At the Tubiteho Day Care Centre in central Kigali, 30 attentive teachers, care assistants and parents listen intently to the lecturer on the last day of an intensive training course on psychological and educational care for children with special needs.

The focus of their attention – Silas Iyakaremye – is a Belgium-based Rwandan psychotherapist and communication expert on a three-month mission funded by IOM’s Migration for Development in Africa (MIDA) programme for the Great Lakes region.

“Our aim is to train staff from Tubiteho and similar centres to ensure all children with special needs reach their full potential,” says Iyakaremye, who has worked for over 20 years in the fields of health, educational psychology and special needs teaching.

Tubiteho – meaning “Let’s Take Care of Them” in Kinyarwanda – was set up by Gasana Ndoba and Dr Innocent Gakwaya, two former members of the Belgium Rwandan diaspora, each of whom had a special need daughter.

Gasana Ndoba, who now runs the Tubiteho Association, decided to return home to Rwanda in 1999 after living and working in Belgium for 22 years. But it was a difficult decision because his daughter, Rusaro, suffers from moderate cerebral palsy. In Belgium, access to special care and educational services was readily available, but in Rwanda special needs centres were very scarce.

Gasana eventually found a centre outside Kigali where Rusaro could be taken care of, but it turned out to be too far from their family home, so he decided to try to set up a new facility in Kigali with the help of Dr Innocent Gakwaya.

Together they managed to raise 2 million Rwandan Francs (US$ 4,000) from other parents of children with special needs and various NGOs, including the Irish development organization Trocaire, to open the Tubiteho Centre in October 2005.

Today Tubiteho is run entirely through parental contributions and only the enthusiasm and commitment of the staff compensates for its lack of resources. It lacks physiotherapy and exercise equipment, and has no computers and educational software to help the children.

It also cannot admit children whose parents cannot afford to pay, but is trying to set up a sponsorship programme with families and centres in other countries to raise funds that will allow non-paying children to attend.

The centre has also been actively involved in efforts to improve the situation of the mentally disabled in Rwanda. In January 2007, Rwanda passed its first law on the right of the disabled but the law focuses primarily on physical rather than mental disability.

IOM became involved with the centre when the latter asked for training assistance through the MIDA office at the Ministry for Labour and Public Services in Rwanda. The IOM MIDA team in Brussels advertised for specialist trainers and eventually selected Silas Iyakaremye.

The NGO Handicap International then stepped in, providing transport to allow...
other special needs centres in the Kigali area to also benefit from the training programme.

Training participant Agnès Mukashyaka set up the Izere Mubyeyi (Parents’ Hope) Centre in 2002 because she was unable to find a centre to take care of her teenage son. “Parents in Rwanda tend to hide away children with mental disabilities because they are often ashamed. We had to work very hard to inform parents about how they could help their children,” she says.

“We have many needs, but we did not have the know-how. This training has taught us a lot about special needs education. If we had known before what we know now, we could have improved many things much earlier,” says Mukashyaka, whose centre currently cares for 72 children.

The training, which is carried out in Kinyarwanda and in French, covers topics such as the clinical assessment of children with handicaps, special education techniques and family outreach practices.

Another training participant, teacher Ancilla Kayiraba, heads the Hirwa Iwanyu (“Make Yourself at Home”) Centre, which she started to support her disabled daughter, Umutoni.

“Before Umutoni was very frustrated and marginalized. She did not understand why she could not go to school like her siblings. The impact of her going to the centre has been incredibly positive. Every day she gets ready for school like the others, she is so happy,” says Kayiraba.

Aline Kanobayita, who has run the Tubiteho Centre since 2005, studied social work at university, but says that she and her staff all need training in special education to properly care for the children in their charge.

“Before Silas came to train us we had to train ourselves. We would search on the Internet for solutions for the children. We would visit other centres to see how they worked. But with this training, things are much more structured and we can now work on a case-by-case approach,” she says.

Silas Iyakaremye welcomes the positive feedback, but admits that much more needs to be done. “I have had so many requests to come back, to do more training. The needs are immense and resources limited,” he says.

He points to the lack of individual assessment for each child and the lack of diagnosis, which means that some children with easily treatable disorders are unnecessarily excluded from mainstream schooling.

“Correct diagnosis of conditions such as dyslexia, attention deficit disorders, epilepsy and hearing difficulties could allow many children to attend ordinary school. Much more needs to be done to ensure that children are given access to the treatment they need,” he says.