
By

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### ACRONYMS

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<tr>
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<th>Description</th>
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<tbody>
<tr>
<td>AMREF</td>
<td>African Medical Research Foundation</td>
</tr>
<tr>
<td>APDK</td>
<td>Association of the Physically Disabled of Kenya</td>
</tr>
<tr>
<td>CSIE</td>
<td>Center for Studies in Inclusive Education</td>
</tr>
<tr>
<td>CLARION</td>
<td>Centre for Law and Research International</td>
</tr>
<tr>
<td>DAAD</td>
<td>Germany Academic Exchange Programme</td>
</tr>
<tr>
<td>DDS</td>
<td>Diocesan Development Services</td>
</tr>
<tr>
<td>ENT</td>
<td>Ear, Nose and Throat.</td>
</tr>
<tr>
<td>FGD</td>
<td>Focus Group Discussion</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>Human Immuno Deficiency Virus/ Acquired Immuno Deficiency Syndrome</td>
</tr>
<tr>
<td>ICDIH</td>
<td>International Classifications of Disabilities, Impairments and Handicaps</td>
</tr>
<tr>
<td>IE</td>
<td>Inclusive Education</td>
</tr>
<tr>
<td>IT</td>
<td>Information Technology</td>
</tr>
<tr>
<td>Ksh.</td>
<td>Kenya Shilling</td>
</tr>
<tr>
<td>KTA</td>
<td>Kenya Transporters Association</td>
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<tr>
<td>KUB</td>
<td>Kenya Union of the Blind</td>
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<tr>
<td>NCEP</td>
<td>National Civic Education Programme.</td>
</tr>
<tr>
<td>NCPD</td>
<td>National Council for Population and Development</td>
</tr>
<tr>
<td>NGO</td>
<td>Non Governmental Organization</td>
</tr>
<tr>
<td>PSV</td>
<td>Passenger Service Vehicle</td>
</tr>
<tr>
<td>ROK</td>
<td>Republic Of Kenya</td>
</tr>
<tr>
<td>SEN</td>
<td>Special Education Needs</td>
</tr>
<tr>
<td>TBA</td>
<td>Traditional Birth Attendants</td>
</tr>
<tr>
<td>UN</td>
<td>United Nations</td>
</tr>
<tr>
<td>UNCRC</td>
<td>United Nations Convention on the Rights of the Children</td>
</tr>
<tr>
<td>UNDP</td>
<td>United Nations Development Programme</td>
</tr>
<tr>
<td>UNESCO</td>
<td>United Nations Educational, Scientific and Cultural Organization.</td>
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<tr>
<td>UNICEF</td>
<td>United Nations Children Education Fund</td>
</tr>
<tr>
<td>UPIAS</td>
<td>Union of the Physically Impaired Against Segregation.</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
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DEFINITION OF TERMS

Akamba
The inhabitants of Machakos District whose native language is Kikamba.

Disability
Any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being.

Handicap
The loss or limitation of opportunities to take part in the life of the person with a disability and shortcomings in the environment and in many organized activities in the society.

Housemother
A female caretaker in a Small home.

Inclusive Education
The practice whereby disabled children and non-disabled children learn together in ordinary mainstream school provisions with appropriate networks and support services.

Kiema
Deformed/lacking something.

Kiswahili
The official national language spoken in Kenya.

Kiwete
Cripple.

Mainstreaming
The term used to define the process of bringing children with disabilities into a mainstream school.

Marginalization
Marginalization is a term that means being outside the margin or exclusion from the mainstream.

Ndia
Foolish child.

Orthopaedic appliances
Are artificial mobility aids that assist disabled people to restore their functioning like wheelchairs, crutches, callipers, artificial limbs etc.

Physically disabled children
Children with congenital disabilities which limits their body functioning.

Small home
A Small home is a boarding facility established in selected mainstream schools by the Catholic Diocese of Machakos with the assistance of community members to facilitate integration of physically disabled children in regular schools.

Special School
A school that is not ordinary but for a particular group of pupils.

Special Education
An enriched form of general education aimed at enhancing the quality of lives of those who labour under a variety of handicapping conditions.
Abstract

The causes of disability in Kenya were associated with medical conditions and violation of societal moral rules. Polio was a chief cause and so were birth defects caused by lack of antenatal and post-natal care. Other birth defects resulting into congenital disabilities were caused by malnutrition among the expectant mothers and young children. Disability was also associated with offences against the ancestors. The disabled were seen as a bad omen and a curse, as a result of which, they were stigmatised, marginalized and concealed from public life.

The history of the disabled in Kenya has evolved over the decades from the separation phase, to the care taking, rehabilitation, integration and to the inclusion phase. In the separation phase, the disabled were ignored, rejected, exploited, used for ritual purposes or simply left to die. In the care-taking phase, the disabled people received custodial care in asylums and isolated institutions to protect them from the society and to protect the society from them. In the institutions, the disabled received medical care and skills to make them employable. This method of institutionalised care was introduced to Kenya by Western Missionaries during the colonial period and marked the beginning of western type of special education in Kenya by the time.

Towards the end of 1960’s, organizations for the disabled in many countries started to formulate a new concept of disability that indicated the close connection between the limitations experienced by the disabled, the design and structure of their environments and the attitudes of the general public towards the disabled. This new concept became known as the social theory of disability. The social theory of disability approach sees the problems the disabled people face as arising from the barriers the society has failed to remove, rather than arising from the medical conditions the disabled have. It aims at integrating and including the disabled in the society by tackling the barriers they face rather than relying on curing the impairments.

After independence in 1963, the policy for the disabled changed with the establishment of rehabilitation training programmes. The focus was on training, prevention and rehabilitation of the disabled. Emphasis was placed on the rights of the disabled to become full-fledged members in the society and to remove the barriers to participation. This ushered in a new phase of integration and inclusion based on the development of such concepts as full participation, equality, a just society and education for all.

The present Kenyan education policy for integrating the physically disabled children is the result of developments in disability over the past 40 years. It reflects the general living conditions and socio-economic policies of different times. There are however circumstances that have influenced the living situations of the physically disabled children. These include negative traditional attitudes towards the causes of disabilities, undeveloped policies leading to poor services for the disabled, low levels of research in the field of disabilities and lack of adequate political will among others.

The integration and inclusion of the disabled into everyday life in Kenya has not been mainstreamed although the recent passing of the Persons with Disabilities Law 2004 shows some commitment by the government to the welfare of the disabled. Efforts to include the
disabled into the society are being made by the Catholic Diocese of Machakos that has established Small homes to access education for the physically disabled children in regular schools. Despite the efforts, there is lack of understanding about the terminology “integration” and how it can be achieved in Kenya. The words “special”, “integrated” and “inclusive” are normally used interchangeably. The government position is that the physically disabled need “special education” by “special teachers” in “special schools” with “special facilities”. For the Catholic Diocese of Machakos (DDS), integration means “inclusion” based on the right of the disabled children to access education in regular schools where they can be guaranteed of their right to grow up with their parents, siblings and extended families. Lack of a clear legislation and policy framework for the integration of the physically disabled children in Kenya has influenced the quality of education for the disabled. Education practitioners in the field of disability have not provided with confidence and integrity an appropriate education for the physically disabled children.

This study sought to find out the root causes of the marginalization of the physically disabled children in Machakos district of Kenya and their life situation. It aimed at coming up with proposals for integrating physically disabled children into regular schools and to enhance their welfare. It aimed at furthering the understanding of marginalization and the principles of Inclusive Education (IE). Through an analysis of the practice by the Small homes programme and the government’s segregated special education provision, lessons for effective integration of the physically disabled children were learnt. It must however be noted that, although this study focused on the physically disabled children and their policies and services, some of the proposed interventions for enhancing their welfare can only be achieved through an overhaul of the general services for all the people. A good example here is transport services and the implementation of the Persons with Disabilities Law 2004.

The goal of this study was achieved by carrying out a research in Machakos district of Kenya. This study focused on four priority themes: - (i) The availability and accessibility of services for the physically disabled children including education, training, medical care, transport, and employment. (ii) The existing policies for the physically disabled and how these affect their services. (iii) The understanding of disabilities and the attitude people have towards the disabled. (iv) The level of research in the field of disability. Data on the above were collected by carrying out face-to-face interviews and one Focus group Discussion among a sample size of 170. The data were analysed using content analysis.

The study findings show that although education is considered a basic right and need, its access and provision to the physically disabled children in Machakos district has experienced problems that impede its implementation. Despite the government’s commitment to free primary school education, implementation of integrated education to the physically disabled children is faced with constraints. These include: - lack of clarity of the policy of integration, negative traditional beliefs towards disabilities, the approach of implementing integrated education, low parental participation, lengthy assessment procedures of disabilities, lack of adequate specialist teachers, limited data on disabilities and limited access to education caused by high fees levies, lack of suitable transport services and access to mobility aids and suitable physical environment and amenities. The disabled are disadvantaged in the labour market due to lack of training and skills.

Further study findings show that Inclusive Education can work and that reservations to Inclusive Education can be overcome. Although most participants displayed positive attitudes towards Inclusive Education in Small homes as opposed to segregated provision in Special
schools, the findings showed that the Small homes need to make their school environments least restrictive for the physically disabled children and to adapt an inclusive culture. The Small homes were preferred for their inclusive policies of integration, their decentralized nature and benefits derived by the disabled, the non-disabled and the communities from the Small homes. Such benefits included acceptance, positive social relationships, enhanced academic performance and soft skills for self-independence. Opposition to Special schools was based on the negative effects to the children including segregation, disruption to family life, low social and academic grounding.

This study has shown that with the entry of physically disabled into school, the attitudes of teachers, parents, and pupils changed as they realized that the disabled children had the potential to learn. The disabled were aware of their disabilities and limitations, but these did not affect their self-esteem and ambitions. Those who had good education and awareness about disabilities were more positive about them and their potential. Attitudes are therefore changeable.

The disabled suffered marginalisation in accessing their basic services. They lacked adequate access to affordable suitable transport and this excluded (marginalisation) and isolated them from the day-to-day activities. The physically disabled children did not get adequate counselling, health care information, and the necessary medical services including surgery, physiotherapy, and mobility aids. The disabled students had only three choices of trades to pursue. These included tailoring, leatherwork and dressmaking. They had a shortage of teachers and limited resources for conducting attachment and acquisition of working tools.

The following were identified as areas of improvement on the services of the physically disabled children. There should be a more aggressive plan for community sensitisation about the needs, rights, services and a plan for mobilization of resources for the disabled. Information packs and brochures on offered services for the disabled, service providers, facts about disabilities should be introduced and used to sensitise communities and other stakeholders about disability and the Small homes programme. Parents with disabled children need to be mobilized and brought together to form self-help groups and stronger lobby groups to demand stake of their children from the government, to be educated about the rights of their disabled children and be more integrated into the management of institutions for the disabled. Teachers and caretakers in institutions for the disabled need to be trained in disabilities and given regular refresher courses on disability management. Effective provision of services for the disabled should be seen as a multi-sectoral responsibility. A co-ordinating body to harmonize provision needs to be formed and given the task of doing the following: - (i) Conduct information campaigns about disabilities and lobby for census on the disabled to know their numbers and profiles and use the data to formulate policies and intervention programmes for them. (ii) Coordinate in-service training for teachers, the development of training materials for teachers, and guidance and counselling of the disabled children. (iii) Following up graduated students from vocational centres and linking them up with employer organizations, support them to form self-help groups to access micro finance institutions for business start-up support (iv) Lobby for legislation for the physically disabled that would facilitate and support their integration and inclusion into the society and guarantee their rights on equal terms with others and look into the other areas of mainstreaming disability issues in development in Kenya. (v) Coordinate the review of the education policy to enhance the principles and concepts of integration, make education for the disabled affordable, to allow the establishment of preparatory nursery schools to admit physically disabled children and provide guidelines to assist the Small homes to fit within the overall special education practices.
1.0. CHAPTER ONE

1.1. Introduction

Kenya is situated on the eastern coast of Africa and is bisected by the equator. The country covers a total area of 582,646 square kilometres, including the narrow coastal plain, the semi-arid region of the West and North, the highlands including the Great Rift Valley, and the plateau surrounding Lake Victoria. Administratively, Kenya is divided into eight provinces; each headed by a Provincial Commissioner. Each province is divided into several districts; each headed by a District Commissioner. This study was carried out in Machakos District, one of the 13 districts making eastern province.

As in many countries in the world, the social stigma attached to disability in Kenya prevents the disabled children from reaching their full potential. People with disabilities in Kenya encounter barriers in their entry to school, into the workforce and lack of adequate access to basic services like medical health care and transport. Many have difficulties obtaining education, jobs and skills. These in turn contribute to low-income level and illiteracy that highlights their poverty plight. In addition, it contributes to low participation and high reliance on charity.

Kenya is a land of cultural diversity. There are about 43 ethnic groups that have different cultural practices, languages and familial relationships. The main religions are Christian and Islam. The national language is Kiswahili, and the official language is English. Agriculture is the main occupation and source of income for the majority of people in Kenya (NCPD, 1994) However, a major commonality among many communities in Kenya is the perception of the disabled member who is often viewed as an extra burden to the family by needing food and protection yet does not contribute to the family survival. The disabled are also seen as a bad omen or having been born as a result of a curse. Families with disabled
children also carry with them a burden of social stigma, which impedes social and economic welfare (Ahlberg, 1991). The resultant effect has been exclusion, isolation and marginalization from the mainstream community life. Efforts to integrate them into the mainstream life have been met by social-cultural and economic barriers among other factors. In the area of education, confusion exists over what is meant by integration and how it could be achieved.

The government has not set up clear legislation and policy framework for the integration of the physically disabled children. Consequently, education practitioners in the area of disabilities have not been able to provide with confidence and integrity an appropriate education for the physically disabled as provided for by the UNESCO (1994, P. 11-12).

The government believes that the disabled need extensive extra help to be integrated and it is this kind of help that has come to be termed as “special education” by “special teachers” in “Special schools” with “special facilities”. For others like the Catholic diocese (DDS), integration means “inclusion” based on the right of the disabled children to access education in regular schools in the communities where they can be guaranteed of their right to grow up with their parents, siblings and extended families, as set up in the Salamanca Statement that adapted the World Conference on Special Education Needs, Access and Quality, and that called upon all governments and urged them: -

“ To adapt as a matter of law or policy, the principles of inclusive education, enrolling all children in Regular schools, unless there were any compelling reasons for doing otherwise”. UNESCO (1994), (Statement, p, ix).

A study into the area of physical disabilities is critical in order to address these discrepancies, to highlight the best integrative approach and to highlight their marginalization. For instance, although the government’s provision of centralized long-term education care for
the physically disabled in Special schools, with special teachers and special facilities seems ideal, the centralized nature disrupts family life and causes emotional and psychological deprivation of the children and their parents. Children in Special schools do not achieve their maximum capacity and potential because of the deprived environment in the special schools where the interaction between the disabled pupils with able-bodied children is absent and not reinforced. On the contrast, although many shortfalls exist in the Small homes, the Small homes approach has some advantages over the Special schools. Small homes enable the disabled children to promote and attain the goals of education of equality and fellowship. The interactive learning in the Small homes where the disabled learnt together with the able-bodied has been mutually beneficial for both the disabled and the able-bodied children. The co-existence of the disabled children and their able-bodied children enables the disabled children to develop valuable social, emotional and personal perspectives. It enhances their skills and ways of communicating and enables them to access good care and support to build self-independent skills from their caretakers.

Despite efforts by the government and NGO’s to access education to the physically disabled, the current services for them are inadequate with only 2% of the disabled having access to education services (APDK, 1999). The universal education enrolment ratio is 69% with only 76% of the children-reaching grade 5, and with many disabled children remaining without education in the communities or dropping out due to, among other factors, mobility challenges (UNDP, 2003). The vast majority of the disabled people live in the rural areas where basic services virtually do not exist. A good study into the area of physical disabilities among the children will prove invaluable in finding the root causes of their marginalization and ways of integrating them into mainstream education and into the general life in the communities. Such a study can greatly further the understanding of the principles of Inclusive
Education through exploring the practice by the Small homes programme and comparing this with the government’s special education practices.

This study is divided into five chapters. Chapter one, which is the introduction, is the background to the study, the statement of the study problem, the purpose of the study and the delimitations of the study. The purpose of the study is to expand the reader’s knowledge on issues pertaining to the physically disabled children in Kenya. It explains why the Akamba Ethnic Community will probably merit this study.

Chapter two, which is the conceptual framework, explores the concept of marginalization, disability and Inclusive Education as fundamental problems in Kenya and the indispensable need to counter their effects on the physically disabled children. In this chapter, two theories of disability are discussed, that is, the Social theory and the Medical theory. These two theories provide a basic understanding of the interactions of the environment and impairments in the disabling process. They enhance a critical understanding that the limitation of physical activity is not only caused by an impairment, but largely by any behaviour or barriers that prevent people with impairments from taking active part in the life of the society. The relevance of these two theories to the study of the physically disabled children in Kenya is also explored. The two theories form the theoretical basis for data analysis in this study.

Chapter three is the Methodology that situates the research site and describes the study instruments and design as well as the method of data collection and analysis. Chapter four presents the results of the study. Chapter five, which is the discussion chapter, presents the findings of the study. It evaluates and interprets the study results and their implications. It includes initial conclusions made in the study. Chapter six, which is the concluding chapter, presents the implications of the study. It provides specific proposals that are needed to integrate physically disabled children into education and into community life in Kenya. It makes recommendations to the government, Small homes, Social workers, and for future
research in order to enhance the current weak body of data on children with physical disabilities. It also provides concrete action that the Government and other development partners need to take to improve the welfare of physically disabled children in the areas of education, training, transport, employment and the quality of services for the physically disabled children in Kenya.

1.2. The Background of the Study

There are persons with disabilities in all parts of the world and in all levels of the society. Both the causes of disabilities and the consequences of disability vary throughout the world. These variations are as a result of different socio-economic circumstances and of the different provisions that states make for the welfare of their disabled citizens.

The world situation on the disabled is very grim and bleak. It is estimated that about 500 million people in the world are disabled. That is, one in every ten people. An estimated 300 million of the world population live in the developing countries. Among these, 60-80% live in the rural areas where there are virtually no services to meet their needs. Estimates show that in the world, about 140 million of the disabled are children and 160 million are women with disabilities (WHO, 1999).

There are two major preventable causes of disabilities in the world today, which is, malnutrition and war. Malnutrition is responsible for over 100 million people becoming disabled while during war and violence; about 4,000 people become amputees each year (WHO, 1999).

The problem of disability in developing countries deserves concern to researchers. For many children, the presence of impairment leads to rejection or isolation from experience that is part of normal development. This situation is exacerbated by faulty negative family and
community attitudes that depict a disabled child as worthless, a curse or a bad omen. This erodes the child’s self worth and dignity. The negative attitudes towards the disabled have served as catalysts to deny them of their rights and to marginalize them.

The people with disabilities in Kenya not only represent a crucial sector of the marginalized population but also face special problems as a result of their disabilities. Many have no adequate access to basic services such as education, information, medical health care, employment, transport and rehabilitation. The majority of the disabled people experience hardships as a result of the in-built environment, cultural and economic prejudices, stigmatisation and more often ostracism, abuse and violence. The laws and policies intended as instruments of social engineering and avenues of awareness and intervention have not been explicit enough in addressing their human rights. Only until recently 2004, when the new Government established the Persons with Disabilities Law 2004, Kenya did not have a Disability Act. The government was using Sessional Paper No.5 of 1968 as the policy framework for disabled issues. This Sessional Paper is an old and an outdated document that did not take into consideration the special needs of the disabled and their human rights.

In Kenya, many disabled people often live in the rural areas where medical and other related services are scarce. Only 44% of births are attended by skilled health workers (UNDP, 2003). As a result, many women give birth with the assistance of Traditional Birth Attendants (TBA’s) who may not posses the necessary skills and knowledge in detecting disabilities at an early treatable stages. By the time medical attention is sought and given, the effects of the disabilities may have become irreversible.

Like in many other third world countries, Kenya lacks sufficient resources and qualified doctors to detect, correct and prevent disabilities and to meet the need for rehabilitative and supportive services of her disabled population. The ratio of physician to patient is I: 7,000, that is, one doctor for every 7,000 patients (UNDP, 2003). There are also no
adequate resources to train personnel in disability field, to carry out research and census into the extent of disabilities and into newer and more effective strategies and approaches to prevention and rehabilitation. In addition, resources into the manufacturing and provision of mobility aids and equipment for the disabled are quite inadequate. There is very limited information and little access to it owing to the centralized nature of government service delivery structures. Access to information is crucial. It can empower the disabled to hold the government accountable and to improve the levels of participation in public affairs and in areas that affect their lives. Lack of adequate information has resulted to the under-privileges suffered by the disabled children.

Despite scientific evidence into the causes of disabilities, majority of the Kenyan people believe, as in the past, that disability is retribution of past wrong deeds. The disabled children are seen as a bad omen or a curse. Consequently, many parents conceal their disabled children from the public to save themselves from the stigma thus associated, denying them their development rights such as education, play and leisure and their rights to protection and participation. Specific guidelines to the protection of the rights of the disabled are given in the United Nations *Standard Rules on the Equalization of Opportunities for Persons With Disabilities* (UN, 1994). The *Standard Rules* have the objective to facilitate full and equal participation of the disabled people in the society and they cover most of the areas and issues of concern to the disabled. They cover the image of the disabled which includes the attitudes towards the disabled, access to public services and utilities, education, employment, influence in political life, cultural life, training and rehabilitation.

The purpose of the *Standard Rules* is to ensure that the disabled, as members of their societies, may exercise the same rights and obligation as other able-bodied people. They place this responsibility to the states to take action to remove the barriers that may be experienced by people with disabilities in exercising their rights. It will be important in this study to see
how the current services for the disabled are in line with the recommendations set in the
*Standard Rules*.

In spite of awareness on the needs for integration and inclusion of the disabled into the society, there has not been adequate good will by the government about the provisions for the welfare of the disabled population. In addition, there are discrepancies between the government and Non-Government Organizations on the type of approach to be used to integrate the physically disabled children. The government believes that the disabled need extensive extra help to be integrated and it is this kind of help that has come to be termed as “special education” by “special teachers” in “special schools” with “special facilities”. For others like the Catholic Diocese of Machakos, integration means “inclusion” based on the right of the disabled children to access education in regular schools in the communities where they can be guaranteed of their right to grow up with their parents, siblings and extended families.

To compound further the confusion over what is meant by integration and how to achieve it is the lack of a clear legislation and policy framework for the integration of the physically disabled children in Kenya. Consequently, education practitioners in the area of disabilities have not been able to provide with confidence and integrity an appropriate Inclusive Education for the physically disabled in Kenya as provided for by the UNESCO (1994). In the light of the above, it is critical to look at how culture, the existing disability causes, policies and practices, and the level of research have influenced the marginalization of the physically disabled children in Kenya. A study into the area of physical disability needs to be carried out in order to identify the barriers to the inclusion of the physically disabled into the mainstream life and to address the discrepancies in practice, and the shortfalls in their services. A review of existing literature shows that no previous studies on the factors
influencing the marginalization of the physically disabled children and their life situations have been undertaken in Machakos district.

1.3. The Statement of the Problem

The disabled people in Kenya face many challenges in their everyday lives. They are discriminated against from birth and are not recognized as fully-fledged citizens. Kenya has only until recently (2004), acquired a Disability Law that is likely to guarantee the disabled of their rights. However, its implementation has not yet taken root. The disabled are limited in their participation on issues that affect their lives due to lack of legal provisions to mandate their representation to participate in policy-making. In education, which is a basic foundation of life, there is no provision for preparatory nursery schools for the physically disabled in the education system and no clear policy for their inclusion into mainstream education.

Education for the physically disabled is provided for in centralized residential Special schools that charge high fees. Although the Special schools have trained teachers in disabilities, the pupils do not benefit from the social environment that reflects the diversity of the real world. The disabled children are sheltered in Special Schools and are not adequately exposed to the daily realities and to out-door activities. Learning far away from their families can cause the children and their parents emotional stress and psychological deprivation.

In Machakos district, the facilities and institutions available for the physically disabled children are limited, poorly equipped and inadequate to address the basic needs and rights of the physically disabled children. In addition, there are no adequately trained teachers in disabilities. The only government institution for the physically disabled children is the Masaku School for the disabled, which has a low enrolment.
The only other institution is the Catholic Church based Diocesan Development Services that has established Small homes for the physically disabled children in ordinary schools. Just like the Masaku Special School, the Small homes have low capacities and lack trained teachers and sustainable funding resource base. However, the Small homes offers to the disabled children a relatively Less Restrictive Environment that makes it possible for the disabled children, whose physical needs interfere with their learning, to derive education benefits. The decentralized nature of Small homes makes it possible for parents to keep close contacts with their children and to reduce the emotional stress associated with educating children far away from home. In addition, the Inclusive learning in Small homes fosters close contacts and sharing between the able-bodied and the disabled children, enhances sharing, socialization, competition and provides the disabled children opportunities to receive wide ranging assistance from their able-bodied colleagues and care from their Care takers.

Despite there being over 10,000 disabled children according to unpublished reports by the Association of the Physically Disabled of Kenya (APDK, 1999) and the Diocesan Development Services (DDS, 1996), Machakos has no resource centre where one can access information and data pertaining to the disabled. The only resource centre is 75 kilometres away in Nairobi. This too has scanty and thin data in the field of disability. This situation highlights the poor state of information and low level of research in the field of disability.

Although the disabled continue to lobby the government to meet their special needs and rights, they continue to face great challenges in accessing to public places which are not accessible to them. There is no responsible authority to co-ordinate disability issues and to observe accessibility of the build -up environment by levelling of pavements, instilling lifts and accessible toilets and ensure access to other public places and utilities. In addition, there are no special transport arrangements for the disabled. Many difficulties continue to be met when planning to build accessible environments. The difficulties include negative traditional
beliefs towards the disabled, lack of knowledge and adequate data in the field of disability and lack of political will and commitment to provide the necessary disability awareness and integrate these into the training of planners, architects and construction engineers.

The geographical constituency of Machakos makes it vulnerable to poverty due to over-dependency in agricultural farming (Mwabu, Mwangi, Naftala and Manda 2002). When rains fail, there are high instances of drought, malnutrition and poverty. Machakos has high poverty levels with 23% of the population living under $1 per day. Machakos has a high incidence of malnutrition (23%) that is responsible for one-third of all children born with disabilities to poor families in the district (UNICEF, 1999). Despite the government’s commitment to eradicate the major causes of congenital disabilities like polio and malnutrition, lack of adequate access to appropriate and affordable medical care continue to hamper these efforts with a high mortality rate of 122 children per every 1,000 live births (UNDP, 2003).

It is clear from the above that the disabled are marginalized and they encounter barriers in their every day lives that hinder their integration into the mainstream life in the society. They encounter barriers in accessing education, basic health care services, information, employment, transport and are not readily accepted due to negative traditional beliefs. There is need for comprehensive improvements in the delivery of their services. A research is needed into this area in order to enhance the weak body of information and data and to highlight their life situations and generate proposals for enhancing their inclusion and welfare. In the area of education, there is need to enhance the understanding of integration by analysing education provision in Special schools and in Small homes. A review of available literature shows that no previous studies have looked into the area of disability in Machakos District. The only close survey on disabilities was conducted by Karugu (1985) to establish the attitude of certain communities towards the handicapped in Africa. The survey found out that most communities
in Africa have not yet changed their attitudes about the handicapped and considered the handicapped as a curse and bad omen to their families. To my best knowledge, there is no published evidence of previous studies that the concepts pertaining to the root causes of the marginalization of the physically disabled children in Machakos Kenya have been identified. In addition, despite there being scanty information in disability field, no one has previously, to my best knowledge, asked this particular research question in quite the same way as I have done. There is therefore every justification to carry out this study.

1.4. The Purpose of the Study

The purpose of this study is to find out the root causes of the marginalization of the physically disabled children in Machakos Kenya, the life situation of the disabled children and how their marginalization can be countered through inclusion into regular schools and enhanced welfare. Since culture has a large role to play in the socialization process of any given society, it was necessary that a study into the aspects of traditional beliefs about the sources of disabilities among the Akamba community be conducted. A study of their belief systems would provide insights into the social organization and cultural concepts and an understanding of the taboos, beliefs and perceptions that surround disability. Since beliefs and subsequent behaviour and response to disability are part of a people’s culture, understanding disability is essential in planning any interventions and development programmes aimed at countering the shortfalls in services experienced by the physically disabled children.

This study was carried out in Machakos district, in the Eastern province of Kenya. The research period was between August 2002 and February 2003. The study was made possible with funding from the DAAD and clearance from my supervisor Prof. Dr. Hildegard Müller-Kohlenberg to carry out the study. The study involved conducting structured interviews
among a sample size of 170. The respondents included the physically disabled children in institutions for the disabled, their teachers, caretakers and their able-bodied colleagues. Others were key informants in organizations and government agencies that assisted the disabled.

I hope to further the understanding of marginalization and the concept and principles of Inclusive Education by exploring how the Small homes programme integrates the physically disabled children into regular schools and compare this with the government’s segregated Special education provision. I aim to come up with proposals for integrating physically disabled children into regular schools, and proposals to enhance their welfare. This study focused on four priority themes:

1. The understanding of disabilities and the attitude of teachers, pupils, parents, and the public towards the disabled.
2. The level of research in the field of disability.
3. The existing education, training, healthcare, transport and employment policies for the physically disabled and how these affected their services.
4. The available services for the disabled that included education, training, medical health care, transport, employment, and their accessibility to them.

The questions asked during the interviews were designed to generate data on the above key themes.

1.5. The Delimitations of the Study

Despite the study’s comprehensive information, some difficulties were encountered in locating information specifically related to physically disabled children. There is very thin data concerning the disabled people in Kenya. Most of the materials on the disabled are general about disabilities but not specific about physical disabilities, the subject of this study. This gap
in materials is an indicator of an under-researched area and also illustrates the frustrating conditions faced by the disabled. In order for policies and programmes to reflect the needs and aspirations of the physically disabled children, interest must be generated, data collected and comprehensive studies carried out in the field of disability. Until then, the physically disabled will continue to be marginalized.

The area of Disability is very broad and this study limited itself to physical disability whereby, “physically disabled children” refer to children below 18 years old who are impaired, a condition that limits and restricts their physical ability to perform an activity in the manner and range that is considered normal for a human being. This study is limited to physically disabled children in institutions for the disabled and to their able-bodied colleagues, and students in Vocational Centres all aged below 18 years. As such, the recommendations will be ideal for the physically disabled children and not to adults.

The factors influencing marginalization of the physically disabled children could be many, but this study limited itself to four hypothesised factors, that is, traditional beliefs about disabilities, the level of research in disability field, policies for the disabled, and the services offered to the physically disabled children. The study was confined in Machakos District of Kenya due to time, economic and practicability factors.
2.0. CHAPTER TWO: THE CONCEPTUAL FRAMEWORK

2.1. Introduction

This chapter contains a discussion of the concept of disability and two theories of disabilities that are important in guiding this study. Attempts have been done to discuss the relevance of the two theories of disability (i.e., the Social theory and the Medical theory) to this study. In this chapter, the concept of marginalization is explored and that of Inclusive Education.

The concepts of disability can serve as the basic conceptual architecture for a disablement research like this one. The two theories of disabilities can help us expand our understanding of disability from just being a medical condition to being a social construction. The concept of marginalization is important to help us understand the operational meaning of marginalization as used in this study, i.e., an involuntary social exclusion and a shifting phenomenon. The concept of Inclusive Education refers to the practice whereby disabled children and non-disabled children learn together in ordinary mainstream school provisions with appropriate networks and support. The concept is important to enable us understand its meaning, related terms and how it can be implemented to ensure the physically disabled children, who are the subject of this study, are included (integrated) into the mainstream education and life in the society.

2.2. The Concept of Disability

The field of disability is broad and there is need for a uniform understanding and common language to guide the use of terms and their application in disability issues, to guide scholarly discussions, to advance theoretical work on the disablement process, to facilitate future surveys and epidemiological research and to enhance understanding of disability on the part of
professionals and the general public. A commonly understood language in disability is an invaluable instrument in influencing the development of public policy in the areas of employment, training, education and research. Since disability is being explored in this study, a good understanding of disability and its related concepts is prudent.

There are two major schools of thought that attempted to define disability and its related concepts. They are the Saad Nagi (1965) in his Disablement theory and the *International Classifications of Impairments, Disabilities and Handicaps* (ICIDH), (WHO, 1980). The two concepts of disability advanced by the Nagi and the ICIDH can serve as the basic conceptual architecture for a disablement research like this one.

### 2.2.1. The Nagi Concept of Disability

The Nagi (1965) and the ICDH (1980) concepts share in common the view that overall disablement represents a series of related concepts that describe the consequences or impact of a health condition on a person’s body, activities, and on the wider participation of that person in the society. Nagi (1965) defines disability as the expression of physical or mental limitation in a social context. Nagi’s definition specifically views the concept of disability as representing the gap between a person’s capabilities and the demands created by the social and physical environments. Nagi (1976) defines disability as a limitation in performing socially defined roles and tasks expected of an individual within a social-cultural and physical environment. To him, these roles and tasks are organized spheres of life activities like that of the family or other interpersonal relations such as work, employment and other economic pursuits, education, recreation and self care. Nagi (1965) noted that there are number of factors that contributed to the shaping the dimension and severity of disabilities. These factors include: -
“The individual’s definition of the situation and reaction, which at times compound the limitation of function, secondly, is, the definition of the situation by others, and their reactions and expectations of those who are significant in the lives of the person with the disabling conditions such as family members, friends and associates, employers and co-workers, and organizations and professions that provide services and benefits. Thirdly, is the characteristic of the environment and the degree into which it is free from or encumbered with, physical and social-cultural barriers” (Nagi, 1991, p.31).

In defining disability, Nagi talks of other related concepts such as impairment and functional limitations. He defines impairment to refer to the loss of or the abnormality at the tissue, organ, and body system level. These impairments represent a functional limitation that restricts the basic performance of the person.

2.2.2 The International Classifications of Impairments, Disabilities and Handicaps

The other school of thought is the International Classifications of Impairments, Disabilities and Handicaps (ICIDH) that was developing in Europe independent of the Nagi theory early in the 1970’s. The ICIDH, (WHO, 1980), describes disability as a term that summarises different functional limitations occurring in any population in any country of the world. People may be disabled by physical, intellectual or sensory impairment, medical condition or mental illness. Such impairments, conditions or illnesses may be permanent or transitory in nature. The ICIDH first component of disability is impairment, which is defined as follows: -

“In the context of health experience, an impairment is any loss or abnormality of psychological, or anatomical structure of function” (WHO 1980, p.27).
This definition of impairment by ICIDH is similar to that of Nagi who uses impairment to refer to a loss or abnormality at the tissues, organ, and body level. These impairments will represent a functional limitation that restricts the person’s performance. The World Health Organization (WHO) defines disability as: 

“Any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being” (WHO, 1980, p.28).

This definition is different from that of Nagi (1965) in that it is very much centred on the activities carried out by the individual. However, there is some commonality in this definition of disability in that Nagi uses functional limitation that has implications on restriction in activity.

The WHO (1980) defines the term “handicap” to mean: 

“The loss or limitation of opportunities to take part in the life of the person with a disability and shortcomings in the environment and in many organized activities in the society, for example information, communication and education, which prevent persons with disabilities from participating on equal terms. It is a disadvantage for a given individual resulting from an impairment or a disability, that limits the fulfilment of a role that is normal (depending on sex, social and cultural factors for that individual)” (WHO 1980, p.29).

The WHO definition of handicap has an apparent similar focus as that of Nagi in that, like Nagi’s disability theory, they both imply the notion of “role”. By referring to a
disadvantage, that may be seen to go further than just performance of activities and roles, but to focus on the person in the society in which he or she lives, reflects cultural norms, roles and expectations of performance.

Apart from the two schools of thought, disability has also been variously been defined. The English Disabled Person Act of 1944 and 1958 defines a disabled person as one who on account of injury, disease or congenital deformity is substantially handicapped in obtaining or keeping employment or in undertaking work on his own account of a kind, which apart from his injury, disease or deformity would be suited to his age, experience and qualifications. Kirsten (1996) defines disability as the expression of a physical or mental limitation within a social or environmental context. Kirsten’s definition has similarities to that of WHO (1980) in that it poses a limitation in the ability of the person to perform socially defined roles and tasks within a specific socio-cultural or physical environment.

In the United Kingdom, there is no single definition for disability. Various definitions apply depending on the situation. The main differences are related to access to specific services, benefits and allowances and general policy statements. For example the Disability and Discrimination Act (1995) defines a person as disabled if he has a physical or mental impairment, which has a substantial and long-term adverse effects on his ability to carry out normal day-to-day activities. The English Disabled Persons Act (1986) defines a disabled person as someone with mental, physical or sensory illness. The English Children’s Act (1989) defines a disabled child under Section 17(ii) as being any of the following: - “deaf, dumb, blind, suffering from any mental disorder, substantially or permanently handicapped by illness, injury, congenital deformity or any other prescribed disability”.

Denmark is a country that does not have a legal definition of disability, and so people with disabilities do not have to register their disabilities with the authorities. A disability is primarily regarded as a relationship between the individual and the society. A person’s
disability may have an impact on his or her ability to perform in a particular sector, and so the person’s problems must be analysed and solved within the sectors in which they arise, such as in the sector of transport, education or employment. (ILO, 1993). In Spain, expression of disability refers to any person whose opportunities for participation in education, work or social activities are reduced as a result of physical, mental or sensory impairment, whether congenital or not, and which is likely to be permanent. (ILO, 1993). And in Germany, disability is defined as a permanent functional impairment resulting from an irregular physical, mental or psychological condition. The disabled people are however not required to register their disabilities (European Commission, 1996).

From the above definitions, it can be concluded that “disability” is any restriction or lack resulting from an impairment of ability to perform an activity in the manner or within the range considered normal for a human being and it summarises a great number of different functional limitations occurring in any population in any country of the world. People may be disabled by physical, intellectual or sensory impairment, medical conditions or mental illness. Such impairments, conditions or illnesses may be permanent or transitory in nature.

The term “handicap” can be summarised to mean a disadvantage for a given individual resulting from an impairment or disability that limits or prevents the fulfilment of a role that is normal depending on sex, age, and social-cultural factors for that individual. It also means the loss or limitation of opportunities to take part in the life of the community on an equal level with others. It describes the encounter between the person with a disability and the environment.

It can be concluded that the purpose of the term “handicap” is to emphasize the shortcomings in the environment and in many organized activities in the society like information, communication and education which prevent persons with disabilities from participating on equal terms. The social and environmental handicaps can be reduced by
social, medical and technical adaptations, which also reduce the effects of a person’s
disability. The only variable that cannot change is “impairment”. For example the loss of a leg,
though it can be replaced with an artificial one, this will not change the fact of loss of a leg. In
this study therefore, the definition of “physically disabled children”, who are the subject of
this study, refers to children below 18 years old who are impaired, a condition that limits and
restricts their physical ability to perform an activity in the manner within the range considered
normal for human beings.

2.3. Theoretical Framework

There are two theories of disability that are significant to this study. They are the Social and
the Medical theories. These theories are particularly important in helping us understand
disability as being a medical condition as well as a social construction. This section discusses
and illustrates the two models and provides details of their relevance to this study.

2.3.1 The Social Theory of Disability

The Social theory of disability is an approach to disability that sees the problem disabled
people face as a result of societies barriers rather than the person’s medical conditions. It
recognizes the solution as to rid the society of these barriers, rather than relying on curing all
people who have impairments, which in most cases is not possible.

The Social theory of disability started from the disabled people themselves and it’s
origins can be traced to an essay by a disabled Briton: A critical condition, written by Paul
Hunt and published in 1966. In his part, Hunt (1966) argued that because people with
impairments are viewed as “unfortunate, useless, different, oppressed and sick”, they posed
direct challenge to the commonly held western values. According to Hunt, they were viewed
as “unfortunate” because they are unable to “enjoy” material and social benefits of modern society. They are viewed as “useless” because they are considered unable to contribute to the economic good of the community and marked as “minority group” members because, like the black people and homosexuals, they are perceived as “abnormal” and “different”. This analysis led Hunt to the view that disabled people encountered “prejudice” which expresses itself in discrimination and oppression.

Ten years later in 1976, the Union of the Physically Impaired Against Segregation (UPIAS) developed Paul Hunt’s work further, leading to the UPIAS assertion in 1976 that, disability was the disadvantage or restriction of activity caused by a contemporary social organization which takes little or no account of people who have physical impairments and thus excludes them from participation in the mainstream social activities. As such, a vital feature of the UPIAS statement and that of Hunt in 1966 is that for the first time, disability was described in terms of restrictions imposed on disabled people by social organization. Consequently, the Social theory of disability. The Social theory of disability by the UPIAS definition of disabled people as “people who have physical disabilities” faces criticism for its failure to include other types of impairments. This has led some scholars like Oliver (1983) to claim that the Social theory only applies to wheelchair users.

This criticism led to the further development of the Social theory by Oliver in 1983. Oliver, who is a disabled academician, described the ideas in the UPIAS definition together with other academics like Vic Finkelstein, Colin Barnes, and Gerben Dejong to include all disabled people. So whilst people with impairments may have developed the original formulation of the Social theory, the insight that offered was quickly seen as having value to all disabled people. In the 1970’s, disabled people used their personal experiences of disability and institutional life to show that it wasn’t their impairments, which caused the problem, but the way in which society failed to make allowances for their differences and shut them away
instead. This way of thinking, analysing and discussing disability became known as “the Social theory of disability”. The Social theory of disability explains disablement as the result of any behaviour or barriers that prevent people with impairments from choosing to take part in the life of the society. The driving force to the Social theory is an inclusive view of the disabled community. The construction of the Social theory defines disability quite simply as the social consequences of having impairment.

According to Oliver (1983), the Social theory of disability is not limited to narrow descriptions of impairments. It instead takes the wider view that the ability to undertake such activities is dependent upon social interventions. As such, the limitation of activity is not caused by impairment but it is a consequence of social organization. To Oliver, the Social theory of disability does not wish to deny the existence of impairment and physiological differences, but rather, it addresses them without attaching value judgements such as “normality” and shifts the emphasis towards those aspects of our world that can be changed. In this study, the Social theory of disability can be used to explain disablement of physically disabled children in Kenya as arising from the negative traditional beliefs and attitudes towards them by the society and the failure by the society and the Kenyan government to provide support services and adapted environment for them to lead normal lives.

Figure 1. A conceptual illustration of the Social theory of disability

![Diagram of Social Theory of Disability]

- Problem is the disabling world.
- Inaccessible transport
- Inaccessible buildings
- Isolated families
- Poverty and low income
- Segregated education
- Poor job prospects
- No lifts
- No parking places
- Prejudiced attitudes
- Few sign language interpreters.

Social Theory of Disability
2.3.2. The Medical Theory of Disability

The disabled people have generally fewer opportunities and a lower quality of life than non-disabled people. Any actions taken to deal with or remove the disadvantages they experience depend on what is believed to be the disadvantage. There are two ways of explaining what causes the disadvantage, that is, a Medical theory and a Social theory. The Social theory has been discussed in section 2.3.1. This section explores and illustrates the Medical theory of disability.

Among the Akamba community, disability is considered to be a tragedy for the individual and a burden for the family. This is based on a Medical theory of disability. This theory focuses on the lack of physical, sensory or mental functioning, and uses a clinical way of describing an individual’s disability. Under the Medical theory, the disabled person’s inability to join in society is seen as a direct result of having impairment and not as a result of features of the society that can be changed. According to Campbell & Oliver (1996), there are certain “norms” in human development and functioning against which the person is judged such that its only the nature and severity of the impairment that is important in addition to the extent into which the impairment can be put right or reduced. As such, the disabled are defined and categorized by their impairments. To Campbell and Oliver, the Medical theory has dehumanising effects as it encourages explanations in terms of features of an individual’s body, casting the individual as a victim of the problem, unlike the Social theory that encourages explanations in terms of characteristics of social organization.

