in their family.

We wanted to know about how people other than family members reacted or behaved towards the deaf child. The reaction of extended family and neighbours was largely positive and accepting although four of the ten reported some level of ignoring of their child/treating them 'like an idiot'. Two qualified that response by noting that their child was aggressive and their replies might reveal a lack of understanding of the difficulty of the child's position or even indicate that the child has a degree of other disability such as a learning difficulty. Six parents said there was no problem and one reported a mixed response saying 'most ignore him but there are others who love him'.

When asked how much information they received to help their child replies were mixed: two parents said they had no information at all, two said they had some information but there was no support; and one parent did not respond to this question. However four parents did say that they were advised about the deaf school, one knew of it. Of the five who knew about the schools, two said they were too poor to send the child; one had tried to enrol their child but was told they were 'too late'. We found seven of the children not in school and only three attending school. There appears to be very little help available to parents – either in terms of information or support.

We wanted to know more about family sign language: nine of the parents said they communicated with their deaf child through 'gestures', two used sign language in addition to gesture and one said they did not know how to communicate. The seven respondents whose children were not in school all replied that neither they nor their child knew sign language. The three whose children were in school said that the children knew sign language and two of the three said they were trying to use it. Communication was slightly easier for those in school in that they were learning sign language and thus had an alternative way to communicate rather than by gesture alone. In order for a deaf child to develop speech they must be able to hear something which can then be amplified and the sooner a child receives a hearing aid the better their prospects of developing speech. Children with no hearing at all do not benefit from amplification and will not be able to develop speech.

Leading up to a question about the child's future we asked how children not at school spent their time. All seven parents replied that their child played with other children especially with other deaf children. One said the child did 'nothing.'

The parents were clear that attending school would be better for their child but poverty meant this

was not possible for the majority of them. Five said it would be better if they went to school, one said the child had no future because he did not go to school. It is striking that the parents of those attending school had some optimism about their child's future. They either hoped he could learn a trade and they could support him with setting that up, or that it depended on how he progressed with his studies. It is not known if those families were markedly different to the others – for instance significantly better off or some other factor which could increase their sense of optimism in addition to the fact of the schooling.

The statutory school age in Burundi is 7 years but it has been noted that children as young as four are in the two boarding schools for the deaf. The three in school were aged 6, 11 and 16. Of the seven children not in school, two were aged 5 and one aged 6 but one family said the child was not in school for lack of resources. There was no evidence of any particular input for those not in school; they played at home. It is not known whether the family's non deaf children were at school or not.

In summary this small study gives a picture of deaf children unable to fulfil their potential and likely to remain economically poor and deprived as a consequence. Their ability to communicate remains significantly compromised. Parents understand what might be helpful – school attendance- but are often unable to realise that due to poverty.

Any future study might usefully focus on identifying the causes of deafness, in particular those which might be ameliorated with prompt medical attention, and the role of both community education and service provision in that respect. It would also be useful to know about the level of understanding about deafness at hospital level and at community as it seems that the amount of help received by the families was very small.

**11.****Deaf Burundians living and studying abroad  
– their views and experiences**

ANSB and ADAA gave us the email contact details of nine deaf Burundians living abroad and we sent a questionnaire for them to complete. We received five responses.

Of these, three are studying in India, one in Kenya and one in South Africa and four of them had left Burundi within the previous one to two years.

Three described themselves as profoundly deaf- all were born deaf- and the other two said that they lost their hearing at seven years old; they described themselves as deaf and hard of hearing respectively. None of them reported having an additional disability.

Everyone liked to use sign language as their preferred method of communication and one person added writing to this. All had attended Ephphatha School and one had attended the short lived CEPISA School; another went to the Intercontinental School in Bujumbura but had to leave as there was no signing support.

They were asked to describe their experiences growing up as a deaf child in Burundi. They described the difficulties in obtaining education and the difficulty in getting information about a range of services including health and education. They wrote of the difficulties of communication when few people knew how to sign. The work of ANSB was praised.

Four of them had received support from their families although this had stopped for two of them due to family poverty. One had not received any family support. Communication with their families had been hard. The two who had become deaf aged seven years were able to speak a little and used that in conjunction with writing notes or signing. For the three people who are profoundly deaf there were considerable difficulties.

None of these young people had received any support from the government of Burundi for their studies in Burundi or abroad. In relation to support for living abroad one had not received any, one said friends, one has support from their parents and the Deaf Empowerment Foundation, one is supported by Deaf Ministry International (DMI) and the other one receives support from both DMI and DOOR International (Deaf Opportunity Out Reach).

Four of the five young people are studying; three at Indira Gandhi University in India – BA applied Sign Language Studies, one is translating the Bible into 'Burundian Sign language'<sup>26</sup> and the fifth is not studying but volunteering with the blind/albinos and working in Woolworths.

In response to how they encountered the situation for the Deaf people in the countries they were living in – India, Kenya and South Africa – everyone said that it was better as these countries had already signed and ratified the UNCRPD and there was government support for the disabled and education without discrimination.