The two theories impact differently in the lives of the disabled. Unlike the Social theory which enables disabled people to look at themselves in a more positive way which increases their self-esteem and independence, the Medical theory makes the disabled people feel a loss for all the things they would like to do, but cannot do, a loss of goals and dreams.
that seem unobtainable, to feel they are a burden to family and friends and a problem for doctors who cannot cure them. As a result, the disabled people are expected to see their impairments as their problem, something they will have to make the best use of and accept that there are many things they cannot do (Oliver, 1993).

The Medical theory of disability faces criticism from the disabled people whose philosophy is that disability is a social construction rather than seeking to “fix” a person or to separate him or her from the rest of the society. The Social theory seeks to put the problem on the society rather than on the individual and it defines the solution to disability as not lying in the person, but rather in breaking down the barriers that limit people from full participation in their communities and society. It also faces criticism and rejection from the disabled people themselves. The disabled people argue that it has led to low self-esteem, underdeveloped life skills, poor education and consequent high unemployment levels. They argue that it is responsible for the segregation of disabled people that have caused the breaking up of natural relationships with their families, communities and societies as a whole (Ingstad & White, 1995).

In addition, the Medical theory of disability has been rejected by the disabled because they argue that it results in emotions such as fear or pity because the society has not recognized disabled peoples needs as “rights”. Where their needs have been met, it has often been through charitable giving that reinforces the idea of disabled people as passive recipients.

Despite the criticisms of this theory, the Medical theory is important in the study of the root causes of the marginalization of the physically disabled children in Kenya, who are the subject of this study. The disabled children are physically disabled, meaning that they are incapacitated by injury or illness that limits and prevents the fulfilment of roles that are normal depending on sex, age, and social cultural factors for the disabled people. Below is an illustration of the Medical theory of disability.
2.4. A Conceptual overview of the Enabling-Disabling Process

The following illustration of a conceptual overview of the enabling-disabling process depicts the theoretical ideas carried in the Social and Medical theories of disability discussed under sections 2.3.1 and 2.3.2 above. In the Social theory, the society is shown to disable people from taking part in their every day lives. If the disabled people are to join and be integrated into the mainstream society, the way the society is organized must be changed. Removing the barriers, which exclude disabled people such as prejudice, bias and stereotypes towards the disabled, the inflexible organisational procedures and practices, in-accessible information, in-accessible buildings and in-accessible transport are depicted by environmental modification. The Medical theory, that focuses on lack of physical, sensory or mental functioning, uses a clinical way of restoring a person’s functionality. This is depicted by functional restoration. The overall idea is to make the disabled person as normal as possible.

Problem is the defective person.

- Needs a doctor or cure
- Can’t use hands
- Can’t see or hear
- Have bitter attitudes
- Have fits

- Is house bound
- Can’t use stairs
- Needs care and help
- Is sick
- Confined to wheel chair and crutches.

The Medical theory of disability.

Figure 2. A Conceptual illustration of the Medical theory of disability.
**Conceptual overview of the enabling-disabling process**

The environment, depicted as a square, represents both physical space and social structures (family, community, school, society). A person who does not manifest a disability is represented in (a) as fully integrated into society and “fits within the square”. A person with potentially disabling conditions has increased needs expressed by the size of the individual and a bigger environment to represent more needs and is cut-off from his prior integration into the environment as represented in (b), that is, doesn’t fit into the square”. The enabling (or rehabilitative) process attempts to rectify this displacement, either by restoring function in the individual as represented in (c) or by expanding to the environment as represented in (d) e.g. by building ramps and an enabling environment.
2.5. **The relevance of the two theories of disability to this study**

The Social theory of disability is important to the study of physically disabled children in Kenya because it provides the intellectual and methodological tools needed to create disability research. This theory can be applied to real issues in the law, in community inclusion interventions such as an inclusive education approach for the physically disabled children. In this study, the Social theory is being used to expand the understanding and examination of the social, economic and political forces that for years have served to marginalize and oppress the physically disabled children in Machakos Kenya.

It is an important theory due to its relevance to people’s lives primarily because it still has the power to dramatically change the way disabled people think about themselves and their place in the world. The Social theory’s focus on the idea that people with disabilities are a minority group, who have been discriminated against, can be used to describe the situation of the physically disabled children in Kenya as a minority group who are being marginalized by the wider able-bodied bigger society.

In addition, the Social theory of disability can be used to enable people to understand and discover that being disabled does not have to be viewed negatively as some failure or weakness with the disabled people. This positive perception can enable the disabled and the non-disabled alike to view disability in a way that does not put the “blame” for disability on the disabled person and therefore lead to an increased understanding and acceptance of the disabled in the society.

This theory has the potential to provide an opportunity for the disabled to think about disability as caused by the negative attitudinal beliefs, physical and communication barriers, imposed on the disabled rather than the effects of their impairments. This shared experience of external barriers can allow the disabled people, irrespective of their impairments, to feel a
sense of self-worth and dignity. Its focus on disability as caused by social barriers, rather than
the person’s conditions, can allow disabled people to “lift the blame from their shoulders” and
place it squarely onto society. Consequently, organizations for the disabled, lobby groups can
challenge and pressurise the government and the society to remove the barriers.

The Social theory of disability can also be used by disability rights activists, education
trainers, non-government agencies involved in disability work, human rights activists and
academicians in Kenya to give the insights provided by the theory to lobby the government in
changing and adapting its policies in areas of social, political and economic life to be
responsive to the needs and aspirations of the disabled.

2.6. The Concept of Marginalization

Marginalization is a term that means being outside the margin or exclusion from the
mainstream. It denotes rejection and lack of acceptance of one person by another. It is
therefore an undesirable act to marginalize others. The disabled people, due to their disability
that makes them different from the able-bodied, are a minority group that faces exclusion from
the wider bigger society that does not readily accept them as part of it.

People who are marginalized have relatively little control over their lives and the
resources available to them. They may become stigmatised and are often at the receiving end
of negative public attitudes. Their opportunities to make social contributions may be limited
and they may develop low self-esteem and low self-confidence. If they do not have work, they
may have limited opportunities for meeting with others, and may become isolated. People who
are experiencing marginalization are likely to have tenuous involvement in the economy. The
sources of their income vary; some will depend on state benefits, marginal economic activity
such as casual jobs or charity. Others may even turn to begging. Poverty and dependency are
everyday aspects of the social and economic dislocation of the marginalized people.

A number of authors have defined marginalization in different ways. However, central to their definitions is the idea that marginalization entails exclusion from participation in some areas of life. Eldering and Knorth (1998) define marginalization to mean social exclusion, and as expressing a process and not a static condition. They see it as a process because at some stages in one's life cycle, the risk of marginalization may increase or decrease. Eldering and Knorth illustrate this by using the example of the marginalization status of disabled children and youth that may decrease as they get older, or as they gain education and access to facilities and services. It refers to a process by which a person becomes distant from the conventional institutions in the society like the family, school, and the labour market. They see marginalization as an experience affecting millions of people throughout the world, that manifests itself as disadvantages like being discriminated against, being poor, remaining unemployed. These factors bring with them the risk of exclusion.

In defining marginalization, Eldering & Knorth (1998) argue that the concept of marginalization contains at least four elements. First of all is that it expresses a process and not a condition since an individual can be marginalized during some period of his life and not others. Secondly, that marginalization can be defined as an undesirable situation for the individual as it relates to areas in society where there are normative expectations for the participation of the individual and these are seen to be according to society’s dominant system of norms advances. Thirdly is that marginalization entails exclusion from participation in some areas of social life. Marginalization is characterized by an involuntary, incomplete part on one or more spheres of life where there is an expectation of vulnerability with limited control over one's social and economic existence. Lastly, marginalization can be more or less extensive, in that it does not necessarily lead to complete exclusion from participation in one given sphere or all essential spheres of life. People can be marginalized in several spheres but
marginalization in one sphere does not automatically lead to the marginalization in others.

Leonard (1984) defines marginalization to mean being outside the mainstream of production activity and or social reproductive activity. It also means: -

“Being involuntarily socially marginalized i.e. remaining outside the major arena of capitalist productive and reproductive activity and as such experiencing an involuntary social marginality” (1984, p.18).

Leonard (1984) concurs with Eldering & Knorth (1998) in viewing marginalization as happening to a group of people in the society that finds itself being involuntarily excluded from the mainstream activity. However, Eldering & Knorth differ with Leonard by suggesting that marginalization can be a voluntary or an involuntary activity.

According to Munday and Ely (1996), marginalization is a product of society. If a society standpoint in determining a person’s role worth in the structural and functional society, the under-privileged will be seen as not being able to meet the culturally defined roles of the society. Munday’s definition has some similarity with that of Eldering & Knorth (1998) and that of Leonard (1984) in that, the role of the society, and the way the society is organized and structured, have an adverse effect of excluding the disabled, what Leonard refers to being involuntarily socially marginalized and what Eldering & Knorth refer to as social exclusion.

Allan (1982) defines marginalization as a sharp dividing line that puts one category much smaller than the other. To Allan, this division into normal or disabled has implications that the latter is a much smaller and a lesser important category than the former. Oliver (1990) defines marginalization to mean a division resulting into a lesser category. He argues that disabled people in many societies are seen as less human. This definition is similar to that of Allan (1982) in that a division is drawn between the able-bodied and the disabled whereby the
able-bodied become superior and the disabled remain inferior. The Oxford English Dictionary defines marginalization as the treatment or consideration of a person or a thing based on the class or category to which a person or thing belongs rather than on individual merit. It explains marginalization as being about making a distinction in favour or against someone in the case observing a difference in treatment.

From the above definitions, it can be observed that marginalization is a social construction. It can be defined as a process where there is more or less comprehensive involuntary exclusion from participation in one or more spheres of life. A process where there is a normative expectation of participation both as regards the individual, and in relation to the given socially dominant social order. Similarly ethnic groups, families or individuals can be marginalized within localities. Marginalization is a process, and a shifting phenomenon, linked to social status. However, their state of marginalization is not static in that any interventions that go towards the full integration of the disabled in the society can reverse their marginalization.

**Figure 4. A conceptual illustration of marginalization.**

The circle depicts the mainstream society. The circumference depicts the margin of the mainstream society. The arrows pointing outside depict marginalization, that is, being pushed out from the society. The push factors are negative traditional beliefs about disabilities, poor policies and subsequent services, and low level of research in the field of disabilities.
In this study therefore, the understanding of marginalization as an involuntary social exclusion and a shifting phenomenon is very vital in designing intervention programmes that aim at countering the exclusion of the physically disabled children into mainstream life in the society. The effects of their marginalization can be seen in the in-adequacies that they face.

2.7. The Concept of Inclusive Education

Inclusive Education is now being understood by professionals and is about to be understood by people at large to mean education for all children in the same class. This arises from the fact that vulnerable children, especially the disabled, have not been accepted by the school system. While the society is being urged to accept her disabled members, then it must also be the responsibility of the school system to find a way of accepting the disabled children. The origin of inclusive education can be traced in the Salamanca Statement” that adapted the World Conference on Special Education Needs, Access and Quality, and that called upon all governments and urged them to:

“Adapt as a matter of law, the principles of inclusive education, enrolling all children in regular schools, unless there were any compelling reasons for doing otherwise”. (UNESCO, 1994), (Statement, p, ix).

The basic premise of this statement is that schools should meet the educational needs of all children irrespective of their disabilities and limitations. From this point of view, it can be argued that Inclusive Education is the strategy that contributes towards the ultimate goal of promoting an inclusive society, one which enables all children, whatever their age, gender,
religion, ethnicity, impairment, to participate in and contribute to their best ability to the society.

UNESCO (1993) urges that education is the right of all children, and therefore Inclusive Education for the vulnerable children becomes a very important avenue to ensuring that all children have access to an appropriate, relevant, affordable and effective education within their communities. Within school, UNESCO (1993) defines inclusive education to mean an approach that aims at developing a child-focus by acknowledging that all children are individuals with different learning needs and speeds. The implication is that their differences are respected and valued and any discrimination or prejudices arising from such differences are actively combated in policies, institutions and behaviour change.

Sebba & Ainscow (1996) define Inclusive Education to mean: -

“A process by which a school attempts to respond to all pupils as individuals by reconsidering its curricular organization and provision. Through this process, the school builds its capacity to accept all pupils from the local community who wish to attend and, in so doing, reduces the need to exclude pupils”. (p.9).

Sebba and Ainscow (1996) concur with UNESCO (1993) in their focus to the child, who, although different from others and having different learning needs and abilities, should be welcome to learn together with the others within his/her community. Sebba and Ainscow share with UNESCO (1993) the view that schools should restructure their environments and method of organization to accommodate disabled children with special needs and different learning speeds.

Hegarty (1993) defines inclusive education to refer to the participation by all in a supportive general education environment that includes appropriate educational and social
support services. In his definition, Hegarty concurs with UNESCO (1999) definition of inclusive education as being an approach that exerts that classrooms and communities are not complete unless children with all needs and gifts are welcome into it. In this approach, all disabled children regardless of their strengths and weaknesses in any area, become part of the school community. Hegarty’s reference to full participation by all in a supportive environment that includes appropriate educational and social support is similar to that of UNESCO (1993) of a complete welcome and inclusion of all children with different needs and gifts in the classrooms and in the community. It can be argued that the supportive environment being referred to by UNESCO and the welcoming classroom and community by Hegarty means one and the same thing.

By comparing UNICEF, UNESCO, Hegarty and Sebba and Einscow, one central idea surfaces in their overall definitions of inclusive education, that is, the school and the communities general organizational arrangements should be restructured in order for the barriers that cause exclusion, lack of access and participation of the disabled children into the mainstream life in the society to be minimized.

From the above definitions, it can be concluded that inclusive education means that disabled children and the non-disabled children learn together in ordinary mainstream school provisions with appropriate networks and support. It can also be interpreted to mean enabling the disabled pupils to participate in the life and work of the mainstream institutions to the best of their abilities. As such, inclusive education can be viewed as an implementation of the “policy“ and “process” that allows all children to participate in all educational programmes. It can be viewed as a “policy” in that disabled children should be accepted without any restriction in all education programmes meant for other children, and as a “process” to denote the means and ways in which the school system makes itself welcome to all children. Inclusive education therefore advocates for the need for equality and acceptance of every child in the
society. Some of the processes that can be adapted to achieve inclusive education can include the restructuring of cultures, policies and practices in schools and in the society so that they respond to the diversity and special needs of all pupils.

The concept of inclusive education becomes therefore an important aspect of the study of the root cause of the marginalization of the physically disabled children in Kenya. It is relevant in that the physically disabled children have the right to be educated, and more so, together with the other able-bodied children in their own communities, regardless of their disabilities. In this aspect therefore, inclusive education becomes a basic human rights issue for the physically disabled children in Kenya.

In addition, the philosophy of inclusive education to all children irrespective of disability can become a necessary tool in shaping and directing the policy of education for the physically disabled children in Kenya. Currently, there exist discrepancies between the government and the NGOs on the type of approach that should be adopted for the rehabilitation of the physically disabled children. The government offers special education in segregated settings while the NGO’s, for example the Diocesan Development Services, have established Small homes that are founded on the principle of inclusive education to access education to the physically disabled children in regular schools.

The principle and philosophy of inclusive education can become an invaluable source of information and ideas that the Small homes Programme of the Catholic diocese of Machakos can benefit from. The Small homes can particularly benefit from this approach by improving the classroom provisions and the capacity of the teachers and the support staff and also the school environment to make it more welcoming, supportive, adaptive and responsive to the special needs of the physically disabled children.

Lastly, this concept can become an instrument of change in the ways in which people and communities think about the disabled people and their capabilities. With changed
attitudes, an appropriate, relevant, affordable and effective education within the communities, the marginalization that the physically disabled children face due to being excluded from the mainstream life in the society could be countered.
3.0. CHAPTER THREE: METHODOLOGY

3.1. Introduction: The Context of the Study

This chapter presents the methodology adapted in this study. It situates the research site and describes the study instruments and design as well as the method of data collection and analysis. This chapter presents two sections. The first section is the context of the study that describes where the study was done, the geographical location and choice of the study area, economic activities and other socio-economic aspects of the area such as the population size, religious beliefs, health care and education services. The second section presents a detailed description of the methodology of data collection and covers the sample frame, data collection and data analysis. A graphic presentation of the research process is appended in this study as Appendix 2.

3.2. The choice of study area and geographical location of Machakos

Machakos District in the Eastern province of Kenya is the selected study area. The choice of Machakos was purposive because Machakos can, and still gives a fairly representative data on all urban and rural situations where a study on the root causes of the marginalization of the physically disabled children and their living situations could be carried. Better still, Machakos hosts a number of NGOs working with physically disabled children like the Catholic Diocese of Machakos that has established Small homes for the physically disabled children. Machakos is also the home of the only government Special school for the physically disabled children in the district. The inhabitants of Machakos are the Akamba whose attitudes and beliefs on disabilities are socially constructed. The family is the basic kinship group and is the centre of economic and social life. To be a valued member in the Akamba social ethnic community, one has to be able to carry out the socially defined roles and be able to contribute fully towards the economic and social status of the community. The disabled, due to their limited physical abilities, find themselves disadvantaged in meeting these roles. They are therefore despised and stigmatised.
Figure 4. The Map of Kenya showing the position of the study area of Machakos District.

Figure 5. The map of Africa showing the position of Kenya.
The socio-cultural life of the *Akamba* was influenced by the belief in ancestral powers. Ancestral spirits could punish the living for misconduct. To avoid the wrath and punishment of the ancestors, proper conduct by individuals was of utmost importance in the day-to-day lives of the people. Due to the belief on the unity of social relationships between the living and the dead, taboos, prohibitions and sanctions were observed in the daily actions and conduct of individuals. The presence of disease and other misfortunes insinuated breach of conduct. Similarly, problems of reproduction including infertility, barrenness, miscarriage, infant loss and the birth of disabled children were believed to be the signs of disharmony arising from violation of rules. Related to this was the belief that the breach of conduct could be a person other than the person suffering. This strong belief in the joint responsibility for the well being of the community and the individual was probably the strong force behind the attitude towards the physically disabled children among the *Akamba* ethnic group.

The complexity and sensitivity of the cause of disabilities and lack of written documents on the causes of disabilities, the situation of the disabled and data about their education were important considerations in the choice of Machakos District. As a member of the *Akamba* ethnic community, I was an insider and grew up in the study area. As I grew up, I attended school with children who had disabilities of all kinds, many of whose learning needs could not be met in regular schools due to lack of trained teachers. Others had specific difficulties due to mobility challenges and long distances to cover to go to school on foot. There were other practical considerations of doing this study in Machakos. These included the knowledge of the native language and experience and familiarity with the situation of the disabled due to my work with the Catholic Diocese of Machakos as the officer in charge of the Children’s Rehabilitation Programme. My work with the diocese had exposed me to issues of education for the physically disabled, the prevailing beliefs about the causes of disabilities and the absence of documented data in the field of disability. Other factors were financial, time
and practicability considerations. It was therefore necessary to select an area both rural and accessible. Machakos is the District administrative town and the main government departments are based in the town like the Special Education Department, the Employment Office, the Assessment centre and the Machakos general hospital. The Machakos Catholic Diocese runs Small homes and has its main office in Machakos town. These factors made the choice of Machakos suitable.

Machakos District is one of the 13 districts forming Eastern province, one of the largest eight provinces of Kenya. It lies within the foreland plateau between the Eastern Rift Valley and the Nyika Plateau. Specifically, it lies between latitudes 0° and 45’ and 1 degree 30’ south of the Equator and longitude 36° and 45’ and 37° and 45’ of the Greenwich Meridian. Machakos District borders Kitui District to the east and Kajiado District to the west. Towards the south, it borders Makueni district, while Nairobi province and Kiambu District are to the northwest. Towards northwest, it borders Murang’a and Embu Districts.

Machakos District has an area of 5,818 square kilometres. The topography of the District is varied. However, it consists mainly of a large plateau, elevated to about 1,700 metres in the west and slopes to about 700 metres above the sea level to the south. The plateau is characterized by series of hill masses of metamorphic rocks at the centre between Athi-Kapiti plains in the west and Yatta in the northwest. The volcanic Kilimambogo Mountain is the highest point in the district rising to about 2,144 metres. These hills act as the catchments for many springs in the district, which drain into the Athi, Tana or Thika rivers.

3.3. The Economic Activities of Machakos District

The topography of Machakos District has had some impact on the development of the district. The hill massifs of Iveti, Mua and Kangundo not only act as catchments for the numerous
springs and streams which are sources of small scale water projects, but are also relatively high potential areas for agricultural production because they receive relatively high rainfall in comparison with the low lying areas. Cultivation of cereals like cow-peace, maize, beans and potatoes is highly practiced in Machakos.

Coffee is the major cash crop in the district. Horticultural crops such as tomatoes and French beans are grown under irrigation in these hills. The low-lying Kapiti plains and the Yatta plateau with relatively low rainfall are suitable for ranching activities. The un-even nature of the topography has resulted in soil erosion, causing numerous gullies in some parts, especially where terracing has been practiced. The hilly nature of the topography and the gullies has adversely affected the development of the road network in the district. Consequently, many parts of the district are inaccessible with public transport especially during the rainy season.

The rainfall in Machakos District varies with attitude. The high lying areas have higher rainfall than the low-lying areas that are dry most of the year. The total annual rainfall ranges from over 1,000mm per annum in the highlands to slightly less than 500mm in the lowlands. The long rains occur between March and May while the short rains fall from October to January. The lowlands, which receive less rainfall, are suited for livestock and drought resistant crops. Fruits such as mangoes, paw paws, oranges, avocados, guavas and pears are available in abundance and form part of the household income for majority of the people.

The temperature varies between 18° and 25° throughout the year. The coldest month is July and the warmest is March and October just before the onset of the short and long rains. This climate favours the growth of vegetables, which are grown in abundance during the rainy season. However, due to lack of refrigerated facilities or industries to process them, many of them go to waste. During the dry season, vegetables have to be imported from the
neighbouring districts making them expensive to buy. Lack of vegetable consumption has been linked to incidences of hydrocephalus disabilities.

3.4. The Education system in Kenya

The government runs the Kenyan education system. The education system is divided into three, that is, primary school, secondary school and post secondary school. The history of education in Kenya can be traced as early as in 1846, when the Church Mission Society established a school at Rabai near Mombassa in the coast province. This was the start of formal education in Kenya. The purpose of the school then was to promote evangelism but as education developed, it became an instrument to produce skilled labour for the settler’s farms and clerical staff for the colonial administration.

Kenya believes that education is a basic human right to every child in that it transforms them and their quality of life by making them more receptive to the applications of science and technology in agriculture, industry, social services and in their every day lives. For this reason, Kenya’s education strives to cater for both the able-bodied and the disabled children. Special education is an area within the framework of general education that is supposed to provide appropriate facilities, specialized materials and trained teachers to handle the learning and special needs of the disabled children.

Before independence, religious organisations and Non Government Organisations almost exclusively managed the area of Special Education. At independence (1963), the government got more involved and assumed a leading role in the education for the disabled. It established special schools and the Kenya Institute of Special Education in 1986 to train teachers to address special needs of the disabled children. Other roles by the Kenya Institute of Special Education were: - to carry out functions catering for all kinds of disabilities,
conducting research with an emphasis on special education, providing, producing, maintaining and repairing appropriate special education material and equipment in addition to functioning as a resource centre for the production and dissemination of information on the disabled. Others included offering educational and psychological assessment for children with disabilities and offering special education courses in the distant education mode.

The current education system in Kenya is the 8-4-4 system, which replaced the 7-4-2-3 system. The 8-4-4 system provides for 8 years of primary, 4 years of secondary and 4 years of university education. It is intended to meet the increasing demands of the economy for technically and professionally qualified personnel. Currently, there are more than six million Kenyans who are enrolled in various educational institutions. That notwithstanding, the adult literacy rates are estimated at about 60% for men and 40% for women with the disabled forming the bulk of the illiterate population (http://www.kbs.go.ke).

Machakos district has only one Special school that has about 120 physically disabled children although its capacity is about 300 children. This is in direct contrast with the well over 100 public primary schools catering for able-bodied children in the district in addition to eight private primary schools. Machakos has no post-primary or high school for the disabled though it has over 103 public secondary schools and 20 private secondary schools catering for the able-bodied children. According to unpublished reports from the Diocesan Development Services (DDS, 1997) and the Association of the Physically Disabled of Kenya (APDK, 1996), Machakos has an estimated 10,000 physically disabled children.

Almost all primary schools in Kenya are in the public sector and depend on the government for their operational costs. However, the government involvement and support has traditionally extended only to the provision of teachers and meeting their salaries until recently, (2003), when the government introduced free primary education. Although its implementation is facing many teething problems, there is hope that primary school education
can become more accessible to many children as a matter of right save for the physically disabled children who have to access education in boarded facilities that charge high fees.

Critical expenditure on school supplies and equipment has been financed by the levies on parents by the Parent Teachers Association. In addition, the parents shoulder the responsibility for the construction and maintenance of schools and staff housing. This makes education for most parents who are poor very expensive. At present the number of primary schools for the disabled that are maintained by the government are 57, with only a total enrolment of 8,000 children (http://www.kenyaweb.com/). This number is small compared with that of disabled children needing education. This shows the disabled continue to be marginalized in the area of education since they cannot be enrolled in mainstream schools and also because there are very few opportunities for them in the Special schools.

The main transport to school is on foot. Many pupils have to trek on average one to six kilometres each day and back to primary school, and between 10-15 kilometres to attend secondary school. The physically disabled children cannot cope with the long distances on foot to school. Consequently, they are not enrolled in the mainstream schools or drop out soon after enrolment. Most of the primary schools do not have electricity and this limits the inclusion of technology into the classroom. Even where electricity is available, technology continues to be out of reach due to financial limitations.

3.5. The Religious Beliefs in Kenya

The population in Kenya follows three major modern religions. According to Kuria (1992), 38% of the Kenyan population are Protestants, 28% are Roman Catholics and seven percent are Muslim. Twenty-six percent are followers of various indigenous beliefs and the remaining 1% are followers of other smaller religions. Most of the Christian population live in western
and central Kenya, while most of the Muslims live in eastern Kenya and the coast province. This national pattern of religion holds true to Machakos district where majority of the residents are Christians.

Kenya is home to various ethnic groups that migrated during colonial rule from India and Pakistan. Referred to in Kenya as Asians, they are divided on the basis of religious affiliation into Hindus, Muslims and Sikhs. Although many left after independence, a substantial number remain in urban areas such as Mombassa, Nairobi and Kisumu. Arabs live along the coast. Although all observe Islam, they are divided between “old” Arabs who arrived before the 16th century, and the “true” Arabs, originating with the establishment of Arab hegemony in Zanzibar in the 19th century. Over half of Kenyan Muslim minority are of Somali origin. The remainder is largely made up of Galla-speaking people and the Swahili speaking community. European Kenyans, mostly British in origin, are the remnants of the farming and colonial population. Most of them live in Nairobi and Mombassa and they make up many of the Protestants in Kenya.

Kenya has no state religion. However, the majority of the Christians are members of the Roman Catholic, Anglican, and other protestant churches. These religious affiliations are the outcome of early missionary activities, which assisted in the administrative pacifications of the country during the colonial times. Christian missionaries activity began in Kenya hinterland when its interior was opened to rail travel between Mombassa and Uganda at the end of the 19th century. Churches were founded in the 1920’s and 1930’s especially in Kikuyu, Luo, and Luhya land and predominated some, which sought to combine Christianity and indigenous beliefs. Most churches tended to be ethnically homogenous since colonial authorities maintained a policy of allocating a mission to a particular territory, though this tendency has changed with increasing communication and mobility.
3.6 Health Care services in Kenya

Health issues in Kenya are governed by four main legislations, that is the Constitution, the Medical Practitioners and Dentist Act (Cap.253, laws of Kenya), the Nurses (Cap.257), and Pharmacy and Poisons Act (Cap.244) (WHO, 2004). However, the present Kenyan constitution does not make provisions that facilitate the enjoyment of social, economic and cultural rights. Consequently, health is not listed as a right within the bill of rights. There are great strides that the Kenyan government NGOs have made in the improvements of health standards of the people. However, Kenya, just like most other developing nations still has a long way to go in tackling maternal mortality rate, child mortality rates, HIV/AIDS, disability prevention and management and safe motherhood initiatives (RoK, 2001). The rapidly collapsing physically, economic and social services in Kenya have a negative impact on the health of the people and on the capacity of the health care system to respond to their increased needs. This situation renders the achievement of basic health needs difficult to meet.

The Machakos general hospital is the main referral district hospital located at the heart of Machakos town. There are other government run health centres called dispensaries in each of the eight divisions of Machakos. These are managed by health committees but are virtually non-functional due to lack of qualified staff, under-staffing and lack of adequate drugs and crucial facilities. They mostly serve as referral or first aid centres and are located about 50-150
kilometres from Machakos town.

The Catholic Church has a number of hospitals and dispensaries, which it runs like the Bishop Kioko, Kikoko, Kibwezi, and Kabaa Mission Hospitals. However, the fees charges in these hospitals are high and often beyond the affordability of most of the community members. This fact, compounded with the poor state of health facilities, geographical inaccessibility due to bad roads, force most parents to give birth at home alone or with the assistance of Traditional Birth Attendants. The effect is that most maternal deaths and child disabilities result from delays in recognizing complications and reaching a facility.

Machakos District, like most rural areas in sub-Saharan Africa, is infected by insects like mosquitoes. It’s a region prevalent with Malaria, polio, jaundice, and measles that contribute to high disability incidences. Moreover, Machakos falls within a high incidence malnutrition region (20-30% incidence) due to high poverty rate, poor sanitation and drought that is responsible for a third of all children born with malnutrition and that end up with disabilities (UNICEF, 1999).

3.7. The Population of Kenya

Kenya has a land size of 587,900 sq km. (58,900,000 ha). Presently, the population of Kenya is 28,686,607 people with an annual growth rate of 2.9%. Out of the 28,686,609, the females form the majority with 51.5%. The total population in urban areas is 9,996,991 of which males are the majority with 51%. Further statistics show that the age bracket below 15 years form about 44% of the total population while 16-64 age group forms 52%. The remaining 4% are people aged above 65 years. Machakos district has got a population of 1,000,729 according to official government statistics (http://www.cbs.go.ke). There are no reliable documented data on the incidences and numbers of the disabled people in Machakos and Kenya. However, the
world health Organization estimates that in any given population, 10% would be disabled. Using this formula, Kenya has an estimated 2.9 million disabled people while Machakos has 100,073 disabled people.

3.8. The Methods of the Study

This section presents the methodology employed in the study. It includes the identification of the sample frame, data collection and analysis.

3.8.1. The Sample Frame

I carried out structured interviews to elicit information concerning the life situation of the physically disabled children, their rights and needs, the attitude people have towards them, the available services for the disabled and their accessibility to them, their current policies, the root causes of their marginalization and on ways to counter their marginalization in education and mainstream community life. The work was enormous and I sought assistance from two enumerators. I was aware of the issues relating to research involving minors and I obtained the necessary authorization from the head teachers in the institutions for the disabled and from the Catholic Diocese Development office. The Catholic diocese has established the Small homes to access education to physically disabled children in regular schools. Although parental or guardian consent is required before conducting interviews with their children, I considered the head teachers as the rightful guardians as the study was carried in school. I obtained personal verbal consent from the children in the institutions for the disabled before commencing the interviews. The children were willing to be interviewed. I informed the interviewees of the purpose of the research and the use the generated information would be made. I informed them that the interviews would be audio taped and assured them of confidentiality. I explained to
them the important role their views would play and pointed to them the need for their voluntary participation. I protected confidentiality of the interviewees by conducting the interviews in private rooms and in offices. The interview situations were not only comfortable to the interviewees and the research team, but also enhanced participation sensitivity and cooperation. There were 170 interviewees distributed across the sampled institutions as follows.

<table>
<thead>
<tr>
<th>Organization/Institution</th>
<th>Number of Interviewees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disabled children in Tala Small Homes.</td>
<td>9</td>
</tr>
<tr>
<td>Disabled children in Wote Small Home</td>
<td>9</td>
</tr>
<tr>
<td>Disabled children in Kyale Small Home</td>
<td>8</td>
</tr>
<tr>
<td>Disabled children in Masinga Small Home</td>
<td>8</td>
</tr>
<tr>
<td>Disabled children in Masaku School for the Physically Disabled.</td>
<td>17</td>
</tr>
<tr>
<td>Disabled Children in Vocational Centres</td>
<td>10</td>
</tr>
<tr>
<td>Parents of disabled children</td>
<td>16</td>
</tr>
<tr>
<td>House Mothers in Small Homes</td>
<td>8</td>
</tr>
<tr>
<td>Teachers of disabled children</td>
<td>14</td>
</tr>
<tr>
<td>Catholic Diocese Of Machakos</td>
<td>2</td>
</tr>
<tr>
<td>Clarion</td>
<td>3</td>
</tr>
<tr>
<td>Association of The Physically Disabled of Kenya</td>
<td>5</td>
</tr>
<tr>
<td>Machakos General Hospital</td>
<td>3</td>
</tr>
<tr>
<td>Machakos Employment Office</td>
<td>3</td>
</tr>
<tr>
<td>Kenya Transporters Association</td>
<td>3</td>
</tr>
<tr>
<td>Special Education Department</td>
<td>2</td>
</tr>
<tr>
<td>District Children’s Office</td>
<td>1</td>
</tr>
<tr>
<td>Community Members (Focus Group Discussion)</td>
<td>14</td>
</tr>
<tr>
<td>Able-Bodied children in Tala Primary School</td>
<td>10</td>
</tr>
<tr>
<td>Able-bodied children in Wote Small Home</td>
<td>8</td>
</tr>
<tr>
<td>Able-bodied Children in Kyale Small Home</td>
<td>8</td>
</tr>
<tr>
<td>Able-bodied Children in Masinga Small Home</td>
<td>9</td>
</tr>
<tr>
<td>TOTAL</td>
<td>170</td>
</tr>
</tbody>
</table>

Table 1. Distribution of the interviews carried in this study.

Before selecting the study sample, I first identified the population that formed the sources of data (Keith (1998), Marshalls and Rossman (1995) in line with the methodology demanded for designing Qualitative Research. A full list detailing the characteristics of the sample size is appended to this study as appendix 1. Samples for the interviews in institutions for the disabled were drawn from four Small homes namely Tala, Wote, Masinga and Kyale.
From each of the four Small homes, physically disabled and able-bodied children were interviewed as well as their teachers and caretakers.

Other categories included one Special school for the physically disabled children namely the Masaku School for the physically disabled, the Catholic Diocese of Machakos which runs the Small homes Programme, the Machakos Special Education Office, which is the government department charged with the education of disabled children and the Centre for Law and Research International (CLARION).

In addition were the Association of the Physically Disabled of Kenya, an Organization of physically disabled people, the Machakos Children’s Department, the Machakos General Hospital where the majority of the disabled children go for treatment and related services, the Kenya Transporters Association and Students in Vocational training centres. A major part of information gathered was drawn from the participants in a Focus Group Discussion who were drawn from community members who hold key roles in the community.

There were different interview schedules for the different categories of interviewees. Structured interviews were used to gather background information about the interviewees and on the factors influencing the marginalization of the physically disabled children in Machakos Kenya, the life situation of the disabled children and how their marginalization could be countered.

The sampled four Small homes are based in mainstream schools in the communities and were established by the communities around them with the assistance of the Catholic Diocese of Machakos. The Small homes enable the physically disabled children to access inclusive education in regular schools. These factors determined their choice for selection. The physically disabled children in the Small homes are key to this study for a number of reasons. They can be called the real owners of this research because it was their lives that were being investigated. They can generate data about their understandings of disabilities, about the ways
in which they negotiate their experiences of disability in their everyday lives and they can generate data that can assist us to understand about their perceptions of their relationships with professionals, their teachers, their families and their colleagues who are not disabled. They can generate data about their knowledge and views about their services. From them, we can gather data to enable us explore their aspirations for the future and their views on the type of support that might help them achieve what they need. We can get data that can enable us examine their parents and siblings perceptions about disabilities and to identify and draw out the implications for social work, education and health care services.

The Masaku School for the physically disabled children is the only Government Institution offering special education in the District. Its selection made it possible to gather data on the Government policies and interventions on the physically disabled children. The parents with disabled children in the institutions for the disabled, teachers and caretakers are invaluable sources of providing much needed information about the needs, experiences and problems faced by the disabled children.

The Catholic Diocese Diocesan Development Services, which runs the Small homes Programme, is best placed in generating data on the principles underpinning the initiation of the Small homes and the implementation of the Small homes approach. It forms a good case study of the efforts being done by NGO’s in including the physically disabled children into regular schools in Machakos.

The choice of community members, who comprised persons holding key strategic roles in the community like Traditional Birth Attendants, Area chiefs, Traditional healers, Community health workers, Religious leaders, Business community representatives, elderly men and women, youth and teachers, was selected due to their potential to generate information about peoples perceptions, meanings, definitions of situations about beliefs and attitudes towards the disabled in Machakos.
Children without disabilities in the four Small homes were chosen due to their potential to generate concrete information about their experiences and interactions with the disabled children in the school situation. Children in Vocational Centres were chosen because they can provide information about rehabilitation, training, transition and integration of the physically disabled in the labour market, which is a key aspect of this study.

Other categories of interviewees like the Machakos General Hospital, the Centre for Law and Research International, the Machakos Employment Office and the Kenya Transporters Association were chosen due to their potential to provide information about the quality and accessibility of services for the disabled. Such data can influence policy for the disabled in the areas of transport, employment, health care and research.

3.8.2. Data Collection

Upon arrival in Machakos for data collection, I paid a visit to the area District Commissioner and the Diocesan Development Services Co-ordinator. I explained to them the purpose of the research and pointed out to them the important role that they can play to facilitate the research process. The DDS runs the Small homes Programme. The Development Co-ordinator summoned the Small homes Co-ordinator who was given the duty of introducing the researcher to the Small homes, and to facilitate organising meeting with parents who have physically disabled children. Having worked in Machakos Diocese Development Office as Coordinator in-charge of the Children’s rehabilitation Programme, and being a resident of Machakos placed me at every advantage as I knew most of the key informants and their organizations due to previous collaboration and networking. I drafted letters to the key informants explaining the purpose of the study and requesting them to set interview dates when I would conduct the interviews.
I contacted the parents of the disabled children with assistance from the Small homes co-ordinator and sent out letters to them explaining the purpose of the interview and requesting them for appointment dates. The Small homes co-ordinator offered a lot of assistance in identifying and locating the homes of the parents.

I organized a one-week training for the two enumerators in order to build their capacity to assist in data collection. Both the enumerators are Degree holders from the University of Nairobi. After their recruitment and training, the research team reviewed the data collection tools and the guidelines for the Focus Group Discussions, interviewing techniques and tape recording of interviews. Although the study was initially designed to utilize a Focus Group Discussion for the interviews with parents with disabled children, due to the observation that problems of disabilities were regarded as concerns of individuals, and some questions were sensitive and generated emotional responses (such as the causes of the children’s disabilities, the reaction of spouses and mothers-in-laws towards the birth of disabled children in their families), a one-to-one interview design was adapted for the interviews with the parents.

**Structured interviews and interview setting.**

Primary data were collected through conducting face-to-face interviews with the 16 planned and proposed categories of interviewees. A total of 170 Interviews were conducted. The duration of the interviews ranged between 10-45 minutes each. All the interviews were tape-recorded.

The interviews with the physically disabled and the able-bodied children were done in their schools. The duration of the interviews was 10-20 Minutes. The school situation made it possible to reach the children. It also enabled them to connect the interview situation with the school environment. The interviews were mainly conducted during free time when the
children were not in class to avoid disrupting learning. This is also the time when the children are relaxed for best input to the interviews. Children in Small homes were interviewed in their Small homes dormitory. This made the children feel more secure, more trusting and free in their Small “home”. Before I conducted the interviews, I made efforts to motivate the children to participate. This was achieved through diversified ways, which included the following: -

Making the children feel experts in the interviews and important assets. This enabled a lot of co-operation from the children. Secondly, by making the children know and realize that it was their thinking and their views that were important and not whether they were right or wrong helped to make the children relaxed and enhanced their participation. It reduced their fear of getting some questions wrong. It also created curiosity and anticipation from the children.

The other way of motivating the children was by telling them to relax and not to feel like they were doing a test. This helped them to relax and reduce any pressure that a test may cause to pupils. Lastly, a pre-testing of the interviews was done and any gaps in the children’s ability to understand and answer the questions was addressed by reviewing the language used in the interview schedules, or by simply allowing the children to use the language that they were at ease with in articulating their answers. As a result, the children used English or Kiswahili and at times Kikamba in their interviews. After the interviews, the children received small packets of gifts that the researcher had bought for them with support from the Department of Social Education and Social Work, University of Osnabrück. The children gladly welcomed the gifts with broad smiles and many “thank you’s.”

The Interviews with other categories of informants were conducted in their offices, or in the institution’s boardrooms. Before the interviews were conducted, I visited the institutions and organizations and approached the respondents professionally, and within limits, fully informed them about the purpose of the research, about confidentiality and about what use the information generated would be made. I took time with the interviewees to point out to them
that the study would not be possible without their co-operation, and that, the interviews would be tape-recorded. This served to enhance the quality of data, by facilitating good co-operation between the researchers and the interviewees.

A total of 16 parents with physically disabled children were interviewed. Most of these interviews were done in their house or at one corner of the compound that is not frequented by people to avoid interruptions. Carrying out interviews at their homes was advantageous in that the home revealed a lot of information about their socio-economic conditions. The parents did not feel time constrained as it would have been the case if the interviews were done outside their homes, say in Machakos town, where they would travel to and get concerned with how to get back to their homes in time before darkness sat. Interviewing the parents in their homes ensured that they addressed each of the questions adequately. It also enabled probing and making clarifications on points raised in their interviews without time worries.

Fourteen teachers from the Masaku Special School for the physically disabled and in the four Small homes were interviewed in their school settings. The interviews took place when the teachers were free and in a private room. I avoided conducting interviews in the teacher’s staff room where noise, disruption and influence from other teachers was envisaged.

**Focus Group Discussion interviews**

I identified and sent out invitation letters to Community Members to attend a Focus Group Discussion (FGD) at the Machakos Scouts Centre. All together, 14 community members attended the FGD. They comprised key opinion leaders who play strategic roles in the community like Traditional healers, Traditional Birth Attendants, Area Chiefs, Religious leaders, Health representatives, Youth, Women representatives and Business representatives. The FGD proved an ideal tool of collecting information on issues pertaining to disabilities and
beliefs that are assumed to be shared among the Akamba ethnic community. In addition, it served to ascertain these local cultural beliefs and practices.

All the respondents in this study expressed gratitude to the research team. They saw and used the research process to respond to the questions and also to raise personal concerns. Many of them noted that they have never had an opportunity to raise their concerns. The parents wanted to be trained to understand disabilities and to be assisted with coping with disabilities. The disabled children wanted assistance with mobility aids, school fees and uniforms. The research process was therefore therapeutic for the participants. The results of the interviews are presented in chapter four of this study.

Observation

Data were also collected through observation. The researchers made observations of the Small homes and Special schools set-up and facilities. Such information included how welcoming the atmosphere was, the living conditions of the disabled children, how adapted their physical environments were, the existing recreational facilities, the forms and severity of disabilities the children had, classroom facilities, the available teaching materials and aids and the types and conditions of mobility aids the children used.

Review of records and official data

Secondary data were obtained from books, journal articles, policy documents, Website articles and organizational reports. A review of the documents was done to get a better understanding and increased knowledge about the existing services and policies for the disabled, as well as expanding knowledge about the situation of the disabled in Kenya. This method retrieved
valuable data concerning the situation of the disabled, the practice of the Small homes and information about Special Education. Through the University of Osnabrück and the University of Nairobi libraries, materials dealing with disabled children in Kenya, Africa, Europe and other parts of the globe were gathered. During fieldwork study, materials on assessment of disabilities and placement of disabled children were gathered. The information provided data about assessment procedures, record keeping, the enrolment procedures, integration issues, funding and affordability of education, government policies concerning the education for the disabled and involvement of parents in the education process. The relevant information collected forms an important part of the quality of information assumed in this study.

Data recording

All the interviews were tape recorded so as to enhance data validity and reliability. Before the start of the interviews and recording, I sought consent from the participants. The aim of tape recording data is often to enhance the participant’s sensitivity and co-operation (Marshall and Rossman, 1995), to enhance the quality and validity of data and to aid in recalling the information at any time during the data analysis process. Editing of the data was done immediately to ensure that all the questions were responded to and to ensure clarity in the way the responses were recorded down. This was achieved through transcription.

3.8.3. Data Analysis

Data analysis was done by use of thematic discussions of the qualitative information using the Grounded Theory. Data analysis was done at two levels. Data obtained through written documents including the policy and organizational reports were analysed using content analysis. The data obtained through structured interviews to all the 170 respondents was
analysed through content analysis. The method of analysis was by transcription, data reduction, data display and drawing and verifying conclusions by use of comparing, codes, memos and the development of propositions, which are the properties of the Grounded Theory. Transcription of data involved entering into the computer Word Processing programme all the responses to the interviews in the form of question and answer.

Data reduction was done through the following process. At first, all possible responses were extracted and noted down. The responses were then categorized and assigned codes. The codes were then matched with the responses. The next step was to count the number of responses for each code. The codes were then put into a rank order based on the number of responses obtained for a particular code.

Data analysis utilized the method of comparison method to continuously compare data with other data in order to detect the emerging categories and themes. The findings were described by use of a descriptive language to provide a clear understanding of the steps in the process and the logic of the method that has been used. The data was also analysed using content analysis to look for meanings, themes, patterns, connections and contrasts.

The Grounded Theory has been chosen for this study because it is the most widely interpretative social science strategy today (Keith, 1998), and it is most ideal for studying complex social behaviour like the factors influencing the marginalization of the physically disabled children in Kenya, the subject of this study. In addition, the Grounded Theory was used because of its potential as an inductive approach that uses a systematic set of procedures to arrive at a theory about basic social processes (Charmaz, 2002). Its use enabled the discovery of the underlying social forces that shape human behaviour and thinking like the attitudes and beliefs about disabilities, by means of structured interviews and observation.
4.0. CHAPTER FOUR: RESULTS

This chapter presents the study results without interpreting them. The results of 16 categories of interviewees have been made in this chapter. They include: - the Small homes programme, Housemothers in Small homes, Teachers in institutions for the disabled, the Department of Special Education, the Children’s Department, the District Employment office, the Association of the Physically Disabled of Kenya, the Machakos general hospital, Clarion, the Kenya Transporters Association, students in Vocational centres, disabled children in Small homes, disabled children in Special schools, the parents of disabled children, Community members and Able-bodied children in mainstream schools.

4.1. The Small homes Programme

1. Introduction

This section presents the results of two expert interviews conducted with the Catholic Diocese of Machakos Development Office. The Catholic Diocese of Machakos is a church based NGO. It has three major departments that enhance both the pastoral and developmental concerns of the diocese. The three departments are the Liturgy department, the Education department and the Social Development department. The Social Development department is known as the DDS. The liturgy department is charged with publication of liturgical materials while the education department is charged with the management of Catholic sponsored schools in the diocese. The DDS is vested with the development needs of the diocese. It uses the Group Participatory Approach whereby; the people themselves initiate all the community development undertakings. The DDS has got seven programmes that aim at tackling poverty and enhancing the capacities of the people in the diocese. The programmes include, Water and
Sanitation, Gender and development, Semi Arid Land Use, Health and Nutrition, Savings and Credit, HIV/AIDS prevention, and the Small homes programme. The Small homes programme targets the physically disabled children in the diocese.

For this reason, the DDS becomes an important component of this study for a number of reasons. It can generate invaluable data about the efforts being done by NGO’s in integrating disabled children into the society. It can provide useful data about the principles underpinning the establishment of the Small homes, their management and the challenges they face. It can provide useful data about the disabled children’s needs and serve as a case study to show the efforts being done by NGO’s in accessing Inclusive Education to the physically disabled children in Kenya.

2. The background to the establishment of Small homes

The Diocesan Development Services established the Small homes programme in 1982. Before its inception, the DDS was receiving many parents who were seeking assistance for their disabled children. This prompted the DDS to conduct a study in the diocese to establish the number of disabled children in the diocese and use the results to set up intervention programmes for them. The Small homes programme was therefore born.

The goal of the Small homes Program is to enable physically disabled children in Machakos Diocese get a chance to lead normal lives and to grow within a supportive conducive environment in the Small homes. The Small homes strive to achieve this by using a community-based approach in fostering access to Inclusive Education in mainstream schools. The objectives of the Small homes are to integrate the physically disabled children in the community, to enable the disabled children enhance their self-worth and dignity, to assist the disabled children acquire skills to live independent lives and to sensitise parents and
community members on their roles in supporting and accepting the disabled children. To this end, the Small homes carries out activities that strive to increase the level of independence of the disabled children. It engages in activities that assist the disabled children to lead normalized lives and to grow within a least restrictive environment in small homes. The Small homes program places physically disabled children in "homes" build in mainstream schools. It mobilizes resources from community members to build “homes” that facilitates easier access to Inclusive Education and good care of the disabled children by Housemothers. Small homes assist disabled children to access assessment and referral services and carries out disability awareness in the communities.

The Small homes were founded on the principle of an all Inclusive Education approach for the physically disabled children. This means that they are to be based in the communities, that they are to be established in mainstream schools and involve the communities in setting up the building (home) as well as in contributing towards their sustainability. In addition, the majority of the children enrolled come from within the community. The Small homes principles are in contrast with that of the government in that the government adapts the provision of special education in segregated centralized settings.

3. The capacity of the Small homes

There were 14 Small homes in the Catholic Diocese of Machakos. Each of the Small homes had a capacity of 15 to 18 children. The majority of disabled children in the Small homes came from within the community. The Small homes establishments were homes to about 167 physically disabled children. At the time of this study, the Small homes were not filled to their capacities due to cultural beliefs, high fees levies and lengthy admission procedures. The respondents felt that many children assessed to need placement in Small homes did not finally
enrol due to failure by their parents to respond positively. The respondents attributed this to negative attitudes towards the disabled, high fees levies and the process of enrolling disabled children in the Small homes. They noted the process of enrolment was very involving, costly and took long to complete.

According to the respondents, the admission process in Small homes followed three phases. The first phase involved assessment of the disabled children by the Assessment centre to determine the type and extent of disability. After assessment followed the phase of sensitising parents of the disabled children on the need to accept their disabled children and to support their education in the relevant units. When parents accepted and were ready to support their children’s education, then came the third phase. This phase involved the placement of the children in Small homes. In this phase, the parents worked closely with the Small homes Co-ordinator to secure their children places in Small homes. In order to increase enrolment in Small homes, the respondents suggested that broadened sensitisation to parents and to the wider community, was needed as well as decentralizing the assessment process.

4. The Management and the effects of the Small homes

Two committees were managing the Small homes. One was a committee that was the same as that of the mainstream primary school where the Small homes were established. The other was a committee that comprised co-opted key stakeholders in affairs of the disabled children, community members and some parents of the disabled children. The Diocesan Development Services office is an ex-official to this second committee and is represented in the committee by the Small homes co-ordinator. The main role of these committees was decision- making.

There were impressive advantages cited for the Small homes. Small homes had sensitised parents about their roles in caring for their disabled children. They accessed
inclusive education to physically disabled children within their own communities and gave the children opportunities to get assistance from their able-bodied colleagues. Small homes accessed good care to the disabled children through Housemothers. In Small homes, disabled children had the chance to interact, socialize and share their experiences with one another and with their able-bodied colleagues. The Small homes assisted disabled children to access medical care, especially correctional surgery.

Despite the impressive advantages of the Small homes, they faced many difficulties. The respondents reported that Housemothers in Small homes were not adequately trained in disabilities. The Small homes were based in ordinary schools with regular teachers who were not trained in disabilities. Some parents did not collect their children from the Small homes in time while others had not bought their children mobility aids. The children without their mobility aids relied on the few mobility aids the Small homes had, and which were not frequently serviced.

5. Awareness and perceptions about disabilities

The cited types of disabilities were physical, hard to hearing, mental handicaps, blindness and deafness. The disabled were referred to as "Kiema" (crippled, lacking something) and were shunned. They were discriminated against and seen as a bad omen or a curse to their families. They were stigmatised and this had resulted to many parents hiding their disabled children.

The negative perceptions about disabilities were not limited to the disabled children; they extended to their parents as well. Parents with disabled children were considered to have committed incest, as a result of which, they were being punished for. These negative attitudes towards the disabled were rooted in traditional beliefs and the lack of correct information about the sources of disabilities.
Although the respondents demonstrated good knowledge about the perception of disabilities, they had no accurate, reliable and adequate data about the number of disabled children that were receiving education, those in the communities, and the number of disabled people in Kenya. Available literature from previous surveys by the Catholic diocese placed the prevalence rate of the disabled at about 10%.

6. Organizations for the disabled

The respondents possessed good awareness of the organizations targeting the disabled in Machakos and the kind of work they carried. The cited organizations assisted in the areas of assessment of disabilities, correctional surgery, education and rehabilitation. They included the Association of the Physically Disabled of Kenya, that assisted in the assessment of disabilities and physiotherapy, the Kijabe Mission Hospital that carried out correctional surgery, the Department of Special Education that assessed special education and assessment of disabilities and the African Medical and Research Foundation (AMREF) that carried out rehabilitation of disabilities. During the interviews, the respondents felt that most of the above organizations offered good services. They noted the Catholic Diocese of Machakos had good working relationship with the organizations and collaborated with them.

7. The needs and rights of the disabled children and the required support

The disabled children have basic and special needs. Their identified basic needs included access to education and medical health care services. Their cited special needs were acceptance and recognition. For the disabled to meet their needs, they require the support of their families, the government and the wider community to provide them with mobility aids
and physiotherapy services. They also require affordable education and acceptance.

The disabled children have basic human rights like other children. They have a right to education, good medical health care, recognition and the right to acceptance. The disabled children faced cultural and financial obstacles in pursuit of their rights. The respondents said that the disabled children accessed their education in Special schools that were highly centralized and charged high fees levies and therefore only a few could realize their right to education. They felt that the negative traditional beliefs about the sources of disabilities made many parents to despise their disabled children and fail to support and offer adequate care to them. They indicated that medical care services were very expensive and inaccessible to many of the disabled children.

8. Availability and accessibility of information services for the disabled

The respondents indicated that the organizations that assisted the disabled offered them limited information services. The information offered depended on the type and severity of their disabilities. Available information was oral or in posters form and mainly concentrated in the urban areas. In order to increase access to information, the respondents said it could be achieved through decentralization, re-packaging the information and through increased community awareness. The respondents suggested that the adaptation of the provincial administration and church structures (that penetrated to the grass root level) could enhance access information services for the disabled. They believed that information for the disabled could be enhanced by presenting it in brochures/leaflets that are written in the local languages and through airing special radio and television programmes presented in the local languages.
Marginalization was described to mean a situation whereby; a disabled person was being denied access to opportunities by the virtue of his/her physical disability or status. It was also described to mean discrimination whereby, a disabled person was seen as an outsider or an outcast by others due to his/her physical status. The respondents cited ample evidence to support that the disabled were being marginalized especially in the areas of education, decision-making, access to the build-up environment and to social services. They reported that the disabled lacked adequate access to education because it was expensive and it was being offered in segregating centralized settings. They said the disabled lacked adequate access to public places and to transport because these were not adapted to their needs. They retaliated that the disabled were not adequately involved and represented in decision making on issues that affected their lives.

The marginalization faced by the disabled could be countered through the formulation and adoption of policies that recognize and put in mind the special needs of the disabled. The respondents felt that a new building code was needed to ensure that all upcoming buildings have disability access. They also suggested that the disabled be involved in planning the alterations and designing of public areas. It was further suggested that a broadened approach in creating public awareness about disabilities was critical to reap change of attitudes, that would, raise the levels of acceptance, recognition, participation and involvement of the disabled in decision-making.
4.2. Housemothers in Institutions for the Disabled

1. Introduction

This section presents the results of interviews conducted with eight Housemothers in five sampled institutions for the disabled. The interviews took place at the office of the Housemothers and lasted on average 30 minutes. A Housemother is the popular name for a “Caretaker”. The “House” in the housemother’s name is associated with domestic work while “Mother” is associated with the caring heart a mother has to her children. A “Housemother” is therefore a caretaker with the qualities of a true mother. Housemothers are employed to take care of disabled children in the institutions for the disabled. Their choice is important because they can generate invaluable data about their experiences with disabled children, their challenges, concerns and about their work.

2. The profiles, the roles of Housemothers and the challenges they face

All the interviewed Housemothers were female. Four of them worked at Masinga, Wote, Kyale and Tala Small homes. The remaining four worked at the Masaku School for the physically disabled. The Housemothers had been working in these institutions for varied lengths of time depending on their recruitment dates. The period ranged between seven months and five years. Their ages were diverse with the youngest being 30 years and the oldest 52.

Only four of the Housemothers had been exposed to basic form of training in disabilities. The duration of the training was between one week and one month and they covered topics in childcare, cooking, living and coping with disabilities. They had however
not received any follow-up refresher courses after the initial training. The Housemothers played a role close to that of a Social Worker and a Welfare care taker in the sense that they kept the children well fed, clothed, clean and healthy. They took care of the children’s dormitories and the overall Small homes environment, keeping it tidy and clean. Housemothers in the Small homes took care of 15 to 18 disabled children while those in the Special school took care of up to 120 children.

Housemothers performed variety of care activities for the disabled children which included including the washing clothes, taking the disabled children to hospital, cooking for them, cleaning their dormitories, cleaning them, dressing those who could not dress themselves, making beds for them, taking water for them to the bathrooms, assisting some of them to feed and pushing them on their wheel chairs to class. They however faced a myriad of problems arising from the difficult circumstances under which they worked. These included financial constraints, lack of transport means, lack of training, lack of principle assistants and lack of adequate co-operation from both the disabled children and their parents.

All Housemothers in Small homes said they lacked assistants to share the heavy workload. They experienced difficulties handling and taking disabled children to hospital especially at night when public transport was not operating. They retaliated that the Small homes lacked communication and transport means while they themselves lacked training in first aid. The Housemothers narrated the difficulties they faced coping with anxiety especially when they stayed with the disabled children admitted in hospital, while the rest of the disabled children remained alone in the Small homes. Another cited challenge was lack of training in guidance and counselling to enable them acquire the necessary skills and knowledge to assist some children who often looked withdrawn and un-interested in learning, those who were unnecessarily and heavily dependent on them, and those who were uncooperative.

Four of the Housemothers reported experiencing lack of co-operation from some
parents who failed to collect their children from the Small homes in time when schools closed. They said some parents did not provide their children with enough pocket money and when the children lacked basic things like toothpaste, they relied on the housemothers who did not have spare money for this purpose. All housemothers in Small homes reported that their salaries were low although they were committed to their work. The Housemothers earned a meagre Kenya Shillings 2,000 - 2,500 (Euro 29-36) per month.

The above challenges could be resolved through training, provision of communication and transport means, the employment of Assistant Housemothers and increased financial support in Small homes. All the Housemothers felt that adequate training in first aid; disabilities, guidance and counselling would make them more effective in playing their roles. Half of them believed that the employment of assistant Housemothers or Housefathers would reduce the heavy workload. The provision of institutional transport means would facilitate taking the children to hospital and to attend social events thus increase their participation in out-door activities.

Two of the Housemothers suggested the establishment of a kitty to take care of the very needy children in the institutions for the disabled to reduce the dependence of needy children on Housemothers. They further suggested the need for ongoing counselling to parents about their responsibilities to increase their level of support to their disabled children.

3. The needs and rights of the disabled children and the required support

Disabled children have special, basic and secondary needs. The cited needs were medical health care, assistance and support to become self-reliant, access to the environment and orthopaedic appliances and institutional transport means. Other cited needs were: - access to education, need for care, acceptance, attention and an adequate reliable source of food.
The disabled children required financial and moral support to meet their above needs. All the Housemothers noted that the disabled children required support to access good and affordable medical health care and to acquire their own mobility aids. They needed support to access education and to acquire institutional vehicles. They also needed counselling to cultivate feelings of care, love and acceptance and a supportive adapted environment to ease their movement. They also required support to grow and lead independent lives. One out of the eight housemothers did not know the basic human rights of the disabled. The remaining seven Housemothers cited the rights of the disabled children to include: - right to education, adequate food, shelter, clothing, medical health care, right to live, to be loved, to grow and to develop.

There were varied responses about the extent into which the disabled children had benefited from their rights. Five of the Housemothers believed that the disabled children had not benefited from their rights while the remaining three felt they had benefited. Those reported to have benefited were those that had access to education either in the Small homes or in the Special schools. The Housemothers observed that the disabled children have not fully benefited from their rights because of shortfalls in their services. They noted that disabled children lacked adequate access to medical health care, education, orthopaedic appliances and acceptance from their parents and from the public.

4. Facilities and their accessibility by the disabled children

The Small homes and the Special schools had made some attempts to avail special facilities for the disabled children. Among the cited facilities were: - low designed beds, adapted toilets, bathrooms and cemented pavements. The Special schools had a fitness room where the children did physiotherapy exercises but the Small homes lacked physiotherapy facilities. The
Housemothers felt that most of the cited facilities were unsuitable because they were either broken down, inadequate or were not well adapted to suit the special needs of the disabled children. The bathrooms and toilets were few, making the disabled children to queue for long periods.

The Housemothers reported some efforts that had been done by the institutions for the disabled to provide recreational facilities to the disabled children. Among the availed facilities were swings, slides, radio cassettes and ball games. The ball games were the most popular and most liked sport by the children. However, they observed that the facilities were inadequate.

5. The characteristics and effects of Small homes

All the Housemothers in Small homes reported impressive effects of the Small homes. They said the Small homes had enabled the physically disabled children to acquire self-independence skills, confidence, self-esteem, and increased knowledge. They narrated that Small homes facilitated the disabled children to access Inclusive Education and assistance from well-wishers and community members, they enabled the children to receive assistance from their able-bodied colleagues and provided them opportunities to access medical health care and good care from the House mothers. They noted Small homes provided the disabled children an opportunity to get exposed to a different life than that of isolation in their homes.

Although the Small homes made remarkable progress in integration, the Housemothers indicated that the children faced serious problems especially with regard to care and proper support. The cited problems included food and water shortages, lack of institutional vehicles and un-cemented pavements. They narrated that many disabled children lacked their personal mobility aids and constantly fell sick from malaria. They said the Small homes lacked mosquito nets while some of the children were not properly supported with enough pocket
money and school fees.

6. Awareness and attitudes towards disabilities

All the Housemothers were knowledgeable of the prevalent disabilities in the community. They cited physical, mental, hearing and visual disabilities as the most frequently seen. They said that disability was being referred to as "Kiema", and it was seen to arise from a curse. They observed that a disabled child was considered as a bad omen to his/her family. Despite this, the housemothers gave mixed reactions to the way the disabled were viewed by the public. Four of the Housemothers indicated that the disabled were being seen as unfortunate beings that had been born as a result of punishment for the wrong deeds of their parents. They were viewed as incapable of doing anything for themselves. However, a considerable number of the Housemothers indicated that disabled were viewed well due to increased awareness and education in the communities.

These negative attitudes towards the disabled were not limited to the disabled children, but they extended to their parents as well. All the Housemothers said that parents with disabled children were considered to have committed sin and carried with them stigma. The Housemothers attributed the negative attitude towards the disabled and their families to cultural beliefs and lack of adequate knowledge about the sources of disabilities. They also attributed it to inhuman attitudes that people have towards the disabled.

7. Organizations for the Disabled

People who had disabilities needed assistance for treatment, care, management, and on how to cope with the effects of their disabilities. The Housemothers said that efforts to address the
needs of the disabled were being made by a diverse group of organizations. They cited the following: - the Association of the Physically Disabled on Kenya, the Catholic Diocese of Machakos, the Machakos General Hospital, Kijabe Mission Hospital, the Christian Children's Fund, the World Vision, Lillian Fund and Kathity'amaa Unit for the Blind. They said the organizations were carrying out different types of work including: - offering financial support, medical care, assessment, food provision, rehabilitation services, special education and the provision and servicing of orthopaedic aids.

8. Meaning and causes of marginalization among the physically disabled children

Apart from one House mother who had no knowledge about marginalization, the remaining seven described marginalization negatively as an undesirable treatment that was being extended to the disabled on the basis of their physical status. The cited meanings of marginalization were as follows: - being excluded, being seen as unworthy to mix with others and being discriminated against on the basis of disability. Other cited meanings were: - being considered as abnormal, being segregated from others, being concealed and not being accepted fully into the society.

The Housemothers cited evidence of marginalization in the day-to-day lives of the disabled children particularly in regard to shortfalls in social services, access to basic support services and treatment. They observed that disabled children lacked access to education, care and love from their parents. They lacked adequate access to medical health care, were discriminated against on the basis of their disabilities and were not fully accepted into the society. To counter their marginalization, the Housemothers suggested that sensitisation and awareness about disabilities was needed to change people's negative attitudes. They suggested the need for the government to provide free education, affordable mobility aids and adequate
access to affordable medical health care to the disabled.

4.3. Teachers in Institutions for the Disabled

1. Introduction

This section presents the results of interviews conducted with 14 teachers in the Machakos School for the physically disabled and in four Small homes. The interviews took place in the school settings when the teachers were free and in a private room in the school. Teachers were chosen for interviews because of their potential to generate data about their interactions and experiences with the disabled children and on the challenges they face in teaching the disabled children. In addition, teachers could provide invaluable data about integration and offer practical suggestions on how to integrate the physically disabled children into education.

2. The Teacher’s profiles

Six of the interviewed teachers were male. The remaining eight were female. The teacher’s ages were between 33 and 52 years. Those interviewed included head teachers, the teachers attached to the Small homes and class teachers who had disabled pupils in their classes. Seven of the teachers had received some form of training in disabilities. The remaining seven had not. Among the trained, eight noted that their training took three months to complete while four said it took them six months. The remaining two teachers indicated that their training took two years. Those trained had covered topics in behaviour modification, types of disabilities, encouraging and motivating disabled children and special education needs. Other topics covered were learning disabilities and teaching disabled children.

In order to keep the teachers with hands on knowledge on the new developments in
disability, 10 out of 14 teachers had attended refresher courses in disabilities at the Kenya Institute of Special Education either by distant learning or by in-house training. They however observed that their refresher courses were not offered regularly due to lack of funds.

3. The needs and rights of the disabled children and the required support

Disabled children have special and basic needs. The teachers cited the basic needs to include education, medical care, clothing, food and shelter. Their cited special needs were care, acceptance, recreation, love and appreciation. Others were the need for assistance, spiritual support, rehabilitation, socialization and the need to be accorded equal opportunities. The disabled children required financial and moral support from their parents, teachers, government, and community members in order to meet their identified needs. The teachers noted that the children required financial support to acquire their own orthopaedic appliances and pay school fees. They also required moral support.

The main cited rights for the disabled children were survival rights, development rights, protection and participation rights. Eight of the teachers indicated that disabled children have a right to education in mainstream schools while two teachers noted that disabled children have a right to equal opportunities and employment. Their other cited rights were: - right to play, to live, to interact and socialize with other children, the right to recreate, to medical health care, to be treated like other children, right to adequate care and protection, right to be loved, to live and to be accorded adequate attention and acceptance.

Although the teachers had clear knowledge of what the rights of the disabled were, their views about the extent into which the disabled children had benefited from their rights, was divided. Some felt that the disabled had benefited. Others felt they had not, whereas others were neutral. Ten of the teachers said the disabled had not benefited from their rights.
They noted that the disabled children lacked basic support services, access to education, orthopaedic appliances and adequate access to medical health care. They also lacked adequate acceptance from their parents and the public. About a quarter of the teachers were ambivalent and reported that the disabled children had only to a very small extent benefited from their rights. They indicated that the disabled children in the Small homes and in the Special schools had benefited from education although many more disabled children were being concealed in their homes.

Although the disabled had to a large extent not benefited from their rights, the teachers reported concerted efforts by the government and NGO’s to improve the quality of the lives of the disabled in the areas of education, awareness and assessment. Seven of the teachers were aware of the efforts by the new National Rainbow Coalition government to offer free primary education to all children. Five of the teachers noted that the Government had made efforts to raise awareness about disabilities in the communities through the Assessment Centre officials whereas two teachers said there were renewed efforts by NGO’s to assist the disabled. However, two of the teachers were not aware of any efforts being made to better the lives of the disabled.

4. The Capacity of Special Schools

The current enrolment of physically disabled children in the special school was about a third its capacity. The enrolment in the Small homes was satisfactory. Although the teachers gave varied figures, the average capacity in the Special school was 110 pupils. The capacity of Small homes was 15 to 18 children with an average enrolment of 13 children. The admission procedure into the institutions for the disabled followed a three- stage-phase. The first phase was assessment to establish the type and severity of disability, then followed counselling and
advice to the children’s parents about disabilities and to persuade them to support their children’s education. The third phase was placement of the children in the institutions.

The institutions for the disabled children were not filled to their capacities because of high fees charges, high dropout rates, lengthy admission procedures and lack of information and awareness about the institutions. Five out of the 14 teachers noted that the low capacity was due to high school fees. The remaining nine teachers observed that it was due to lack of information and awareness about the existence of the institutions, the preference of parents to take children to Small homes, the transfer of children from special schools to Small homes and due to high drop out rates once sponsors discontinued paying school fees for the disabled children.

5. The management of the institutions for the disabled children

The institutions for the disabled were managed through committees that made decisions on how to run them. The fees paid by parents as well as donations from well-wishers and community members played a key role in the management of the institutions.

The management of the Small homes

Regular teachers noted that Small homes were managed through the shared responsibility of stakeholders who included the Catholic Diocese of Machakos, community members, well-wishers, parents and the Small homes Committee. They noted that community members donated foodstuffs to Small homes and paid the salaries of Housemothers. Well-wishers donated foodstuffs and money to Small homes. Small homes Committees comprised Head teachers and their deputies, teachers attached to the Small homes, the treasurer and secretary
of the Small homes, the chairman of the primary school, the Small homes Co-ordinator and a few parents with disabled children. Fees paid by parents supported the upkeep of the children.

The management of the Special Schools

Stakeholders whose main role was decision-making managed Special Schools. The Stakeholders included the government, parents, well wishers and a Board of Governors. The government, which is the main sponsor of the Special schools, paid the salaries of the teachers, Housemothers and other support staff. Fees paid by parents financed the upkeep of the disabled children. Well-wishers donated mobility aids and foodstuffs to the schools and sponsored disabled children with school fees. The Board of Governors, which comprised the Headmaster, some parents, businessmen, doctors, representatives from the Ministry of Education, the Provincial Administration and some District departmental heads, made decisions about how the school was being run.

6. The effects and characteristics of the Institutions for the Disabled

The effects and characteristics of the Small homes

The Small homes had impacted positively into the lives of the disabled children by enabling them access to Inclusive Education, acquire knowledge and skills, enhance confidence and self-esteem. They had increased the children’s self-reliance and access to healthcare. Five out of the 14 teachers indicated that Small homes gave disabled children a chance to play and to socialize with their non-disabled colleagues. Through their interactions, the disabled children had acquired confidence and had enhanced their self-worth and dignity since they felt a high
sense of acceptance. Other five teachers noted that Small homes accessed education to
disabled children in their communities by reducing the distances children required to travel
each day to and from school. The remaining four teachers noted that Small homes enabled
children to get care from housemothers. Although Small homes had made impacts in the lives
of the disabled children, Small homes faced challenges. The teachers noted that Small homes
lacked necessary facilities and services like institutional transport means, adequate finances,
adapted environment and amenities, trained teachers and caretakers.

The effects and characteristics of Special Schools

The overall organization and environment of the Special schools allowed the disabled children
to move easily, to get observation from their teachers and to access medical care. Teachers in
Special schools felt that Special schools brought the disabled children together. This made
access to medical services like physiotherapy services easier. The Special schools had trained
teachers in disabilities. However, teachers in Small homes indicated that Special schools
segregated disabled children from able-bodied children and denied them opportunities to
socialize and to compete. Regular teachers felt that Special schools hindered the disabled
children from getting exposed to outside life. Although Small homes and Special schools had
made impressive impacts, most of the teachers felt that the physically disabled children would
be best integrated in mainstream schools. However, a significant number of the teachers felt
that the very severely disabled children could best be integrated in Special schools.

7. Facilities and their accessibility by the disabled children

Small homes and Special school had made efforts to avail facilities that were specifically
designed for the disabled. However, most of these facilities were few or not well adapted to the special needs of the disabled children. Five out of the 14 teachers indicated that there were adapted toilets that had supporting rails, bathrooms that were constructed inside the dormitories for easy access and low-level beds. They observed that efforts had been made by the Institutions to cement pavements and corridors to facilitate the movement of wheel chairs. Ten teachers said that the institutions for the disabled children had swings, slides, low tables and chairs and playing grounds. They noted that Special Schools had physiotherapy facilities though this facility was absent in all Small homes. All the teachers indicated that the institutions lacked adequate recreational facilities.

8. Education policies for the disabled children

The teacher’s knowledge about the existing policies for the education of the disabled was limited and sketchy with most of the teachers unaware of the Education Act. The Education Act is supposed to guide the implementation of the education policy. Nine teachers noted that they knew the Education Act contained the policy of the Government to access education to all children as a right without any discrimination, but could not elaborate the details of the Act. The remaining five teachers had no opinion about the Act.

9. Awareness and perceptions about disability

The teachers were informed about the commonly seen disabilities in the communities. They cited these as physical disabilities, mental handicaps, blindness and deafness. Most of the teachers indicated that disabled children were viewed negatively and were not accepted fully in the society. Only one out of the 14 teachers indicated that disabled children were positively
viewed. They observed that disabled children were seen as a bad omen, second-class people, and outcasts, useless and unproductive. They were viewed as a liability and a burden, as having committed sin, a calamity to their families and a group of people who were not understood or accepted by the able-bodied.

The teachers identified negative traditional beliefs and lack of correct information about the sources of disabilities as the factors responsible for the negative disability perceptions. Nine teachers said that the negative perceptions originated from traditional beliefs that depicted disability as a curse, a bad omen or as an unfortunate thing that happened to unfortunate people. Two of the 14 teachers noted that it originated from lack of correct information and knowledge about the causes of disabilities. The remaining three teachers said it was rooted in human culture in that, when one has a defect, one feels abnormal, and so in the same way, the disabled were being seen as abnormal due to the defects they have. They associated the positive view of disabilities with Christian values that uphold the disabled as God’s children created in his image and therefore not different from others in his eyes.

10. Meaning and causes of marginalization among the disabled children

Eleven out of the 14 teachers expressed good knowledge of marginalization. They viewed it as a negative and undesirable treatment that was accorded to the disabled based on their physical status. The cited meaning of marginalization included being denied of equal opportunities, lack of acceptance, being sidelined and being mocked. Other meanings were being segregated, excluded, discriminated against and lack of willingness among the able-bodied to socialize with the disabled. Ten teachers said that disabled children were marginalized. The remaining four teachers expressed neutrality saying that the disabled were “not fully marginalized”.

The teachers cited evidence to prove that the disabled were marginalized especially in
the areas of employment, education and in accessing basic services. Three teachers felt that disabled children faced discrimination and lacked equal job opportunities. Other three teachers noted that the disabled lacked adequate access to education. The remaining eight teachers said that the disabled were not readily accepted by their parents and the public and they lacked governmental support and attention.

The teachers felt that the problem of marginalization could be countered through increased disability awareness, the provision of support services and changes in disability policies. Eight of the teachers felt that awareness and sensitisation to parents and community members about disabilities could enlighten people to shun ignorance and enhance positive attitudes. Four teachers noted that the provision of Inclusive Education could counter the exclusion and segregation disabled children faced in accessing education. The remaining two teachers suggested that marginalization could be countered through the establishment of new disability policies such as Affirmative Action to guarantee equal employment opportunities for the disabled.

4.4 The Department of Special Education

1. Introduction

This section presents the results of two expert interviews conducted with the Department of Special Education. The interviews took place in the Special Education Office and lasted 30 minutes. The responsibility for the provision of services to the disabled in Kenya is based on sectoral or ministerial responsibility. The Ministry of Education is in charge of accessing education whereas the Department of Special Education is in charge of the education and training of the disabled children. The Special Education Department is an important
component of this study because of its potential to generate data about the education policies for the integration of the disabled children, the challenges they face and data about their experiences with teachers and with disabled children.

2. The needs and rights of the disabled children and the required support

The main cited needs of the disabled children were access to education, employment, rehabilitation and acceptance. To meet their cited identified needs, the respondents said that the disabled required acceptance from their parents and from the public to feel included. They required support from the government to access free education. The cited rights of the disabled children included the right to education and to equal employment opportunities. The respondents were ambivalent on the extent to which the disabled had benefited from their rights. While some felt that a number of the disabled children had benefited from education, others felt that many disabled children were without education in the communities.

Disabled children encountered access and cultural barriers that hindered the full realization of their rights. The respondents noted that disabled children faced discrimination and continued to be hidden and isolated form the able-bodied. Others encountered discrimination from employers who had stereotypes about their capacities to perform.

3. Awareness and perceptions about disabilities

The mostly seen disabilities in Machakos were identified as cerebral palsy, mental disabilities, congenital disabilities and polio. People with disabilities were viewed negatively and were not readily accepted into the mainstream society. Disabled children were viewed as a bad omen, a burden to their families and as beings that were incapable of doing anything for themselves.
The respondents associated the negative perceptions about disabilities with traditional beliefs about the sources of disabilities.

4. Organizations for the Disabled

The respondents reported the presence of a number of organizations in Machakos that assisted the disabled children with education, foodstuffs and rehabilitation. The Catholic Diocese of Machakos through the Small homes program accessed Inclusive Education to physically disabled children while a number of church bodies donated foodstuffs to institutions for the disabled and sponsored disabled children with school fees.

5. The management, effects and characteristics of institutions for the disabled

Special Schools

The management of Special schools was done through joint efforts by the government, parents and a Board of Governors. Parents paid fees for the upkeep of their children in school. The government employed teachers and support staff whereas the Board of Governors, which was headed by the school head master, made decisions on the daily running of the school.

Special schools had trained teachers in the field of disabilities. The respondents felt that teachers in Special Schools had basic skills to handle the special learning needs of disabled children. The teachers had attained training at the Kenya Institute of Special Education for durations of six months to two years. Special Schools were highly centralized and enrolled only disabled children. The respondents felt that admitting only disabled children in Special Schools denied the disabled children a chance to learn in their communities and to
interact and compete with able-bodied children.

**Awareness, effects and the characteristics of Small homes**

The respondents had good understanding of the Small homes. They noted that Small homes were an initiative by the Catholic Diocese of Machakos to offer Inclusive Education to physically disabled children. They described Small homes as "homes" that were set up in regular schools to facilitate Inclusive Education to physically disabled children. They noted that Small homes had impacted positively into the lives of the disabled children through the services they offered and the opportunities they provided.

The respondents narrated how Small homes accessed Inclusive Education to disabled children in their communities. They said Small homes had boarding facilities that substantially reduced the long distances that disabled children would normally have to travel to reach school. Further, Small homes provided disabled children opportunities to interact with able-bodied children and to get assistance from them. Small homes provided disabled children care through Housemothers. Despite these, Small homes faced challenges. They had regular teachers who were untrained in disabilities and only one Housemother per every Small home to take care of over 15 disabled children.

**6. The preferred integration approach**

Although the existing government policy for the education of the disabled spelt out that primary school education was compulsory to all pupils and encouraged the disabled children to seek education in Special Schools, the two respondents were convinced that an Inclusive Education where the disabled children learnt with the able-bodied in regular schools was the
best approach to integrate physically disabled children into education in Kenya.

7. Data about the disabled children accessing education

The two respondents did not have concrete knowledge/statistics on the number of disabled children receiving education in Machakos and in Kenya. They were however unanimous in their opinion that only a small number of disabled children were accessing education. They associated low access to education by disabled children with lack of adequate resources and awareness about disabilities and due to negative traditional beliefs. They noted that parents concealed their disabled children, and were unwilling to take them for assessment and later to school. They observed that many parents did not know the existing educational opportunities for their disabled children.

In order to increase enrolment rates in the institutions for the disabled, the two respondents suggested the need for broadened disability awareness, training of teachers and increased stuffing of teachers. The respondents felt that increased disability awareness in the communities could enable parents and the wider community to know the rights and needs of the disabled and enhance support to the disabled children. They felt that training of teachers and hiring more teachers to support education in Small homes would increase enrolment.

8. Availability and access to information services for the disabled

There was limited information about the existing services for the disabled. Scanty information was available from the Assessment Centre or at the Kenya Institute of Special Education on how to make simple walking aids and assessment of disabilities. Verbal information about disabilities and rehabilitation units could be obtained at the Kenya Institute of Special
Education. To increase access to information services for the disabled, the participants suggested the establishment of Resource centres and Assessment centres in every district and the dissemination of available services for the disabled. The respondents felt that this would provide the disabled, their parents and the wider community opportunities to access relevant information. It was further suggested that the government should employ qualified personnel to disseminate information about disabilities and the existing services for them. They envisaged this role to be best done Social Workers whom the government needs to train and hire. The roles of the Social Workers included carrying out assessment, conducting home visits, making follow-ups to the disabled children and to their parents, and to disseminating disability information.

9. The meaning and causes of marginalization among the disabled children

The respondents described marginalization in negative terms to mean being sidelined or not being integrated into the mainstream. The respondents cited inadequacies faced by the disabled and lack of support services as proof for their marginalization. They noted that disabled children lacked attention and good will from the government that was meant to exist and serve them, but had failed to do so. They observed that many public buildings were not adapted to make easy access for the disabled while most basic social services such as telephone booths and public transport were inaccessible to the disabled. There were also no designated lanes on roads for the disabled. This lack put their lives in danger of being run over by speeding motorists and pedestrians.

The marginalization suffered by the disabled could be countered through new disability policies and increased political will. The respondents noted that new disability policies that are responsive and considerate about the special needs of the disabled were needed to counter
marginalization. An example would be the establishment of a building code to ensure increased access by the disabled to all public buildings. The respondents noted that the success of such policies depended on the political commitment by the government in prioritising disability issues and the enactment of legislation to reinforce compliance to the new laws.

4.5. The District Children's Department

1. Introduction

This section presents one expert interview conducted with the District Children Department. One staff member, who is also the head of the department, heads the District Children’s department. The District Children’s Department is the government’s agency that is vested with children issues at the district level. The choice of this office is important because it can provide data about the government’s policies for the provision and protection of children’s rights as well as data about the challenges facing disabled children in Machakos.

2. The needs and rights of disabled children and the required support

Disabled children have both special and basic needs. They need shelter, access to education, adequate medical health care, love and support to cope with the effects of their disabilities. The respondent was very knowledgeable of the rights of the disabled children and made references to the law that provides and protects for their rights. The references to their rights are contained in the Children’s Act (Cap 141 Laws of Kenya) that says: -

"A disabled child shall have a right to be treated with dignity and to be
accorded appropriate medical treatment, special care, education and training free of charge or at a reduced cost whenever possible”.

The children's Act also provides guidelines for the protection of the disabled children's rights by setting up and defining the consequences for their violation. The Act says: -

"Anyone who violates the rights commits an offence, so any one who commits this offence is capable of punishment of Kenya Shillings 5,000-50,000 (Euro 56-556) or a term of 5 years in imprisonment”.

Although the rights of the disabled children are spelt out clearly in the Children's Act, the disabled children continued to face cultural, structural and financial barriers in pursuit of their rights. The respondent narrated that the disabled children were being educated in segregated special schools that charged high fees levies. Further, the negative traditional attitudes made parents to hide their disabled children, denying them of their rights to association, freedom and access to education at an early stage in their lives. The respondent revealed that the present education policy for the disabled did not provide for preparatory nursery schools for the disabled children denying them of their rights to access to education.

3. Awareness and perceptions about disabilities

The most commonly seen disabilities in Machakos were physical disabilities, deafness, blindness and mental handicaps. Disabled children were stigmatised and negatively conceived. The respondent said that disabilities were seen to result as a punishment for the wrong deeds (incest) that parents had committed. The disabled were therefore stigmatised. This stigma was
not limited to the disabled. Parents with disabled children carried with them the burden of stigma since they were being considered to have committed incest. The respondent observed that this had made the parents to hide their disabled children to protect themselves from being stigmatised.

4. Education policies for the disabled

The existing education policy for the disabled children made primary school education compulsory to all pupils and encouraged them to access education in special schools. The respondent however noted that educating disabled children was very expensive and it was still being offered in Special schools that were also few.

5. The characteristics and effects of institutions for the disabled children

Special schools had an obvious strength in having trained teachers in disabilities compared with Small homes that had regular teachers. However, the respondent observed that Special Schools made the disabled children to feel de-touched from their families and from other able-bodied children since Special Schools were highly centralized and enrolled only disabled children. The respondent felt that the best approach to integrate the physically disabled children into education was to offer them Inclusive Education in regular schools. He noted that this would avail the children opportunities to compete, socialize, play, get assistance from their able-bodied colleagues and receive close attention from their families.
6. Organizations for the Disabled

The Assessment Centre was cited as the agency that offered assessment and referral services to disabled children. The respondent reported collaboration between the Children’s department and the Assessment Centre confirming that the later acted well on all referred cases.

7. The meaning and causes of marginalization among the disabled children

Marginalization was described as a negative term that meant putting the disabled at the periphery of development. The disabled suffered marginalization by being sidelined in participating in issues that affect their lives. However, the respondent observed that due to increased disability awareness in the communities and improved opportunities to participate in issues that affect their lives, the severity of their marginalization had slightly reduced. To counter their marginalization, the respondent suggested the need to accept the disabled fully into the society and to give them equal opportunities like other people. Increased awareness and education on the rights and needs of the disabled was needed to foster their acceptance and consideration.

4.6. The District Employment Office

1. Introduction

This section presents the results of three expert interviews conducted with the District Employment Office in Machakos. The Employment office is an important component of this study because employment is a right to all people including the disabled. It is apparently in
employment where discrimination of the disabled occurs, based on their disability status. The Employment office can generate data about the obstacles faced by the disabled while accessing employment and data about the existence and nature of policies relating to the employment of the disabled. Such data can be used to influence employment policies.

The District Employment Office is the government’s agency charged with employment issues at the district level. It offers employment, protects the employees rights, guides and links job seekers with possible employers. Although the employment office serves all people, it also provides the disabled people with some limited informal information and advice about the available employment opportunities. To a very small extent, the employment office creates awareness about the disabled, focusing mainly on their special needs.

2. The needs and rights of the disabled children and the required support

The respondents noted that the disabled children have basic and special needs, which included education, employment and medical health care. Their special needs included acceptance, love and care. To meet their above needs, the children required free specialized education, adequate access to health care services and to the build up environment.

The disabled children have got same human rights like other able-bodied children. Their identified rights included access to education and medical health care, right to protection, right to live and to adequate food. The respondents felt that only a few disabled children in the institutions for the disabled have benefited from their right to education. They said that many disabled children remained hidden in their homes and not all parents could afford the high fees in the institutions for the disabled to guarantee the children their right to education.
3. Awareness and perceptions about disabilities

The mostly seen disabilities in the society were physical, mental handicaps, deafness and blindness. People with disabilities were perceived negatively. The respondents said that the disabled children were seen as outcasts, as people who did not fit to be in the mainstream community, as less human and lacking something that made them look different from others. Parents with disabled children were stigmatised and believed to have inherited a curse from their ancestors for committing sin. These negative perceptions about the disabled and their parents originated from negative traditional beliefs and lack of adequate disability awareness.

The respondents had limited knowledge about the population of the disabled in Kenya. Despite this, they estimated they were more than one million. Concrete information about the number of disabled children was lacking, but they estimated it was about 500,000.

4. Availability and accessibility of information services for the disabled

The respondents lacked adequate awareness about the statistics of disabled people accessing employment. They were however certain that only a handful of disabled people were employed. They estimated that about 100,000 disabled people were employed in Kenya and about 50 in Machakos district. The few employed worked as secretaries, typists, telephone operators and in computing sector. Many of them worked in the public sector.

5. Employment Policies

The existing policies for the disabled recognized their right to employment. The respondents said that the existing policies advocated for the right of the disabled to employment and
censored discrimination against the disabled on the basis of their physical status. They however felt that employers continued to discriminate against the disabled. The disabled encountered obstacles in accessing employment. They narrated that many disabled people lacked access to education and the few who accessed education were not well educated and skilled to take up some of the available jobs in the market. They noted that the disabled faced discrimination from employers who had stereotypes about their abilities to work. The disabled were disadvantaged because they could not do some menial jobs that were available.