When asked how the lives of deaf children and young people in Burundi could be improved, everyone stressed education as crucial. This they felt would mean an improved standard of education, provision and access to secondary for deaf students, a general increase in the availability of education for deaf children and improved capacity of teachers in these schools. They also said that ANSB should continue to lobby and advocate for Deaf people's rights and increase the number and availability of signers.

The four who were studying would complete their studies in 2- 4 years; one said up to eight years if he gets funding to do a PhD. All intend to return to Burundi and four want to work with the Deaf. It was evident from the responses to what kind of support they had received that everyone would have to struggle to complete their studies due to lack of financial support. There was a great sense of loyalty to their home country and to the Deaf community and ANSB in particular.

26 There is no Burundian sign language standard so this may relate to existing sign language as currently used in Burundi

## 12.

### **Government support for people with disabilities including Deaf people**

We spoke to the Director of Social Integration<sup>27</sup>, at the Ministry of National Solidarity, Human Rights and Gender who said that Deaf people are included in the disability responsibilities of the relevant government ministries. This Ministry helps with humanitarian aid, working with disabled people through their associations, among which is included Ephphatha School as is ANSB and CESDA. The Department of Social Integration within the ministry provides goods and assists with funds if they are available. The various associations reports to the ministry and this is how the ministry gets to know about schools such as Ephphatha school and the other associations that work with disabled people.

In relation to any specific policy regarding education for disabled and or deaf children. There appears to no specific policy for Deaf people but there is a plan which the Ministry has started developing in 2007 to implement next year, to make modifications in schools so that deaf, blind, and mentally retarded children can access schooling. The plan has been presented to ministers for approval and is awaiting discussion by Parliament to make it into legislation. The disability network and NGOs like HI were also involved. The UNCRPD has been signed but not ratified by the Government of Burundi.

The Ministry's resources do not extend to giving direct support to all disabled people and sometimes aid is given indirectly, e.g. seeds, goats or funds are given to associations to distribute to their members. In 2010 the Ministry had funds for house building from which 265 homes were built for families with disabled people. In 2009, the President made a speech on 3<sup>rd</sup> December to mark World Disability Day in which he stated that the disability budget should be multiplied by five.

It was confirmed that associations of or working with disabled people do not get regular funding but sometimes receive goods to distribute to their members. When an association is formed it has two years to ensure all legal papers are in order and then a partnership can be signed with the Ministry. Most associations, but not all, benefit from free electricity and water and receive a standard 900,000 BIF per annum (823,000 BIF 3 years ago), including some HIV centres and associations that work with street children.

The 2011 government budget for vulnerable people is 45 million BIF, which will be distributed among associations with donations received in kind by the Department as well as the waiving of electricity and water bills. To claim this annual amount associations are required to submit an annual report and plan for the coming year for approval by the department, who then instruct the Ministry of Finance to transfer funds. This may be followed up by visits to see the association in action.

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27 NININHAZWE Godelieve



## 13. Conclusions

This study, despite being limited in scope has, for the first time, given deaf children and young deaf people in Burundi an opportunity to express their feelings and give their point of view so that we are able to gain an insight into their world, their aspirations and how they see themselves.

It has also for the first time successfully brought together individuals, associations, schools, deaf children and their parents in an effort both to identify and find ways of addressing deaf children's education, their communication needs, and their future prospects.

It is vital that current resources for educating deaf children and any activities, however small, to improve the lives of Deaf people of all ages be acknowledged and used as the building blocks for future developments in Burundi. It is equally important to acknowledge that the two schools for deaf children and the associations of Deaf people are all in their various ways working towards the inclusion of Deaf people as equal members of Burundian society.

This study was designed to be inclusive and participatory so we believe that each individual and organisation involved in the processes has benefited in different ways although there are differences of opinions, approaches, beliefs and philosophy among them.

If we focus on the two main topics of this study – the education and communications needs of deaf children – then it is very clear what needs to be done but this also raises many other questions: what about health, what is to be done for deafblind children (one of the most ignored groups), vocational training, how to increase deaf awareness in government and in society, how to change policy that by default ignores Deaf people and how all this can be addressed given the lack of resources.

If Deaf people cannot communicate or access information then they are truly the most marginalised of groups. Sign language interpretation serves to include both Deaf people and hearing people. In terms of communications needs our principal finding is the need to expand and develop the sign language that is currently used. It will have to take into account an understanding of how very young deaf children and their parents and siblings begin to communicate within the family. However, a national sign language cannot be developed by just one organisation or by an individual. It is a complex undertaking which requires the cooperation of all who have been involved in this study as well as other professionals such as academics, linguists, researchers, illustrators etc. to produce a comprehensive dictionary and vocabulary. At the same time it is essential to recognise Burundian culture, traditions, customs and regional differences. The other influence on Burundian sign language development comes from neighbouring countries such as Kenya, Uganda, Rwanda and Tanzania, who together with Burundi form the East African Economic Community and that influence too must be recognised.

To meet communication needs it is also vital to include the training of many sign language interpreters and support workers to help children in schools, in hospitals, to train others and to support deaf people's inclusion in the workplace and in visual media e.g. television.