To resolve the challenges faced by the disabled in accessing employment, the respondents suggested the enactment of policies and laws to guarantee equal job opportunities for the disabled. They suggested the reservation of a certain percentage of available jobs to be set-aside for the disabled. They proposed the established of a disability agency to assist the disabled secure attachments and subsequent employment. They felt that the government needs to provide free education to the disabled children to enable them acquire the qualifications needed for job considerations.

4.7. The Association of the Physically Disabled of Kenya

1. Introduction

This section presents the results of five expert interviews conducted with the Association of the Physically Disabled of Kenya (APDK). The APDK is an NGO that was established in the late 1950’s to address issues of the physically disabled and their welfare. In particular, it was established to facilitate the provision of services for the physically disabled including access to education, rehabilitation and employment opportunities. The APDK was also established to lobby and advocate for the rights of the disabled, to protect the rights of the disabled and to
mobilize resources to facilitate establishment of clinics to access medical health care to the disabled.

APDK is represented by the physically disabled people of Kenya and their friends. This representation is done through membership to its committees from the national to the district level. The choice of APDK in this study can provide useful data about the efforts being done by the disabled people to address their own plight and the challenges they face in their endeavours. It can generate data about their policies and how these affects offered services.

2. The offered services by APDK and the challenges faced

The APDK strives to meet the aims of its establishment by carrying out activities that enhance the welfare of the physically disabled especially in the areas of education, medical health care, prevention, rehabilitation and employment. The respondents noted that the APDK offered guidance and counselling to the disabled, provided information services to them, assisted the disabled with financial support and facilitated their acquisition and provision of orthopaedic appliances. They said the APDK trained teachers in disabilities and assessed disabilities. It offered special education to the physically disabled children and carried out mobile community outreach programs that enhance access to health care and prevention of disabilities. APDK also provided and created limited employment opportunities for the disabled in sheltered workshops.

The APDK faced cultural, accessibility, financial and logistical barriers that made the realization of the organization aims and objectives difficult. Three out of the five respondents noted that negative traditional attitudes towards the disabled made many people to marginalize the disabled and fail to accept them fully into the mainstream life. The remaining two respondents said that lack of adequate finances made the APDK efforts to train adequate
teachers and personnel to carry out its activities difficult. The APDK faced the challenge of inaccessible roads that made it hard to reach the grass root communities to carry out outreach awareness campaigns and to assess the disabled children.

The challenges facing the APDK could be resolved through increased financial support, awareness and publicity. Two out of the five respondents felt that if the government allocated more resources to APDK, it could support more disabled children to access education, train APDK personnel, buy and service orthopaedic appliances and offer affordable medical health care to them. The remaining three felt that the APDK needed to publicise its services, provide adequate disability information and lobby for their rights in order to resolve the above-cited challenges.

3. The rights of the disabled and the challenges facing their realization

Disabled children have survival, development, protection and participation rights. Their cited rights included right to food, shelter, education, rehabilitation and clothing. Others were the right to employment, right to appropriate medical health care, right to life, right to be involved in decision making on issues that affect their lives, right to parental care and love, to freedom of speech, to social assembly, to have and raise families and to be accepted and to be recognized.

There was a general understanding and feeling among the respondents that the disabled have not fully benefited from their rights. This was due to negative traditional beliefs, lack of disability awareness and good political will. They said the disabled lacked adequate awareness about disabilities especially those that were living in the rural areas. People still hampered negative attitudes towards the disabled. These had resulted into stereotypes and discrimination by employers. It had reduced their participation in decision-making. They noted that the
disabled children lacked acceptance from their families, the public and the government. They felt that the government had not done enough to formulate good policies for the disabled to access affordable education, health care and transport services.

4. Awareness and perceptions about disabilities

The five respondents were knowledgeable about the different types of disabilities prevalent in the society. The main cited disabilities were mental handicaps, hearing impairments, visual impairments, physical handicaps and sensory disabilities. People with disabilities were negatively viewed. The respondents said that the disabled were considered as unproductive, as outcasts and as objects of pity. They were viewed as victims of their parent’s mistakes, and as such unfortunate beings. They were not readily accepted, loved, recognized and appreciated by their families and the general public. The respondents associated the negative attitudes towards disabilities with traditional beliefs about the sources of disabilities. In order to change the negative disability perceptions, increased awareness about disabilities was needed. All the respondents felt that sensitisation of parents and the general public on disabilities was necessary to change their attitudes and understanding of disabilities.

The respondents did not have accurate statistics to show the magnitude of disability in Kenya. They however gave estimates of what they believed were the numbers based on the World Health Organization (WHO) statistics that indicate that in any given population, 10% would be disabled. Based on the WHO projections, they noted there were about 3 million disabled people in Kenya. Although the respondents did not know the actual numbers of disabled children accessing education, they gave estimates that showed their numbers were very low. Three out of the five respondents noted that the number of disabled children in school was less than 4% of those assessed to need placement. Although they did not give
actual statistics on the number of children assessed, they observed the number was very low. They attributed low enrolment to lack of access to affordable education, lack of awareness and sensitisation about disabilities and lack of available information about the services for the disabled.

5. Accessibility of employment services by the disabled

The respondents gave varied responses about the number of disabled people in employment. Their responses indicated that the number was very small. Four out of the five respondents put their number at less than 10%, that is, less than 1%, less than 2%, less than 10% and about 5-10% respectively. Although one out of the five respondents did not quantify their number, he indicated that there were practically very few employed disabled people in Kenya. Four of the respondents said that the few disabled people in employment worked in low cadre jobs, as telephone operators, clerks, typists, teachers and others were in self-employed. One respondent noted that they were working in the "begging industry", that is, begging in the streets.

The lack of adequate access to employment by the disabled was associated with inadequate education and skills among the disabled, negative attitude and discrimination by employers, lack of good employment policies, the general unemployment climate in Kenya, and inadequate accessibility to public offices. To ensure better access to employment, the respondents suggested that priority be given to efforts that enhanced access to education and to training by the disabled. They felt that the government needed to come up with clear employment policies for the disabled, carry out massive awareness and sensitisation campaigns in the communities and sensitise employers about the capabilities of the disabled.
5. Organizations for the Disabled

The respondents were knowledgeable about the organizations that assisted the disabled at the national level and in Machakos district. The cited organizations in Machakos included the Catholic Diocese of Machakos that had established Small homes to integrate physically disabled children, and the Department of Special Education that offered special education for the disabled. The organizations at the national level targeted other types of disabilities such as deafness, blindness and mental handicaps. They also offered education and rehabilitation services. The cited organizations included the Kenya Union for the Blind, the Kenya Union for the Deaf and AMREF.

6. Availability and accessibility of information services for the disabled

The available information services for the disabled were delivered orally and depended on the types of disabilities. Information about assessment of disabilities was offered at the Assessment Centre while the Special education department offered information about accessing education in special schools. Hospitals offered information on the available medical services whilst some churches engaged in public awareness campaigns on the need to accept and support the disabled. The respondents however felt that the available information for the disabled was however scanty and concentrated in the urban areas.

In order to increase access to information services for the disabled, restructuring the service delivery system and publicising service were needed. The respondents felt that the decentralization of the centralized government structure of service delivery by facilitating divisions and locations with the necessary personnel and equipment could increase access to services. They suggested that the adoption of the provincial administration structure (that
penetrates to the grassroots level) could be useful in raising public awareness about disabilities and enhance the identification, assessment and placement of disabled children into education. They said that the information needed to be presented in the local languages as much as possible.

Four of the respondents felt that packaging the available information in brochures that were written in the local languages and publicising the services could increase access to information and supplement the oral information given in offices. The remaining one respondent felt that initiating special radio and television programs that were aired in the local languages could disseminate the information faster and in a more understandable way.

7. Awareness, characteristics and the effects of Small homes

Three out of the five respondents expressed good awareness about Small homes. The remaining two expressed no knowledge. Those knowledgeable about Small homes said they were “homes” for the disabled children established in regular schools. Three of the respondents were aware of the benefits of the Small homes. They narrated that Small homes enabled the disabled children to access Inclusive Education in their communities and near their families, to live together as a “family” in the Small homes and the opportunity to interact, socialize with each other and with their able-bodied colleagues.

The cited challenge faced in Small homes was the lack of trained teachers, which they said, was a big handicap to effective integration. They expressed some fear that disabled children could feel abnormal when they compared themselves with their able-bodied colleagues. They revealed that some parents of the disabled children had the feeling that the Small homes were “homes” that relieved them of the burden of caring for their disabled children, and this had lead to failure by many parents to perform their parental roles
effectively.

8. Education policies for the disabled

The existing education policies encouraged the disabled to access education in Special schools. The respondents noted that the government had established the department of Special Education and charged it with the task of accessing education to the disabled children. Despite some negative attributes about the Small homes and the government policy on education, the respondents felt that the Small homes inclusive education approach was the better strategy to integrate the physically disabled children into education in Kenya. They observed that only the very severely disabled cases ought to be taken to the Special schools.

9. Assessment of disabilities and admission procedures

The respondents narrated that the admission procedure into the institutions for the disabled was lengthy. They said it was phased into three and was conducted by the Assessment Centre. The first phase was assessment to determine the type and severity of disability. The second phase was sensitising parents about disabilities and to educate their disabled children. The third phase was placement when the Assessment Centre referred the assessed disabled children to the relevant units for admission.

Although no statistics were available on the number of disabled children in school and in the communities, the respondents felt that only a small number of the disabled had access to education. They noted that not all children assessed to need placement finally enrolled to school. To increase access to education by the disabled children, the respondents suggested that education for the disabled should be free to motivate parents to send their disabled
children to school. They felt that training teachers in disabilities and creating adapted environment in mainstream schools could increase enrolment rates. All the respondents suggested that sensitisation and disability awareness to parents about the available services for their disabled children could enable them change their perceptions about the capabilities of their children to learn and make parents know the available opportunities for their children.

10. The Legal issues for the disabled

All the respondents noted that Kenya did not have a Disability Act. However, they expressed hope because a Disability Bill had been drafted and tabled for debate in parliament before it could be passed into law. The cited issues contained in the Disability Bill included the provision for the welfare of the disabled, the formation of a national council for the disabled, the preservation of 5% of all available jobs for the disabled and the recognition of the needs and rights of the disabled to access education, training, rehabilitation, employment and the build up environment.

11. Participation and decision-making

The respondents noted that there was little evidence to prove the disabled were being involved in decision making on issues affecting them. They indicated that decision-making on the issues for the disabled was being made by the able-bodied who ended up prescribing solutions for them. They observed that the disabled were under-represented in the government policy-making forums. To increase participation by the disabled, the respondents suggested the need for the disabled to be represented at all levels of decision making by their affiliate organizations or by their own Ministry established to deal with disability issues.
12. The meaning and causes of marginalization among the disabled

The respondents described marginalization as negative treatment extended to one group or section of people by another. Four out of the five respondents described marginalization to mean any of the following: - being put at the periphery, being ignored, being neglected, being sidelined and being excluded from the mainstream life in the society. Other cited meanings were being overlooked, isolated, and being discriminated against on the basis of disability. The other one respondent described marginalization as when one person, group, or community shows less interest in one another and also when a community forgets about an important section of its own.

The respondents gave evidence indicating the disabled were marginalized in the areas of education, access to basic support services and involvement in decision-making. They noted the disabled lacked full acceptance and recognition in the society and were less involved in decision making on issues touching their lives. They noted the disabled were isolated from the able-bodied through the provision of Special segregated education and by being concealed from the public. The disabled also lacked basic support services. These included access to information and medical health care. They observed the government had failed to recognize the disabled and to carry out disability census and adequate awareness about disabilities.

To counter marginalization, the respondents suggested the need for the government to include the disabled in decision making and ensure their representation in all relevant policy-making organs. They suggested that the Government makes the education for the disabled free, create adequate disability awareness and establish good policies for them.
4.8. The Machakos General Hospital

1. Introduction

This section presents the results of four expert interviews conducted with the Machakos General hospital. Health care issues in Kenya are governed by four main legislations, that is, the constitution, the Medical Practitioners and Dentist Act (Cap.253, Laws of Kenya), the Nurses (Cap.257), and Pharmacy and Poisons Act (Cap.244). The Kenyan government and other NGO’s have made great strides in the improvements of health standards of her people. However, Kenya, just like most other developing nations, has a long way to go in tackling malnutrition, disability prevention, high maternal mortality rate, high child mortality rates, HIV/AIDS, and safe motherhood initiatives.

The rapidly collapsing physical, economic and social services in Kenya have a negative impact on the health of the people and on the capacity of the health care system to respond to the increasing needs. The Machakos General Hospital is therefore a major component of this study. A study into the health care services offered to the disabled at the hospital can provide a better understanding about the quality, affordability and accessibility of government health care services for the disabled children.

2. Services offered by the hospital to the Disabled

The Machakos General Hospital is the main government public district hospital in the district located at the heart of Machakos town. The hospital has five main departments that offer services to the disabled. They include the ENT (Ear, Nose and Throat), the Physiotherapy
Department, the Surgery and Plaster Departments, Outreach services and Referral service Departments. The ENT Clinic deals with assessment and treatment of ear, nose and throat cases and cases of blindness and deafness. The Physiotherapy Department deals with rehabilitating cases that are not massively disabled whereas the Surgery and Plaster Department offers services to rectify cases of patients that are badly deformed. The Outreach Services Department carries out public health care awareness in the communities and refers disabled patients to the relevant units for treatment and observation.

The Machakos Hospital is funded and managed by the government. The government employs and pays the salaries of the staff and provides medical equipment and supplies. However, the government funding is low and patients have to pay for their services through a cost-sharing scheme. The hospital experiences a shortage of specialised doctors in the field of disability. The respondents noted lack of adequate resources to manage its indoor and outreach services for the disabled. They noted lack of modern equipment and facilities. The respondents felt these shortfalls were compromising the quality of services offered to the disabled as many disability cases were referred “elsewhere” for specialized treatment.

To improve the quality of services for the disabled at the hospital, increased extension work, the employment of more specialized personnel, improved facilities, equipment and supplies and the decentralization of services are needed. Two out of the four respondents pointed out the need to post additional staff to the disability departments and to equip the departments with modern equipment and facilities. They noted this would reduce the shortage of specialised doctors and reverse the trend of referring disability related cases “elsewhere” for treatment. The remaining two respondents felt improvements in access to health care services by the disabled could be achieved through increased extension services to the communities and decentralization of services.
3. Availability and accessibility of information services for the disabled

The respondents noted that the main source of information services for the disabled at the hospital was informal instruction. Some brochures and posters existed that were posted on the notice boards at the hospital and in the dispensaries. The respondents noted that the information was given during outreach training and visits in the communities, and when patients came to the hospital to seek medical attention.

The available information services for the disabled were not accessible. Two out of the four respondents noted that non-speakers of the local languages presented the information in English or Kiswahili. They indicated that the information was concentrated in the urban areas leaving out the rural areas where the majority of the disabled lived. The remaining two respondents noted that out-reach clinics and extension services were not carried out frequently due to lack of funds. They felt many people did not have adequate awareness of the available information services because of inadequate publicity of the services. To increase information services, aggressive publicity and structural changes in the delivery of care services were needed. The respondents noted the need to produce brochures and posters to publicize services and the use of the electronic media to enhance disability awareness. They noted this would supplement the informal information given in the offices and during outreach visits in the communities. They believed that the adoption of provincial administration and church structures to deliver information could be more efficient and cost effective.

4. Awareness and perceptions about disabilities

The most prevalent disabilities in the community that were assessed at the hospital were physical, cleft palette, hydrocephalus, blindness, deafness, mental retardation, visual and
hearing disabilities. People with disabilities were negatively regarded and were not accepted fully into the society. All the respondents observed that disabled children were considered as outcasts and having been born as a result of punishment for the sins committed by their parents. They indicated the disabled children were seen as a curse, a bad omen, as dependants, and were concealed. However, two respondents added that people with good disability awareness viewed the disabled positively.

The respondents indicated that parents with disabled children were considered as cursed, as people who had committed incest and were stigmatised. They noted that parents concealed their disabled children to avoid stigma. The respondents associated the negative perceptions with traditional beliefs and lack of adequate knowledge about the sources of disabilities.

5. Organizations for the Disabled

The respondents possessed good knowledge of organizations assisting disabled people in Machakos. They cited the Catholic Diocese of Machakos, the APDK, the Assessment Centre and the Machakos School for the Deaf and for the Blind. They noted the Catholic Diocese of Machakos had established Small homes to access education to the physically disabled children. The APDK offered special education to the physically disabled children whereas the Assessment Centre assessed disabilities. The Machakos School for the Deaf and for the Blind offered education services to the deaf and the blind respectively.

6. Participation and decision-making

The respondents felt that the disabled were not being involved in decision making on issues
that affected their lives. Lack of involvement and participation was either because they were not being represented at the decision-making forums or because their issues were being done by the able-bodied on their behalf.

Increased participation by the disabled in their affairs could be enhanced through their nomination to decision making forums, through their representation in decision making forums, through changes in disability policies and through increased disability awareness. Two of the respondents noted that the disabled knew best what affects them and were best suited to articulate their own issues. The other two respondents noted that the disabled should either be nominated to parliament to directly participate and influence disability policies or be represented at the decision making forums by a council that exclusively caters for disability issues. They felt increased disability awareness could highlight the plight and rights of the disabled to have their voices heard.

7. The meaning and causes of marginalization among the disabled children

The respondents had good understanding of marginalization and described it as a negative act or treatment that was done to a person or a group by another. The cited meanings of marginalization included being put outside the mainstream life of the society, being excluded, being put at the margin, not being consulted or given the chance to participate, lack of acceptance and being discriminated against on the basis of disability.

The disabled are marginalized in the areas of education, employment, participation and access to services. Three of the four respondents noted the disabled were marginalized because they lacked access to buildings and faced discrimination in employment. The other one indicated that the disabled lacked education and opportunities to participate in decision making on issues affecting them. In the area of health care, all the respondents felt the disabled
lacked adequate access to affordable medical care.

The marginalization could be countered through awareness, new policies and increased access to basic social services. The respondents observed that adequate public awareness about disabilities was needed to change people’s negative attitudes. They felt that increased access to affordable education and health care services was needed. They suggested the enforcement of a new building code to guarantee the disabled people access to public buildings.

4.9. Centre for Law and Research International

1. Introduction

This section presents the results of three expert interviews conducted with CLARION. CLARION is a leading International Research Organization in Kenya that was formed in 1993 during the advent of multi-party political system in Kenya. It began as a response to Kenya's need for focused social and legal research to sustain and enhance human rights, democratisation and good governance. CLARION is one of the many civic society organizations participating in the National Civic Education Programme (NCEP), whose goal is to consolidate a mature political culture in Kenya, in which groups and individuals are aware of their rights and obligations, and are free to advocate their positions.

The main objectives of CLARION are to enhance and develop legal resources in Kenya, to implement legal and related researches, to participate in civic education, to train communities and individuals on how to enhance their legal and social-economic development capacities and to network with organizations and individuals carrying out similar work with it. Although the main themes of CLARION activities are constitutionalism, democracy, human
rights and good governance, CLARION has not invested in the area of disability; yet, disability is a human rights issue. CLARION has not considered disability as an area that needs to be researched on although the disabled have their civic rights too and need legal reforms and protection too so that their human rights are not violated. The disabled, like others, need to have their capacities build so that they can be able to know their rights and to claim them just like the other people.

The choice of CLARION is important in this study for a number of reasons. CLARION can generate data that provides evidence of the low level of commitment by research organizations to conduct disability research. Little interest and attention to disability issues in Kenya can be seen to portray that issues for the disabled have not been mainstreamed and integrated into the constitutionalism, democracy, human rights and good governance.

2. The needs and rights of the disabled children and the required support

The disabled have basic and special needs. Their cited needs included the need to access good health care, education and the build-up environment. Others were the need to recreate, to play, to participate in governance and have decent shelter and adequate security. For the disabled to meet their above needs, they required wide ranging support from their parents, community members and from the government. All the respondents said they required free education and adequate access to the schools areas. They required affordable medical health care and adequate access to public buildings. They required acceptance and attention from the government so that their issues can be given priority and tackled.

The respondents indicated that that the disabled children have basic human rights like all other people. They have development rights like the right to Inclusive Education. Their identified survival rights included medical health care, right to food and right to live. They
have a right to participate in development activities, to have orthopaedic aids and to be accepted fully into the society. Although the respondents possessed good knowledge about the rights of the disabled, the extent into which the disabled had benefited from their rights drew mixed reaction. Two of the respondents expressed ambivalence by saying that the disabled had, to a very small extent, benefited from their rights. The remaining respondent said the disabled had not benefited from their rights and cited evidence for this. The evidence provided showed that the disabled lacked access to education, equal job opportunities and acceptance by their families and the public.

The main cited obstacles to the full realization of the rights for the disabled were cultural, information, poverty and policy oriented. The respondents noted that negative traditional attitudes caused lack of acceptance towards the disabled. They noted that inadequate awareness and information made the disabled, their parents and the public ignorant of the rights and needs of the disabled. They said that many parents were poor and unable to fulfil most of their parental duties like paying school fees and medical services to their children.

3. The Legal issues for the Disabled

The respondents noted that the existing legal framework for the disabled recognized their human rights and outlawed discrimination and violation of their rights. They however observed that the legal rights were not enforced and people violated them by discriminating against the disabled people. They narrated that the disabled accessed education in expensive segregated institutions unlike their able-bodied colleagues who accessed education in mainstream schools. In employment, they said the disabled lacked equal job opportunities and were discriminated against by employers.
5. Awareness and perceptions about disabilities

The respondents cited the mostly seen disabilities in the society as physical, deafness, blindness and mental handicaps. People with disabilities were viewed negatively. They were viewed as second-class citizens, as outcasts, as less human, and as people who did not qualify to be considered as part and parcel of the society. They were considered as a curse, a burden to their families, as dependants and good for nothing people. People believed they were conceived out of incest or as a result of a curse or punishment for the mistakes done by their fore/parents. Parents with disabled children were stigmatised. They were considered to have committed sin/incest and were therefore being punished for this sinful act. The respondents associated the negative perceptions with traditional beliefs about the causes of disabilities.

The respondents lacked concrete information about the number of disabled people in Kenya. They however estimated that the disabled people formed about 10% of the Kenya population i.e. about 3 million. They also lacked good knowledge about the number of disabled children (0-18 years) in Kenya. One out of the tree respondents had no idea of their numbers while the remaining two respondents predicted they were about 6% or 7% of the total disabled population.

6. Organizations for the Disabled

The respondents expressed good knowledge of the organizations that assisted the disabled. The major cited organizations were the Catholic Diocese of Machakos, the Kenya Union of the Blind, Kijabe mission hospital, the APDK and the Assessment Centre. They said that the Catholic Diocese of Machakos had established Small homes for the physically disabled children and carried out disability awareness in the communities. The Kijabe Mission hospital
offered correctional surgery for the physically disabled while the APDK offered special education to the disabled children. The Assessment Centre assessed disabilities and referred disabled children to relevant units for placement. The KUB accessed education and training to the blind and lobbied for their rights.

7. Availability and accessibility of information services for the disabled

The Ministry of Culture and Social Services was cited as the government agency vested with the responsibility of accessing information. The respondents said that information about the disabled and their services was very limited because it was either orally given or posted on notice boards in the urban areas leaving out the rural areas.

Improvements in information services for the disabled could be made through increased awareness, restructuring the information system and publicizing services. Two out of the three respondents noted that the government needed to start aggressive programmes to raise awareness about disabilities in the communities and to support the introduction of mobile clinics to the rural areas. The remaining one respondent said that increased accessibility to information could be enhanced through the production of brochures and leaflets to publicise their services.

8. Participation and decision-making

The respondents expressed strong feelings that the disabled were not adequately involved in decision making on issues that affected them. They said that the disabled were either not being represented at the decision-making forums or their issues were being done by the able-bodied on their behalf. To increase participation in decision-making, the participants suggested that
the disabled needed to be nominated to parliament to represent their issues in the decision-making forums. They indicated that changes in disability policies were needed as well as increased education and awareness about disabilities. They felt that the disabled knew best what affects them and needed opportunities to participate in decision making forums to articulate their own concerns.

9. The meaning and causes of marginalization among the disabled children

The respondents had a good understanding of marginalization and described it as a negative act/treatment that was being done to a person/group by another. The cited meaning of marginalization included: - being put outside the mainstream life in the society, lack of participation, being discriminated against and not being accepted by others. The respondents felt that the disabled were being marginalized in the areas of education, employment and participation. They said that the disabled lacked jobs due to discrimination by employers and lacked access to education and opportunities to participate in decision-making. They said the disabled lacked access to basic medical health care services and to public buildings.

The marginalization faced by the disabled could be countered through increased awareness, adequate access to basic support services, and through the establishment of new disability policies. The respondents said that increased public awareness in the communities could help people to change their negative attitudes towards the disabled while increased access to education and health care and enforcement of new building codes could increase access to education, health care and to public buildings.
4.10. The Kenya Transporters Association

1. Introduction

This section presents the results of three expert interviews conducted with the Kenya Transporters Association. Kenya’s transport system comprises five major modes namely, road, railway, maritime, pipeline and air transport. Kenya’s transport occupies a crucial position in the countries social-economic development and integration. The road network currently accounts for over 80% of the countries total passenger and freight traffic. Railway transport is the second most important mode of transport after the road transport. Marine transport in Kenya consists of port facilities in Mombasa, shipping and inland water transport while air transport remains the key sub-sector for the development of tourism, transportation of high value exports and perishable goods.

The area of transport is very important in generating data into the root causes of the marginalization of the physically disabled children in Kenya. This is because a good transport system is not only essential for a better quality of life, growth and development, but because it ensures a high level of social integration, safety and environmental protection. Transport problems can be a huge barrier to the social inclusion of the disabled, affecting access to key public services and jobs. All too often, it is the same (disabled) group who suffer disproportionately from the negative effects of traffic such as accidents, pollution and high costs of travel. The interviews were limited to road transport. The findings will therefore be most relevant to road transport services in Kenya.
2. The needs and rights of the disabled children and the required support

The main cited needs of the disabled children were: access to education and good transport services, full acceptance into the society and the need for love and decent shelter. To meet the above needs, the disabled children required suitable and accessible transport, affordable healthcare services and love from their parents and from the public. They also required specialized teachers in disabilities, affordable education and accessible learning environment.

The disabled children have basic human rights. Their cited rights included the following: the right to access good and affordable education and healthcare services, right to decent shelter, clothing, right to accessible conducive environment, right to travel, right to be accepted fully into the society and the right to love and to socialize with others without being discriminated against. The majority of the disabled have not benefited from their rights although a few have benefited by accessing education and employment. The respondents felt that only a very small number of the disabled have benefited from education because most of the institutions for the disabled were highly centralized and charged high fees.

3. Availability and accessibility of transport services by the disabled

The identified roles of the Kenya Transporters Association (KTA) included; to offer commuters the necessary transport means, to avail affordable transport services to commuters and to guide commuters towards meeting their transport needs in an accessible and cost effective way, and to ensure that commuter transport vehicles were well maintained and met the expected safety standards. The KTA however offered general transport services and there were no special considerations made for the commuters with disabilities.

Public transport was not regular. Within urban areas, public transport frequented every
10-20 minutes especially during peak hours. Transport to the rural areas was slow, departing every one to two hours. Public transport was also expensive to most of the commuters although it was a bit affordable in the urban areas. The respondents attributed affordability to many vehicles, tarmac roads and short distances in urban areas. Transport to rural areas was expensive because there were few vehicles ferrying there, the roads were not tarmac and the distances were long.

Most of the public transport vehicles were reported to be in poor conditions. They were un-road worthy, noisy, un- maintained and very squeezed. Increased access to public transport by the disabled could be realized though improvements and adaptations in the Public Service Vehicles (PSV) and through changes in the transport sector policies. The respondents felt that improvements could be done in the PSV by broadening the vehicle entrances, creating adequate space designed for wheelchair users, and having exclusive transport for the disabled.

4. Awareness and perceptions about disabilities

The respondents demonstrated good knowledge of disabilities. The most prevalent disabilities in the society were physical, deafness and blindness. The disabled were viewed negatively. The respondents noted that the disabled were seen as outcasts, cursed and disadvantaged. Others saw them as children born despite attempted abortions on their lives. Two out of the three respondents added that people with awareness about disabilities had positive perceptions about them.

Parents with disabled children were viewed with ambivalence. Two of the respondents noted that parents were viewed positively. The rest said they were negatively viewed. They were being viewed as outcasts, cursed and carrying with them the blame for committing sin. The parents were considered under-privileged because every parent feels privileged to have a
normal child. The respondents associated the negative perceptions about disabilities with traditional beliefs and lack of adequate disability awareness. The positive perceptions were as a result of westernisation values, respect for human rights and the influence of Christianity.

5. Organizations for the disabled

The respondents possessed good knowledge about the organizations assisting people with disabilities. The cited organizations were: - the APDK, the Catholic Diocese of Machakos and the Machakos School for the deaf. The APDK provided special education and medical care to the disabled while the Catholic Diocese of Machakos had established Small homes to access education to the physically disabled children in regular schools. The Machakos School for the deaf accessed education to the deaf.

6. The meaning and causes of marginalization among the disabled children

The respondents described marginalization as a negative treatment of one group by another. The cited meaning of marginalization included the following: - being discriminated against, being segregated, not being accorded love like other children and being placed outside the boundary of consideration. The respondents gave evidence to support that the disabled children faced marginalization in the areas of education, access to public places and public acceptance. They said that the disabled children experienced segregation because they were being educated in special schools unlike able-bodied children. They said many parents discriminated against their disabled children and did not count them alongside their other children.

The disabled also experienced difficulties accessing to public buildings due to lack of
disability access. The marginalization faced by the disabled could be countered through
counselling, increased awareness and adaptations to public transport vehicles. The respondents
felt that parents with disabled children needed counselling to accept their children and to
support them. They felt the public needed to be sensitised about disabilities to change their
negative attitudes. They said adaptations to public service vehicles were needed to ensure that
the disabled have adequate access to transport.

4.11. Vocational Centre Students

1. Introduction

This section presents the results of 10 interviews conducted with students at the Machakos
Vocational Centre. The goal of vocational training in Kenya is to offer all the necessary forms
of assistance to the young disabled students to sustain, enhance, generate and restore their
capacity to eventually earn their own income through employment. Vocational centres rely on
government funding and their establishment attests to the government’s commitment to avail
all her citizens with jobs and at the same time recognize their right to be integrated into the
ordinary systems of employment. However, this has not been the case.

Vocational training is an important component of this study because it can provide
useful data about the existing training policies for the physically disabled and data about the
links and gaps that exist in training, placement and employment for the disabled. These
highlights and other data can become useful in providing practical proposals on how best to
integrate the disabled into training and into employment.
2. The profiles of the students

The students were taking different courses at the Vocational centre. Five of the students were female and the rest were male. All but one of the male students were taking courses in leatherwork whilst the female students took tailoring and dressmaking. The student ages were 15-18 years. Six of the students were from single mothers who were additionally unemployed. All the students came from poverty stricken families and were all post primary school leavers, who, despite their wish to pursue secondary school education, had their dreams unfulfilled due to the inability of their parents to pay the required high school fees.

3. Courses offered

The Vocational centre offered courses in tailoring, dressmaking and leatherwork. The course durations were one to two years. The courses had two major components, that is, theory and practical work. Students taking leatherwork learnt the theory of making various leatherwork products such as shoes, belts, handbags and wallets. Their practical sessions involved the use of hands and various working tools to make the above-mentioned products. The students pursuing tailoring and dressmaking courses learnt the theory on patterning, dressmaking and design, partitioning of clothes and changing of clothes colours. They learnt how to make blouses and shirts and how to tie and dye clothing materials during their practical sessions.

The students faced challenges in pursuing their courses. They noted lack of adequate working tools, pattern and theory books, clothing materials, tailoring machines and thread. The used papers for clothing materials and their courses lacked a component of placement. Despite these challenges, all the students expressed their desire to complete their training and venture into working. Six of the students indicated that they wanted to be successfully self-
employed in their areas of training so as to enable them live independent lives and assist their parents. The remaining four wanted to look for salaried employment.

4. The needs and rights of the disabled children and the required support

The student’s main needs were related to their courses and to their future concerns once they completed their training. Seven of the students needed course work materials and tools including diversified theory and pattern books, clothing materials, leatherwork tools, tailoring machines and thread. Four students needed school fees to complete their courses. Eight students relied on their parents for school fees and only two students had reliable sponsors to cater for their fees. The rest relied on relatives and wellwishers.

To realize their needs, the students needed support in the form of school fees, working tools, guidance and materials. Two students needed new wheel chairs. The remaining eight needed support to acquire jobs and market their products once they started working. The majority of the students knew their rights. They cited their rights to include: - survival rights, development rights and protection rights. Others were: - the right to access education and good health care, right to be accorded support, to be accepted, loved and included into the society. One student did not know his rights.

The students faced obstacles in their pursuit for their rights. They cited lack of government attention, financial and attitudinal barriers as their major obstacles. They noted that parents and the public were reluctant to support their education while the government had failed to allocate more resources to cater for their needs. They said the government had not accessed affordable education, working tool and materials to them.
5. Availability and access to information on employment services for the disabled

The students lacked concrete information about how to acquire jobs after completing their training. However, then said their immediate concern was to complete their courses. About three-fifths of the students said they would rely on their instructors/teachers to link them to jobs. The rest were laying their prospects of getting jobs in God.

6. The effects of Vocational training centres

The students were optimistic that Vocational centres were invaluable in equipping them with skills that they could trade with in the job market. Five students noted that vocational centres offered practical training on different trades that could be mastered within a short period. Two students said vocational centres provided graduated students with certificates that they could use to hunt for jobs. The remaining three students said vocational centres enabled students, who could not access to post primary education, a chance to train and realize a career. They added that vocational training provided weak students, but can use their hands, an opportunity to do some trades like tying and dying of materials. Despite their optimism, the students reported facing many challenges including serious shortage of teachers, training tools, materials and school fees. Three students said they lacked adequate learning materials and tools. Two students observed that they had no teachers to train them. The remaining four students said the training and certificates they got could not guarantee them jobs. They also felt that the vocational centres had cut down their chances and prospects of pursuing higher education.

Students faced other challenges necessitated by un-adapted environment, lack of transport means or by their interactions with their schoolmates. Two students faced problems
while accessing to their classes either because the pavements were not cemented or because they were broken down with potholes. Four students faced difficulties while going to hospital because the centre lacked institutional transport means. The remaining four students faced intimidation/lack of cooperation from their colleagues who were not willing to push them. They narrated how their schoolmates pushed them very fast making them to fall of their wheel chairs. Others narrated how their schoolmates intimidated them by making stressful verbal comments about them.

7. Availability and accessibility of special facilities by the disabled students

Most of the students started their day at 5 am with a warm bath. They then dressed up, took breakfast and headed to class at 8 am. After class, they did their homework and some washing. None of the students mentioned that they went to play, recreated or attended any extra curricular activities. The cited available recreational facilities were balls. The students noted that there was no playing ground at their centre and they had to go to the town's public stadium, situated 3 kilometres away, to play. They said that there had been swings and slides at the centre, but these were broken down and had not been repaired or replaced. The cited special facilities at the centre were adapted toilets, low beds and orthopaedic appliances. The centre had in the past made efforts to cement pavements to ease movement, but the pavements were torn down with potholes. Although the students felt the toilets were suitable on one hand, on the other hand, they said the toilets were few forcing them to queue for long periods. Three students identified wheel chairs and crutches in the centre as some of the special facilities for the disabled because many of the students lacked their personal mobility aids.
8. Organizations for the Disabled

The students knew of at least one organization that assisted the disabled in the areas of assessment, correctional surgery and assessment. The cited organizations were: - Kijabe Mission Hospital that assisted with correctional surgery, the Masaku school for the Deaf and for the Blind, the APDK and Joy school that accessed education to the disabled. Others were the Catholic Diocese of Machakos that assisted physically disabled children to access education and the Assessment centre that assessed disabilities.

9. Problems faced by the students in their families

The students faced problems in their families that were mainly financial and attitudinal oriented. Six students indicated they faced food shortages, lacked new uniforms, enough pocket money and school fees. The remaining four said they were discriminated against and mistreated at home due to their disabilities.

4.12. Disabled Children in Small Homes

1. Introduction

This section presents the results of 34 interviews conducted with physically disabled children in four Small homes. The Small homes programme was established in 1982 by the Catholic Diocese of Machakos Development Services to respond to the educational needs of the physically disabled children. The Small homes are therefore an important aspect of this study. Their selection made it possible to gather data on the efforts being done by NGO’s in
integrating disabled children, their approaches and their principles. It made it possible to gather data on the extent into which the Small homes have met their aims and objectives. Children in the Small homes can generate concrete data about their experiences, their interactions with their colleagues, teachers and their caretakers. These data and others can be used to enhance inclusive culture for the physically disabled children.

2. Preparation for integration

Before joining the Small homes, the majority of the disabled children were either at home, in ordinary schools or in a special school. Eighteen out of the 34 pupils were wasting at home in the communities while 13 pupils were in mainstream schools. The remaining 3 pupils were at the Machakos School for the physically disabled from where they transferred to Small homes. The children were assisted to enrol into Small homes by their parents, sponsors, the Small homes coordinator, their teachers and relatives. Twenty-six pupils were assisted to enrol by their parents. Out of these, 26, 23 pupils got admission through the efforts of their mothers. Teachers assisted 3 pupils while relatives assisted a further 3. One pupil was assisted by his sponsor while the Small homes Coordinator assisted the remaining 2 pupils.

3. The needs of the disabled children and the required support

Disabled children have basic and special needs. They identified the following as their needs: - transport means, mobility aids, recreational facilities, medical care, adequate access to the environment and good care. The children wanted a number of facilities introduced in their school in order to meet their needs. These included: - story books, mosquito nets, television sets, radios, playing balls, water tanks, institutional vehicles and electricity. They also wanted
cemented pavements and physiotherapy services.

4. Availability and accessibility of recreational facilities

There were no adequate recreational facilities in the Small homes. Seventeen pupils reported that there were no recreational facilities in their institutions. The other 17 said there were a few playing balls, swings and slides. The majority of the children said the available recreational facilities were not suitable because they were broken down. The children identified a set of recreational facilities that they wanted introduced in their institutions. These included: - toys, slides, swings, television sets, videos, playing balls, table tennis, card games and radios.

5. The characteristics and effects of Small homes

The children spent most of their time in school learning. After waking up at 6 am, they took a bath, made their beds and wore their uniforms. They proceeded to take breakfast after which they reported for classes at 8 am. After class, a few of them did their homework, played and did some cleaning. All the pupils had good feelings about their studies in the Small homes and were excited to be in school after wasting in the communities. The majority of the children had either good or bad experiences in the Small homes. Eleven pupils got sick with malaria. Other 11 pupils got visited by their parents or relatives. Three pupils had bad experiences of falling off their wheelchairs. The remaining nine pupils had not been visited at school.

The children indicated that they received care from their housemothers whom they described as good and helpful. Three pupils noted that although their caretakers were helpful, they sometimes abused them and called them bad names. The House mothers performed the
following care activities: cleaning dormitories and dishes, washing clothes for some of the children, cooking, taking the sick children to hospital, assisting the children to the toilet, pushing them to class and mending clothes for them.

Despite care and access to education, the children experienced problems in the Small homes. Five pupils said they lacked personal mobility aids. Other five pupils lacked transport means to hospital, to church and “to go places”. The children went to hospital either on foot, by public means or by hired transport. Four pupils said they faced acute water shortages. Five pupils said they experienced accessibility problems since the school areas were not adequately adapted. Six pupils said they lacked school fees and had no electricity in their school. A further 18 out of the 34 pupils had their fees paid by their parents while 12 pupils had theirs paid by sponsors. The remaining 4 pupils had their fees paid by relatives. The children’s parents had struggled to pay school fees despite their economic inabilities. The majority of the parents were peasant farmers. Only a handful worked as casual labourers (Appendix I).

6. Availability and accessibility of medical care services

Depending on their medical needs, the children received varied services from doctors and nurses. The cited medical services included medicines, physiotherapy services and surgery. Seventeen pupils said they did not receive sufficient services at the hospital while 14 noted receiving sufficient services. The other 3 were unsure of their stand.

7. Perceptions about disabilities

Disabled children were either viewed negatively or positively. Twenty-six pupils said they were viewed well while 5 said they were negatively viewed. The remaining 3 expressed
neutrality saying that they were sometimes viewed well and other times negatively. About all the children said their parents were positively viewed in their village. Only one pupil said their parents were viewed negatively. The different perceptions of disabilities were being rooted in Christianity, friendliness and in traditional beliefs. Twenty-six pupils said the positive attitudes were rooted in Christian beliefs while 5 said they were rooted in friendship. One pupil said the negative perceptions were rooted in negative traditional attitudes whilst 3 pupils had no opinion.

8. Challenges faced by the disabled children in their families

During the school holidays, the disabled children stayed at home and assisted their parents with domestic chores. A considerable number of the children assisted with the following: - fetching water, cleaning, cooking, collecting firewood, feeding chicken and looking after cattle. Out of the interviewed children only 1 pupil said he visited his friends and relatives during the school holidays. During the school holidays, the majority of the children said they were taken out to varied places by their parents. Thirty-one pupils were taken for outings in Nairobi, Mombassa, Machakos, Makueni and to visit their relatives. Three of the pupils said they were not taken out although their siblings were. The majority of the children reported facing problems at home. Twenty-three pupils said they faced hunger, lack of mobility aids, school fees, enough pocket money and adequate care from their families. The remaining 11 pupils said they did not face any problems.


1. Introduction

This section presents the results of 17 interviews conducted with disabled children at the
Machakos School for the physically disabled. The Machakos School for the physically disabled children is the only government institution offering special education to physically disabled children in Machakos district. It is highly centralized and it brings together physically disabled children from within and from without the district. The school was started in 1979 to cater for the education needs of the physically disabled children. It was established through the initiative of a physician Dr. Omen, from Holland, who was then based at the Machakos General Hospital’s Orthopaedic Department. Although Dr. Omen was not a missionary, he introduced to Machakos a Special school whose method of care was influenced by the western type of special education at the time. During his work at the Machakos hospital, Dr. Omen realized that a large number of children who were physically disabled and were of school going age could not attend school due to lack of mobility aids, distance from their homes to school and the physical features of the landscape. He solicited funds from his motherland to put up a boarding institution in Machakos to assist the physically disabled children acquire education. His vision was to see that the physically disabled were absorbed into the society as productive members. The school operates under the Ministry of Education-Special education department and the Association of the Physically Disabled of Kenya sponsors it. Its selection for interview was crucial. It can generate data on the government policies and interventions for accessing education to the physically disabled children, and data about the experiences of the disabled children, their hopes, fears, their needs, and the challenges they face.

2. Preparation for integration

Eleven out of 17 pupils interviewed were at home before they joined the Special school. The remaining six pupils were either in regular schools or in hospital. The children were assisted to enrol into the Special school by either of the following: - parents, sponsor, teachers, doctors,
relatives, and the Catholic Diocese of Machakos. Nine of the pupils were assisted to enrol by their mothers. Two pupils were assisted by their siblings and other two pupils by doctors at Kijabe Mission hospital where they had undergone correctional surgery. One pupil was referred by his teacher and the remaining three pupils were assisted to enrol by the Catholic Diocese of Machakos, sponsors or relatives.

3. Needs of the disabled children and the required support

Disabled children have special needs and basic needs. Six pupils said they needed new wheelchairs and crutches while seven pupils needed school fees and medical support. The remaining four pupils needed educational support in the form of school uniform, books, and institutional transport means.

4. Availability and accessibility of recreational facilities

The children spent most of their time in school learning, cleaning and doing their homework. After waking up at 6.30 am, the children took a bath, made their beds, wore uniform then headed for breakfast. After breakfast, they went to class. After school, they relaxed did some cleaning and homework. They then had supper and finally retired to bed. None of the children reported that they recreated.

The Masaku School for the physically disabled lacked adequate recreational facilities. Thirteen out of the 17 pupils indicated having balls and a television set. The remaining four noted they did not have any recreational facilities. The facilities available were unsuitable. The children reported that the facilities were broken down or unsuitably adapted to their needs. The children wanted a wide range of adapted recreational facilities introduced to their school.
They wanted television sets, radios, slides, swings, playing balls, toys and storybooks.

5. The perception of disability

Disabled children were viewed in contrasting ways. Some viewed them well while others were negative or ambivalent about them. Nine out of the 17 pupils indicated they were viewed well while six pupils said they were viewed negatively. The remaining two were neutral on their stand.

Parents with disabled children were negatively viewed. Nine pupils said their parents were negatively viewed. Two pupils noted that their parents were viewed positively whereas six pupils indicated that their parents were liked by some people and hated by others. The children associated the negative attitude towards the disabled and their parents with traditional beliefs. They associated the positive attitudes with Christian values and friendliness. They noted that negative beliefs had made people to view the disabled as different. The Christian values portrayed them as God’s children who were born in God’s own image and therefore not different from others.

6. The characteristics and effects of Special Schools.

The majority of the children were very happy to access education at the Masaku School for the physically disabled. However, three of the 17 pupils said that some of their teachers were not teaching them well and were worried about their poor performance in national exams. The children said they received good care from their Caretakers whom they described as good. They said their caretakers assisted them with cleaning, washing, making beds, cooking, taking them to hospital and assisted some of them to feed.
The children were ambitious and wanted to lead successful independent lives after they completed school. They all wanted to take up career jobs in the public and private sectors. Thirteen pupils wanted to become lawyers, doctors, nurses or drivers. Three pupils wanted to become teachers, pastors and mechanics. One of the pupils wanted to become the president of Kenya. Despite their positive outlook, the children experienced problems in their school. Over half of the children observed they lacked transport means, personal mobility aids, recreational facilities and adequate pocket money. Others indicated they occasionally fell sick, but lacked institutional transport to take them to hospital. The rest reported experiencing no problems. The children noted they walked to or were pushed on their wheelchairs to the hospital, which was very straining. The vast majority of the children had had bad experiences at school. They cited falling off their wheelchairs, falling sick with malaria and intimidation from their colleagues. One pupil indicated having had good experiences of being visited and bought for presents in school.

7. Challenges faced by the disabled children in their families

Most of the children spent their school holidays assisting their parents with light household jobs. Sixteen out of the 17 pupils indicated assisting their parents with domestic chores like feeding chicken, washing utensils, cleaning the house and taking care of siblings. Four pupils combined the household jobs with studying and playing.

Over half of the children observed they faced hunger, lack of school fees and pocket money at home. Four pupils indicated that they felt unaccepted and un-loved in their families because they were not being taken to hospital when they fell sick. The remaining four pupils indicated facing no problems at home. During the schools holidays, the majority of the children noted being taken out to places by their parents. Thirteen out of the 17 pupils were
taken out to Machakos and Nairobi alongside their siblings. However, four pupils noted that they were not taken out although their siblings were, and bought for presents.

8. School fees

The children’s fees were paid by their parents, sponsors or shared between their parents and sponsors. Nine pupils had fees paid for by their mothers. Four other pupils had theirs paid by sponsors while the remaining four said their fees were paid by their parents assisted by sponsors.

9. Availability and access to medical care services

The children received medical care services from doctors and nurses. They reported receiving medicines, injections, ointments, physiotherapy services and service to their mobility aids. Most of the children reported receiving insufficient services. Seven pupils indicated that they received sufficient services whereas 10 pupils indicated receiving insufficient services.

4.14. Parents with Disabled Children

1. Introduction

This section presents the results of 16 interviews conducted with parents who had disabled children in Small homes or in Special schools. Of the interviewed, four were male and 12 were female. Parents are an important component of this study due to many factors. They have first hand experience of what is involved in taking care of disabled children and can therefore
provide useful data about the challenges they face, how they cope and their level of participation in the education process of their children. Parents are often the recipients of negative traditional attitudes that are associated with disabilities and can therefore generate valuable data about their understanding and perceptions of disabilities. Such data can portray their powers and inclinations about integration, placement options and about whether assumptions have changed and cultural values have redefined for them the purpose of schooling and the status of their disabled children in the society. Due to their potential, parents can generate critical data that can be used to offer practical ways of planning intervention programmes for their children and for themselves.

2. The occupation of the parents

Only one out of the 16 parents was gainfully employed. The remaining 15 were housewives, peasant farmers or casual workers. The parents generated their incomes from the sale of farm products. Fifteen of the parents earned less than Kenya shillings (Ksh.) 500 (Euro 5.60) per week. The remaining parent earned Ksh.1,500 (Euro 16.70) per week. Of the interviewed female parents, two were unmarried and two others were separated with their husbands after the birth of their disabled children. The remaining eight parents had their spouses working as civil servants, casual workers or as peasant farmers. Up to 12 parents spent all they earned on basic daily requirements. Only four parents spent less than what they earned. They noted spending their incomes on food, school fees, transport costs, medication, servicing of mobility aids, buying clothes and repaying debts.
3. Experiences in raising up disabled children

The parents reported experiencing financial constraints, emotional stress and cultural barriers while raising up their disabled children. Eight of the parents indicated lacking adequate money to pay school fees, buy medication, food, give enough pocket money to their children and to buy and service their children’s mobility aids. The parents did not take their children’s mobility aids for service as recommended. Twelve of the parents took the mobility aids for servicing only when they had money to service them. The remaining four took the aids for servicing every six months to one year but not after every three months as required.

Four of the parents reported experiencing lack of acceptance, attention and recognition from the public who stigmatised them and considered their children as a curse or a bad omen. The remaining parents reported having problems coping with the emotional stress associated with educating their disabled children far away from their homes. They added that they experienced stress when they tried to borrow money and failed to get it. They failed to get the money either because those they borrowed from thought they would not be able to repay back or because they thought the parents were borrowing money to spend on unworthy courses like caring for the disabled children. The parents also reported stress when they lacked money to visit their children at school. Although eight of the parents noted they visited their children at school, the remaining eight noted that they visited their children only when they had money. They observed that they lacked bus fare and money to buy their children gifts and “what else” they needed.

To resolve the above challenges, parents needed education support, medical help, food and assistance to get jobs for their children. Fourteen out of the 16 parents wanted assistance in the form of school fees and mobility aids. The remaining two needed food, medical care, acceptance and assistance to secure jobs for their disabled children once they completed
school. On the overall, parents observed that their children were helpful and had developed some skills to keep busy during the school holidays. Most of the children spent their time at home helping their parents with light household jobs. Thirteen of the parents said their children stayed at home doing light jobs like taking care of the house, cleaning and feeding chicken. The other 3 parents indicated that their children stayed at home doing homework, studying, helping with light jobs. They also attended church and children meetings.

4. Awareness about Institutions and Organizations for the disabled

The parents got to know about the Institutions for the disabled from either of the following: - Small homes co-ordinator, Assessment centre, churches, friends, and hospitals. Five parents noted knowing about the institutions through their friends. Other five parents indicated knowing the Small homes through their churches. The remaining six parents learnt about Special schools through the Assessment centre, fellow parents who had children in the Institutions for the disabled, through the Small homes Coordinator and staff in Kijabe hospital.

Before they send their children to the institutions, parents noted that their children were either at home or in hospital. Eleven of the 16 parents indicated their children were at home after dropping out from regular schools. Two parents noted their children were in hospital and the remaining three parents indicated their children were at home since they did have any information about where they could take them to learn. The parents were happy to see their children at school. Most parents expressed good knowledge of organizations that assisted disabled children. They cited the specific organizations that had assisted their disabled children to include the APDK, the Catholic Diocese of Machakos, Kijabe Mission hospital, the Machakos general hospital, AMREF and the Machakos School for the Deaf and for the Blind. The organizations assisted the disabled in the areas of assessment, education, medical health
care, rehabilitation, financial aid and mobility aids.

5. The rights of the disabled children

Disabled children have basic human rights like other children. The cited rights included the right to education, medical health care, mobility aids, acceptance and the right to development. The parents had divided opinion on the extent into which the disabled had benefited from their rights. Ten parents said the disabled had, only to some extent, benefited from their rights. Four of the parents felt the disabled had benefited. The remaining two parents had no opinion. Disabled children in school were considered to have benefited from their right to education while others had not because they were concealed in their homes. Others lacked access to education, mobility aids, routine medical care, acceptance and access to public transport and public buildings.

6. Availability, accessibility and satisfaction with medical health care services

Thirteen of the 16 parents noted seeking assistance for their children at the Machakos general hospital whereas two sought assistance from the Small homes office. The remaining parent sought assistance from dispensaries in the communities. The assistance sought was in the areas of treatment, surgery, physiotherapy services, check-ups and referral services. The parents were satisfied, dissatisfied or ambivalent with the services they received for their children. Eight of the parents were satisfied but four were dissatisfied. The other four expressed neutrality observing that they were satisfied only to some extent and dissatisfied on the other extent. The major reason for satisfaction with the services was the notable improvements the children showed after receiving medical care especially correctional surgery.
and physiotherapy services. The parents were dissatisfied because of the lack of adequate quality services especially in the dispensaries. They noted the service givers lacked adequate skills, equipment and facilities to perform exemplary work. A fulsome number of the parents were dissatisfied because the services were expensive.

Parents took between 30 minutes and 3 hours to reach the medical services. Eight of the parents took 2 hours to the service while two took 3 hours. Three parents took 1½ hours. Although two of the parents did not specify the time they took to the service, they noted that they had to cover distances of up to 50 kilometres to the service. The remaining four parents took 30 minutes.

7. Availability and accessibility of transport services to the Institutions for the disabled

Parents took 1 to 5 hours to reach Small homes or Special schools. Nine of the parents took 1½ to 2 hours while two parents took 3 hours. One parent did not quantify the time taken, but indicated the institutions were far. The other four parents took 1 to 2 hours, 3 to 4, 4 to 5 hours and 30 minutes to reach the institutions. All the parents used public transport to the institutions. All parents indicated that the transport means they used was unsuitable.

Transport cost to the institutions was expensive to the parents. Six of the parents noted that paying Kenya shillings (Ksh.) 200 (Euro 2.20) one-way to the institutions whereas two parents paid Ksh.250 shillings (Euro 2.80) one-way. Other two parents paid Ksh.300 (Euro 3.30) one-way. Two more parents paid Ksh.70 (Euro 0.80) while one parent said it was very expensive but did not quantify how much she paid. The remaining three parents paid Ksh.100 to 400 (Euro 1.10 and 4.50) to the institutions. Out of the 16 parents, 14 parents noted the transport costs were expensive. The remaining two observed it was affordable to them.

Public transport to major towns where the institutions were located frequented every 1
- 3 hours. Five parents observed it frequented every 2 hours. Four parents observed it departed every one-hour. Other four parents indicated 2 hours. The remaining three parents noted that vehicles left every 2 to 3 hours. Parents indicated experiencing delays when travelling. Public service transport was unsuitable to the disabled commuters. Parents noted that the vehicles were overcrowded and lacked adaptations for disability access. They narrated that overcrowding forced them with their children to stand the whole journey unless someone volunteered seats for them. They observed that the entrance or doors to the vehicles were narrow, with staircases and could not allow access by wheelchairs users. They narrated how their children were forced to separate from their wheelchairs, which had to be carried as luggage, and charged an extra fee.

8. Awareness and perceptions about disabilities

Parents had good knowledge about common disabilities in the community. They cited mental handicaps, physical disabilities, deafness, blindness and dumbness as the most frequently seen. Parents had vague ideas for the reason of their children’s disabilities. Seven out of the 16 parents thought their children were disabled due to polio infection while four noted their children were born disabled and did not know the reason. Three parents suspected their children were disabled as a result of effects of contraceptives or medication they took when they were expecting. The other two parents said it was God’s will for their children to be born disabled.

Parents reacted with shock, disbelief, disappointment, sorrow and changed attitudes to the birth of their disabled children. Twelve of the 16 parents expressed shock and disbelieve while the remaining four sought God’s consolation to cope with the disabilities. Eight of the parents said their husbands were disappointed, unhappy and blamed them for the cause the
disabilities. Out of the eight parents, four said they were divorced/ separated from their husbands who either ran away from their homes or chased them away. Only two of the parents sought medical advice and explanation for the reason of their children’s disabilities.

Mothers-in-laws reacted with disbelief, shock and hostility to the birth of a disabled child in their families. Seven of the parents said their mothers-in-laws were unhappy since disabled children were considered to be a bad omen or outcasts. Six other parents said their mothers-in- laws became hostile, uncooperative and cold to them. They narrated how this behaviour was portrayed. They said coldness was evident from the behaviour of the mothers-in- laws of not visiting them, not willing to babysit their grandchildren as they performed other household chores, and failure to give the new born children gifts as it is the practice among the Akamba ethnic community.

Many parents observed that the disabled were viewed negatively in the society. Fifteen out of the 16 parents indicated the disabled were negatively viewed. Only two of the parents noted they were liked and supported. They observed that disabled were shunned and seen as outcasts, a curse, a bad omen to their families and as strange children who were different from others. They observed the disabled children were born by parents who had taken contraceptives or who had taken medication without doctor’s advice during pregnancy. The parents observed that the disabled children were not being referred to by their own names, but were being called stigmatising names such as “Kiwete”, Ndia and “Kiema”.

All the parents were unanimous that many people viewed them negatively. Eight parents noted that they were considered to have committed incest and were therefore being punished for this wrongful act. Five parents indicated being viewed as foolish because they were investing on children who could not yield returns. One parent indicated being pointed at when people saw her with a disabled child. They recalled how people called their children “Ndia” or “Kiwete. Two parents said people believed they had used contraceptives during
pregnancy. Parents associated the negative perceptions about disabilities with traditional beliefs, lack of knowledge in disabilities and pride. Eleven out of the 16 parents noted that the negative perceptions were founded in traditional beliefs whereas the remaining parents noted it was due to ignorance, pride and lack of knowledge about disabilities.

9. Characteristics and effects of Institutions for the Disabled

The parents were unanimous in their opinion that both the Small homes and the Special schools accessed education to the disabled children, provided the children good care and opportunities to interact, share and play with their colleagues. The cited characteristics of the Small homes included the following:

1. Small homes accessed education to the disabled children in their communities, which relieved the parents of the emotional stress, associated with educating their children far away from home.
2. Small homes provided the disabled children with an opportunity to get assistance from their able-bodied children.
3. Small homes reduced mobility problems so that the disabled children did not get tired and strained by walking long distances to school.
4. In Small homes, disabled children were well taken care of by Housemothers.
5. In Small homes, disabled children were trained to become self-independent.
6. Disabled children in Small homes had a chance to socialize and interact with their able-bodied colleagues.
7. Disabled children did not feel isolated in the Small homes.

The cited characteristics of Special schools included the following:

1. Special Schools have good trained teachers who are friendly and do not mistreat
the disabled children.

2. Special Schools reduced mobility problems so that the disabled children did not get tired and strained by walking long distances to school.

3. Disabled children were well cared for by Housemothers.

4. The disabled children had an opportunity to play with one another.

The cited disadvantages of the Institutions for the disabled were the high fees charges and the possibility of disabled children getting mistreated by their colleagues.

10. The meaning and causes of marginalization among the disabled children

Most parents had a good understanding of marginalization. Fifteen of the parents described marginalization as a negative act that was being extended to the disabled on the basis of their disabilities. The other parent did not know its meaning. The cited meanings of marginalization included the following: - being discriminated against, not being given equal opportunities like others, being separated from others, being hidden away and being mistreated. It also meant being excluded, being unwanted and being seen as outcasts.

Most of the parents believed the disabled were marginalized. Twelve parents observed the disabled were marginalized because they lacked access to education, mobility aids, recreation, transport, access to public buildings and experienced discrimination and lack of acceptance from their families and the public. The remaining four parents expressed neutrality by indicating that some people marginalized the disabled and others did not. The marginalization suffered by the disabled could be countered through increased access to education, orthopaedic appliances and enhanced disability awareness. Eight of the parents noted the marginalization could be countered through adequate disability awareness in the communities. They felt that with increased sensitisation, people would be more aware of
disability causes, the rights of the disabled and change their attitudes towards them. Five parents felt that marginalization could be countered through increased access to education in mainstream schools. The remaining three parents felt it could be countered through increased access to affordable mobility aids, recreational facilities and through changes in disability policies that would ensure issues for the disabled were given top priority by the government.

4.15. Community Members

1. Introduction

This section presents results of a Focus Group Discussion conducted with 14 community members. The community members comprised persons who held strategic roles in the community including Traditional Birth Attendants, Traditional healers, Community health workers, Area Chiefs, Religious leaders, Business community representatives, elderly men and women, Youth and Teachers. The choice of community members in this study was purposive. The Community members have potential to generate data about the people’s perceptions, meanings, and definitions of situations and understanding of disabilities. These insights can portray their beliefs and attitudes towards the disabled in Machakos and in Kenya. Among the participants, eight were male and the remaining five were female.

2. The needs and rights of the disabled and the required support

The main identified needs for the disabled children were love, recognition, education, health care, acceptance and equal opportunities. The disabled children required support from their families, communities and from the government to meet their above cited needs. The
participants noted the disabled required educational support in the form of schoolbooks, school fees and uniforms. They required support to acquire and service their own mobility aids, support to acquire institutional transport means and affordable health care services. They also required love, acceptance and recognition from their families, the public and the government.

The disabled have same human rights as other people. Their cited rights included the right to education, healthcare, life, love and acceptance. The participants had different opinions as to the extent into which the disabled had benefited from their rights. While some felt the disabled had benefited, others felt they hadn’t. Those who had benefited were those in the Institutions for the disabled where they had accessed their right to education. Others had received mobility aids from the government and from NGO’s to improve their levels of functioning. The children without access to education, mobility aids and health care had not benefited from their rights.

3. Awareness about organizations and institutions for the disabled

The community members were aware of organizations and government agencies that assisted disabled children in Machakos. They cited the major ones as the APDK, the Catholic Diocese of Machakos, AMREF and the Machakos General Hospital. The APDK accessed special education to the physically disabled children whereas the Catholic Diocese had established Small homes to access education to the disabled children. AMREF assisted disabled children to acquire mobility aids while the Machakos General Hospital offered physiotherapy and correction of disabilities services to the disabled. Although the participants expressed good knowledge about the organizations assisting the disabled, only a handful of them had some concrete awareness about the Small homes. The rest did not know about the Small homes.
Those with knowledge of Small homes described them as “homes” for the disabled children, which were sponsored by the Catholic Diocese of Machakos. They observed the “Small homes” had boarding facilities for the disabled children and were established in regular primary schools.

4. Availability and accessibility of information services for the disabled

There existed scanty information for the disabled. The participants noted that information services were confined in urban areas, on notice boards in hospitals, Special schools and in Assessment centres leaving out the rural areas where the vast majority of the disabled lived. Increased access to information about disabilities could be achieved through the establishment of Resource centres in every district. The participants felt that a disability census was needed to generate data that would be presented in brochures and leaflets and made available to the disabled at disability Resource Centres in the districts.

5. Awareness and perceptions about disabilities

Disabled children were viewed negatively in the past but increased awareness has made people to view them more positively. The participants noted that while some people viewed the disabled positively, others viewed them as a cursed lot, as people whose parents committed sin as a result of which they were being punished. They were also viewed as dependants and outcasts and a bad omen to their families. The participants however observed that people with adequate information about disabilities were more positive about them. The participants indicated that the negative perceptions about disabilities were rooted in traditional beliefs and lack of adequate awareness about the causes of disabilities. They noted the positive
perceptions were rooted in Christian beliefs and values that focus on the dignity of man as having been born equal with others.

6. Awareness about education policies for the disabled

The respondents voiced that the government had a general education policy for all children that recognized their right to education without any discrimination on the basis of gender, religion, colour or disability. They however observed that the disabled children were encouraged to access education in centralized segregated Special schools rather than in mainstream schools.

7. The characteristics and effects of the Institutions for the disabled

The participants indicated that Special schools accessed education to disabled children through trained teachers and had other special facilities for the disabled children. They however identified Special schools as segregating institutions that created social gaps and charged exorbitant fees. They noted Special schools enrolled only disabled children, which locked out their chances to intermingle with able-bodied children. They argued that the centralized nature of the schools made the children to be de-touched from their parents whereas the residential nature of the Special schools made fees to be high.

Those knowledgeable about the Small homes them said Small homes accessed Inclusive Education to the disabled children in their communities and provided the disabled children opportunities to be assisted by their able-bodied colleagues. The only cited disadvantage of Small homes was the lack of trained teachers in disabilities. The participants had mixed feelings about the best strategy to integrate physically disabled children into
education in Kenya. Whereas many favoured an Inclusive Education approach, others felt that Special schools were more ideal especially for the very severely disabled children.

8. The meaning and causes of marginalization among the disabled children

The participants understood marginalization to mean the act of being excluded from others, being discriminated against and not being given adequate care. They cited prove that the disabled were marginalized. They observed that the disabled were marginalized because they were educated in Special schools that segregated them from able-bodied children. They noted that parents discriminated against their disabled children by failing to educate them and take them to hospital, by hiding them, and failing to buy mobility aids for them. The participants felt that the marginalization experienced by the disabled could be countered through the adoption of sound disability policies, increased access to basic services and increased awareness about disabilities.

4.16. Able-Bodied Children

1. Introduction

This section presents results of 34 interviews conducted with able-bodied children in four regular schools that hosted Small homes. The interviews took place at the Small homes hall and lasted 10 to 15 minutes. Among the interviewed children, 20 were boys and the remaining 14 were girls. Able-bodied children are an important aspect of this study because of a number of reasons. They have the potential to generate concrete information about their experiences and interactions with the disabled children in their school. They can generate valuable information about their attitude and beliefs about disabilities. They can provide useful
information about the needs of the disabled children, the challenges they face, their fears and hopes and about the kind of support they require to lead meaningful lives.

2. Awareness and perceptions about disabilities

The children had one or more disabled children in their class and were aware of the different types of deformities their classmates had. The cited deformities were deformed legs, hands and bend shoulders. They noted that the deformities made it difficult for the disabled children to walk without wheelchairs or crutches and to write with required speed. Most of the children thought their classmates were disabled because they were born that way had got disabled through accidents or had inherited the disabilities. Twenty-six of the children thought their disabled colleagues were born that way due to medical reasons whereas four thought they were disabled through accidents. One child thought they were disabled because they came from families with a history of disabilities. The remaining 3 children did not know the causes of their colleague’s disabilities.

Disabled children were mainly positively viewed in the society. Thirty children indicated that disabled children were viewed well because of the following reasons: - they were God’s children who were born out of his plan, they were special children with special needs who needed help and assistance, they needed to be viewed positively because it was not their wish to be born disabled. One child said disabled children were discriminated against. Another child said they were viewed in an ambivalent way. The other two children had no opinion.

Parents with disabled children were positively perceived though there were people who shunned them. Twenty –nine of the children indicated that parents with disabled children were viewed well because it was not their wish and choice to have disabled children. Two children
said parents were viewed as having special needs and as people who needed support and help from others. One child expressed ambivalence by noting that the parents were “not very badly viewed”. The remaining two had no opinion.

The positive perceptions of disabilities were rooted in Christianity beliefs, friendliness, compassion and awareness. The negative perceptions were founded on negative traditional beliefs. Fifteen of the interviewed children indicated that positive perceptions were due to the friendliness attitude people had towards the disabled and their families whereas 12 children noted it was due to Christian beliefs. Two children said it was rooted in the correct awareness about disabilities. Two children said it was due to compassion and pity. Two others said they did not know the causes while one child said the negative perceptions were rooted in traditional beliefs.

3. The challenges faced by the disabled children

The children said their disabled colleagues faced many problems in their school that were related with either of the following lack of adequate facilities, mobility challenges and inadequate resources. The cited problems included the following: -

1. The disabled children cannot walk without wheelchairs or crutches, which is very tiring.
2. They strain themselves when they push themselves on the un-cemented pavements.
3. They cannot go far and have to content with limited movement.
4. They use old wheelchairs or crutches that are rarely serviced, and when these get broken down, they have to stay away from class by remaining alone in their dormitories.
5. Many of them cannot do most of the things for themselves like going to the toilets, washing their private clothes and bathing.

6. They lack facilities like mosquito nets and recreational facilities. They lack pocket money to buy biros, toothpaste, toilet papers, soap, and for hair cut.

4. Availability and accessibility of special facilities

The children identified the following as the special facilities designed for the disabled children in their school: - adapted toilets and low-level beds, wheelchairs which belonged to the school but were used by the children who did not have their own, and bathrooms that were within the dormitories. Twenty-six of the interviewed children felt that the special facilities were suitable. The remaining eight felt they were unsuitable. The facilities were unsuitable because they were unadapted, old or few.

The majority of the children said their schools had recreational facilities. Twenty-three of the children noted having recreational facilities and cited the following: - playing balls, swings, balancing games, slides, radios and television sets. The remaining 11 children indicated that there were no recreational facilities in their school. The children observed that the cited recreational facilities were not suitable because they were not adequately adapted, old, broken down or few.

5. The needs of the disabled children

Disabled children have basic and special needs. Their cited needs included mobility aids (because they used old ones or had none of their own), good and consistent food supply, physiotherapy facilities, mosquito nets, adequate recreational facilities, school fees and
uniforms, adequate pocket money and institutional transport means. They also needed first aid services, adequate water supply and electricity.

The disabled children needed support to acquire orthopaedic appliances, to maintain them and learn in adapted settings with adequate facilities. The children felt the disabled children needed wide ranging recreational facilities, education support including school fees, uniforms, books, writing materials, beddings, institutional transport means, mosquito nets and adequate food supply. They also required emotional support to feel loved, accepted and needed.

6. Attitude towards the disabled children

The able-bodied children had different but warm feelings towards their disabled colleagues. Twenty-three out of the 34 children indicated they felt mercy, pity and sympathy towards their disabled colleagues because they could not walk or do most of the things for themselves. Eight other children felt compassion, sorry and pity for their disabled colleagues because they had many difficulties. The remaining three children said they felt happy and pity for them. They felt happy because they were learning together and sorry because they could not participate in playing but only watched others play.

The children assisted their disabled colleagues in expansive ways and without any instruction from their teachers. They helped them to the toilets, to class, fetching water, washing clothes and carrying things for them from town when they go shopping. They also assisted them with homework, bringing foodstuffs to them, making their beds and assisting them with money when they borrow from them. All the children had positive relationships and contacts with their disabled colleagues. In their last contacts, they shared information and concerns to homework. Twenty-three of the children discussed homework in their last contacts
while five socialized by sharing stories, bible verses and playing. Four children indicated they shared concerns about how they suffered as a result of their disabilities and how they lacked crucial facilities in their school. The remaining two children shared information about the causes of their disabilities and about the recent movies in town.

7. Care taking

The children were knowledgeable about the Housemothers who took care of the disabled children. They observed that Housemothers were helpful and performed many care activities that included the following: - cooking, cleaning dormitories, washing dishes, making beds, bathing some of the children and assisting them to eat, fetching water and taking children to hospital.
5.0. CHAPTER FIVE: DISCUSSIONS

5.1. Preparation for Integration

This section presents findings for the process before the disabled children joined school, covering where they were, how they were assessed, how they came to know about the institutions and their interaction with professionals in the transition process to school.

5.1.1. Transition to School

A number of the physically disabled children had begun their schooling from a separate setting in Special schools and made the transition to a more normalized programme in Small homes (1). Others made the transition in the reverse, from an ordinary school to a separate place with better services in Special schools (2). A few others had begun their schooling from ordinary schools to other ordinary schools that had special arrangements and facilities for the disabled like the Small homes (3).

Figure 7. Pathways to the Institutions for the disabled.
The physically disabled children were more likely to attend a Special school than an ordinary school, as this was often the only option for them as education provision for the physically disabled children is not available locally at the community level. The government policy for the education of the disabled encourages the physically disabled children to access education in Special schools that are highly centralized.

Although there is no documented study to explain the practice of transferring disabled children from Special schools to Small homes, the evidence from this study shows the incapacity of regular schools to support and accommodate disabled pupils. Some form of inclusion had happened with the transfer of the physically disabled children from Special Schools to ordinary schools. Booth (1995) describes inclusive education to mean the process of transferring disabled and young people from Special schools to mainstream schools. The mainstream schools hosting Small homes had put in place a set of changes through which the schools had come to embrace all children, but of course, not without some problems. The Small homes offered to the physically disabled children a Less Restrictive Environment that made it possible for the children, whose physical disabilities interfered with their learning, to derive education benefits.

Although it is the government policy to educate physically disabled children in Special schools, this is not enough reason to deny the disabled children education access in mainstream schools. Special education need only occur in very extreme cases as indicated below.

“That special classes, separate schooling, or other removal of handicapped children from the regular educational environment occurs only when the nature or severity of the handicap is such that education in regular classes, with the use of supplementary aids and services, is for that person significantly educationally inferior to and less productive than a placement outside the
regular educational environment”. (National Centre on educational media and materials for the handicapped, 1976, p.4).

Similarly, whether to place physically disabled children in Special schools or in mainstream schools (Small homes) need to be guided by the quality derived from education as empirical research has shown.

“An educational setting which maximizes the pupils opportunities to respond and achieve, that permits the regular education teacher to interact proportionally with the students in the classroom, and fosters acceptable social interactions between non handicapped and handicapped pupils is the best approach to integrate physically disabled children” (Heron and Skinner (1981), p. 116.).

The Small homes approach is more recommended for the integration of the physically disabled children. UNESCO (1993) argues that education is the right of all children, and therefore Inclusive Education for the vulnerable disabled children becomes a very important avenue to ensuring that all children have access to an appropriate, relevant, affordable and effective education within their communities.

The findings that there existed discrepancies between the government and NGO’s approach to integrate the physically disabled children has implications for education policy. Education Policy makers in Kenya need to be sensitised on the concepts and principles of integration and Special Education Needs so as to expand their emphasis of integration from location (either in Special schools or in Small homes) to what actually occurs in a particular instructional setting. This expanded focus need to emphasize on service-delivery and facilitate the enactment of a clear inclusion/integration policy.
5.1.2. Awareness about Institutions for the Disabled

The parents with disabled children did not have good access to information and literature about services for their disabled children. The number of institutions caring for the physically disabled children in Machakos is small and only a small proportion is government funded. For many parents who are too far from the institutions or have no knowledge of their existence, their options are limited. Many parents conceal their children or took them to ordinary schools. Many parents came to know about the institutions for the disabled late through friends, church announcements, and assessment officers. Both the Special schools and the Small homes had not aggressively publicised their services. The physically disabled children were referred to the institutions for the disabled through diverse sources (Figure 10). The majority were referred by their teachers, relatives, sponsors, doctors, and through the Small homes office as indicated below. Before they enrolled, the majority of them were concealed at home or had been to ordinary schools but dropped or were continuing school.

Figure 8. Information sources about Institutions for the disabled.
Parents referred a fulsome number of children to the institutions for the disabled. This came after they received information about the institutions. The high number of disabled children who were at home (Figure 9. (50%) had been denied of their rights to education due to lack of adequate awareness about the institutions for the disabled and traditional attitudes that made parents to conceal their children from public life. Although there were many disabled children in ordinary schools (Figure 9. (40%), teachers referred only a paltry number (8%) of children to the institutions as they lacked adequate awareness about the institutions. Doctors referred about all the children they had attended to in hospital. This could be attributed to their good collaboration with the Small homes office. These findings imply the need for increased awareness about the available services for the disabled.
5.1.3. **High school dropout rates**

Many disabled children attended ordinary schools before they joined the institutions for the disabled. Among those who were at home, over a third had been to mainstream schools but dropped out. The needs of the disabled children could not adequately be met because most of the teachers in regular schools had no basic training in disabilities (Section 4.3.2.). In addition, the high pupil-teacher ratio of 40:1 in ordinary schools was likely to make it difficult for teachers to provide adequate individualized assistance to their disabled pupils. The ordinary schools were also under-resourced and utilized an inflexible curriculum that was exam, time and content bound (Section 5.5.2.). Compounded with mobility challenges, these factors increased the likelihood of the disabled children dropping out of school. A research is needed to ascertain the real causes of the high drop out rates.

The findings also imply the need for teacher support. Greater support is needed to meet the specific educational and emotional needs of the disabled children through improved curriculum and research, early interventions and sustained services to stem out the dangerous level of drop out rates and the lack of adequate access to education. The Ministry of Education (Special Education Department) needs to examine and monitor performance of the disabled children, their dropout rates and school completion, document the findings and report on them for improvements.

5.1.4. **Delay in enrolling children in Institutions for the Disabled**

Many parents delayed sending their disabled children to school. Consequently, many disabled children could not attend school at the expected age. Compared with their able-bodied peers in the same classes, the disabled children were of superior ages. Although there is no documented study to explain this phenomenon, evidence from this study show that they
enrolled to school late owing to the following: - lack of preparatory nursery schools, inadequate information about institutions for the disabled, the lengthy admission procedures and due to being hidden away by their families. Their superior ages could also have resulted due to repeating classes.

<table>
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<tr>
<th>Class</th>
<th>Average ages of Disabled children</th>
<th>Average ages of able-bodied children</th>
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<tbody>
<tr>
<td>Class 2</td>
<td>9.8</td>
<td>8.5</td>
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<tr>
<td>Class 3</td>
<td>12.3</td>
<td>10.7</td>
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<td>Class 4</td>
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<td>Class 8</td>
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Table 2. Comparative ages between disabled children and able-bodied children in similar classes.

The findings imply the need for teacher support and for the establishment of preparatory nursery schools in the education system. To assist such children, special teachers need to be endorsed to teach and guide the disabled pupils to catch up and improve in their performances. Support to teachers is needed in order to address some of the key problems faced by the disabled children, and which may affect their performance, like negative attitude towards the disabled by others, the need to support their parents and families, their long term prospects for employment and participation in the society, their social behaviour and integration into the society.

Nursery schools are a basic step in the foundation of knowledge and character building. Mariga and Pachaka (1993) noted that early childhood education is important in a child’s development. They argue that the progress of an effective inclusive education relies mainly on early identification, assessment and stimulation of disabled children. The absence of preparatory nursery schools for the physically disabled children in the Kenyan education system is therefore regrettable and unjustifiable. Lack of early childcare and education in the
education system means that optimum time for developing the potential of the disabled children is missed and that the disabled children cannot access education at formative years. Lack of nursery schools for disabled children in the education system is a characteristic of many education systems in Africa. Abosi (1996) found out that early childhood education for children with disabilities lacks in many countries in Africa. He argued that in theory, many African countries show interest in the education of disabled children but translating theory to practice was hampered by lack of money, traditional and cultural attitudes, lack of expertise and effective legislation and policies. The findings imply the need for educational reform, and to address issues of access to education by the disabled and the quality of education for all children. At the policy level, it implies the need to consider the Salamanca statement (UNESCO, 1994) that reaffirms a commitment to education for all children, the unique characteristics of each child, the need to plan for diversity, the need for child-centred pedagogy and for the accommodation of children together in mainstream schools. The government needs to adopt policies that support the inclusion of nursery schools in the education system.

5.1.5. Assessment and Admission Procedures

The admission process in institutions for the disabled was fundamentally lengthy. It followed three stages. The first phase involved assessment of the disabled children by Disability Assessment Officers to determine the type and extent of their disabilities. After assessment came the sensitisation phase that involved educating the parents of the disabled children on the need to accept their disabled children and support their education. When parents accepted and were ready to support their children's education, then came the placement phase. In this phase, the parents worked closely with the head teachers and the Small homes Co-ordinator to secure their children places in Small homes or in Special Schools. However, not all children assessed
to need placement ended up in school as noted below.

Interviewer: Can you please tell me why the Small homes are not filled to their capacity?

Key informant 1. “There are a number of reasons. One is because of financial problems whereby the parents cannot afford the fees in Small homes. The second is that parents do not respond very positively to the initiatives of taking their children to school even after they have been assessed to need placement”.

The evidence that the process of identifying disabilities, assessment and eventual placement in institutions for the disabled was lengthy has implications for system reform. The assessment process needs to be decentralized and a system that identifies assesses and disseminates disability information established at every location. Research is needed to generate data about how many children are assessed with what disabilities, how many enrol or fail to enrol to school after placement, and the accompanying reasons.

5.1.6. Services and Contacts with Professionals

During the preparation for assessment and subsequent enrolment in institutions for the disabled, most parents and their children had had contacts with professionals whom they were positive about. They had high level contacts with health professionals through hospital admissions and clinic visits, with teachers, Assessment centre officials, Sponsors, the Small homes Coordinator and with other officers in organizations for the disabled. Many of the parents were satisfied with the services they received from the professionals while others were ambivalent or dissatisfied.
Interviewer: To what extent were you satisfied with the services you received?

Parent 5, “If it were not for the Small homes Coordinator who assisted my child to get surgery at the Kijabe mission hospital, I tell you my child would still be at home without any help”.

Parents 2, “I was very afraid of the surgery operation for my son, but it was very successful. The doctors were good to us and my son can now walk and has gone to school. The only problem was the high cost of the operation, but sponsors helped me”.

Although most of the parents expressed some level of satisfaction with the services their children received, they observed that the services were expensive and not diversified (Section 4.14.6). They complained that some of the personnel at the hospital and in the dispensaries did not possess adequate skills and lacked equipment and facilities for example to perform correctional surgery. Many cases of correctional surgery were being referred “elsewhere” for observation and subsequent treatment.

Interviewer: You have just told me about the programmes you offer at the Machakos general hospital for the disabled, are you content with the management of these programmes?

Key informant 12, “Now things are improving, but things can be made better by provision of equipment, especially for surgery, we are forced to refer some cases outside yet we have some doctors with potential to operate. The hospital needs good facilities, better equipment and more specialist staff especially at the Ear Nose and Throat clinic”.
5.1.7. Conclusion

Inclusive Education for the physically disabled children through the adoption of Small homes is feasible. Creating an inclusive society means providing an Inclusive Education. It is vital that wherever possible, children with physical disabilities have the same options in education as children without disabilities. An Inclusive Education policy is needed to address this shortfall.

Some form of Inclusion had happened with the transfer of the physically disabled children from Special Schools to the ordinary schools and with the transfer of disabled children from ordinary schools to other ordinary schools (Small homes) that had special arrangements to accommodate physically disabled children. Many disabled children enrolled to school late compared with their peers. The process of identifying disabilities, assessment and eventual placement in institutions for the disabled was lengthy. There was no provision for preparatory nursery schools for disabled children in the general education system. Inclusive Education at an early start in nursery schools, followed by education in mainstream schools is the best preparation for an integrated life. Awareness level about institutions for the disabled was low. The institutions had not aggressively publicised their services. Increased awareness about disabilities can increase the enrolment rates in institutions for the disabled.

5.2. Parental involvement in the integration process

This section presents the findings about the extent into which parents were involved in their children’s education. It covers findings about the parent’s partnership with teachers, their involvement in the management of the institutions for the disabled, their struggle to pay school
fees and acquire mobility aids, the level of contacts with their children and with other parents with disabled children. The implications for the findings are also explored.

5.2.1. Affordability of education for the physically disabled children

Parents paid more than 10 times the cost of educating their disabled children as compared to that of educating their able-bodied children. Although the majority of the parents were poor, unemployed or with meagre incomes to support their families, they struggled to pay the high school fees. Many of them sought to obtain for their disabled children a right to education and went as far as seeking educational assistance from sponsors and relatives as indicated below.

![Bar chart showing those who paid school fees for the disabled children.](image)

**Figure 11. Those who paid school fees for the disabled children.**

Although the government has established free primary education programme in the last one and half years, the education benefits have not been substantially felt by the disabled who still access their education in centralized residential schools that charge high fees. This argument is derived from interviews with some of the teachers contacted after the implementation of the free education programme.

**Interviewer:** What are some of the challenges you face in the implementation of the free education programme?

**Teacher 6,** “At least the implementation is picking up and we have enrolled some more children. The big challenge is that the allocation we get is not
enough to meet the individual needs of the disabled children. We have few teachers to cope with the large number of children, and the amount allocated of about Ksh.1, 000 (Euro 13) for every child irrespective of disabilities is not enough. You know the disabled have more needs than the able-bodied”.

Teacher 2, “The biggest challenge is lack of facilities and teachers to cope with the big influx of pupils. The intake of disabled children has also increased. Now some parents are able to educate their disabled children with the allocation from the government because they now pay less than what they have been paying. But you know the disabled children continue to be educated in Special schools that have many demands”.

Probing revealed that the disabled children paid Kenya shillings 4,500 (Euro 58.4) per term in the institutions for the disabled. The government needs to make education for the physically disabled free and compulsory to ensure more disabled children reap education benefits.

5.2.2. Access to and maintenance of Mobility aids

Apart from high fees levies, the disabled children had other additional special needs such as mobility aids. Many of them come from families experiencing ill health, poor housing, high poverty levels and unemployment (Section 4.14.2). These conditions can impact negatively to a child’s health and educational success. For example, many of the parents had not bought their children mobility aids and those that had, could not afford to service them on regular basis and to replace the old Aids with new ones. Many of the disabled children lacked orthopaedic shoes.
Lack of servicing mobility aids can accelerate the severity of the disability. For instance, failure to adjust the crutches to correspond to the height and weight of their users can result to excessive strain. Similarly, failure to fit in new tyres to the wheelchairs can increase the frequency of punctures and that of the children falling of their wheelchairs. Children with disabilities have the right to physical soundness and right to sufficient movement (UNICEF, 1990). The promotion of the children’s physical development is needed. The government should make the acquisition and maintenance of mobility aids affordable.

These findings imply the need for more funding and support to tackle these under-achievements through disability prevention programmes, early identification and correction of disabilities and appropriate management of disabilities. Parents need to be counselled, trained and empowered on how to become more aggressive about acquiring the means to address their children’s special needs. Research is needed into possible ways of assisting parents to come up with creative viable programmes that better increase their economic capacities and that build their capabilities to respond adequately to the increasing demands of their disabled children. At the same time, the government needs to implement the provisions made in the Persons with Disabilities Law 2004 (Section 14.16.) by making mobility aids affordable by waving out
imposed taxes and duty on all imported aids. Similarly, the government needs to look into ways of making medical services such as correctional surgery, assessment, servicing of mobility aids and physiotherapy services accessible and affordable to the disabled at the community level.

5.2.3. Family contacts and partnership with teachers in the integration process

There was little parental involvement in the institutions for the disabled. Parents did not keep close links with teachers and their disabled children. The goal of many of the parents was to have their children access education. Many of the parents held a strong belief that the teachers knew what to do with their children. Once parents felt they were successful in their goals, they apparently sat back.

Interviewer: What do you consider to be the advantages of Small homes?

Key Informant 4, “When some parents take their children to the Small homes, they think the Small homes will relieve them the burden of care, some parents don’t visit or collect their children when schools close”.

Keeping in touch with their parents and families was an issue for the disabled children, particularly those in the Special schools. Parents were not visiting their children regularly due to, among other factors, economic reasons. In selected cases where parents visited their children, they often did so alone without other family members and after long time intervals. Empirical research has shown that parents can experience a lot of emotional stress when they educate their children far away from their homes and therefore visiting their children can provide the parents an opportunity to relieve some of this stress (Morris, 1999). Equally, the
disabled children can undergo a lot of stress and anxiety when they learn away from their homes and do not get opportunities to go home or get visited (Abbot, Morris and Ward, 2000). As much as possible, parents need to visit their children often. The Small homes/Special schools need to organize for such visits and inform the parents early in advance so that they can save money to attend. It is also recommended that the parents endeavour to visit their children with their spouses and children. The parents visiting days need to be organized in such a way that the parents get ample time with their children and participate in other activities that bring them together to share their experiences, to build their capabilities and to get updates about their children’s performance and needs. Strong parent-teacher links can enable teachers to learn about the children’s family strengths and needs that might affect their children’s development and learning.

Parents were also less active in the management of the institutions for the disabled. They were invisibly represented in the management committees and they did not seem to have specific roles to play in the institutions. Parents and community involvement are essential for building stronger institutions for the disabled. Parents need to take active roles in the management of the institutions for the disabled. These findings imply the need for more active participation and involvement by parents in their children’s education and in the management of the institutions for the disabled. There is need for increased partnership between parents and teachers to promote home-school links for the successful integration of the disabled children. Teachers need to share with parents the need to encourage siblings to help the disabled children with homework and to encourage parents to engage their disabled children. Schools need to be encouraged to welcome, partner and talk to parents.