Education of deaf children is wholly inadequate in Burundi: only a tiny proportion<sup>28</sup> of deaf children can be accommodated in the two primary schools. A very small number of deaf children and young people attend informal classes where they learn sign language, basic literacy and numeracy. The rest have no opportunities at all. Despite the lack of 'hard data' we know that there is a high level of illiteracy among deaf people and very few can use even the sign language currently used in Burundi. The answer is only too obvious – that there is a need to build more schools and at the same time more teachers have to be trained.

This raises two important issues. First, there is a need to change government education policy so that the education of deaf children comes firmly under the remit of the Ministry of Education and that all the attendant requirements such as teacher training and continuing professional development are also accepted as part of this change. Secondly, there is a need for secondary school education provision for deaf children as currently there is none. As a starting point for both, a wider study is urgently needed, countrywide, to establish the numbers of deaf children and to be able to plan effective action.

<sup>28</sup> 422 children are currently enrolled at the two schools; the number of deaf children who are of school going age in Burundi is not known.

There is almost a complete lack of government involvement and support in all the other areas of importance to Deaf people – health, training, employment and most of all the means to communicate, the recognition of this need, policies and legislation to change the situation so that Deaf people can have the same opportunities as others in society. There is no social protection for Deaf people and there is no named government post or department with responsibility for disability as this merely comes under the wider category of ‘vulnerable peoples’. Deaf blind children are an almost forgotten group and young deaf women the most vulnerable; they fear rape and being forced into prostitution.

There is no antidiscrimination legislation and the government of Burundi has yet to ratify the UNCRPD which could be the tool to use to develop such national laws and to repeal discriminatory laws<sup>29</sup>. This can be changed and progress can be made if Deaf associations, parents and teachers of deaf children and others such as sign language interpreters all work together to formulate achievable strategies and implement projects with the sole aim of improving deaf children’s lives.

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<sup>29</sup> Deaf people cannot obtain a driving licence.

## 14.

### Recommendations

The following recommendations are based directly on views participants expressed at the March 25<sup>th</sup> workshop, which have been added to, strengthened and elaborated over the following months of research and discussions. The strongest fall into the two categories of education and communications – the need for more schools so that more deaf children are enabled to go to school and for sign language in Burundi to be developed and standardised.

In addition there were strong recommendations for the development of advocacy strategies to seek for deaf people's rights to be recognised and acted upon; to include these demands in government policies and in any disability policy for Burundi; and to overturn the law that prevents deaf people from driving cars. The role of ANSB as a DPO was raised, namely – what sort of campaigns they should take up as the leading organisation of deaf people in Burundi.

The issue of deaf people's livelihoods and employment status was also a cause for deep concern, as it was felt that the government did not employ any deaf people and that deaf people who had skills did not have opportunities to use them in employment or in small enterprises. Particular mention was made of the situation of CESDA students in Gitega who were trained in carpentry and tailoring but then had no job opportunities to use their skills.

The lack of reliable statistics and data on the number of deaf adults and boys and girls was raised as a serious point and suggestions made about how to collect data in the future. Any survey or census must find a way of accurately counting children who are deaf or hard of hearing. There was a strong recommendation to include disability as a question in the next Burundian census, and specifically to ask about deafness.

It is without doubt that deaf adults, children and parents of deaf children want a society where deaf people of all ages are included in every sphere of life, be it cultural, social and economic, and that exclusion is marginalising and discriminatory.

Parents felt passionately that their deaf child should be treated and given the same opportunities as any other child. It was particularly poignant to note how dismayed and outraged parents felt about the kind of language and terminology that is customarily used to describe deaf children. They felt that more awareness about deafness could prevent such attitudes which could lead to very damaging feelings in a deaf child or even an adult. Parents also wanted their deaf children to have the same chances as any other child, including the opportunity for them to access further and higher education.

#### 1. The recommendations for education (in no particular order) are as follows:

- The government should build more schools for deaf children
- Build more schools, especially in the eastern and southern parts of the country and, if possible, in each province of the country where there are no schools for deaf children.
- Recognition by the Ministry of Education both of Ephphatha and CESDA schools so that deaf children in these schools can sit national exams (and proceed to secondary education)
- There should be secondary schools for deaf children who complete primary school
- Children should be supported to do a preparatory or bridging class before entering government secondary schools and have additional support until they complete O levels or A levels
- The existing two schools should be expanded to accommodate more deaf children, the government should help to do this
- More teachers should be trained to teach children in the two schools; to teach deaf children currently in government secondary schools and to be ready if new schools for the deaf are built
- There should be at least another school for deaf children in the capital city, Bujumbura where population density could mean more deaf children

## **2. The recommendations for sign language (in no particular order) are as follows:**

- Any development of sign language in Burundi should take into account the signs generally used when children/parents start to communicate at home and these should be included when signing is taught at school
- Sign language and vocabulary should be developed within the context of Burundian culture and traditions
- Any development of a Burundian sign language should start with research on gestures and signs used in different parts of the country, within different age groups. These should be recorded and analysed with the help of linguists, teachers, parents and deaf children themselves so that signs are culturally and socially relevant.
- Any Burundian sign language development should take into account the East African Community and should also be easily used in those member countries whose official language will be English.
- Training of sign language interpreters – that sign language interpreters are formally trained as currently no one in Burundi has any formal training.
- The number of sign language interpreters should be increased
- TV programmes should be signed so that deaf people are kept informed e.g. through the news, and can be aware of developments in their country's life in all spheres- news, cultural events, sporting events and so on.
- A teacher exchange programme between Ephphatha and CESDA schools
- A Burundian Sign Language should be recognised as another language of Burundi e.g. like Kirundi, Kiswahili, French or English