5.2.4. Support groups for parents with disabled children

There were hardly any active organized parent’s groups that would enable parents with
disabled children to share their personal stories and bargain for their children’s stake from the government. The few existing disability related groups were basically fragile and inactive.

Interviewer: Do you have additional information?

Key Informant 3, “We would like to encourage many scholars as possible to do in-depth studies of this nature about the disabled so that issues of the disabled are raised and documented. We also need study and research in the issue of groups for the disabled. The disabled groups in Kenya are so fragile, or non-existent, and that’s why the government can afford to ignore the disabled since they know there are no vibrant groups. We need to know what is ailing them.”

The findings that there existed only a handful fragile disability related groups are similar to those of empirical research. UN (1991) found that the development of groups for the disabled in many developing countries, their management and operation tend to be weak with many groups lacking the organizational know-how and resources. Active organized groups can provide the medium through which meaningful interventions can take place as they can potentially enhance the ability of parents to transform their attitudes towards their experiences and their ability to come into terms with disabilities through sharing (UN, 1991.). Arnold (1988) urges for the formation of strong groups for parents with disabled children to enable parents articulate their own needs and support each other. There is need for parents to form strong groups through which they can organize themselves and seek equal opportunities for their disabled children to participate in community life.
5.2.5. Conclusion

There was little Social work input with children in institutions for the disabled and with their families. Parents were less involved in the management of institutions for the disabled. Their level of contact with their children and teachers was not good enough. Parent’s active participation in the management and educational process of their children is vital in protecting the best interests of their children and to add quality to their educational interventions. Social Workers role in assisting parents and their disabled children is crucial and is needed in ensuring successful normalized lives and in encouraging parents and the disabled children to feel they are not alone, and that there is hope “out there”.

5.3. Attitudes towards integration and the outcome of integration for the pupils

This section presents the findings about integration and its outcome for the disabled children. Since the disabled children were accessing education in special segregated institutions and in Small homes, a comparison has been made about the two approaches with a view to establish the better approach that yields full integration benefits to the physically disabled children. The attitude towards integration from the perspective of parents, teachers and key informants is discussed as well as the benefits of integration, the characteristics and effects of the institutions for the disabled and their implications.

5.3.1. Attitude towards integration from the perspective of parents

Many parents expressed doubts about the ability of ordinary schools to meet the needs of their disabled children. They had anxieties about the suitability of integrating disabled children in
mainstream schools. The parents were regarding their disabled children in the context of procedural classroom concerns rather than in the context of social justice and attitude towards integration. However, a considerable number of the parents were in full support of integration in mainstream schools because the Small homes were decentralized and their disabled children could socialize, compete with their able-bodied colleagues and get assistance from their able-bodied colleagues (Section 4.14.9.). A significant number of the parents were happy that their children had continued to learn and develop skills for independent lives.

Interviewer: What do you consider to be the advantages of Small homes?

Parent 9, “My child can now learn, he gets assistance from his non-disabled friends, and when he comes home during the holidays, I have seen he wants to do many things for himself, and this makes me happy”.

These findings reflect the observation by researchers into the benefits of integration. Templeman, Fredricks and Udell (1989) suggested that disabled children learn many skills in integrated settings. They learn to adapt to group situations, to follow routines, and to participate appropriately and carry over these skills into their everyday lives. Templeman, et al. (1989) found that integration gives the disabled children the chance to make friends and to socialize with other children and learn the value of communication. They learn how to play and how to take care of their own needs, such as getting dressed and undressing, and to become an integral part of their peer group and school community. It can be concluded that many parents felt their disabled children had, to a great extent, reaped the benefits of integration in Small homes.

A significant number of parents opposed to Inclusive Education, particularly those that had taken their children to Special schools, were afraid that teachers in ordinary schools could
not meet their children’s needs because they were not trained enough and not well experienced to handle disabled children. They expressed reservations towards integration in Small homes that were derived from their belief that their disabled children were unprotected in mainstream schools. They worried that their children were going to be subject of teasing, bullying and discrimination by other able-bodied children (Section 4.14.8). They also wanted to protect their disabled children from failure and the inevitable comparison with the rest of the children that would arise if they educated their children in ordinary schools.

A few other parents, who were in favour of Special schools, argued that Special schools represented a specialized (not segregated) environment in which their disabled children could both learn and mature. They stuck to the popular notion (which is not always true) that “specialized learning” in a “Special school” environment by “specialized teachers” was the most desirable approach of integration. It should however be noted that this is the kind of language that Assessment officers were using to convince the parents to consider sending their disabled children to Special schools during the assessment process. Parents were afraid that teachers in ordinary schools could not meet their children’s needs because they were not trained enough and experienced enough to handle children with disabilities.

The findings that parents had mixed feelings, had anxieties and fears about integrating their children in mainstream schools imply the need for closer partnership between schools and parents. The schools need to work more closely with parents to limit the doubts and anxieties parents have and to create confidence among them. It is recommended that this process begin as soon as a child is identified as having a disability and involve both information and basic support. Parents in particular need to be supported to build their knowledge about integration and disabilities so that they can contribute to assessment of their children’s disabilities through sharing their expert knowledge and in taking active part in decision making on their children’s education (integration) process. In addition, schools need
to put systems in place to ensure that disabled children are not ridiculed, bullied or discriminated against. Equally important is the need to sensitise teachers about disabilities and integration so that they can enhance their abilities to play inclusive roles and foster inclusive cultures in the school community.

5.3.2. Attitude towards integration from the perspective of teachers

The majority of the teachers demonstrated positive attitude towards education in inclusive settings as opposed to segregated special education. However, the teachers worried that the education system and schools were not well prepared to admit physically disabled children. They also voiced out that they could be more effective and supportive to inclusive education if they were given adequate training in handling children with disabilities (Section 4.3.2.).

The teacher’s willingness to support inclusive education was also evident in their desire to get additional classroom assistance and acquire such skills as counselling to handle disabled children. Others said that such an undertaking required good planning, adequate resources and management and adequate training on the part of teachers to implement it. Most wanted more teaching materials and personnel support introduced to the regular schools.

Teachers in Special schools expressed fear that integration of the disabled could not be fulfilled in Small homes because the teachers there were not trained in disabilities and because such an undertaking required adequate planning, resources and good management which they doubted could be achieved in ordinary schools. Although the majority of the teachers supported the progress towards inclusive education for the physically disabled children, they observed that this would not be without economic obstacles. A significant number of teachers feared it would be an economically unwise decision. This argument is derived from their concerns that the costs of modifications required in the mainstream schools were high to make it practical to have Small homes in every school in the communities.
While the teachers raised their genuine concerns about the hurdles to inclusive education, their arguments can be viewed to reflect their deprived perception and understanding of integration. They see integration in the light of a geographical setting, that is, either in a Small home, or in a Special school. The teacher’s arguments about the feasibility and extra costs of adapting schools to accommodate a handful of disabled children should not however be an end in themselves. Making a school suitable for disabled pupils goes beyond physical changes to buildings. It extends to staff training, staff support, to extra pupil support and so on.

“Whether to place disabled children in Special schools or in inclusive integrated settings should be guided by what is being pursued from the pupils and not to be defined by the physical space the pupils occupy. It should involve the methods, materials, and equipment used in instruction, the type of pupils receiving instruction, the teachers who provide the instruction and the tasks the pupils are asked to perform”. (Kauffman (1995), p. 230).

While it would be imprudent to harshly criticize the perception of teachers about integration, it should be noted that their perception of integration on the basis of location does indeed represent a simple concept of placement of disabled children in a Less Restrictive Environment that can enable them to learn, and therefore requires less energy and resources to implement than would a more service-oriented application of integration. Similar findings about teacher’s attitudes to integration have been made. Kasayira (1995) researching on primary teacher’s attitudes towards the integration of pupils with special needs into regular schools in Botswana observed that teachers doubted the practicability of inclusive schools due to the costs involved.
The above findings provide evidence that the concept of integration has not been adequately understood and perceived by educationists in Machakos Kenya. The findings have implications for teacher training. Education policy makers and teachers in Kenya need to be sensitised on the concepts and principles of integration so as to expand their emphasis of integration from location to what actually occurs in a particular instructional setting. This expanded focus will emphasize on service-delivery and add benefit to the disabled children. It will shift focus from just describing or defining the process in Institutions for the disabled to the effects and impacts of integrating disabled children in the institutions.

Similarly, the economic fears by teachers about the feasibility and extra costs of adapting schools to accommodate a handful of disabled children have implications for teachers, planners and the government. It requires attitude change on the part of teachers, provision of additional teaching materials, resource teachers, modifications of infrastructure and flexible education curriculum. The government needs therefore to review its education policies to provide for the inclusive education that should run across all levels of education with relevant and adequate provisions made to ensure inclusive education really works. Alterations to the environment and adaptations could be made in selected schools in the communities to offer to the disabled children a Less Restrictive Environment that makes it possible for them to derive education benefits in regular schools. It is recommended that the government fund the establishment of Small homes in selected schools in the communities.

5.3.3. The Benefits of integration to the pupils

A great percentage of the respondents identified the positive aspects of integrating physically disabled children into regular schools to include changed attitudes towards the disabled, increased acceptance, understanding, academic benefits and positive social relationships.
The majority of the respondent’s comments focused on social benefits for the disabled children, their able-bodied colleagues, for teachers, for the schools and for the communities. The shift away from isolation in segregated settings (Special schools) towards inclusive settings (Small homes) by the respondents can be viewed as necessary and a positive step for public education system in Kenya, but probably not without challenges in terms of implementation.

5.3.3.1. Positive Social impacts with the disabled pupils

The teacher’s interviews affirmed that the disabled children in Small homes did not feel very lonely or isolated. They noted that the disabled children actively interacted with their colleagues and did many activities together including homework, playing and sharing their concerns or just stories (Section 4.3.6.). The interviews with the disabled children yielded similar results. The majority of the disabled children felt that they had good relationships with their colleagues. They felt they had good relationships because they learnt together, did homework together, played together and received of assistance from them. The resultant effect of their relationships was the improved communication between the disabled and the able-bodied and more participation in class activities. Templeman et al. (1989) found out that disabled children learn many skills in integrated settings which enhance their communication and participation in class activities. The findings in this section correspond with that of Templeman et al (1989).

5.3.3.2. Increased Understanding among the disabled and the non-disabled children

Teachers and Caretakers reported enhanced understanding between the disabled and the able-bodied children (Section 4.2.5.). This understanding is reflected in the dynamic pupils
coexistence in Small homes where the pupils understanding of disabilities was better because of exposure to difference (Section 4.16.6.). The interaction between the disabled and the able-bodied children had also promoted tolerance. The able-bodied children showed kindness to their disabled colleagues for example by helping them to the toilets and with washing. They were aware that their disabled colleagues have special needs and willingly extended support to them without being instructed to do so by their teachers or waiting until the disabled children sought help from them (Section 4.16.6.).

In addition, the able-bodied children tended to adopt an individualistic model of disability with strong medical overtones. Their understanding of the causes of their colleague’s disabilities was as a result of either of the following: - being born disabled due to medical reasons, having met an accident and having inherited it from their families. None of the children viewed disability as a personal tragedy where the disabled or their parents were to blame for it’s happening. This positive perception of disability is very exciting as it reflects a shift of thinking about the attitude people have towards disabilities. It leads us to the conclusion that those who had actual contacts with disabilities were more positive about them and their potential. These findings correspond with that of Crowley (1990). Crowley found out that inclusive education has many advantages. For example, the non-disabled children learn how to accept difference at an early age when differences are noticed, but prejudices may not yet have developed. And again, integrating children who have a variety of needs teaches children how to focus on the individual and not on the disability.

Oliver (1993) found that non-disabled children need to interact with disabled children to understand disability since their interaction can go towards breaking down the barriers created by disability later in life. By suggesting that inclusive education enables non-disabled children to learn how to accept difference at an early age when differences are noticed, but prejudices may not yet have developed, Crowley (1990) concurs with Oliver, (1993). The
Interviewer: What do you consider to be the benefits of Small homes?

Key Informant 4, “The benefits of inclusive education are two: segregation restricts peoples understanding of each other. Familiarity and tolerance reduces fear, prejudices and rejection. Inclusive Education contributes to a greater equality of acceptance from all members of the society. People need to be given awareness to understand the disabled well. The first step would be to deal with ignorance. Most people treat the disabled negatively on their point of view of ignorance. When you do not know much about something, either you fear it, deal with it from a distance, you avoid it, or you outright reject it.”

5.3.3.3. Empathy

The able-bodied children had not only positive attitude towards their disabled colleagues but were also moving towards greater acceptance and understanding of their disabled colleagues. They demonstrated this through their empathy towards them. The children had come to know the challenges the disabled children had and they had taken the opportunity to demonstrate care and support by assisting them, spending time with them and having warm feelings about them (Section 4.16.6). The changed attitudes need however to be seen as a continuum in that acceptance grows first, then understanding grows as regular contact develops in the school community and empathy builds through contacts and communication at an individual level as Hunt and Goetz (1997) found out.
5.3.3.4. Increased levels of Acceptance

The respondents reported the existence of different forms of acceptance in the school community, family and in the community that benefited the disabled children. There was willingness on the part of some parents to send their disabled children to school despite the high costs of education and attitudinal barriers. There was acceptance on the part of regular schools to support inclusive education and to allow the establishment of Small homes in their schools. There was acceptance on the part of communities to support Small homes that had resulted to positive, socially acceptable and desirable behaviour towards the disabled children and their parents. For example, the community members donated foodstuffs to the Small homes and paid the salaries of housemothers to care for the children in supporting the integration process. Another benefit of integration was the level of acceptance that the non-disabled children showed to their disabled colleagues. This acceptance enabled the non-disabled children to grow up accepting the disabled as valuable members in the society. The disabled children felt accepted too.

Interviewer: Can you narrate to me a good or bad experience that you had this or last week?

Disabled pupil 16, “I did not have any bad experience, this school is not bad, because although the children are disabled, you cannot feel it”.

The able-bodied children showed a strong sense of the disabled children being different from them but equal with them because God had made them all in his own image. Hanline (1985) found one of the benefits of integration to be acceptance. This can be translated to demonstrate that some meaningful integration was taking place in Small homes.
5.3.3.5. Academic benefits to the disabled children

Inclusive education in Small homes had resulted in improved academic performance for the physically disabled children. On contrast, academic performance in the Special schools was not that impressive. A significant 18% of children in Special schools reported poor performance. Although there is no documented study to prove this, the arguments and concerns raised by the pupils and their teachers can go along way to support this.

Interviewer: How do you feel about your studies?

Disabled pupil 12, “I like my studies, but the teachers are not good, they don’t teach us well. Our school does very badly in national exams”.

Interviewer: What do you think are the disadvantages of Special schools?

Teacher 14, “The Special schools follow the same syllabus with the ordinary schools that does not take into consideration the special needs of disabled children. Like the time for writing exams is the same for all children. We have a few children who cannot write with the same speed like the others. When it comes to exams, the children are not given all the time they need to complete exams; and again, they cannot be excluded from the mini-score. This brings the overall school marks completely down”.

An interesting revelation is that although the children felt their performances were bad because their teachers did not teach them well, teachers on the other hand associated poor performance with the school curriculum and the effects of disabilities. A study is needed to establish the cause of poor performance in Special schools.
In Small homes, improved academic performance could be attributed to the established study groups that the children had formed to discuss homework together. In addition, although Small homes had regular teachers who were not trained in disabilities, the teachers worked hard to meet the needs of the disabled children by adapting to more flexible teaching methods and techniques that benefited the whole class. The teachers were approaching issues from different angles to benefit both the disabled and the able-bodied. Although still far from an ideal inclusion, what is interesting about Small homes is the extent into which “absolute” barriers seem to be overcome in practical situations by the teachers and the disabled pupils. The pupils seemed to persevere difficulties they face at home and in school with vision and commitment. For example, although teachers in Small homes were not trained in disabilities, classes were large and resources were inadequate, the disabled children performed well due to their commitment and determination.

5.3.3.6. Pride and Satisfaction

Integration in inclusive educational settings had real benefits to teachers, the disabled children, the able-bodied and their caretakers. The teachers, caretakers and the non-disabled children expressed substantial sense of pride to assist the disabled children negotiate their everyday lives. Housemothers expressed pride in helping the disabled children build important soft skills for success in their everyday lives. Inclusive education helped the teachers to acquire problem-solving and planning skills to teach and care for the disabled children in their classes with pride. Able-bodied children found pride in helping the disabled children without instruction from their teachers (Section 4.16.6). The resultant effect of pride can be seen in the positive attitude and acceptance that children, teachers and caretakers had towards the disabled children. Empirical research has shown that Inclusive Education results to pride and satisfaction just as this study has established. Hegarty (1993) found that integrating disabled
children in mainstream schools enables children to learn when and how to help others, find pride in assisting others and are not uneasy offering assistance when needed.

5.3.3.7. Conclusion

The concept of integration has not been adequately understood and perceived by educationists in Kenya. Lack of clear understanding about what integration is and how it can be implemented lingers. The government adapts Special education while NGO’s like the Catholic Diocese of Machakos prefer Inclusive Education in Small homes. Teachers have a limited perception of integration. They view it on the basis of location while parents view integration on the context of procedural classroom concerns rather than in the context of social justice and its outcome for the pupils. However, the current practice of integrating physically disabled children in Small homes as opposed to Special schools has yielded positive impacts that include among others: - changed attitudes towards the disabled, increased acceptance, understanding, pride, academic benefits and positive social relationships. Integrating physically disabled children in Small homes is feasible.

5.4. The Characteristics and Effects of Small homes

Each of the Small homes had a capacity of 15 to 18 children and they had a relatively satisfactory enrolment of about 13 children in each. Small homes offered to the disabled children a relatively Less Restrictive Environment that made it possible for the disabled children, whose physical disabilities interfered with their learning, to derive education benefits. The decentralized nature of Small homes had double effects of making it possible for parents to keep close contacts with their children and to reduce the emotional stress associated with educating children far away from home (Table 3). Small homes had created a positive
community perception of disability. Through Small homes, disabled children enhanced their confidence, self-esteem and self-reliance skills. This is derived from the arguments advanced by parents, teachers and other participants, as indicated below.

The Characteristics of Small homes. | Responses
--- | ---
-Small homes access education to the disabled children in their communities. They are based in the communities, which relieves parents of emotional stress associated with educating children far away from home. | 32
-Small homes provide the disabled children with an opportunity to get assistance from their able-bodied colleagues. | 11
-In Small homes, disabled children are trained to become self independent | 17
-Disabled children do not feel isolated in the Small homes. | 3
-Disabled children in Small homes have a chance to socialize and interact with their able bodied colleagues. | 15
Total: (responses from parents who had disabled children in Small homes). | 78

Table 3. The characteristics of Small homes: Perspective from the parents.

| Characteristics of Small homes. | Number |
--- | ---
-Small homes expose the disabled children to a live outside that of being isolated in the communities. | 1
-They access education to the disabled by reducing their mobility problems. | 4
-They are based in the communities where the children can learn near their homes. | 3
-The disabled children get assistance from their able-bodied colleagues. | 2
-The disabled children have access to play and interaction with the able-bodied enabling them to grow and develop and to accept each other. | 5
-The disabled children learn how to be independent | 1
Total number of interviewed teachers | 16

Table 4. The characteristics of Small homes: Perspective from the teachers.

Inclusive learning in Small homes fostered close contacts and sharing between the able-bodied and the disabled children. It had enhanced sharing of information and concerns among the children. This had resulted to the disabled children getting emotional support and encouragement from their able-bodied colleagues. A consequence for this was the reduction of
loneliness and feelings of being different among the disabled children. It had enhanced socialization as the children played together, socialized and competed in their studies. Discussing their homework can be attributed to their improved performances. The disabled children had the opportunity to get a wide range of assistance from their able-bodied colleagues who expressed pride in helping them by pushing them around, assisting them to the toilets and with washing. Hegarty and Pocclington (1981) have shown that helping someone teaches a child things not generally taught in the classroom. Sharing homework can also be translated to mean that the non-disabled children were recognizing and appreciating the potential their disabled colleagues had to learn and make valuable contributions in the discussions. It can be argued that this is one way of inclusion, by not excluding the disabled children from their discussions. The benefits derived in Small homes correspond with similar findings by Lippy, Dorothy, Gartner and Alan (1995). Lippy et al. (1995) observed that disabled children in inclusive settings learn important social skills and appropriate communication. Their non-disabled peers also learn valuable life skills such as accepting others, patience and respect. There are other researches that have yielded similar results. Brooks (1996) found that some of the important aspects of inclusive education to be social and emotional benefits.

5.4.1. Care

Small homes gave the disabled children proper care and support in terms of better nutrition, medical care and care from House mothers. Housemothers played a role close to that of a Social Worker and Welfare officer in the sense that they kept the children fed, clothed, clean and healthy. They also took care of the dormitories and the overall Small homes environment, keeping it tidy and clean. Housemothers assisted the disabled children to acquire soft skills
that are necessary in later life to get jobs and to live independent lives. The care activities performed by Housemothers are tabulated below.

<table>
<thead>
<tr>
<th>Activities</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Cleaning the dormitories.</td>
<td>27</td>
</tr>
<tr>
<td>- Washing clothes and dishes for the children.</td>
<td>24</td>
</tr>
<tr>
<td>- Cooking for the children.</td>
<td>32</td>
</tr>
<tr>
<td>- Assisting the children to the toilets.</td>
<td>1</td>
</tr>
<tr>
<td>- Taking the children to hospital.</td>
<td>10</td>
</tr>
<tr>
<td>- Assisting the children on their wheelchairs and pushing them to class.</td>
<td>2</td>
</tr>
<tr>
<td>- Shopping for the children.</td>
<td>1</td>
</tr>
<tr>
<td>- Mending clothes for the children.</td>
<td>1</td>
</tr>
<tr>
<td>Total number of disabled children interviewed: 34. Total responses:</td>
<td>98</td>
</tr>
</tbody>
</table>

**Table 5. The care activities performed by Housemothers in Small homes.**

The care activities helped the disabled children to lead vast normalized lives, where normalized life means:

“A normal rhythm of the day. The children get out of bed in the morning even if they are physically disabled. They get dressed and leave the dormitory for class. In the morning, they anticipate events, in the evening, they look back on what they have accomplished. The day is not a monotonous 24 hours with every minute endless. They eat at normal hours of the day, not in bed, but at a table. They live and learn in one place, and participate in leisure activities in yet another place. They have a range of choices, wishes and desires respected and considered. They live in a normal neighbourhood, and not isolated as in Special schools so as to get opportunities for successful integration in the communities” (DDS Co-ordinator).

Despite the benefits to the disabled children, care taking was reported to be a daunting
task. Housemothers worked under very difficult circumstances (Section 4.2.2.). They were underpaid, untrained and did not receive refresher courses in disability issues. They did not have assistants to share the heavy workload and they took care of both the boys and the girls despite gender sensitivity. Their working environment was not conducive due to lack of basic communication and transport services and nurses on call to provide first aid to the sick children. These findings have implications for the management of Small homes. The implications are discussed in section 14.14.

5.4.2. Availability and Accessibility to facilities, amenities and support services

Small homes faced serious problems arising from lack of adequate resources to lack of necessary facilities and trained teachers. Teachers in Small homes were inadequately prepared and trained on the principles, concepts and tasks involved in implementing sound inclusive education practices or in understanding the basic principles of Special education. The Small homes program had no project to sensitize teachers although they “down loaded a gigantic task” to teachers when they placed disabled children in their schools. The government and the Small homes program had not provided clear guidelines to teachers on the principles, concepts and tasks involved in implementing sound inclusive education practices.

5.4.3. Conclusion

This study has established that the Small homes were fairly successful and with impressive impacts. The Small homes mainstream education policies are based on the true spirit and principles of inclusive education that advocates that the integration of physically disabled children should take place in as normal situation in the society as much as possible (UNESCO, 1994). More impacts and efficiency in Small homes could however be realized with enhanced
resources, enhanced community sensitisation, resource mobilization, participation, capacity building and motivation to teachers and support staff. More adapted facilities are needed in Small homes to create a conducive learning environment for the disabled children.

5.4.4. The Characteristics and Effects of Special Schools

Special schools accessed education to the physically disabled children in highly centralized residential schools that had trained teachers. Although Special schools had trained teachers in disabilities, the pupils did not benefit from a social environment that truly reflects the diversity of the real world. Despite Special schools provision for long term care that enabled the disabled children to access education without acute mobility challenges, their centralized nature disrupted family life. Disabled children were artificially sheltered in Special schools and were not adequately exposed to the daily realities and to out-door activities. Learning far away from their families caused emotional and psychological deprivation of the children and their parents. These arguments are reflected in the responses from teachers below.

<table>
<thead>
<tr>
<th>Characteristics of Special schools.</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>-Special schools limit the level of competition between the able-bodied and the disabled.</td>
<td>3</td>
</tr>
<tr>
<td>-Disabled children are not exposed to outside life and are segregated from many social activities.</td>
<td>4</td>
</tr>
<tr>
<td>-They separate the disabled children from the rest of the able-bodied children.</td>
<td>5</td>
</tr>
<tr>
<td>-They follow an in-flexible curriculum that does not take into consideration the special needs of the disabled children.</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>14</strong></td>
</tr>
</tbody>
</table>

Table 6. The characteristics of Special schools: The perspective from teachers.
5.4.4.1. Social and Academic impacts

Despite having trained teachers, Special schools seemed to offer an inferior education in terms of academic grounding and adequate preparation for life after school. Disabled children did not receive adequate individualized help with their studies nor had their teachers encouraged tuition groups among them, as was the case in Small homes. Disabled children lacked the opportunity to compete with the able-bodied children since the Special schools did not admit able-bodied children nor had they reinforced this shortfall by arranging for contacts with the nearby ordinary schools. Unlike their disabled peers in Small homes, children in Special schools had lower self-esteem since they had not been adequately exposed to doing activities that enhanced their self-independence skills and had unsatisfactory performances. Hegarty and Pocclington (1981) identified the benefits of inclusive education to include improved academic performances. They noted that students in inclusive institutions consistently do better than those in non-inclusive schools (special schools). In addition, placing the disabled children in Special schools put the children in a socially disadvantaged position, which manifested anomaly rather than normality.

The evidence that there was ineffective progress for the disabled pupils in Special schools implies that the government needs to adjust its improvement plans accordingly and intervene by revising policies, procedures and practices in Special schools.

5.4.4.2. Capacity and Enrolment Procedures

Special schools had a high capacity to enrol up to 300 children but had enrolled only about a third of its capacity. Although a significant number of disabled children have enrolled into the Special schools since the government established free primary school education 1½ years ago,
the Special schools have not yet achieved their full capacity. Lack of awareness and negative attitude towards the disabled continue to impact negatively on the enrolment rates. Similarly, despite a significant reduction in school fees, it is still expensive to educate disabled children for most of the parents (Section 5.2.1.).

5.4.4.3. Availability and Accessibility of facilities, amenities and support services

Special schools lacked adequate recreational facilities and transport means to take the disabled children to attend social activities and to other out-door activities. The school areas were literally torn off and no meaningful renovations had been done to provide adequate accessibility (Section 4.11.7).

Figure 13. Broken down recreational facilities in Special schools.

Figure 14. Disabled children having difficulties of movement due to broken down pavements.
Lack of recreational facilities and participation in social activities can easily create isolation among the disabled children. It could also create many problems, as physically disabled children will find it difficult to socialize and to be prepared for adult life. These findings imply the need for resourced institutions for the disabled. For this reason, it is recommended that the government increase the budget allocations in Special schools to enable them run effectively and to create disability friendly school areas.

5.4.4.4. Conclusion

The government’s Special education policy for the physically disabled is a big handicap to integration. Special schools segregate and detach disabled children from the rest of the community. They limit disabled children’s opportunities to interact, socialize and compete with other able-bodied children. Special schools need to undergo radical surgery (by restructuring and having them resourced) to enable them better blend the instruction of physically disabled children and ensure effective social and academic progress.

5.4.4.5. Preferred Integration Approach

The respondents had mixed feelings about the best strategy to integrate physically disabled children. While some felt that Small homes were better suited, others felt that Special schools were more ideal especially for the severely disabled children as captured in their interviews.

Interviewer: In your view, what is the best approach to integrate physically disabled children in Kenya?
Teacher 7, “I think Special schools are good for severely handicapped children, but as much as possible, disabled children should be enrolled in normal schools
and facilities availed to make the learning environment conducive”.

Although the respondents felt that the physically disabled children would be best integrated in regular schools than in the Special schools, whether to place the physically disabled children in Small homes or in Special schools should be guided mainly by what is being pursued from the pupils and not to be defined by the physical space the pupils occupy in these institutions. Gallagher (1994: 528) notes that: -

“Educating the physically disabled children should be guided by principles of integration that include among others “fairness” where by fairness does not consist of educating all children in the same place at the same time and with the same curriculum, but it is about ensuring that the pupils have their basic needs met and that the pupils are travelling a well thought-out road to a career and a satisfying life style”.

Although Small homes had created impressive impacts in the social -academic lives of the disabled children, a lot remains to be done for Small homes to be fully inclusive and reformed. The Small homes need to adopt an inclusive culture, policy and practice. Mittler (2000) found out that inclusive practices could be developed through the provision of appropriate support. Small homes need therefore to embrace the provision of appropriate support. The respondents in this study echo Mittler’s ideas on appropriate support.

Interviewer: What do you consider to be the best approach to integrate the physically disabled children?

Key Informant 5, “In my view, I think the Small homes are a good strategy, but of course the teachers should be well trained and supported to handle the
disabled children”.

Similar ideas are shared with Sebba & Ainscow (1996:9) who, in their definition of inclusive education, recognizes the need for teacher and other support.

“Inclusive education is a process by which a school attempts to respond to all pupils as individuals by reconsidering its curricular organization, provision and support services. Through this process, the school builds its capacity to accept all pupils from the local community who wish to attend and, in so doing, reduces the need to exclude pupils”.

Sebba & Ainscow’s ideas concur with that of UNESCO (1993). UNESCO (1993) notes that schools should restructure their environments and method of organization in order to accommodate the disabled children who have special needs and different learning speeds. In the light of the above, it is prudent that teachers in Small homes are supported in fulfilling their responsibility to teach all children. Capacity building for the teachers and auxiliary staff (Housemothers) is needed. As much as possible, the training need to include a study of children’s rights, development psychology and skills in working with disabled children to build their trust and facilitate their full participation in the integration process.

There is need for complementally provisions such as enhanced resources, appropriate facilities and adequate accessibility. Successful integration of disabled children also depends on the other children. It is therefore recommended that the able-bodied children be encouraged to give help and support the disabled children without staff instruction. Teachers also need to encourage peer tuition to enhance academic success.

As this study has shown, only the very severely disabled children need be integrated into Special schools. Even so, Special schools need to be restructured to allow contacts
between them and ordinary schools and to forge close working relationships with the neighbouring regular schools. This would facilitate regular and frequent interchanges between staff and children by allowing the children to attend classes in regular schools together with their own staff. However, such integration arrangements require proper arrangements, adequate resources, transport means and a full understanding of integration by implementers and educationists as Kammann (2001) found out.

5.4.4.6. Conclusion

The Small homes inclusive education approach is the more preferred approach for the integration of the physically disabled children in Kenya since inclusive education is the best armour against segregation and resulting prejudices. However, a lot needs to be done in Small homes to make them effective, efficient and inclusive. The government’s Special education policy for the physically disabled is a big handicap to integration, as it does not ensure effective social and academic progress. Special schools need to be restructured and resourced to enable them better blend the instruction of physically disabled children. Only the very severely disabled children need be integrated in Special schools.

5.5. The Reforms needed in the Institutions for the disabled

Based on the findings in the previous sections in this chapter, this section highlights the necessary reforms that need to be made in the institutions for the disabled to make them achieve more benefits for the disabled children. The reforms are discussed under five sub-headings, that is, teaching conditions, teacher training and support, the general education curriculum and facilities. Their implications for the government, the management of Small homes and Special schools, for policy makers and for theoretical context are explored.
5.5.1. Teaching Conditions

The teaching conditions in Small homes were particularly not smooth for the teachers. Small homes had regular untrained teachers on diversified instructional methods to enable them cope with pupils with special education needs. The regular teachers were also not well supported when disabled children were placed in their schools. The Small homes program and the Assessment centre had not accompanied this greater responsibility with more educational support and intensive preparation for them and for the caretakers. The regular teachers were managing large classes of more than 30 pupils making it difficult for them to give adequate individualized attention to the disabled pupils in their classes. This could easily lead to unsatisfactory academic performances and increased drop out rates although there is no documented study to prove this. Comparatively, teaching conditions in Special schools were a bit tolerable for the teachers. The majority of the teachers had been trained in disabilities although they lacked periodic refresher courses and adequate teaching materials (Section 4.3.2).

Despite the shortcomings in Small homes, the teachers were able to make adaptations on the spot during instructions to meet the special demands of the disabled pupils in their classes. They did not have any set of planned interventions but were able to adapt to more flexible teaching methods and techniques that benefited the whole class. Interestingly, this study has shown that disabled children in Small homes had better academic performance compared with those in Special schools. These findings provide evidence to support that inclusive education policies in Kenya have not been fully thought of by schools, Small homes and the government. This has implications for management, teacher training and support in all education settings. They imply the need for the government to establish a clear strategy for teacher training and support.
5.5.2. Appropriateness of the General Education Curriculum

The general education curriculum was especially not appropriate for the majority of the physically disabled children. It had not been modified to meet their diverse needs and learning styles. The curriculum is exam, content and time bound. Many of the disabled pupils could not keep pace with the curriculum the way it was structured. Teachers were preoccupied with, and concerned about covering the curriculum. They worried about covering the content and classroom activities and not so much about the individual needs of the pupils. These observations are derived from responses by teachers.

Interviewer: Do you face any challenges in teaching the disabled children?
Teacher 7, “Some of the children are very slow in writing, others do not understand very fast and take time to understand. There is limited period to complete the school syllabus”.
Teacher 1, “Yes, we have a few children who cannot write with the same speed like the other able-bodied children, when it comes to exams, the children are not given all the time they need to complete exams, again, they cannot be excluded from the mini-score. This brings the overall school marks completely down”.

The teachers were also not doing enough to monitor the understanding of the pupils, the success of lessons and the time to introduce new content. The time to introduce new content seemed to be not so much pegged on the children’s performance, but rather on the amount of content coverage demanded by the curriculum. The class moved on, whether the
pupils understood the material or not. The resultant effect was probably the less impressive academic success, especially in the Special schools.

Lack of curriculum flexibility and support to teachers had created barriers to the inclusion of the physically disabled children into mainstream schools. This has implications for learning support and for the general education curriculum. The government needs to review the education curriculum to accommodate the needs of the disabled learners. The implications for the education curriculum are discussed in section 14.3.

5.5.3. Conclusion

Teachers in regular schools were not trained on diversified instructional methods to enable them cope with the needs of diverse learners. Teachers had limited support related to almost every aspect of integration in terms of modified or adapted curriculum, specialized training, training preparation before placement of disabled children, materials, funding and supportive services. These factors had negatively influenced the quality of integration in including physically disabled children into education. Relaxing the education curriculum and individually negotiating the teaching programs to focus on the individual goals and achievements of the disabled pupils is needed to yield their social-academic success.

5.5.4. Facilities and their accessibility to the disabled children

This study has revealed that institutions for the disabled had not provided adequate access facilities to the disabled children (Sections 4.11.7). The build-up school environments were not meaningfully adapted. There was a severe shortage of physical facilities especially in the Special schools where the classes had torn floors, lacked windows, the school areas were not renovated and the available furniture was broken down. The poor school areas were causing
the disabled children to fall from their wheel chairs frequently when their chairs hit potholes. They made access to classrooms and to other places like the toilets difficult.

![Figure 15. Toilets lacking doors and cemented pavements towards them.](image)

They also caused the wheel chairs to wear down practically fast, develop frequent punctures and hike their maintenance costs. The institutions also lacked adequate clean water supply and adequate toilets. Lack of enough toilets caused the disabled children to queue for longer periods, sometimes messing on themselves especially those that had loose bowels. Many toilets in the Special schools were particularly in pathetic conditions. They lacked adapted entrances, were broken down, lacked doors and had therefore no privacy.

![Figure 16. Broken down toilets in Special schools.](image)
Small homes lacked necessary facilities like fitness rooms where the children could do physiotherapy exercises. The extent and impact of the pupil’s physical conditions (disabilities) and access to services can determine the pupil’s access and quality of integration in the educational programme and participation in community life. For many pupils with disabilities, lack of physical exercises can increase their dependence due to degenerating conditions of their disabilities. It is recommended that physiotherapy services be introduced in all Small homes and the pupils encouraged to maintaining normal routines of using them. If for whatever reason these services cannot be introduced in all Small homes, then they need to be available at least in the nearby health care centres.

5.5.5. Transport services

The institutions for the disabled did not have transport means. Children in the Special schools were particularly hopeless and disadvantaged, as they had to walk or be pushed on their wheelchairs on un-tarmac roads to hospital, to church, to town and “elsewhere”. Children in the Small homes often used public means or hired means since the hospitals were far away from their institutions. Lack of transport had limited the children’s participation in many social and other out-door activities.

5.5.6. Recreational Facilities

There were no adequate school facilities for in- and out-door activities. Apart from playing balls, most of the other recreational facilities were broken down and were therefore unsuitable to the disabled children. The Masaku School for the physically disabled children lacked a playing field and transport means to supplement this shortfall by ferrying the disabled children to the neighbourhood schools to play. The resultant effect for the acute lack of necessary
recreational facilities is the unfortunate lack of play and recreation for the children. Disabled children have a right to play and to recreate in order to develop physically and mentally (UNICEF, 1990). The government should ensure that adequate wide-ranging recreational facilities are availed in all institutions for the disabled. This would promote the personality development, the children’s gifts, their cognitive abilities, their emotional, sensory motor, their physical and social abilities that are needed for a healthy living.

5.5.7. Conclusion

There existed many hurdles to the full integration of physically disabled children in education. These included lack of adequate access to social facilities, adapted school areas, recreational facilities and transport means. Other handicaps included lack of trained teachers, inflexible school curriculum, negative attitude towards the disabled, low-level community involvement and inadequate funding. Inclusive education is a human rights issue and therefore the disabled children require resourced mainstream schools to realize their full human potential. Many more physically disabled children could be included into the mainstream education through the following processes:

- A change of attitude from their families and the wider community.
- Putting in place a stated commitment to the principle of Inclusive Education.
- Reducing the proportion of disabled children selected to Special schools.
- Re-allocating from the segregated Special schools the expertise (trained teachers) to the mainstream schools where Small homes are established.
- Establishing pilot Small homes in selected schools in the communities.
- Listening to the disabled children’s experiences of education in Special schools.
- Adapting initial and in-service training for teachers, supporting head-teachers and the School management committees.
Rejecting the Medical model of disability and responding positively to the Social model of disability which emphasises that people with disabilities are disabled by barriers which exclude them from participation and so by addressing the barriers that limit the inclusion of the disabled children into mainstream education and into the larger community life, the effects of their disabilities will be reduced.

6.0. Awareness and perceptions about disabilities

This section presents the findings about the respondents understanding of disabilities. It covers the perceptions and attitudes that people held towards disabilities, assessment and reporting disabilities, how people’s understanding of disabilities had influenced how they related and treated the disabled and their families. The implications for the findings are discussed and proposals made on how negative perceptions can be tackled through policies, legal measures and through increased awareness and counseling.

6.1. Perceptions about Disabilities from the perspective of the able-bodied children

The able-bodied interviewed had at least a disabled pupil in their classes. Although they were knowledgeable of the types of disabilities their colleagues had, they were not clear about the causes of their colleagues’ disabilities. This is reflected in their responses below.
The children had positive perceptions towards their disabled colleagues. This is derived from their tendency to adapt an individualistic model of disability with strong medical overtones. They attributed the causes of their colleague’s disabilities to accidents, medical reasons or having inherited the disabilities. A significant others did not know the causes of their colleagues disabilities. The children had a strong sense of the disabled children being different from them but equal with them because God had made them in his own image, and were, like them, God’s children.

The able-bodied children held largely positive attitude towards the disabled and their parents. About all the able-bodied children said the disabled children and their parents were viewed positively in their villages (Table 7).

<table>
<thead>
<tr>
<th>Disability perception.</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>-The parents are viewed well because it is not their wish to give birth to disabled children.</td>
<td>30</td>
</tr>
<tr>
<td>-They are viewed as people with special needs who need support from others.</td>
<td>2</td>
</tr>
<tr>
<td>-They are “not viewed very badly”. (ambivalence)</td>
<td>1</td>
</tr>
<tr>
<td>-Don’t know because I don’t know any disabled children in my village.</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>35</td>
</tr>
</tbody>
</table>

Table 7. The perception of disabilities: Perspective from able-bodied children.
However, parents, unlike their disabled children, believed that the public viewed them negatively (Table 8).

<table>
<thead>
<tr>
<th>Disability perception.</th>
<th>Number of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>-The parents are viewed negatively because people believe they have committed incest and are therefore being punished for this wrongful act.</td>
<td>50</td>
</tr>
<tr>
<td>-The parents are seen as foolish because they are investing on children who will not be able to yield returns and help them.</td>
<td>31</td>
</tr>
<tr>
<td>-They are pointed at when people see them with their disabled children. People call their children bad names like “Kiwete”, “Ndia”.</td>
<td>6</td>
</tr>
<tr>
<td>-They are viewed as having used contraceptives during pregnancy or as having attempted to abort their pregnancies as a result of which the children were born disabled</td>
<td>13</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 8. The perspective of disabilities: Viewpoint from parents.

The findings that the able-bodied children did not have a clear knowledge of the causes of disabilities imply the need for disability awareness. Since culture has a large part to play in the form of socialization practices relevant in any society, a lot of disability awareness is needed to demystify disabilities among the children so that they can grow with the correct understanding of disabilities.

Awareness campaigns need to be conducted with an aim of highlighting the effects of discrimination on the disabled persons. Posters need to be designed to create awareness of disabilities among children, young people and adults. Such campaigns can highlight for instance the number of disabled children in school and in the communities compared with that of the able-bodied children with emphasis on gender, the ages of the disabled children in similar classes compared with those of their peers, an education pyramid to depict the
enrolment rates in every level of the academic ladder, the statistics of the disabled seeking employment compared with those in employment, the kind of jobs they do, etc.

### 6.2. Perception of disabilities from the perspective of parents and Key Informants

Many people did not have adequate awareness about disabilities. Many parents held common beliefs and assumptions that their children’s disabilities were placing them at increased risk of potential abuse by the able-bodied. They had reservations towards integration in Small homes in favour of Special schools where they believed that their disabled children were “unprotected” and worried that their children were going to be subject of teasing, bullying and discrimination by their able-bodied colleagues (Section 4.1.4.8). Fifteen out of the 16 interviewed parents indicated that the public viewed their disabled children negatively.

This kind of thinking by parents goes back to the history of disability in Kenya that has evolved through several phases over the decades. According to Iganga (1982), the first stage in the history of the disabled is the separation phase when the disabled children were ignored, rejected, exploited, used for ritual or amusement purposes or simply left to die. In this phase, the disabled were put in residential places to protect them from the able-bodied, and to protect the able-bodied from the disabled as well. The parent’s perception about disability has therefore not substantially changed. Their thinking is still as traditional, that is, the disabled need to be protected from the able-bodied.

This study has shown that the Akamba society had painted a limiting picture for the disabled and their families. The disabled were viewed as a bad omen, as a curse and were shunned and isolated. They were viewed as dependants and their parents were stigmatised and considered to have committed sin. However, those who had good contacts with the disabled like the able-bodied children in Small homes were more accepting and positive about their
potential. Similarly, those who had good knowledge and awareness about disabilities had positive attitude towards them and more accepting.

Interviewer: How are the disabled viewed in the society?

Key Informant 7, “People in our society don’t accept the disabled, they don’t recognize them, they don’t appreciate them, they think they cannot learn”.

Key Informant 29, “There before, the disabled were seen as a bad omen and not allowed a chance to live. My father told me that when a family gave birth to a disabled child, the child was escorted with food to a far away forest and left there to die of hunger or to be eaten up by wild animals. But as you know, today, things have changed due to Christianity and education and people are becoming more positive about the disabled”.

The main held attitudes towards disabilities were; - that it relates to a physical impairment, is visible to others (makes one look different and abnormal), leads to incapacity or dependence (useless) and as such, is a permanent unchanging state. These attitudes had resulted to discrimination, oppression and exclusion (marginalization) of the disabled from the mainstream society life. The negative beliefs towards disabilities had created barriers to the integration of the disabled in the society. Many parents concealed their children denying them the right to education. Other parents preferred to send their children to Special schools where they were protected from the able-bodied, than sending them to inclusive educational settings. These attitudes can be summarized as follows. –
Figure 18. The main attitude towards the disabled in Kenya.

The respondent’s perceptions about disabilities correspond largely with those of the architects of the Social theory of disability (Section 2.3.1). The disabled were viewed as “useless” because they are considered unable to contribute to the economic good of the community and marked as “minority group” members because, like the black people and homosexuals, they are perceived as “abnormal” and “different”. This analysis led the architects of the Social theory of disability to the view that disabled people encountered “prejudice” which expresses itself in discrimination and oppression.
Similar researches have yielded more or less similar results with this study. Hop (1996) on the traditional African attitudes towards children with disabilities in Botswana revealed that disabled children are seen as a curse and a bad omen and their disabilities are caused either by witchcraft or are a result of punishment to their parents for violating traditional values.

Similar study results were made by Karugu (1985) in a survey about the attitude of certain communities towards the handicapped in Africa. The study concluded that most communities in Africa have not much yet changed their attitudes towards the handicapped. He asked 77 teachers “whether parents in their communities hide their handicapped children from the public”. The response showed that 83% of the teachers believed parents hide their children while 10% were negative and 7% neutral. From the same group of teachers, he asked them “whether in their community handicapped children were considered as a curse”. Seventy-one percent of the teachers confirmed the attitude. The findings that many people held negative perceptions towards disabilities but those that had good understanding and close contacts with them had positive attitude towards disabilities imply that increased disability awareness can yield positive attitudinal change. Implications for disability awareness are further explored in section 14.15.

6.3. Assessment, Identification and Reporting of disabilities

There was no reliable system of identifying disabilities early enough and provision of information about how such disabilities could be corrected. Many parents got help late when disabilities could not be reversed. Many others gave birth at home alone or with the assistance of Traditional Birth Attendants who had no proper training in midwifery and on the identification of disabilities. Although the government has established Assessment Centres in the districts, their effectiveness was hampered by their centralized nature, lack of adequately
trained disability personnel and resources to reach out to the disabled in the communities. Record keeping at the Assessment centres was also poor. The offices lacked computers. The information was presented manually, and was incomprehensive in scope. Not all information was documented. There were no reliable records to show the profiles of the assessed children, where they went after assessment and their circumstances.

There was also no clear system of reporting disabilities. The lack of a clear system of identifying, assessing and reporting disabilities had affected the integration process in significant ways. Many disabled children could not get their disabilities identified early enough and corrected to enhance their participation in community life. Many parents were hiding their children in the communities denying them of their right to freedom to participate in public life. These findings imply the need for a system that identifies, reports, assesses and disseminates disability information. The government needs to set up such a system and allow it to be run by adequately trained personnel and provide it with adequate resources to reach out to the communities and encourage parents not to hide their disabled children. The system’s personnel need to provide parents with adequate information about disabilities, their prevention and how such disabilities can be corrected. They need to encourage women to give birth in hospitals rather than at home. This has implications for social work practice and is discussed in section 14.12.

6.4. Conclusion

The majority of the Kenyan people still believe, as in the past, that disability is retribution of past wrong deeds. They view the disabled as a bad omen or a curse, as a result of which, many parents continue to hide their disabled children. The disabled are shunned and not readily accepted in the society. Their families are stigmatised. The main held attitude towards
disabilities were that: - they relate to a physical impairment, are visible to others, lead to incapacity/dependence and as such are a permanent unchanging state. However, those who had actual contacts with disabled persons or who had awareness about disabilities were more positive about them and about their potential.

6.5. The Effects of disabilities to the disabled children

Having examined the understood perceptions about disabilities and the attitude that people held towards the disabled and their families, this section devotes attention to the effects that negative attitude towards disabilities had on the disabled children. It examines how people related to the disabled, viewed them, how the disabled perceive themselves, how their families coped with disabilities and the effects of the above on the integration process.

6.5.1. Bias and reduction of expectations

The presence of disabilities had had negative effects on the disabled. This study has established that there existed a fundamental negative attitude or bias towards the disabled people that was apparent in the myths and stereotypes people held concerning the abilities of the disabled. A common result of these stereotypes is the apparent systematic reduction in expectations of disabled children and adults particularly occupationally and educationally. Employers held negative stereotypes that the disabled will not be able to perform at work particularly if the task was a skilled job. This is derived from the available data and also from the results of this study that show the disabled were unemployed or under-employed (Sections 4.7.5 and 4.6.5).

The disabled people in employment were more likely to work in manual and lower skilled occupations and less likely to work in managerial, professional and high skilled
occupations. Majority of the disabled worked in low cadre jobs in the public sector as telephone operators, typists and clerks.

Interviewer: What are the sectors where the disabled work in?

Key Informant 5, “The majority are teachers, some are telephone operators, others are in self employment, in leather work, carpentry and a few on computers, very low paying jobs indeed”.

These findings concur with previous researches. The International Labour Organization (ILO, 1998) shows that unemployment rates for adults with disabilities is traditionally around double than that of adults without disabilities because the disabled are disadvantaged in the labour market.

Reduction of expectations on the ability of the disabled children also occurred in education. A significant number of parents had low-expectations about the learning abilities of their disabled children. The resultant effect was discrimination and denial of their right to education. Discrimination against the disabled children was evident within the family. When resources are few, the disabled children who are perceived as the least productive, are the last to be accessed resources to enable them go to school, hospital, for outings and to acquire mobility aids and to service them. The chances of disabled children accessing education, medical care that is very necessary for their full integration were minimal or secondary.

Interviewer: Why do you think the disabled are not receiving education?

Key Informant 3, “Of course there is the issue of attitude where parents look at the returns, the investment level of a disabled child is higher compared with that
of a non-disabled child. There is also this conventional thinking about the girl child, this applies to the disabled children too.”

Disabled pupil 22, “Like there is another girl in my village, her mother has not taken her to school but she has taken her other children who are not disabled. Many parents do not like taking their disabled children to school because they think they cannot learn”.

Similarly, teachers were delimiting the ability of the disabled pupils. Teachers in the Special schools were especially more under-demanding compared to those in Small homes. They seemed to have low expectations about the disabled pupil’s academic potential and did not motivate the pupils to go the extra mile and cultivate for their full academic potential. This argument is derived from the teachers’ lack of intervention and their passive attitude when the performances of the disabled children were deteriorating. Instead of motivating the children to create interest in learning, (for instance by offering individualized help and encouraging peer tuition as it happened in the Small homes), the teachers seemed un-overwhelmed by the children’s poor performances, like it was normal for the disabled children to under-score. The teachers just sat back, starring at the performances getting worse by the day.

6.5.2. Protectiveness and self-independence

The low expectations had also resulted to parent’s over- overprotective attitude towards their disabled children. Many parents were doing most of the things for their disabled children, failing therefore to give them lessons of independence necessary for their successful integration. Parents need to be counselled about managing disabilities.
6.5.3. Disabled children’s attitude towards disabilities and its effects on them

The perceptions of disabilities that people had, had to some extent, negatively influenced the way the disabled perceived themselves. However, the disabled children had embraced a positive outlook about themselves. The negative influence was notably evident in their dependency attitudes while the positive outlook was manifested in their determination and resolve to achieve academic success and find fulfilling jobs to lead independent lives despite the many challenges and problems they encountered at home and at school.

Although the disabled children were aware of their disabilities and limitations, this did not significantly affect their self-esteem and attitude towards work. Disabled children in the institutions for the disabled had an optimistic view of the future. All had a clear view of the type of jobs they wanted to do as adults and they did not see their disabilities as hindrances to their ambitions. They did not think they would need any support to get jobs when they grew up. They were confident and ambitious and looked forward to leading successful independent lives by taking up popular career jobs, some of which are considered challenging, in the public and private sectors as highlighted below.

<table>
<thead>
<tr>
<th>Goal</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor</td>
<td>7</td>
</tr>
<tr>
<td>Nurse</td>
<td>7</td>
</tr>
<tr>
<td>Sister</td>
<td>1</td>
</tr>
<tr>
<td>Driver*</td>
<td>7</td>
</tr>
<tr>
<td>Pilot*</td>
<td>3</td>
</tr>
<tr>
<td>Soldier.</td>
<td>1</td>
</tr>
<tr>
<td>Engineer.</td>
<td>3</td>
</tr>
<tr>
<td>Tailor.</td>
<td>1</td>
</tr>
<tr>
<td>Teacher.</td>
<td>1</td>
</tr>
<tr>
<td>Broadcaster.</td>
<td>1</td>
</tr>
<tr>
<td>Secretary.</td>
<td>2</td>
</tr>
<tr>
<td>Total.</td>
<td>34</td>
</tr>
</tbody>
</table>

* Jobs considered as challenging.

Table 9. Career goals for disabled children in Small homes.
Similarly, disabled students in Vocational centres had developed a generally positive outlook and expectations that, as adults, they would be able to enter the world of work. They believed jobs were important to them to live independent lives and to assist their poor parents. Although they did not have information about how to get jobs once they completed training, they remained hopeful that they would land well paying jobs. Contrary to the disabled children in Small homes and in the Special schools, the older disabled children in Vocational centres recognized they would need help to get jobs.

Interviewer: Do you have any information about how to get a job?

Vocational Centre pupil 5, “No, but the volunteer teacher who is teaching us told us to work hard and he can get jobs for us”.

Vocational Centre pupil 4, “No I don’t have, my concern is that I finish the course. When I finish, I know God is there and I will get a good job so that I can help my parents and live a good life”.

Unlike the disabled children who were hopeful, parents had a pessimistic view about their children’s future. They were worried that their disabled children would not get jobs unless they were helped by others to secure employment for them.

Interviewer: What support do you require to raise your disabled child up?

Parent 7, “My main worry is how to get school fees for my child and assistance to get a job for him when he completes his schooling”.

Despite their apparent pessimism, parent’s had great expectations from their disabled children once they got jobs. The children’s acquisition for jobs did not however necessarily include expectations of their children’s eventual financial self-sufficiency and independence.
Rather, parents expected their disabled children to support them with their income as a way of paying back the good will of educating them. The disabled children believed that they had an obligation to assist their parents too.

Interviewer: What are your main needs?

Vocational Centre pupil 2, “To get a job when I complete my course so that I can assist my parents and have a good future”.

Interviewer: How often do you service your child’s mobility aid?

Parent 13, “The doctor said it should be serviced every four months, but you see I do not have a good income, I take it for servicing when I get money, sometimes I have to borrow money to service it. But you see, people are also not willing to lent me money, they think I am investing in an unworthy course, they know my child will not work and get enough money to pay me back for what I have spent on him”.

The findings that the disabled children were expected to re-pay their parents the good will of receiving education implies the need for awareness about the rights of the disabled. The disabled children have a right to education. They have a right to employment, and a right to have a say in their income. They have no statutory obligation to give specified amount of assistance to their parents as a right. However, they can assist their parents as a moral obligation, out of their will. This is what the parents and the disabled need to know.

The findings that young disabled people are a disadvantaged group in the labour market imply the need for a transition plan. The government needs to establish a comprehensive plan for the transition of young disabled from school to the world of work. The government needs to establish an agency/body to link the disabled to jobs and to offer them
career guidance and counselling and to assist them get attachment opportunities. The implications for a Disability Coordinating Council are discussed in section 14.16.

**Dependency attitude among the disabled children**

The low expectations about the abilities of the disabled had apparently resulted to over-dependent of the disabled children on others for support. Over-dependence was derived from the attitudes and behaviours of some of the children to have things done for them instead of striving to do it for themselves. The children in Special schools were more dependent compared with those in Small homes. No cases of over-dependence were reported in Small homes.

Interviewer: Do you face any problems in this institution?

Vocational Centre pupil 7, “Yes, some of the disabled children can be too dependent, like there are things they would like you to do for them, yet they can do for themselves”.

The findings that the disabled tended to be over-dependent on others have implications for counselling. The disabled need to be counselled to build faith and confidence in themselves and in their ability to do things for themselves. It also implies the need to train the disabled children to acquire soft skills that enhance their independence. Empirical research has shown that children with disabilities may grow up with a feeling of always being different and unique from others. They may learn that their bodies cannot be depended upon and may even have a sense that their body can betray them. Some physical disabilities can also restrict activity and movement and contribute to the feeling of uniqueness and isolation (Kleinberg, 1982). For this reason, disabled children need to be counselled about the limitations of their
bodies and assisted to do many things for themselves so as to create a sense of confidence, self-worth and dignity. Housemothers and caretakers need to be well trained to pass on these skills to the disabled children. Equally, the children’s parents need to be educated on how to care for their disabled children and engage them in activities that enhance their independence instead of doing everything for them.

6.7. Managing disabilities

The majority of interviewed parents were generally accepting of the presence of disabilities and they sought to manage it in positive ways. Many had become more God seeking while others had sought medical help for their children with high hopes of getting a cure. This is despite the perceptions that the public had towards them and their children. About all parents (94%) said their children were viewed negatively. All of the parents believed the public viewed parents with disabled children negatively. But this was not the feeling of their disabled children. Thirty-two out of 34 disabled children said their parents were viewed well, and only two said they were viewed negatively.

Interviewer: How did you react when you found out that your child was disabled?

Parent 14, “I got a shock first and I could not believe, but I said to myself, since God has seen it worthy of me to get such a child, then I accept since others get them, that way I was able to cope with it”.

However, a significant number of parents said that many other parents were non-accepting and had continued to hide their disabled children denying them of their rights to education and freedom. Four out of 16 parents indicated that there were times when the
management of disabilities by others had created difficulties for them. People’s negative reactions and attitudes were yielding distressing experiences to the parents and to the disabled children especially through the ways in which adults had treated them by calling them bad names, starring at them or making inappropriate comments about them. There were no organized groups for parents through which they could share their experiences and encourage each other. Such groups are recommended.

For the majority of the parents, giving birth to a disabled child generated hostility and coldness/rejection. In many cases, it had resulted to separation and subsequent divorce (Section 4.14.8). Coldness and hostility were portrayed in a number of ways: - through the failure by mothers-in-laws to give any gifts to their newborn grand children, through the mothers-in-law’s behaviour to exclude their sisters-in-law from dialogue and offering little support, in contrast with the held traditions and practice among the *Akamba* ethnic community. This is derived from their responses below.

Interviewer: How did your mother- in-law react when she found you have given birth to a disabled child?

Parent 11, “She was very bitter, she talked a lot with her son, but I did not know what they were saying”.

Parent 9, “She was very cold to me, she said she cannot care for her grand child and her son too, she cut off coming to our house, in fact its her son who could go to her place. She did not even bring any presents to my child as it’s the practice when one gives birth”.

Separation, desertion and subsequent divorce due to the birth of a disabled child was prompted by traditional feelings that the spouses would be stigmatised if found to have disabled children.
Interviewer: How did your spouse react when he/she found your child was disabled?

Parent 11, “My husband was not bothered about our disabled child, he blamed every thing on me and left me to do all things by myself. He saw we were giving him more problems and trouble and he ran away and re-married”.

Fear of being stigmatised made many parents to hide their disabled children. Separation and desertion occurred when the male spouses opted to run away from being stigmatised for having disabled children. The majority of the female spouses affected by separation/divorce/desertion said their husbands were blaming them for the birth of their disabled children. In such cases, the poor unemployed mothers were left to fend for their children alone. This study has shown that many parents with disabled children faced many challenges in raising their children up (Section 4.14.3). They could not afford to educate them, buy and service their mobility aids, visit them in school, take them for routine medical care etc. This had adverse effects on the integration process.

For the disabled, coping and managing their disabilities has been an uphill task. Their lives have been characterized with agonizing patience to endure and unwavering struggle for recognition, acceptance and inclusion into the mainstream life.

Interviewer: How are the disabled viewed in the society?

Vocational Centre pupil 5, “We have people who take us well and support us, but we have those who call us bad names like ‘Kiwete’, abuse us and say we are rude”.
They have had to content with many forms of discrimination and stereotypes from employers, their families and from the wider community and with deprived lives. Nine out of 34 interviewed disabled children in Small homes indicated they were discriminated in their families. They indicated that their parents did not take them out and buy them presents yet they took their able-bodied siblings out. Three of the 17 disabled children in Special schools said they felt unloved and unaccepted in their families. These findings imply the need for awareness creation about disabilities, the rights of the disabled and persistent clamour for the implementation of the provisions made in the Persons with Disabilities Law 2004 for the disabled. The implications for awareness and disability legislation are discussed in sections 14.15 and 14.16.

6.8. Conclusion

The majority of Kenyan people still believe, as in the past, that disability is retribution of past deeds by forefathers. The disabled are shunned, isolated and stigmatised by their societies and so are their parents. However, where people have had adequate contacts and awareness about disabilities, they are more positive and accepting especially children in Small homes. Issues for the disabled have not yet been mainstreamed by the government, which has the principle responsibility of liberating the innate potential of its citizens. Consequently, their issues rank low in the government development agenda. Although some positive changes towards disabilities have been noted in the recent past due to increased education and awareness, and due to the establishment of the Persons with Disabilities Law 2004, their impacts have not been significantly felt. More awareness and provision of basic services is needed to achieve desirable lasting change towards the way people understand, treat and relate to disabilities. A
Disability Coordinating Council is needed to monitor the implementation of the Persons with Disabilities Law 2004.

7.0. General Services for the Disabled

This section provides some details of the different forms of shortfalls or barriers faced by the disabled in the areas of training, access to transport, medical health care and employment. Since the disabled are part of the wider community, when services are not good for all, the disabled suffer most. Improvements in the general public services means therefore better services for the disabled as well. Each of these areas is examined and possible measures of removing the barriers/disadvantages proposed.

7.1. Vocational Training

The goal of vocational training in Kenya is to offer all the necessary forms of assistance to the disabled to sustain, enhance, generate and restore their capacity to eventually earn their own income through employment. The Vocational Centres were established to show the commitment of the government to avail all her citizens with jobs and at the same time recognize the right of the disabled to be integrated into the ordinary systems of employment. The Vocational Centres rely on government funding for their operations.

7.1.1. Courses offered

The choice of trades offered at the Machakos Vocational centre was limited to three, i.e. tailoring, leatherwork and dressmaking. The courses took 1½ to 2 years to complete. During the course duration, the students learnt theory work and practical work that involved making the products they had learnt. The course work did not have a component of industrial
attachment. The students lacked adequate and varied working tools and materials as well as specialised teachers in their fields of study. This had compromised the quality of their learning.

For Vocational Centres to achieve their goal, they need to improve upon the quality and quantity of their materials and tools, which have a tendency to be outdated and inadequate, as this study has shown. Improvements could be achieved through increased communication and dialogue between the trainers and employers so as to develop an understanding of the labour market demands and the skills they need to teach their students. Vocational centres need to embrace computer training in order to expose the students to new technology that will greatly enhance their integration into the labour market as well as improving the overall quality of their training.

A wide-ranging choice of trades that includes handicrafts needs to be introduced in the Vocational centres. The Vocational training centres should aim at designing programmes that provide for the provision of the needed qualifications in employment. The courses taught need to be diversified and provide a technical and practical component and they should, as much as possible, be conducted in workshops or in attachment firms to prepare the students fully in the labour market. The Government needs to ensure that Vocational Centres are adequately funded and well staffed to play the above-recommended roles.

7.1.2. Placement opportunities

In the area of training and subsequent employment, the disabled students faced significant difficulties in accessing placements and jobs after completing their training. Employers had stereotypes stemming from their negative attitude towards the disabled that doubted their capabilities to work. This had a great impact on the integration of the disabled. They could not
get placement in companies to get the much-needed experience required for job considerations. This was excluding them.

Interviewer: About how many disabled people are employed in Kenya?
Key Informant 4, “Less than 10%. They are mostly employed in the begging industry because of less education, limited training for skill building and limited support environment like policies and otherwise. Employers can employ them or not. Many employers look at their disabilities and not their capabilities and this limits their opportunities to get attachment”.

A lot of awareness is needed in order to counter the negative stereotypes that employers have about the capabilities of the disabled to work. The government needs to support appropriate training and placement of vocational students and extend ongoing support to them. The training needs to have a component of placement to provide the students with more interactive hands on experience prior to the search for employment. In preparing the disabled students for their independent life after graduation, the trainers need more practical information about the labour market conditions and wide-ranging choice in training.

Placements can be organized for short periods of three to six months during which time, employers can have the opportunity to assess the capability of the disabled persons. Placement can also have a similar outcome as awareness raising. This can enable employers create the right impression about the physically disabled since many of the employers adhere to stereotypes due to lack of clear insight. Awareness can also result into revised hiring policies, which can lead to positive experiences and subsequent change of attitudes.

Increased awareness to employers and to the wider community about the rights of the disabled to employment and their special needs is equally vital. However, it must be noted that
the change of attitude and commitment on the part of employers to employ disabled people is only one means of improving their integration into employment. Attention must also be focused on adapting workplaces to the special needs of the disabled. Employers and their companies need therefore move towards the direction of taking responsibility to invest in their own working environments to better accommodate the diverse needs of their diversified workforce.

7.1.3. Transition from training to employment

The transition from school to working life was extremely weak and there were no clear linkages in existence. Placement for the disabled to get the very much-needed skills by employers was absent in their training component and there were no follow-ups to know where the graduated students went and what they were doing “out there”. Although the Vocational Centres enabled the students learn different trades within short durations of time and accorded the graduated students certificates that they could use to hunt for jobs, the students felt that the certificates they received could not guarantee them jobs.

Interviewer: What do you consider to be the advantages of Vocational Centres?
Vocational Centre pupil 10, “One can do a trade within a short period and use the trade to get a job. We get certificates which we can use although the certificates cannot guarantee one of a job”.

In addition, Vocational centres were inadequately tailored to preparing and integrating the disabled fully into employment. They were inadequately funded, equipped and supported. The courses offered were limited in choice and the certificates received were not competitive enough to guarantee jobs to the graduates.
Interviewer: What do you consider to be some of the disadvantages of Vocational Centres?

Vocational Centre pupil 8, “Sometimes, we do not have adequate learning materials and teachers”.

These findings imply the need for an active role by the government to integrate the disabled into the workplace. For this reason, the government needs to actively support the integration of the disabled into the open market. This active support can occur through a variety of measures including improvements in vocational training, incentive oriented quota systems and through affirmative laws to guarantee a certain percentage of the available jobs to the disabled. It can also, to a large extent, be achieved through reserved or designated employment, loans or grants for small business and tax concessions for orthopaedic appliances and to any employer who employs a disabled workforce. It should however be noted that such special measures like quotas need to be supported with legal protection against discrimination and dismissal from work to ensure that the disabled have equal job opportunities with the able bodied and compete on the same footing.

7.1.4. Collaboration and Partnership

There was a clear lack of collaboration/partnership between key participants in the education, training and employment sectors. The Vocational training centre, Employment office, Small homes and the Special schools were acting in isolation of each other. The lack of active partnership between key participants in the education, training and employment sectors was hampering a smooth transition for the disabled between school and employment. Active partnership can be extremely invaluable in facilitating a smooth transition from school to
training, to placement and to working life. Therefore, the role that agencies, teachers, trainers, housemothers, family and employers play in building the capacities of the disabled students is crucial in determining the eventual degree of integration the young students with disabilities will experience in employment. If great impact is to be felt that will add quality to the integration of the disabled into active economic life in the society, then there is need for enhanced collaboration/partnership among the different partners.

7.1.5. Co-ordination

There was no organization/body that was responsible for the coordination of guidance and counselling of the Vocational centre students, their placement and their subsequent link to employment. The lack of such a coordinating body denied the disabled students the chance to get professional guidance, counselling and placement opportunities for training. Students at the vocational centre were not getting enough guidance and the necessary information about getting jobs and the available options for them.

Interviewer: What is your goal in life?

Vocational Centre pupil 9, “I would like to be a successful businessman”.

Vocational Centre pupils 7, “I would like to be a tailor”.

Interviewer: Do you have any information about how to get a job?

Vocational Centre pupil 9, “No, but when I get my certificate, I will go out to look for a job. For now, I want to finish the course first”.

Vocational Centre pupil 7, “I do not have any information, it depends on if one has money to go searching for a job, but I will look for any job available then change to a tailoring job later”.

The findings that that there is a big gap between the vocational training centres and the
Employment office imply the need for collaboration. A body to coordinate the guidance and counselling of the Vocational centre students, their placement and their subsequent link to employment is needed. The government needs therefore to enact a council to coordinate disability issues. In the area of vocational training, the disability body should endeavour to establish a clear communication and close relationship with employers and be responsible for the placement and eventual employment of the graduated students. It should also be responsible for creating awareness to employers and to the wider community about the rights of the disabled and their special needs. The detailed roles of the Coordinating Council are discussed in section 14.16.4. Having said so, it should however be noted that the quality of transition of the disabled students from school to working life can be dependent on organizational structures, the nature and severity of their disabilities and other factors such as social-cultural and environmental factors. Since transition is a process of social orientation that implies status change and role, (i.e., from student to trainee, from trainee to a worker, from dependence to independence and from being shunned to being accepted), these factors need to be taken into consideration by the coordinating body to ensure quality transition.

Equally important is for this body to coordinate the training of counsellors who are especially qualified to guide and work with the young disabled students to facilitate their transition from school to employment. It is proposed that the counsellors facilitate the guidance of students in vocational orientation and training, co-operating closely with teachers in Special schools and in the Small homes and with parents and representatives of employer’s organizations.

7.1.6. Conclusion

Vocational training in Kenya is inadequately tailored to preparing and integrating the young disabled students fully into employment. Vocational training centres are ill funded, ill
equipped and ill supported. They offer limited choice of trades that are not competitive enough in the labour market. There is no provision for placement in their training. There is no organization or authority responsible for the coordination of guidance and counselling of the students, their placement and their subsequent link to employment. Lack of collaboration and partnership between key participants in the education, training and employment sectors had adversely influenced a smooth transition of students from training to employment. The recommendations offered in this study, if embraced, can improve the quality of vocational training and the integration of the disabled into employment in Kenya.

8.0. Employment Services

This section looks at the issue of employment for the disabled. It examines the current policies for the disabled and their working conditions. It provides suggestions on possible ways of integrating the disabled into employment, including policy options for tackling their discrimination and for extending equal job opportunities to them.

8.1. Employment Status of the disabled

Although there were no reliable statistics to clearly show the magnitude of disability in Machakos district and Kenya on the whole, the available data showed that disabled people were unemployed or under-employed. Disabled people in employment were more likely to work in manual and lower skilled occupations and less likely to work in managerial, professional and high skilled occupations.

Interviewer: What are some of the sectors where the disabled work in?

Key Informant 5, “ The majority are teachers, some are telephone operators,
others are in self employment, in leather work, carpentry and a few on computers, very low paying jobs indeed”.

This study has shown that there is a high rising concern over the rate of unemployment for people with disabilities in Machakos and in Kenya as a whole. A large number of disabled people were being excluded (marginalized) from employment because of their inadequate education, training and as a result of negative stereotypes held by employers that doubted the capabilities of the disabled to perform.

Interviewer: What do you consider to be the reasons for the high unemployment among the disabled?

Key Informant 4, “The disabled are among the most disadvantaged groups in Kenya. You could say 70% among them are illiterate. In a family, it is the disabled child who will miss education. Even with education, they cannot readily get work, employers look at their disabilities, not their abilities”.

The disabled have to compete for the same jobs in an already saturated job market with the able bodied and they find themselves disadvantaged because some of the available jobs are menial and they cannot cope up with or because there are no adequate policies and laws to protect their special employment needs. These findings have implications for awareness and support. Implications for awareness creation are discussed in section 14.15.

To offer support to the disabled, the employment office needs to expand employment services for the disabled to cover increased sharing of information, guidance and counselling and keep a database of the qualified unemployed disabled persons and take an active role in informing prospective employers about the availability of skilled unemployed disabled persons. The government needs to extent support to the disabled by establishing sheltered
workshops for them as well as promoting alternative and flexible work options that meet the needs and skills of the disabled including telecommunications and use of computer technology. The success of this can be pegged on improved and expanded coordination between schools, vocational training centres and the employment office, which has been identified as rather weak in this study and is therefore hereby recommended.

At the same time, the government needs to recognize and tackle the major labour market barriers to the employment for the disabled such as poor economic and job growths, discrimination and insufficient access to the build-up environment and to transport systems. This is so because with poor economic growth, the disabled are vulnerable to unemployment since employers often react to economic recession by not employing new workers or by laying off the less productive workers. This has policy implications. The government needs therefore to adopt initiatives and policies that aim at creating new jobs in the market and that ensure the disabled have got equal job opportunities, adequate access to public buildings and to transport, and are protected in law from discriminative dismissal from work. The government needs to consider refunding employers a certain amount of what they spent on improving accessibility and give incentives to those who employ a disabled workforce. At the same time, the government should enact and implement affirmative policies to ensure that a certain percentage of the available jobs are preserved for the disabled.

Since this study has established that lack of equal access to education and training disadvantaged (marginalized) the disabled in the open market, the government needs to review the existing education policies for the disabled with the aim of transforming it from segregated education, (which acts to isolate the disabled), to Inclusive Education that promotes integration into the open forms of the society.
8.2. Employment policies for the disabled

The Ministry of Labour developed employment policies for all people and the Employment Department was in charge of doing the postings. There were no specific employment considerations made to address the special needs of the disabled seeking employment.

The laws in the employment field were undeveloped and unimplemented. They outlawed discrimination of the disabled in employment but did nothing to punish those who discriminated against the disabled. There were no sound laws to ensure equal job opportunities for the disabled nor were there operational affirmative laws to preserve a certain percentage of the existing jobs to the disabled. Employers were at will to or not to employ a disabled workforce (Sections 4.6.5 and 4.7.5.). The government needs to take the necessary legislative steps to set up laws that ensure equal job opportunities. It should however be noted that equal job opportunity policies are not by themselves enough, there should be legislation to ensure adequate accessibility to the workplaces and a total deconstruction of the prejudice that enhance employers stereotypes about the capabilities of the disabled to work. Awareness is needed to address these prejudices.

8.3. The working conditions for the disabled

The working conditions for the disabled in employment were very poor ranging from inaccessibility to buildings and low payments to lack of adequate transport means to the workplaces. The work places remained inappropriately designed and adapted to accommodate a workforce with disabilities (section 4.7.5). These findings have implications for policy and awareness. Employment policies in Kenya need to re-direct focus to the open labour market and appropriate activities be undertaken to reduce the existence of all barriers to the employment for the disabled.
Although it is the right of the disabled to access meaningful employment, the findings reveal that the disabled were miles away from realizing their employment rights. They continued to face discrimination at work with available statistics showing the level of elimination of discrimination in respect to employment and occupation at an alarming 5%. (UNDP, 2003). A legal framework to protect the rights of the disabled to employment is needed. Since education and training are the first steps towards securing a job, the government needs to make improvements in education to ensure that the disabled people access inclusive education and acquire the necessary training and skills to allow them compete on equal footing with the able-bodied in the open labour market. Improvements need to be made in training institutions to support placement opportunities for the disabled so that they can acquire needed skills for job considerations.

Legislation to cater for the establishment of special measures like quotas and protection against discrimination and dismissal from work need to be designed to ensure that the employment rights of the disabled are given the necessary barking in law. Equally important is the need for the government to recognize the principle that the physically disabled must be empowered to exercise their human rights, particularly in the field of employment. The rights of the disabled may mean nothing to them if they cannot claim them. In both rural and in the urban areas, the disabled need to have equal opportunities for productive and gainful employment. The laws and regulations in the employment field should be reviewed to ensure that they do not discriminate against the disabled and do not raise any obstacles to their employment. There is need to explore current additional policy provisions in the Persons With Disabilities Law 2004 (Section 14.16) to improve employment opportunities for the disabled.
8.4. The living conditions of the disabled

Although there were no state benefits for the unemployed in Kenya, the disabled people suffered most and this had resulted to them living deprived lives. Many had turned into begging on the streets.

Interviewer: About how many disabled people are employed in Kenya?
Key informant. 4, “Less than 10%. They are employed in the begging industry because of less education, limited training, limited ability, limited support environment, policies and otherwise, employers can employ them or not”.

The government needs to come up with sound ways and policies of integrating the disabled into employment to enable them live normalized lives.

Interviewer: What measures do you think should be put in place to ensure obstacles to the employment of the disabled are eliminated?
Key Informant 16, “We should give them free education so that they can get the skills that are required by employers. Most of them are not educated and trained. In addition, we should have some jobs preserved for them through an affirmative action policy”.

It is further recommended that where difficulties arise in fulfilling practical integration measures, then the government needs to consider providing social benefits to the disabled. However, caution needs to be made as state benefits may be interpreted to imply that the disabled do not need to be employed.
8.5. Data about the disabled

There were no accurate and reliable data about the number of the disabled people in employment and those that were hunting for jobs, their qualifications, training and skills.

Interviewer: How many disabled people are employed in Kenya?
Key Informant 16, “Well, I cannot predict their number”.

Interviewer: How about in Machakos district?
Key Informant 6, “I can say over 50 people, but I don’t know the right figures, but most of them are telephone operators, others are typists and teachers”.

Disability data can be invaluable to prospective employers and so research is needed in order to enhance the current weak body of data in the field of disability and to provide concrete action on how to improve the employment opportunities for the disabled. Such researches need to capture data about the numbers of the disabled, their qualifications, living conditions, services, as well as data on how this information can be availed to targeted users so as to identify strategies that support their right to work and earn an income as members of and contributors of the society.

Research is also needed to generate data about the working conditions and shortcomings into Kenya’s current employment policies that have a tendency to be under-developed and unimplemented. Research is needed in order to come up with practical ways of promoting employment for the disabled both in the private and in the public sectors and on the best strategies to equip the disabled with the necessary skills to compete in the labour market.
8.6. Conclusion

A large number of disabled people are unemployed or under-employed. They are excluded (marginalized) from employment because of their inadequate education, training and as a result of negative stereotypes held by employers. There are no specific employment considerations for the disabled. The laws and regulations in the employment field are undeveloped and unimplemented. The level of research in the field of employment is very low and renders a big blow to the formulation and implementation of sound employment policies for the disabled. Legislation and technical research are needed to address these shortcomings.

9.0. Medical Health Care Services

9.1. Awareness and perceptions about disabilities

The level of awareness about disabilities and their prevention among parents with disabled children was low. A fulsome number of the parents did not know the real causes of their children’s disabilities as indicated below.

<table>
<thead>
<tr>
<th>Causes of disabilities.</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>-Polio infection.</td>
<td>7</td>
</tr>
<tr>
<td>-Born disabled due to unknown medical reasons.</td>
<td>4</td>
</tr>
<tr>
<td>-Born disabled due to the effects of contraceptives and malaria drugs during pregnancy.</td>
<td>3</td>
</tr>
<tr>
<td>-Born disabled due to God’s will.</td>
<td>2</td>
</tr>
<tr>
<td>Total.</td>
<td>16</td>
</tr>
</tbody>
</table>

Table 10. Causes of disabilities: Perspective from parents.

Lack of adequate awareness had resulted to ignorance and it continued to propel
parents to hide their disabled children and to fail to seek medical assistance for them in time. This finding has implications for awareness about disabilities. The government and other public health institutions have a big role to play in creating adequate awareness about disabilities and how the disabilities can be prevented. Education to parents with disabled children on the importance of preventive health care is needed. As much as possible, the information should be given using the local languages to make it more understandable.

**9.2. Availability and accessibility of information services for the disabled children**

This study has revealed that information about health care services for the disabled, service providers and where to access such services was inadequate. Information was unavailable to those who sought them and was not widely accessible to the critical audiences (the disabled, their parents, direct service providers and other stakeholders). Parents with disabled children lacked the critical basic tools (e.g. brochures, leaflets) required for accessing what was currently available. The health care information services for the disabled were highly centralized leaving out the rural areas where the vast majority of the disabled lived.

Interviewer: Is the available information accessible to the disabled?

Key Informant 7, “Most of the information services are in towns like hospitals, Special schools. Since many parents of the disabled live in the rural areas, then this information is not very much available to them.”

Information about health care services for the disabled was not adequately available and accessible. This is deduced from the revelations that the information was highly centralized, often in English, and orally delivered. There were also no complementary brochures or leaflets to supplement the orally delivered information. The use of English rather
than the local languages could have made the information hard to understand and comprehend.

Interviewer: What information is offered to the disabled on their services?

Key Informant 18, “Well, most of the information is verbally given when they come to the clinic, there is also some counselling done to them and posters on the notice boards”.

Interviewer: To what extent is the information accessible to the disabled?

Key Informant 18, “We can say any available information is concentrated in the urban areas where the disabled can get the information faster compared with those living in the rural areas”.

The centralized nature of the information could have made accessibility to information hard as many disabled children and their parents did not know where to get appropriate disability health care services. Many health care providers especially at the dispensaries had inadequate knowledge about disabilities and referral services were rather weak. Referral services were weak while the community outreach services were inadequate and incomprehensive. Both the disabled children and their parents did not get adequate counselling and health care information during routine medical check-ups and follow-ups.

Interviewer: To what extent were you satisfied with the service received?

Parent 8, “For about 3 years, I had been taking my daughter to Kathiani hospital, but I came to realize the hospital did not have the equipment and skills to help my child. So I took her to Kijabe Mission hospital where she got operated and now she can stand and walk, before she couldn’t, and am very
happy about it and thankful to the Small homes coordinator who assisted me to take my child to Kijabe”.

The findings that referral services were weak imply the need for health care workers to facilitate partnership with other public and private hospitals to enhance access to services for the physically disabled through referral systems. It implies the need for the government to increase the budgetary allocations in public hospitals to enable acquisition of adequate medical equipment, supplies and facilities to make preventive and curative care available to the physically disabled including correctional surgery. It implies the need for the government to invest heavily in the area of disability health care by training doctors and nurses to effectively handle all disability cases.

The findings in this study concur with that of Edwards (1991). He found out that many disability information and research outcomes are unavailable to those who seek them and are not widely accessible to their critical audiences. Real improvements in delivering disability information services are needed. The respondents felt that improvements in disability information services could be achieved through increased awareness, restructuring the information systems and increased publicity.

Interviewer: What should be done to make information services for the disabled more accessible?

Key Informant 18, “We can have brochures taken to the people in the communities, we need posters, the electronic and print media should be used more effectively to publicise services. The provincial administrative structures and churches should be used more effectively to publicise the services”.

They suggested that the government needed to start aggressive programmes that raised disability awareness at the community levels, support the introduction of mobile clinics to the rural areas and start the production of brochures to create more awareness about disabilities. They narrated the need for the government to support the establishment of local television and radio disability programmes that are aired in the local languages to make the information more understandable, usable and adaptable.

Interviewer: How can the information be made more accessible to the disabled?

Key Informant 4, “The available information is sporadic and scanty. We can get some information from the hospitals, from the Ministry of Education on Special Education, from baseline surveys and from the APDK, but we do not have something like a resource centre where one would go and get information on the disabled. We need disability data banks”.

It is recommended that the government establishes disability data banks in every district and equip them with adequate data and collaborate with stakeholders in the area of disability to carry out comprehensive disability awareness.

9.3. Access to Health Care Services

The disabled children did not have routine medical care services. They lacked medical insurance and experienced significant difficulties obtaining a needed medical care service such as correctional surgery. The majority of the disabled children did not have routine physiotherapy services especially those in the Small homes (Section 4.3.7). The disabled children got such care services as physiotherapy, medication, correctional surgery and follow-
up services only when their parents had money to pay for the services and for the transport costs involved (Section 4.14.3).

The disabled did not receive good quality care due to limitations arising from health providers, system and financial barriers. Public hospitals lacked appropriate equipment and facilities and specialised doctors in the field of disability (Section 4.8.4.0.). The resultant effect is that the disabled could not get correctional surgery services due to cost and its unavailability at the district public hospitals.

Interviewer: What do you think can be done to better services for the disabled in this hospital?

Key Informant 12, “We need improvements in acquiring better equipment, especially for correctional surgery. We are forced to refer children to private hospitals yet we have doctors with the potential. We need better facilities, and more trained staff especially at the Ear, Nose and Throat, Surgery and Plaster Departments”.

Many health care providers especially at the dispensaries had inadequate knowledge about disabilities and referral services were rather weak.

Interviewer: To what extent were you satisfied with the service received?

Parent 8, “For about 3 years, I had been taking my daughter to Kathiani hospital, but I came to realize the hospital did not have the equipment and skills to help my child. So I took her to Kijabe Mission hospital where she got operated and now she can stand and walk, before she couldn’t, and am very happy about it and thankful to the Small homes coordinator who assisted me to take my child to Kijabe”.

The findings that referral services were weak imply the need for health care workers to facilitate partnership with other public and private hospitals to enhance access to services for the physically disabled through referral systems. The findings that the disabled did not get quality services implies the need for the government to increase the budgetary allocations in public hospitals to facilitate acquisition of adequate medical equipment, supplies and facilities to make preventive and curative care available to the physically disabled including correctional surgery. It implies the need for the government to invest heavily in the area of disability health care by training doctors and nurses to handle all disability cases.

9.4. Satisfaction with Services

The level of parent’s satisfaction with the medical services received for their children was low. The low level was due to the high cost of treatment and lack of specialized doctors and facilities at the public hospitals. However, a significant number of parents were satisfied with the services due to the notable improvements their children had made, for instance after receiving correctional surgery and physiotherapy services.

<table>
<thead>
<tr>
<th>Level of satisfaction with services</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfied</td>
<td>8</td>
</tr>
<tr>
<td>Dissatisfied</td>
<td>4</td>
</tr>
<tr>
<td>Ambivalent</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td>16</td>
</tr>
</tbody>
</table>

Table 11. The level of satisfaction with services for the disabled among parents.

Dissatisfaction arose from lack of adequate and quality services especially in the dispensaries. The service givers lacked adequate skills, equipment and facilities to perform
exemplar work. A significant number of the parents were dissatisfied because the services were very expensive. These findings imply the need to improve services for the disabled.

9.5. Affordability of Services

Many parents could not afford the cost of treatment for their disabled children due to the costs involved. Patients had to pay for services received through a cost-sharing government policy. Medical care services were highly centralized (Section 4.8.2) and transport costs to the services were unaffordable to a fulsome number of the parents (Section 4.14.6-7). Disabled children who were referred from the public hospitals to other private hospitals for specialized treatment were especially vulnerable unless their parents were assisted by charity organizations or volunteers to cover the costs of treatment.

Like their disabled children, many parents faced significant difficulties in accessing their own health care services including antenatal and maternity care. Many women risked giving birth at home alone or with the assistance of Traditional Birth Attendants (TBA). Giving birth alone or with TBA’s has adverse effects. It contributes to high maternal mortality rate as well as lapses in detecting disabilities at treatable stages. The UNDP (2003) estimates that the maternal mortality rate of women giving birth through TBA’s in Kenya is 77%, that is, for every 100,000 women, 1,300 will die. The findings imply the need for the government to provide adequate access to affordable services. The implications for a medical health care policy are discussed in section 14.7.

9.6. Conclusion

The responsibility for the provision of medical health care services in Kenya is vested on the Ministry of Health. The government has established centralized public hospitals and health
care centres in every district to respond to the diversified health care needs of her people. However, the budget allocations for the hospitals are very low to cut across the many needs in the hospitals. The needs include equipment, facilities, supplies and conducting outreach awareness programmes in the communities. There are no adequate specialist doctors in the area of disability. Many cases needing specialist surgeons were referred to private hospitals. The government system of cost sharing is expensive and presents a financial barrier to receiving appropriate medical health care. The disabled did not therefore get needed medical services like surgery, physiotherapy, mobility aids due to the costs involved and their unavailability at the public hospitals. Improvements in facilities coupled with great investments in training of specialist doctors can ensure that the disabled access to affordable medical care at the local level and within the same system as other members in the society.