## **3. The inclusion of parents of deaf children in the research created a strong feeling for their needs and views.**

- There should be more support and information for parents and families of deaf children
- A formal Association of Parents of Deaf Children should be formed so that parents and families members can be better informed and get mutual support and advice
- A deaf awareness programme, focussed on deaf children's education, communication and health needs, to create a greater awareness among Church leaders, who are very influential in Burundian society
- A medical screening programme – access to audiology services for all children, testing and assessment for children with hearing problems and information and awareness about chronic ear infections and speedy treatment as well as about hygiene and prevention.
- Accurate and appropriate communications strategy for deaf people so that they have full and useful information on important health issues such as HIV/Aids and other preventable diseases.
- An educational/awareness programme for professionals and society at large to become more deaf aware.

A final recommendation was that special support should be provided to begin to meet the needs of deafblind children, who are perhaps the most ignored and excluded of all children.

## 15.

### Appendices:

**Appendix 1** The 2 questionnaires for the two schools and for children and young people attending the informal centres and classes

**Appendix 2** A brief report – One day workshop on deaf children’s communication and education needs, 25th March

**Appendix 3** Organisations working with Deaf people in Burundi – past and present

**Appendix 4** Case studies:

Introduction

MOBINIMPA Perry

IRANKUNDA Pamella

IRAMBONA Sankara

NIYIFASHA Joel

Madame NZEYIMANA Russie and daughters, Jacqueline and Marie

HABOMIMANA Alain

## Appendix 1 – The 2 questionnaires

**DDP Research project** – Deaf children’s education and communication needs in Burundi  
**Questionnaire 1** – for Deaf children and young people attending informal classes, clubs  
**Questionnaire 2** – for children attending the two schools

There were two separate questionnaires which are identical up to and including Q 25.

Name of informal class, club OR Name of school		
1. Pupil’s Name		2. Date of birth
3. Sex	4. Age	5. Address: (village, district)
<b>The following questions are about your family and how much they know about deafness</b>		
6. Parents		7. Sisters
8. Brothers		
9. What do your parents do to make a living?		
10. Are your brothers and sisters going to/have been to school?		
11. Do you know when your parents realised you were deaf?		
12. Did they know or tell you what caused of your deafness?		
13. Have your parents taken you for any medical treatment or surgery because of your deafness?		
14. If yes, what was it and who gave you this treatment (hospital, doctor, nurse, traditional healers etc.)		
15. How do you communicate with your parents, brothers and sisters? Do any of them know sign language?		
16. Are any of your parents, brothers or sisters also deaf?		
<b>These questions are about you</b>		
17. When did you start at this (informal) class/club?		
18. How did you hear about this class/club?		
19. Did you go to any other school before you came here? If so, what kind of school was it and for how long did you attend it?		
20. Did you know there was such a thing as sign language?		
21. Can you do and understand sign language now?		
22. Can you read?		
23. Can you write?		
24. Can you lip read?		
25. Do you have any hearing at all? If yes, do you use a hearing aid?		
<b>Questions for children/young people attending club/informal class</b>		
26. How do you spend your time when you are not attending this class?		
27. Are you attending any other type of training?		
28. Do you have friends who are not deaf?		
29. What would you like to do when you are no longer attending this class?		

**Notes:** Please use this space to write any other relevant information you were given in the course of the interview by this young person. Please note here if he or she has any other disability.

Q 26 to 30 – for Deaf children attending the two schools

26. What is your favourite sport or hobby?
27. What is your favourite subject or lesson?
28. Do you have friends at home who are not deaf?
29. What do you do in the school holidays? Go home, stay at school, visit friends/family
30. What would you like to do when you finish at this school?

**Notes:** Please use this space to write any other relevant information you were given in the course of the interview by this young person. Please note here if he or she has any other disability.

Name of the person conducting the interview	
Date of interview	
Duration of interview	

## Appendix 2

**A brief report** – One day workshop on deaf children's communication and education needs, 25<sup>th</sup> March 2011, Mount Sion, Gikungu, Mutanga Nord, Bujumbura

### The workshop programme:

This workshop organised by DDP with Burundian colleagues was attended by 86 people from many parts of the country and 3 people from the UK. A total of 67 participants were organised into small discussion groups. The remaining participants who were not group members were there to do sign language interpretation, translate (Kirundi/English/French) and make small interventions as appropriate with each of the groups. There was one facilitator to keep time and facilitate the feedback sessions.

Parents of deaf children	30 people	2 groups
Deaf youth	15 people	2 groups
Teachers of deaf children	22 people	2 groups

Morning session – each group as above was given a printout of the themes for discussion (in French) and 20 minutes discussion time and 5 minutes for the feedback sessions. During the afternoon session the participants discussed another set of themes and were divided into 6 mixed groups.

There was a wealth of discussion and feedback from all participants however for reasons of space we have summarized the most salient points of the discussion and feedback on all the themes.

### First Session

6 distinct groups: 2 each of parents, young Deaf people and teachers

#### 1. Parents discussed:

##### A. Please describe your emotions and reactions when you realised your child was deaf. What practical action did you take to help your child?

The parents described very movingly the shock, sorrow and sadness when they realised their child was deaf. Some children had been born deaf and parents had realised gradually when the child did not babble or learn to speak like other children. Other children had become deaf following an illness. Parents were frustrated as even when they took a child to the doctor it was not usually possible to establish the cause of the deafness. Some parents had also tended to hope that one day the child would be able to hear or recover their hearing.

##### Parents also made the following points:

- There are insufficient schools for deaf children and if the family lives far away from one of the two schools available it is a hard decision to send a young child to be a boarder. It is also hard or impossible for parents to find the money to provide school fees and to find out what facilities are available for deaf children.
- Parents worry about their children's welfare when they are far from home and aren't able to communicate with them especially if the child should fall sick.
- It is difficult to give medical care to a deaf child or a deaf adult because of communication difficulties.
- The deaf may be mistreated by others but may find it hard to communicate this.
- The deaf child may become angry or aggressive because s/he is unable to communicate their thoughts, feelings and needs.
- Deaf children are at risk from everyday situations for example not being able to hear traffic and during the war could not hear the gunfire.
- Social and/or religious activities and occasions can be meaningless to the deaf, for example they are unable to understand what is being said in Church.



- It can be very hard for parents to deal with the attitude of others- people making judgemental or ill founded comments about their deaf children.
- Parents were outraged at some of the negative words e.g. 'deaf and dumb' used to describe their deaf children.

**B. Is education important for your deaf child?**

Parents were unanimous in believing in the value of an education for their deaf child, but the obstacles to this were as outlined above, namely the lack of sufficient schools and their being near to the child's home and the financial costs of schooling.

**2. Deaf young people discussed:**

**A. What kind of training or information will be of the most use to you?**

- Information about health care services.
- Information about rights for deaf people.
- Be informed about national and international news/issues like other citizens- having signing on the TV channels.
- Be taught signing and be able to attend school from primary through to university level.
- Training of parents, teachers, health personal, classmates, journalists and others to sign.
- Training and availability of more signing interpreters in the country.
- Ensure HIV testing centre staff and health centre personnel are deaf aware to strengthen the fight against HIV/AIDS.

**B. Do you think it's the government's responsibility to help you?**

- Ratify UNCRPD – and collaborate with international organisations in respect of human rights.
- Do a census to establish the number of deaf children/people in the country.
- Build more schools for deaf children
- Provide signing interpreters to support deaf children in their studies.
- Provide help to the parents of deaf children.
- Government to recognise the contribution that deaf people can make to Burundi.

**C. What can you do to help yourself and your deaf friends?**

- Become strong and active citizens contributing to the country and raising awareness of the needs of the deaf community.

**3. Teachers discussed:**

**A. What is the best communication skill that a deaf child can be taught from a very early age? And what issues had they noted about the children/families?**

- Parents and children instinctively use gestures which are positive as a means of communication but the problem is that each family devises their own gestures which may not be recognised by others outside the family or when the child attends school. The creativity of deaf children in making themselves understood was acknowledged.
- One group proposed that two kinds of signing could be described, firstly informal signing between child and parents/family which might be termed 'gestures' and then actual sign language.
- The teachers also noted that some parents were ashamed of their children and either banished them to another room when visitors came and/or referred to them in a derogatory manner.
- It was said that parents needed to learn sign language so that they could do some preparation before the child went to school and so that they would be able to communicate with their child and vice versa when the child themselves had learnt to sign.
- There was recognition that both sign language and oralism had their place and that the two schools for the deaf could learn from each other as to how best to help students. This would need government funding to help facilitate this.
- At school children need to receive a thorough grounding in either signing or lip reading and preferably both. Any children who still have some speech (having lost their hearing after acquiring speech) should be encouraged to use such speech as they have.

**B. Describe the types of training you had undergone to enable you to teach deaf children, what other training do you think you require?**

Teachers reported that they had received either teacher training or in service training at school. Only one had received specialist training as a teacher for the deaf.

Teachers said they needed **more resources** to do their job effectively, these include:

- more schools
- ratification of UNCRPD
- raised awareness amongst all teachers of the effectiveness of appropriate teaching for deaf children
- more signing interpreters
- more emphasis on the deaf being aware of their rights
- capacity building in sign language and advanced sign language
- knowledge about audiology and its place in helping the deaf
- need to respect the position of the local language – Kirundi
- computer training
- logopaedics – the scientific study and treatment of speech defects
- training on appropriate methodology for teaching deaf children
- standardisation of sign language

## SECOND SESSION

Mixed groups

**A. What is the best communication skill that a deaf child can be taught from a very early age?**

**Supplemented by open discussion**

- Parents could help their young deaf child by using pictures and/or objects to teach them about the world and to always speak when facing them so the child could see the movement of the lips.
- Ensure the child is made to feel loved and wanted as they will then flourish
- Parents not to be overprotective of the child as s/he needs to learn to be independent
- Parents to be positive about their child and have aspirations for them as this attitude will affect the child positively.
- Standardisation of sign language and relate this to country's position in East Africa and the neighbouring countries.
- Education for the parents, child and society about deafness and its causes so that time is not wasted on 'blaming'.
- Parents have a responsibility to make representation to the government on their children's behalf.

**B. Do you think it's the government's responsibility to help deaf children?**

**What can deaf people themselves do?**

- The government needs to carry out a census to know the number and location of deaf children and make a study of what their needs are.
- Build more schools for the deaf including secondary schools.
- Deaf schools should be included under the Ministry of Education and not the Ministry of Solidarity.
- The government should include in teacher training the inclusion of deaf children within the state school sector.
- Teachers for the deaf should be paid by the government
- Those with disabilities including deafness should be consulted about their needs and provision planned jointly with them.
- Deaf children should be counted as equal in importance to hearing children
- The government should provide scholarships for deaf students to study abroad on courses/at a level not yet available in Burundi
- Other facilities for the deaf such as clubs should be set up.
- The government should ensure that TV programmes are signed (as is done in Uganda)
- Deaf people and/or their advocates can lobby government; they can work at a local level to change attitudes towards the disabled.
- Deaf people could set up an association when they leave school and use it to promote awareness of the existence of the deaf as well as being a support mechanism for its members.

**C. Is education important for deaf children?**

- Education was recognised by all present as crucial for all children as well as it being both their right and the key to their being able to lead independent fulfilled lives, being integrated into society and making a contribution to their country.

## Appendix 3

### Organisations working with Deaf people in Burundi-past and present

Among the organisations that have provided significant contributions and support for Deaf people are Churches<sup>30</sup>:

1. Notre dame de la Perseverance, the Catholic Church based in Gitega, founded and funds CESDA.
2. Community of Emmanuel Churches in Bujumbura founded and funds the Ephphatha School for Deaf Children.
3. Deaf Ministries International (DMI), an Australian organisation that supports the establishment of resources and facilities to bring the message of Christ and aid to Deaf people gives significant indirect support to ANSB by employing key members to run their ministry in Burundi. DMI facilitates the ANSB office.

### Below we list additional information collected in the course of the research on organisations that support or have supported Deaf people and groups in Burundi.

They are listed in no particular order or size of support or duration.

1. HI France – supported signing training for VCTs, used ANSB members to train the trainers; are starting a programme for Inclusive Education. Deaf children identified through HI projects have been referred to the two schools. HI France also trained 2 teachers and 10 children from Ephphatha School and from CESDA on HIV awareness and prevention.
2. HI Belgium – 2 week management capacity building training for special education type centres – both CESDA and Ephphatha School participated, 2010
3. DeafNet, a part of the National Deaf Institute in South Africa, organised the Africa Contact Group for Deaf and Mental Health with a base in Bujumbura. Its coordinator until early 2011 was based at the ANSB office and supported their activities. DeafNet was involved in producing a manual of 500 words with signs in collaboration with ANSB.
4. Catholic Relief Services – provided sewing machines for tailoring unit of Deaf people started by ANSB in Kamenge area, Bujumbura.
5. US Embassy – small one off grant for ANSB.
6. UNDP – provided used computers, now discarded, for ANSB offices.
7. Deaf Empowerment Foundation, Holland – scholarships for 3 Deaf students to study in India, facilitated by ANSB.
8. Lilian Fonds – supports 40 Ephphatha and 6 CESDA children annually.
9. CBM – supported the costs of building much of Ephphatha School.
10. 'Allow the Children' US Foundation – they sponsor 48 Ephphatha Children at \$24 per child per month.
11. World Food Programme – direct food donations (though not for all students) at both CESDA and Ephphatha schools.
12. The Burundi government provides electricity and water free of charge to the two schools as well as a standard 900,000 BIF per annum for all disability related organisations, which includes the two schools.
13. Sensorial Handicap Cooperation, Belgium supports CESDA, they help in training teachers.
14. Secondary schools in Germany and Belgium support CESDA – Ecole Maria-ward, Madchen Realschule and others.
15. Brussels Cooperation funded Building Case Studies, a team of architects developing long term project to start in 2012 a community based development of a school for deaf children in Muyinga province, in partnership with the Diocese of Muyinga.

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<sup>30</sup> There is full religious freedom in Burundi and Christian churches have a huge presence. All religious organisations come under nonprofit legislation and are required to register with the Ministry of the Interior. Christianity is the majority religion and Catholics make up about 60% and Protestants 15% with just fewer than 10% Muslim. Most facilities for disabled children have been founded and funded by Churches or missions, including the two schools for Deaf children, Ephphatha in Bujumbura and CESDA in Gitega.

## Appendix 4

### Case Studies

#### – an Introduction

We selected 6 case studies from interviews done between March and September 2011.

The first four case studies were written by Chris Kubwimana of ADAA from interviews conducted while travelling in Burundi as part of the research project in March 2011. Chris was born in Burundi, became a refugee following the outbreak of the war in 1993 and lived in a Kenyan refugee camp for more than 4 years. There he began to learn BSL and when given the choice (by the UNHCR) of countries to apply to for resettlement he chose the UK. He has lived in England since 2000, is proficient in BSL and the English language and after completing his dream of going to university, graduated to become a Social Worker. Chris became deaf at the age of 12 and had attended the Ephphatha School in Bujumbura where he had learnt signing based on ASL.

The 3 interviews with Perry, Pamela and Sankara were completed in one to one signing and Chris used the same questions in all 4 interviews, as follows:

- What is your name?
- What is your age?
- Do you have siblings?
- Deafness: when did your parent realise you were deaf?
- Education: do you attend school? If so where and from when?
- Communication: how do you communicate now at school and at home with your family?
- Future: what do you want to do or achieve as you grow older?
- Do you want to add anything else?

In the case of NIYIFASHA Joel, his parents were present and added their point of view. Joel's tutor, Amissa who teaches sign language in the informal classes that Joel is attending, helped Chris to get a better understanding of Joel's situation.

The other two studies were written by Kamala Achu, DDP from information collected during visits and meetings in Bubanza and with ASMDB in Bujumbura. The interviews were done with the help of sign language interpreters and English/Kirundi translation.

## MOBINIMPA Perry



Perry said that he was born profoundly deaf but his three siblings (2 brothers and one sister) are all hearing. His father had died and his mother was left to care for the whole family. He told us that communication with family members is always problematic because none of them know sign language, but although he tries to lip read it always ends in frustration.

Perry at 15 years says he is lucky because his mother had heard about Ephphatha Deaf School in Bujumbura. He was admitted at the age of 6 and he has already completed Grade 6 which means he has finished primary school here. One of the teachers at the school said 'Perry is a brilliant student, always at the top of his class'. Perry is now attending carpentry vocational training provided by Ephphatha School.

Perry says he does not like this vocational training as he wants to progress into higher education but believes there is no such progression in the country because there are no secondary schools for the deaf.

Perry wants to go to any school that will include him but he feels there is no support for him to do so. He says communication is a big factor because he knows of older deaf friends who have been integrated into classes with hearing children but they have related to him the many problems they faced due to the deaf unfriendly atmosphere there. Perry said that he will complete the carpentry class this year which means he will have to go home and he is very doubtful of finding work there. Perry believes that school has given him confidence especially with his communication and social skills. However, he knows that the main obstacle to achieving his ambition of becoming a doctor or a teacher one day is because he cannot go to a secondary school that can teach him – as a deaf person – and so he cannot move on to higher education.

**IRANKUNDA Pamella**

We met 15 year old Pamella who is profoundly deaf. She has 3 sisters and 3 brothers. Her oldest sister, aged 20, is hard of hearing but her sister does not use sign language to communicate because she prefers lip-reading. Pamella said that she was born deaf but was unsure about why this happened.

Pamella uses sign language as her first language and now uses sign language naturally. She attends Ephphatha School and is a boarder during term time and goes home during Christmas, Easter and summer holidays. At home she communicates with her parents and siblings through writing. She said her family can write French well, but due to her poor education she does not understand what is written very well and this causes misunderstanding and poor communication between her and her family. Home-made signs are sometimes used at home but she prefers ASL.

Pamella has finished her primary education at Ephphatha and is now doing the tailoring training at same school. But she says she does not like it very much. She says ' I am doing it because there is nothing else I can do right now, I will continue with my tailoring class but I do not think this is the career I want, I want to go to secondary school and I want to be a teacher or a businesswomen. I like that'.

Pamella also said that she would not like going to a hearing school because it would be very frustrating not to have the kind of communication support she has here. She feels a hearing school would make it worse for her. Pamella will finish the tailoring class next summer. She is unsure what she will do when she leaves Ephphatha School. Although she would very much like to go to a secondary school it should be one that suits her education needs.

## IRAMBONA Sankara



**In Sankara's own words** – I am 22 years old and I am profoundly deaf. I was born in a village in the country's northwest region some 80 km distance from the capital Bujumbura. I come from a poor family. My mother has passed away and I have my father, step mother and two step brothers and two step sisters. My parents only realised that I was deaf when I was four years old. I don't know what caused me to become deaf.

Because of the distance I stayed in Bujumbura with friends and family members and go to the home village to see my family only during school holidays. Sometimes I don't like to go home because of the difficulty with communicating with my family members and also because of their low expectations of me compared to my half siblings.

I started my education at the Ephphatha Deaf School and have completed my primary education. I am passionate about education so I have joined a government secondary school and am studying with hearing people. I like the challenge of this. But it is hard at the school because I do not have sign interpreters or note takers to help me and the teachers and hearing students are not very deaf aware.

At the secondary school I am taking the following subjects – history, biology, English, French, Kirundi and technology. I would like to attend a school which understands and meets my educational needs. But I have no choice and so I will continue with my education where I am now and I hope I can reach my potential to become either a doctor, or an economist or a teacher.

I do worry that the secondary school may want to charge me a fee in the future and this could end my education hopes, because I know my family cannot afford to pay them for me. At the moment they are not and I hope this will continue.



## NIYIFASHA Joel



NIYIFASHA Joel is 16 years old and his parents NTACORIPFA Obedi and BAHATI Claire are farmers in Cibitoke. They have five other children, 3 boys and 2 girls. Joel's parents said they realised that he was deaf when he was nearly 2 years old. He had been such a healthy baby; he never had any of those serious childhood illnesses or fevers so they never had reason to consult a doctor.

Joel's parents had heard of the Ephphatha School for deaf children in Bujumbura but at the time they were unaware of it being a boarding school. They did not explore it further because they did not know anyone in the city who Joel could lodge with while attending school. They had simply let go of the idea of sending him to that school. About 2 years ago Joel enrolled at an informal class established by ANSB/DMI where he started learning to sign and read and write – including French, maths and some English. Joel's tutor Amissa said that he was eager and enthusiastic in class, and has developed enough signing skills to be able to express himself and to write words and sentences. For his parents this became a frustration because they felt they could no longer understand Joel. They had always managed with homemade signs and gestures to communicate but now they say that Joel gets irritated by this and has taken to spending a lot of time away from home meeting his friends rather than staying with the family. They can only speak Kirundi and therefore cannot understand what he writes.

His parents say they love him and want his education to continue but feel the informal classes he is attending are limited. The real issue for Joel is that his parents need him to work alongside them in the fields. His parents have been quite harsh with him, on occasions locking him in and denying food. This has caused tensions and unhappiness within the family. The parents feel he should help them in the morning and go to the classes in the afternoon. It is clear they have low expectations of Joel and the family as a whole has little awareness of deafness and in particular Joel's needs in terms of who he socialises with or his ambition to go to 'proper' school. Perhaps with the appropriate information and a little more understanding the family could still help him to achieve his dreams.

## Madame NZEYIMANA Russie and daughters, Jacqueline and Marie



We met NZEYIMANA Russie (middle) and her two daughters MUKESHIMANA Jacqueline (wearing glasses) and KUBWIMANA Marie at the church and informal classroom set up by DMI and BNAD in Bubanza. The girls, aged 17 and 18, were part of a group of deaf people who had been identified in the area and were attending classes in sign language. Madam Russie is very proud of her daughters. However, her concern was for all deaf young people that do not have any opportunities for work or for education, even though some of them have had vocational training in tailoring and carpentry etc.

She explained that the younger daughter was born hearing but someone had inserted a foreign object into her ear (when she was a baby) which caused her to be ill and although the thing was removed it had somehow damaged the hearing. There were no services for children with hearing difficulties and no medical or social intervention. She said her daughter stopped speaking and that the hearing in the other ear also went. The other daughter was born deaf but has learnt sign language recently by joining this class. She said there are many deaf children in the area but many could not afford to come to the classes as they live far away and the cost of transport was a problem, as is food. She said that deaf children and adults' lives are pathetic. Many are so poor that they have no clothes to wear or food to eat. Another problem was that if children or young people attended the classes they normally rushed back home to get the only meal of the day otherwise they will go hungry (we did not ask why parents could not keep their portion back).

This mother has every reason to be proud of her daughters and must feel good that she has brought them up safely and in reasonable health. This same class was attended by two other young women whose stories were incredibly sad and made us feel very angry. Both had been raped and had babies as a result. Madam Russie, whose daughters are safely with her, said that deaf women are particularly vulnerable as they cannot articulate who raped or attacked them. The police don't take these cases seriously and by the time the girls manage to explain or get themselves understood, the perpetrators would have long gone.

## HABOMIMANA Alain



We met Alain and his friend Saidi at a faith centre in Bujumbura where they had gathered deaf children, young people and some adults as well as parents of some of the deaf children to talk about their experiences.

Alain left school at 16 having done carpentry and motor repairs training. He is also skilled in metalwork – making gates, doors and windows. What he really loves to do is to rebuild crashed cars. He is proficient in regional languages as well as English. He had worked abroad in Kenya and Uganda but felt exploited by the bosses who did not pay and made him sleep on the workshop floor. He then spent about 7 months in Rwanda which was a happier time as he was paid and praised for his work. He said that unlike hearing people he worked very fast because he did not waste time chatting. ‘There, I saw what deaf people can do, they saw what I could do and offered me a job at the garage but I was sad thinking about deaf friends here in Burundi so I did not accept the job and came back’.

‘I realised that there are many deaf people who had skills but not the opportunities, so along with Saidi I met my old classmate Fabien Hamisi who runs ANSB to ask for advice on how to set up as an association. We registered ‘*Association des Sourds – Muets pour les Développement au Burundi*’ in 2009 but we may change the name to something more positive because the word ‘*Muets*’ is a little negative’.

ASMDB rented a small room and collected tools but the little place collapsed in heavy rains. The landlord has refused to repair the building. ‘We are still working; we take on repairs even though we can’t do it in our own place. We take it elsewhere to get it done. We don’t want to lose customers or for people to think deaf people are unreliable. We are operating a sort of ‘mobile workshop’. Our dream is really to create work for ourselves and to give the same opportunities to others by training deaf people and of course to have our own garage’.

## 16.

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[http://www.transnational.org/SAJT/tff/people/a\\_sururu.html](http://www.transnational.org/SAJT/tff/people/a_sururu.html) – about Adolphe Sururu

<http://www.brusselscooperation.be/buildingcasestudies/?cat=1> – Building Case Studies, deaf school development in Muyinga

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