10.0. Public Road Transport Services

This section looks into road transport services in Kenya. It explores the extent into which road transport services are accessible to the physically disabled. Proposals of tackling the barriers experienced by the disabled in the field of transport are discussed and their implications made.

10.1. Accessibility of public road transport services

Although the main role of the Kenya Transporters Association (KTA) is to offer commuters the necessary transport means, to avail affordable transport services to all commuters, to guide commuters towards meeting their transport in an accessible and cost effective way, to ensure that commuter transport vehicles are well maintained and meet the expected safety standards, the KTA had failed in offering any special transport services or considerations for the disabled commuters. The public service vehicles did not have any designated sits for the disabled. The
entrances to the vehicles had staircases and were not broad enough to allow in wheelchair bound commuters. The resultant effect is that the disabled had to be separated from their wheelchairs that had to be carried as luggage and charged an extra fee.

A good transport system is essential for a better quality life, growth and development. It also ensures a high level of safety, environmental protection and social integration. Transport problems were a huge barrier to the social inclusion of the disabled, affecting their access to key public services and jobs. The disabled faced great difficulties in getting to jobs, training, going to hospital and to other public places. They suffered disproportionately from the effects of high costs of travel. Lack of suitable transport means marginalized the disabled, as they could not enjoy their right to appropriate suitable transport.

The government needs to invest heavily on road transport and repairs to reduce the high costs of insurance and maintenance that were being shouldered by commuters through exorbitant fares. It needs to invest towards making transport efficient, accessible and competitive with a high degree of safety and environmental protection. Research is needed into this endeavour.

10.2. Affordability of Transport

Public transport was not only inaccessible but also expensive for the disabled too. Over ¾ of Kenyan’s live in the periphery of urban areas where they are particularly isolated and neglected due to lack of good tarmac roads (1989 Census). This study has revealed that transport to the rural areas where the vast majority of the disabled lived was expensive and frequented after long time intervals (Section 4.14.7).

The government needs to come up with transport policies that protect the special travel needs of the disabled and that guarantees them to travel comfortably in a cost-effective way.
In coming up with such policies, the disabled need to be involved and given the opportunity to have a say in planning their transport services. The government needs to set up a minimum discount on local bus services and provide guidelines for designing identity cards that will allow the disabled to qualify for the concessions.

As earlier established in this study, data about the incidences, prevalence, distribution of disabilities and the characteristics of disabled people were lacking (Section 11.1.). This study has also revealed that there are social-cultural pressures to expose and under-estimate disabilities and that disability is stigmatised in Kenya (Section 6.3.). Due to these factors, it is recommended that the language and instruments to identify the disabled commuters be designed in such a way that targets do not feel offended by the language used since this can affect their willingness to acknowledge their disabilities and register for concessions.

In addition, this study has shown that there was no established system of identifying and reporting disabilities (Section 6.3.), it is recommended that such a system be established to boost the success of this endeavour. Equally important is for the government to embrace other general measures that benefit the public and the disabled. Such measures should include great investments in road tarmac and repairs to reduce the high costs of insurance and maintenance that are shouldered by the commuters.

10.3. Conclusion

The disabled experienced significant difficulties accessing public transport. Public transport was not properly adapted to make the disabled use it with confidence and go everywhere others go easily in a cost-effective way. Lack of accessible and affordable transport excluded (marginalized) and isolated the disabled from the day-to-day activities including going for
routine medical health care, going to school, for outings and participating in out-door activities.

11.0. The Level of Research in the Field of Disability

This section presents the findings about the level of research in the area of disability in Kenya. The findings show that the level of research in the field of disability was alarmingly low and had influenced the marginalization of the physically disabled children and adults in Kenya. Adequate documented and reliable data that would influence the formulation of sound policies and subsequent services/interventions for the disabled was lacking in the areas of education, employment, health care and transport. The findings in this section are discussed under five sections, that is, disability statistics, data on education for the disabled, employment, health care and transport services. Implications for the findings are explored and recommendations proposed on raising disability data levels and quality in Kenya.

11.1. Disability Statistics

This study has established that the level of research in the field of disability field is fundamentally low. Adequate data about the incidences, prevalence, distribution of disabilities and their characteristics, the experiences of disabled people were lacking. The available existing data were not very sufficient and comprehensive in scope and perspective and were of varied degrees of quality. Documented data in the area of disability was thin.

Interviewer: What information is available to the disabled about their services?

Key Informant 5, “There is some data that is sporadic and scanty, what am trying to drive at is that the government has not seen the wisdom of getting a
national census which would give the status of the disabled, their profiles, their categories, their problems, needs and challenges. In the last two census, attempts were made to get the disabled a questionnaire, but the government has always said it is expensive, but it has not been expensive for it to get details of animals, birds and so on. We have a whole department of Kenya Wildlife Services funded fully by the government, and the government knows how many snakes, birds and so forth this country has because they bring foreign exchange, but the government does not know how many disabled people there are”.

Previous efforts by disability bodies to have a disability national census mainstreamed into the national Census questionnaires were hampered by lack of resources and adequate political will as well as by other social-cultural barriers. The resultant effect was an undercount of the incidences of disabilities prompted by the stigma attached to disabilities, the definitions of disabilities and the yardsticks used to define disabilities. Another contributing factor was probably the fact that disability issues in Kenya are mainly defined within a health/medical and welfare context, which leads to the failure to integrate the disabled into the mainstream government statistical process. These findings have implications for a national census and for a disability conceptual framework. Implications for disability census are discussed in section 14.10 and for conceptual framework are discussed in section 14.11.

11.2. Data on basic services for the disabled

In the area of education, there were no adequate reliable data about the number of the physically disabled children in school. Disabled children were accommodated in residential settings on long-term basis but there was lack of information about how many they were and
their circumstances. Documented data about the number and profiles of teachers trained in disabilities were also missing. Other missing data were about the numbers and “whereabouts” of disabled children “out there in the communities” and about those disabled children assessed to need placement yet they failed to enrol in the institution for the disabled. Documented data were missing about the “practice” of disabled children dropping out of schools. There were no documented data to support the practice and gains of Inclusion Education by the Small homes program.

In the area of employment, there were no reliable adequate data about the number of disabled people in employment, those seeking employment, their qualifications, training levels and skills. In the area of transport, data were missing on accessibility planning. Data about the practices or procedures that make access to transport services by the disabled impossible or unreasonably difficult were lacking.

In the area of medical health care, adequate data were lacking about the health care needs and services for the disabled, the number of specialist doctors and nurses in the field of disability, equipment, facilities and supplies required, and data on the ways of making health care services for the disabled more accessible and affordable. Data on the above are critical to planning research and services, evaluating disability programs and formulation of public health care policies. These findings have implications for further research. More research and local surveys are needed in the field of disability to ensure there is adequate quality data for proper planning, intervention and for policy formulation. Until then, the disabled will continue to face shortfalls in services and continue living marginalized lives.
11.3. Conclusion

The number of children and with disabilities in Kenya is difficult to quantify. Lack of adequate political will and resources have adversely affected the level, quality and quantity of disability data in Kenya. Other contributing factors are the stigma attached to disabilities and the definitions of disabilities. Shortfalls in disability statistics have adversely affected the formulation of policies for the disabled and the subsequent provision of their services. Documented data about the practice of inclusive education are missing and renders a big blow to the integration of physically disabled children into mainstream education. The available data are sketchy, general and not filtered by age groups and by other characteristics. A disability census, which adapts the UN recommendations for disability censuses, is needed.

12.0. The meaning and causes of marginalization among the physically disabled

This section presents evidence that there exist barriers that prevent the disabled children and adult’s full integration and participation in the society. The findings show that there are not only physical barriers created by lack of access to the buildings and access to transport systems, but there are also social and economic barriers that result as a result of unequal access to education, health care services, employment, training, transport, limited understanding of disablement and lack of adequate representation and involvement of the disabled in planning their services.

12.1. The understood meaning of marginalization

The respondents described marginalization to mean the systematic or unintended process that excludes or keeps some sections of the society out of the mainstream, economically, socially,
sociologically, politically or otherwise. The cited meanings of marginalization included the following: - not being accorded love like other children and being placed outside the boundary of consideration like other people. Others were: - being put at the periphery, being ignored, being concealed from the public, being neglected, being sidelined and being excluded from the mainstream life of the society.

Marginalization took the meaning of lack of participation, involvement and decision-making. It was described to mean discrimination in treatment based on one's physical or social status. It meant lack of interest and will to embrace all sections including those that are different and especially the fewer in numbers, into the mainstream life in the society. It meant segregation and segregated provision. The exclusion of the disabled from the mainstream life resulted due to fear, ignorance, lack of adequate knowledge and due to economic factors as shown in the responses from the interviewees.

Interviewer: What do you understand by marginalization?

Key Informant 5, “Marginalization simply means exclusion. It means a systematic attempt of ensuring that certain section of the community, or sections of people, are sidelined due to reasons that are best known to one, either because you fear them, or because you don’t know how to deal with them, or you think they are expensive to maintain. So for some reasons, you either systematically or out of unconsciousness keeps a distance from them, and in my view, the disabled people in this country have not been part of the mainstream. For example in the last two census, attempts were made to get the disabled a questionnaire to establish their numbers and profiles, but the government has always said it is expensive, but it has not been expensive for the government to get details of animals, birds and so on. We have a whole department of Kenya
Wildlife Services funded fully by the government, and the government knows how many snakes and so forth this country has, but the government doesn’t know how many disabled people this country has”.

The effects of marginalization resulted to their sidelining and exclusion from the mainstream life in the community. The act of marginalizing the disabled was either deliberate or un-indented. The above definitions and meanings of marginalization correspond with those of research. Eldering & Knorth (1998) define marginalization as social exclusion, as a process and not a static condition. They see it as a process because at some stages in ones life cycle, the risk of marginalization may increase or decrease. This definition is relevant to this study in that those disabled children who had been hidden away in their communities (marginalized at that stage) and who have now access to education in Small homes or in the Special schools, have had their social status changed, and are therefore not facing marginalization as such in the area of education as the respondents indicated.

Allan (1982) defines marginalization to mean a sharp dividing line that puts one category much smaller than the other. This division into normal or disabled has implications that the latter is a much smaller and less important category than the former. Oliver (1990) defines marginalization to mean a division resulting into a lesser category. Allan and Oliver definitions correspond with what the respondents have defined marginalization to mean.

Interviewer: What do you understand by the term marginalization?

Key Informant 3, “Marginalization is when one/group/community shows less interest in one another and also when a community forgets about a very important section of its own.”
The study findings about the meaning of marginalization correspond with the Oxford English Dictionary definition of marginalization. Oxford dictionary defines marginalization as about making a distinction in favour or against someone in the case observing a difference in treatment. The respondent’s use of discrimination to describe the treatment of the disabled based on their physical or social status, and the use of stigmatising names to refer to the disabled like *Ndia, Kivete*, has therefore similar meaning with that of the Oxford Dictionary.

According to Munday & Ely (1996), marginalization is a product of society. If a society standpoint in determining a person’s role worth in the structural and functional society, the under-privileged will be viewed as unable to meet the culturally defined roles of the society. This study has found evidence that marginalization faced by the disabled in Machakos Kenya is socially constructed. The *Akamba* people view disabled people as a bad omen or as having been born as a result of a curse /incest. Their families also carry with them a burden of social stigma. The disabled member is often seen as an extra burden to the family who needs food and protection yet does not contribute to the family survival as expected by the society.

Munday’s definition has also some similarity with that of Eldering & Knorth (1998) and that of Leonard (1984) in that, the role of the society, and the way the society is organized and structured, have an adverse effect of excluding the disabled, what Leonard refers to as being involuntarily socially marginalized and what Eldering & Knorth refer to as social exclusion. Their definitions carry the same meaning with that of the respondents in this study. The respondents definition of marginalization as a systematic or unintended process that excludes or keeps some sections of the society out of the mainstream, economically, socially, sociologically, politically or otherwise has the same meaning with being involuntarily socially marginalized by Leonard and social exclusion by Eldering & Knorth. It can be concluded that the “systematic or intended process” definition by the respondents in this study has the same meaning as social organization.
12.2. The Evidence and Effects of marginalization

This study has shown that the physically disabled children are marginalized and they encounter barriers that hinder their participation and integration into mainstream community life. They encounter barriers in accessing education, basic health care services, employment, transport and are not readily accepted due to negative traditional beliefs. The barriers resulted to shortfalls in their services, denial of their rights and exclusion from the society.

12.3. Marginalization in accessing Education Services

In the area of education, a large number of physically disabled children of school going age in Machakos district of Kenya remain without access to education. The factors contributing to this included the lack of decentralized Special education centres at the community level. Many had difficulties attending regular school because of transport difficulties and lack of mobility aids. Many barriers towards the integration of the physically disabled children into education also existed within the local communities and within the school system. Many people held, as in the past, negative beliefs towards the disabled and many parents did not take their disabled children to school, preferring to hide them instead.

Many parents were giving education priority to their able-bodied children who did not have increasingly many demands. This study has shown that many parents invested in the education of their children with a hope that their children would work and help them in return (Section 6.5.3.). Since the chances of a disabled person getting employed and earning a lot to support his/her parents are slim, (given the high unemployment rates, the low calibre jobs that they get employed in, and negative stereotypes by employers), the disabled children find themselves ranked low (marginalized) when their education considerations are made.
This study has shown that there were other barriers more specific to the education system that excluded the physically disabled children from education in Machakos. The Kenyan education system has traditionally segregated the disabled by perceiving them as different and offering them Special education in segregated institutions. The Special schools charged high fees, about 10 times more than in ordinary schools (Section 5.2.1.). The Kenyan education system does also not have any provisions for preparatory nursery schools, which excludes the disabled children from accessing education at the expected age. The Kenyan school system is also highly examination oriented, meaning that, for pupils who are unlikely to succeed in national examinations, (for instance due to the effects of their disabilities which make them write slowly and not complete exams within the set time limits as it happened with the disabled pupils) the benefits of schooling are not always clear as they may simply drop out or keep repeating classes. Additionally, the high teacher pupil ratio of roughly 1:40 in ordinary schools makes it difficult for the teachers to cope with work and to allow adequate individualized assistance to the disabled pupils, many of who drop out. These barriers have adverse effects on the integration process.

The poor accessibility to school (many of the schools are accessible only on foot) means that for the disabled children, attendance to school is impossible due to mobility challenges. There were very few teachers who had received specialized training in Special education. Those teachers without training in mainstream schools seemed to lack adequate confidence in their abilities to adapt their skills to teaching pupils with special needs although they worked very hard and were upbeat. These factors made it difficult for the disabled to access effective inclusive education, that would enable them participate and contribute to their best ability to the society as provided for in the Salamanca Statement (UNESCO, 1994).
12.4. Marginalization in accessing Health Care Services

In the area of health care, the lives of the physically disabled children were being put at risk by barriers to essential health care. This study has established that the physically disabled children experienced significant exclusion from basic health care services such as regular routine examinations, physiotherapy services and correctional surgery (Section 4.8.2.)

Limitations in access to health care services extended beyond basic causes such as shortage of specialist health care providers or a lack of facilities. The disabled lacked normal routine care and faced other barriers to receiving services such as financial barriers and additional barriers arising from lack of access to health care providers who have the knowledge and skills to address the special needs of the disabled like medical Social Workers.

This study has also shown that the physically disabled children experienced significant exclusion from receiving primary health care services more than the general population. There existed many system barriers within the health care institutions. The institutions lacked adequate resources to carry out comprehensive outreach services and they devoted little attention and resources to the prevention of disabilities. The combination of these factors means that the physically disabled children could not access affordable good medical care at the local level and within the same system as other members in the society.

12.5. Marginalization in accessing Employment Services

This study has shown that many disabled people were facing exclusion (marginalization) from work on the basis of discrimination by employers, inaccessible working environments, lack of appropriate transport to work and on the kind of jobs available to them. The available type of
work was not very suitable for the physically disabled. This study has also shown that there is a high rising concern over the rate of unemployment for people with disabilities in Machakos and in Kenya. A large number of disabled people were being excluded (marginalized) from employment because of their inadequate education, training and skills and as a result of negative stereotypes held by employers that doubted their capabilities to perform.

Interviewer: About how many disabled people are employed in Kenya?

Key Informant 6, “Disabled are among the most disadvantaged group in Kenya. You could say 70% among them are illiterate. In a family, it is the disabled child who will miss education. Even with education, they cannot readily get work, employers look at their disabilities, not what they are able to do”.

Although there were no reliable statistics to show clearly the magnitude of disability, the available data showed that disabled people were unemployed or under-employed. Disabled people in employment were more likely to work in manual and lower skilled occupations and less likely to work in managerial, professional and high skilled occupations. Majority of the disabled worked in low cadre jobs in the public sector as telephone operators, typists and clerks. Their working conditions were unconducive due to lack of accessibility to buildings, low payments, and lack of adequate transport means to their workplaces. Their work places remained inappropriately designed to accommodate a workforce with disabilities (Section 4.7).

12.6. Marginalization in accessing Transport Services

The physically disabled were particularly disadvantaged in the area of transport. Lack of accessible transport excluded (marginalized) and isolation from the day-to-day activities.
Transport problems remained a huge barrier to the social inclusion of the disabled, affecting their access to key public services and jobs. The disabled faced the greatest difficulties in getting to school, training, going to hospital and to other public services. The disabled also suffered disproportionately from the high costs of travel. Both the disabled children and their parents expressed difficulty in using public transport and the high costs involved.

12.7. Conclusion

This study provides ample evidence that the physically disabled children and adults in Kenya are marginalized. The disabled experience a more or less comprehensive involuntary exclusion from participation in one or more spheres of life. The disabled are distanced by the able-bodied who stigmatise them and fail to accept them fully. The provision of segregated special education polarizes the disabled from the able-bodied, their families and communities. Labour markets discriminate them and the public transport is not yet disability friendly. The marginalization of the disabled in Kenya can be attributed to the way the society is constructed. The disabled are seen as a bad omen or as having been born as a result of a curse and their families carry with them a burden of social stigma. The disabled member is often viewed as an extra burden to the family. Marginalization is a process, and a shifting phenomenon and can be countered through increased awareness, establishment of sound social inclusion policies and through increased access to basic services including education, health care, employment, transport and increased research.
13.0. Overall Conclusions

This study sought to find out the root causes of the marginalization of the physically disabled children in Kenya and their life situation. The expectations of the study were to offer concrete proposals for the government to take in order to better integrate the physically disabled children into regular schools and enhance their welfare, to highlight the life situation of the disabled children and to enhance the understanding of marginalization and integration. The study was carried out in Machakos District among a sample size of 170 to generate data on the above. The interviewees included physically disabled children in Institutions for the disabled, their teachers and caretakers, their parents and their non-disabled colleagues and Key Informants in the field of disabilities.

The main study findings show that the physically disabled children in Machakos suffered significant levels of marginalization (social exclusion) as a result of shortfalls in their basic services. These shortfalls arose from societal barriers created by negative beliefs about disabilities and lack of adequate adaptations to the physical environment and facilities. They suffered shortfalls in services to restore their body functioning and normality due to lack of adequate access to health care services including mobility aids, physiotherapy services and surgery for the correction of disabilities.

The study further shows that there existed major constraints in implementing inclusive education for the physically disabled in Machakos District in Kenya. Despite the government’s commitment to access education to all children through the recently introduced free primary school education, a number of problems continued to persist in the areas of implementing an inclusive education. These include: - the assessment of disabilities, access to education, trained teachers and learning resources, affordability of education, suitable infrastructure, and access to equipment, recreational facilities and information services for the physically disabled children.
A major finding of this study shows that a large number of physically disabled children of school going age in Machakos district were out of school due to, among other factors, lack of special education centres at the community level, negative traditional attitudes that made parents to hide their children and reluctant to send them to school, the high fees levies, lack of preparatory nursery schools in the education system, and the lengthy centralized procedures of assessment and enrolment. Many physically disabled children had difficulties attending regular schools because of transport difficulties and lack of mobility aids. Lack of access to education by the disabled had contributed to illiteracy and low skills and had significantly led to high levels of unemployment among them.

This study shows that there is an acute lack of special facilities and support services to enhance the educational environment of the physically disabled children in the Institutions for the disabled. The lacking services ranged from trained teachers and specialist teachers in disabilities, lack of ramps for easy access to classrooms, and lack of adequate adapted toilets and cemented pavements. As a result, most of the Institutions for the disabled lacked the capacity to effectively address the special learning needs of the physically disabled children. Teachers not only lacked basic training but also adequate teaching materials and aids.

Data analysis has revealed that the admission procedures for the children into the Institutions for the disabled were fundamentally lengthy and highly centralized. It followed three phases. The first phase is assessment to determine the severity and type of disability. The second phase is sensitisation to the parents about disabilities and the need to support the education of their disabled children. The third phase is placement of the children into relevant units for the disabled. Admission procedures for a disabled child into Institutions for the disabled was based on prior assessment from the Assessment centre, and recommendations from the Small homes programme Co-ordinator in the case of admission into Small homes.
This study has established that beliefs, values and culture presented significant barriers to the integration of the physically disabled into education in Machakos. The negative attitude towards the disabled significantly affected the entrance of disabled children into school and their inclusion into the society. Many parents concealed their disabled children denying them of their right to education and freedom of association. Others had delimiting bias about the abilities of their disabled children to learn. These parents gave their disabled children the lowest priority when it came to sending their children to school. Other parents feared to take their children in Small homes, where they felt their children were unprotected from the non-disabled, preferring to send them in Specials schools. Teachers expressed preservations on inclusive education and had their own biases towards the ability of the disabled to learn.

This study has further revealed that the level of awareness about disabilities is low. There still exist negative perceptions and stereotypes about the disabled among the Kenyan public. However, there were no notable social-cultural or psychological barriers between the disabled children and their non-disabled colleagues in mainstream schools that hosted Small homes. There was a general acceptance of the disabled by their non-disabled colleagues. This positive position can be attributed to their contacts and exposure to difference in the inclusive educational settings. The teachers revealed exciting positive behaviours of helpfulness and cooperation between the disabled children and their non-disabled colleagues. The non-disabled had formed study groups with the disabled children that enhanced their academic performance. The non-disabled children expressed pride and satisfaction in helping their disabled colleagues without any instructions to do so. There were no identified incidences of harassment and discrimination of the disabled by their non-disabled colleagues in Small homes. However, a considerable number of the disabled children reported being discriminated against in their families. On the contrary, the teachers and pupils in the Special schools reported poor academic performance in Special schools.
Although teachers indicated no notable differences in academic performance between the disabled children and the able-bodied, this study has revealed that the disabled were of more superior age compared with their colleagues in similar classes. There is no documented study to explain this phenomenon. However, the evidence gathered in this study shows that the disabled children enrolled to school late due to lack of preparatory nursery schools in the education system, the lengthy admission procedures, and negative attitude towards disabilities that had made many parents to hide and fail to send their children to school in time.

On the overall, the Institutions for the disabled reported that parents or guardians did not regularly (some not at all) visit their disabled children and class teachers to discuss the progress or otherwise of their disabled children. While the teachers felt that parents did not visit their children because they didn’t want to identify with them, on contrast, most parents indicated not visiting their children (at all or regularly) due to lack of money for the transport costs.

Many respondents voiced their concerns on the negative effects of integrating children in Special schools. They noted that the current policies of providing education for the disabled in Special schools were discriminative and did not enhance the course of full integration into education and into mainstream community life. They believed that the centralized nature of Special schools disrupted family life, de-touched the disabled with the able-bodied and often caused emotional and psychological deprivation to the children and their parents. This was in contrast with their views about the Small homes. They credited the Small homes for their inclusion policies, their decentralized nature and the enormous benefits they offer. The results of this study identified the benefits of Small homes to include enhanced academic performances, positive social relationships, understanding, acceptance and the acquisition of soft skills that are necessary in latter life to get jobs and to live independent lives.
There were beliefs among the respondents that successful integration for the physically disabled children in Kenya would only be effective when teachers work directly with the disabled children and offer individualized help to them. Others felt it would be more effective when teachers, pupils, parents and the public have positive attitude towards the disabled and their abilities. Others highlighted the need for quality training of regular schoolteachers, special education teachers and for support to teachers. So was collaboration between teachers and parents and among parents, teachers and specific departments and agencies for the disabled. Others believed the provision of support services to the disabled children and the classroom teachers would enhance effectiveness. The identified support services for the disabled children were: - early assessment of disabilities and interventions, allocation of Social workers in Institutions for the disabled, provision of physiotherapy services, school buses and mobility aids. An interesting ingredient for successful integration highlighted in this study was the importance of the non-disabled children. The respondents felt the non-disabled children could provide the disabled children with motivation, assistance of varied degrees, and enhance their social interactions by being their friends.

Despite the above challenges brought about by lack of capacity and facilities to integrate the physically disabled children into inclusive education, participants in this study favoured the Small homes as opposed to the Special schools approach in integrating the physically disabled children into education in Kenya. The Key informants threw their weight to the Small homes approach, but teachers on the other hand supported the concept of Small homes but emphasized the need for administrative support, teacher support and training, and the provision of adequate resources for integration within regular schools.

The study findings show the increasing evidence that inclusive education can work in Kenya and any reservations to it can be overcome. The provision of inclusive education for the physically disabled children through the adoption of Small homes is feasible. However, for it
to be credible, integration policies and practices should be based on adequate reliable data. Although this study has highlighted the knowledge gaps about the gains and practice by the Small homes, these gaps should not stand in the way to provision of inclusive education in Kenya through the adoption of the Small homes approach. Rather, the government should resolve the conflict and confusion in the education system by coming up with a clear policy for the education of the physically disabled.

Other findings in this study show the existence of a wide research gap in the field of disability in Kenya. There was little reliable data indicating comprehensively the number and categories of disabled people. In the area of education for the physically disabled, concern remained on the inadequate data to highlight their life situations and circumstances. There were similar concerns on the inadequate data about the number of physically disabled children accessing school, those that were “out there” in the communities, documented data about the high school drop-out rates among the disabled, the number of disabled children who lagged several years behind their primary education and data to support the practice and gains of inclusive education by the Small homes programme.

This study has established that there existed lack of clear understanding of what integration is and how it can be implemented. Similarly, sharp discrepancies existed between the government and NGO’s implementation approaches and there was no sound education policy for the inclusion of the physically disabled children into the education system. The concept of integration had also not been adequately understood and perceived by educationists in Kenya. On one hand, the government pledged its commitment to providing education for the physically disabled in Special schools, but on the other, it was unable to provide minimal services, materials, trained teachers, equipment, resources and support services for creating a conducive environment for inclusive education to take place. In addition, this study has revealed that the current funding pattern by the government created incentives for segregated
Special schools and disincentives for inclusive education. This trend persisted even with the recently introduced free primary education programme. The government minimally funded Special schools, trained and paid the salaries of teachers and caretakers in contrast with Small homes where the Small homes were maintained by the community members who also pay the salaries of Housemothers. Similarly, the government allocated the disabled children in Special schools twice as much money as that of the disabled children in Small homes.

Although many Kenyans still held negative attitude towards disabilities, the findings in this study show that people who had good awareness and education about disabilities were more positive about them and their potential. Attitudes are therefore changeable. Similarly, the disabled were aware of the limitation brought by their disabilities and acknowledged they would need assistance. However, their limitations did not significantly affect their self-esteem. Instead, they embraced a positive outlook about themselves. This study has shown that new positive attitudes can be boosted through informed knowledge and increased awareness about disabilities.

This study has established that many physically disabled children and adults remain in the periphery of development since the government has not yet mainstreamed their issues. However, in the recent past and present, evidence is growing of renewed recognition by the government that the disabled have suffered marginalization for long. The establishment of the Persons with Disabilities Law 2004 provides significant evidence that the government is committed to improving the lives of her disabled population. This law is likely to cause positive change as new efforts move towards more lasting change that facilitates the realization of the rights of the disabled to equality and dignity. In the area of education for the physically disabled, concern however remains on the approach to adapt in order to integrate the physically disabled into education. Other concerns remain on the general affordability of
educating the physically disabled children whose fees is over ten times more than that of the non-disabled even after the recent introduction of free-primary school education.

The government can attempt to address the concerns raised in this study by doing the following:

a. Reinforce its efforts to develop early identification programmes to prevent the occurrence of disabilities, decentralize the assessment of disabilities process and put in place mechanisms for monitoring disabilities at all levels.

b. Implement alternatives to the institutionalised education for the physically disabled children in Special schools by adopting the Small homes inclusive education approach. This would involve changing the education policy to enhance the principles and concepts of integration and the provision of guidelines to recognize the Small homes and assist them fit within the overall special education practices. In schools where inclusive education is taking place, the government needs to do proper planning and make adequate provision for preparatory nursery schools and of the relevant resources needed. These should include: - adequate physical structures and amenities, specialist teachers, teaching materials and aids, physiotherapy services and other support staff like Social Workers. In limited situations where the children have to access education in Special schools, then the Special schools need to be restructured to allow contacts and working relationships between them and the neighbouring regular schools.

c. Take effective measures to ensure adequate pre-service and in-service training of teachers working with the disabled children and address the provision of special education needs in inclusive schools as part of the teacher training programme.
d. Make committed efforts to collect adequate statistical data on the disabled children and ensure the use of such data in the development of relevant and focused policies and intervention programmes.

e. Undertake awareness-raising campaigns to sensitise the public about the rights and special needs of the disabled and to address the persistent discriminatory attitudes towards the disabled.

f. Enhance support to families with disabled children and give high policy and budgetary priority to improving the education system to enable inclusion of all children and to make education for the physically disabled more accessible and affordable.

g. Conduct a national census on the disabled and other research to assess the cause and extent of disabilities among the children and review the existing policies and practices in relation to the disabled children, taking due regard of the Standard Rules on the Equalization of Opportunities for Persons with Disabilities (General Assembly Resolution 48/96) and of the committees recommendations adopted on “Children with Disabilities” (CRC/C/69). There is need to also undertake research and efforts that promote Vocational training and the strengthening of organizations and Institutions for the disabled. Comprehensive research leading to the establishment of support programmes for parents with disabled children are needed to prepare and enhance parents participation in the educational process and to enable them cope with the effects of their children’s disabilities. Information on such research needs to be made available and accessible to its targets. The establishment of Regional Resource Centres and Data banks will be found useful. Similarly, the research findings should be aggressively and widely disseminated to target audience and to other significant stakeholders.
The beginning point for the government for an effective inclusive education should be a focus on the early identification and assessment of disabilities, public education, the establishment of enabling programmes and services for the disabled, resources, funds and sound legislation to support inclusive education at all levels of education, that is, pre-school, primary school, secondary school and university. In addition, the government needs to facilitate a climate that enhances acceptance of disabled people in the society through supporting programmes that demystify and prevent disabilities, and those that restore and enhance normal body functioning. It needs to back up with adequate resources community outreach programmes and the provision of affordable medical health care. This would enable the disabled to acquire and service their orthopaedic aids, benefit from physiotherapy services at school or from the nearest health care centres and access surgery services for correcting disabilities at the public hospitals. The government needs to undertake further review of the situation of the physically disabled children in terms of their access to suitable medical health care, education, transport and employment opportunities. A programme of action needs to be established to address all these areas of concern through an inclusive policy. The establishment of a disability coordinating body is hereby recommended to oversee coordination and implementation of the above recommendations.
14.0. CHAPTER SIX: Policy Implications and Future Directions

This section presents the implications of the study findings. It provides concrete proposals of what needs to be done to integrate the physically disabled children into regular schools in Kenya, and proposals on how to enhance their welfare. Special note need to be made here. Although this study focused on the physically disabled children, a number of interventions that enhance their welfare and inclusion cannot be achieved outside the larger context. This is so because when policies and services are not good for all people, the disabled suffer most. Again, strategies for implementation of policies for the physically disabled cannot be taken outside the context of the overall Persons with Disabilities Law 2004. Similarly, conducting a Census for the physically disabled children need be carried out as an integral part of the national policies for conducting population census in Kenya, and not as a separate activity.

14.1. A Legal Framework for Inclusive Education

The government needs to put in place a legal framework to support Inclusive Education. The aim of such a disability policy should be to create and enhance a culture of inclusiveness. The policy issues for the disabled need to make it clear that children with physical disabilities be educated in regular education classrooms unless the nature and severity of their disabilities is such that education in the regular classes, with the use of supplementary aids and services, cannot be achieved satisfactorily as recommended in the “Salamanca Statement” that adapted the World Conference on Special Education Needs, Access and Quality, and that called upon all governments and urged them to adapt as a matter of law or policy, the principles of Inclusive Education, enrolling all children in regular schools, unless there were any compelling reasons for doing otherwise (UNESCO (1994), (Statement, p, ix)).
By adapting an Inclusive Education policy, Kenya will be answering the Salamanca in all the educational settings to enable disabled children the greatest exposure to an interaction with general education pupils. The legal framework should also provide for, and define aids and services and other supports that should be provided in regular education classes or other education related settings to enable children with physical disabilities to be educated with non-disabled to the maximum extent possible.

The legal framework should also provide for related services including transport means and other support services that help children with disabilities to benefit from Inclusive Education to the maximum extent appropriate. It should however be realized that a clear policy development and implementation needs the participation and support of varied forces and strategies. A combination of the following strategies, which are further discussed in this section, should be found useful. These include increased partnership with parents, teacher training and support, curriculum flexibility, resourced mainstream schools, funding, disability coordination council and active participation of Organizations for the disabled.

The goal of policy makers in education should be aimed at making improvements towards an educational system that accommodates the needs of all pupils. Improvements need be done along the following goals: -

- Strengthening and expanding the general education services to accommodate and maintain pupils with physical disabilities based on the principle of meeting pupil’s individual needs.

- Funding reform: Since this study has shown that educating disabled children remains expensive even with the implementation of the free primary education program (Section 5.2.1.), there is need for the government to adequately fund education for the disabled and make it compulsory for them to reap its benefits. Policy makers need to formulate legislation to facilitate the policy of integration of the
physically disabled children into mainstream schools. This legislation needs to be made to reflect the principles and concepts of integration and provide clear guidelines to assist Small homes fit within the overall Special Education docket of the Ministry of Education. A sound legislation would guarantee the physically disabled children to learn in their communities and grow with their parents.

14.2. Teacher Training and Support

The government needs to establish a clear strategy for teacher training and support. All regular teachers in the Small homes need to be trained to give them confidence in their work competence and on good classroom practices. The staff in Special schools needs to be trained with particular emphasis on outreach work with colleagues in mainstream schools with a view to developing link arrangements that reinforce Inclusive Education.

All the teachers need to be trained in disabilities and special education as part of their basic teacher-training programme. This will help them acquire skills to identify learning problems at early stages when early intervention measures are most effective and when corrective measures and adaptations can produce good results. It will also serve to change in attitudes that are rooted in ignorance and superstition. The teachers in the Institutions for the disabled need also receive periodic refresher courses that should cover topics in child development and psychology. Educationists and teachers need to be enlightened on the concepts and principles of integration and its terminologies like the Inclusive Education, Least Restrictive Environment, Integration, Mainstreaming, Special Education and their implications to education. Possibly, the training needs to reflect the emphasis on the process of implementation of Inclusive Education in the Least Restrictive Environment and its outcomes
for the pupils. A clear understanding of integration can melt the cloud of confusion that hangs around the meaning and implementation of Inclusive Education in Kenya.

14.3. The General Education Curriculum

The findings that the general education curriculum was rather rigid and not tailored towards the special needs of the physically disabled children implies the need to make the curriculum more flexible to take into considerations the special learning needs of the disabled pupils. Research has shown that Inclusive Education should focus on individual goals and achievements with individual programs being individually negotiated if the pupils are to reap the full benefits of education (Gabor, 1995). The government needs to review the general education curriculum to accommodate the needs of the disabled learners. The decision to modify the curriculum is both a policy and an administrative issue to allow affirmative action for the disabled children. Teachers in mainstream education for example, will need assurances from their supervisors that when there are several pupils with special needs in their classes, they will need extra time for instance, to sit exams, and extra tuition to catch up. These arrangements need to be organized and factored into the general school program. The Ministry of Education (Special Education Department) should review the current education curriculum so that it responds to the special learning needs of the disabled children.

14.4. Implications for Learning Support

Learning support to assist the disabled children to catch up, develop their full academic potential and achieve academic success in needed. In order to assist the disabled children, it is recommended that trained teachers in disabilities be designated in the Institutions for the disabled to oversee the overall management and responsibility for the needs of all disabled
children and provide both advice and support to the rest of the staff in helping such pupils learn and attain their full academic potential. A survey is needed into the numbers of trained teachers in disabilities in order to make well-informed decisions about their possible redeployment to the Institutions for the disabled.

**14.5. Implications for Parental support and participation**

Parents and community involvement are essential for building stronger Institutions for the disabled. Parents need therefore to have strong links with teachers. This can enable teachers learn about their family strengths and needs that might affect their children’s development, learning and integration process. Research has shown that the physical nature of a child may influence the way he/she is nurtured (Relindis, 2003). Relindis (2003: 65) noted that infants with malformations or disorders might tend to receive little care than normal children. She noted that handicapped children’ mothers have adverse feelings, which stem from the idea of having given birth to an atypical child, and that can likely distort the way the child is cared. Parents need to be counselled and trained about their children’s education, the available opportunities and services for their children and about other supportive services. Parent’s enhanced participation in the education of their children is crucial in order to protect the best interests of their children and to focus educational interventions on equity and effective instruction.

Parents need to be assisted to work in partnership with teachers and professionals in disability field to enhance their participation in their children’s education process. This would also serve to reduce the doubts and anxieties they have about integration derived from the ability of ordinary schools to meet the needs of their disabled children (Section 5.3.1.). Parents need to be assisted to know that education is much broader than formal schooling, and
need not only take place within the school environment. They need to be made aware that the family, traditional and informal systems of education are essential for the educational inclusion of all children. Parents need to help and allow their disabled children to perform certain chores in the home be it cooking, doing the dishes, sweeping, making beds, dusting etc, to make them feel useful not only to their parents, but also to themselves in the long run. Parents need to allow their disabled children to participate in groups, church activities, clubs, and community activities so that they may not feel left out of the fun. Active participation of the disabled children will enhance their integration and help them to grow towards self-independence.

Teachers and professionals need to support parents to build their knowledge so that they can effectively contribute to assessment by sharing their expert knowledge and taking active part in decision-making on “how” and “where” their disabled children’s needs can be met.

The management of the Small homes and the Special schools need to be strengthened by bringing in parents on board. The composition of the Small homes committees should be re-constituted to give a large stake to the parents and define clear roles for them. This would not only increase parental participation but would substantially enhance the sustainability of the Institutions for the disabled, particularly the Small homes. It is recommended that the government and schools come up with programmes that are responsive to the above recommendations.

Support Groups for people with and affected by Disabilities

This study has established that there were no active groups for parents with disabled children (Section 5.2.4) that would help parents to share their experiences and map out action for tackling the effects of their children’s disabilities. Organizations for the disabled were also
fragile and lacked management and leadership capacities to create impacts in their work. Research is needed into possible ways of assisting both the parents of the disabled, and the disabled people themselves to come up with creative viable programmes that better increase their socio-economic capacities and that build their capabilities to respond adequately to the increasing demands of disablement. The respondents echoed this too.

Interviewer: Do you have additional information?

Key Informant 8, “We also need studies and research in the issue of disabled peoples groups. The disabled peoples groups in Kenya are so fragile, and that’s why the government can afford to ignore the disabled since they know there are no vibrant disabled groups. We need to know what is ailing these groups”.

Parents need to be sensitised on how to unite and form strong vibrant local and national groups/ organizations through which professionals like Social Workers and other partners in the field of disability can use as entry points to sensitize them and work together as a strong force to advocate for disability legislative reforms. Such groups can enable parents who are experiencing similar hardships to support each other and to overcome common difficulties through the exchange of practical information, insights and knowledge gained through personal experiences. Parent’s groups can provide opportunities for professionals and Social Workers to meet, consult, and share with them useful information about services for their disabled children. Groups can provide the avenues for professionals to assist parents to build their capacities in supporting their disabled children. Through groups, professionals can sensitize parents about the substantial impacts clinical preventive care services have on many
of the leading causes of disabilities such as polio and malnutrition, and in detecting disabilities at early treatable stages.

Groups can create a conducive environment through which awareness can be done to sensitise the women to give birth at hospital rather than at home with the assistance of Traditional Birth Attendants who are not trained in midwifery, in detecting and correcting disabilities at onset stages. Lastly, Social Workers can utilize group forums to sensitise parents about the rights of the disabled children and about their parental responsibilities, and share with them about any outcomes on reforms, new developments in disability policies and involve them in monitoring new policy developments in the field of disability. This study recommends the government and NGO’s to start programs that mobilize parents with disabled children and that builds their capacity to respond to the challenges of disablement. The government needs to support the management and leadership of organizations for the disabled so that the disabled can take charge of their own issues.

14.6. Implications for Theoretical Context

This study has established that images of disabled people are often presented as negative stereotypes (Section 6.2.). Creating an inclusive society means providing an Inclusive Education as its foundation since education is the best armour against segregation and resulting prejudices. In order to foster inclusion, the general education curriculum not only needs to be accessible to all but its content needs to be reviewed to include information about disabilities.

Inclusive Education is important as a recipe to provide the physically disabled children with knowledge and enable them take up their rightful places in the world. Advocates of the Social theory of disability (Section 2.3.1.) believe that the long-term exclusion of any group from mainstream society is socially and educationally harmful to both the disabled and the
non-disabled. They believe that exclusion of this nature only facilitates segregation in adult life (CSIE, 2000, Oliver 1995).

Ultimately, Inclusive Education is a human rights issue and makes good educational and social sense (CSIE, 2000). This study has established that the progress towards Inclusive Education has not been without obstacles. Many respondents expressed fear that it will be an economically unwise decision. They said it requires proper planning and management and understanding of what is being implemented (Section 5.3.2.). The transformation of education to Inclusive Education is therefore likely not to happen unless there is an increase in knowledge and training of mainstream staff about disabilities. All teacher-training programs need to have a module on disability equality training that should be tailored along the Social theory of disability.

Similarly, for the goals of Small homes to be achieved in education, the current education system that provides for segregated education in Special schools need to be restructured with the aim of ensuring that all disabled pupils have access to a full range of educational and social opportunities. For a school to be fully inclusive and specialized, an inclusive culture, policy and practice must be adopted. All mainstream teachers need therefore to be supported in fulfilling their responsibilities to teach all children. Since successful integration in lessons and school life also depends on the other children, the teacher training should cover the benefits of integration to the pupils and on ways to encourage the able-bodied children to give help and support their disabled colleagues without staff instructions to do so.

14.7. Implications for Medical Health Care Policy

It is the right of the physically disabled children to access routine good and affordable medical care (UNICEF, 1990). This ensures that the children are always in good health and therefore have high chances of survival. Access to medical care is important both before and after birth.
It is the duty of the government to ensure the provision of effective medical health care both to the children and to their parents. The government needs to initiate and support programmes that are run by teams of professionals for early detection of disabilities, assessment, treatment and prevention of disabilities. This would prevent, reduce or eliminate disabling effects. It is the responsibility of the government to ensure that the disabled children are provided for with any regular treatment and supplies they may need to preserve, restore and improve the level of their body functioning. Such services should include physiotherapy, orthopaedic appliances, surgery, medicines and ointments. These would reduce the effects of disablement by enabling the disabled to live vast normalized lives.

Poor access to preventive health care services by the physically disabled children is a serious public health concern. Low rates of health care usage among the physically disabled can lead to decreased health status, including the delayed treatment of congenital disabilities. The government, through the Ministry of Health should ensure that all public health institutions access affordable, high-quality health care services to the disabled. Among the strategies that the government may consider in order to improve health care services are recommended below:

I. Targeting the physically disabled children in all health promotion, preventive health care and community outreach programmes.

II. Educating parents with disabled children about the importance of preventive health care services. As much as possible, this information should be given using the local languages.

III. Carrying out massive public awareness to sensitise women to give birth at hospital rather than at home with Traditional Birth Attendants. The awareness should cover the substantial impact clinical preventive care services have on many of the leading causes
of disabilities in Kenya such as polio and malnutrition and in detecting disabilities at early treatable stages.

V. Increasing the budgetary allocations in public hospitals to facilitate acquisition of adequate medical equipment, supplies and facilities to make preventive and curative care available to the physically disabled including correctional surgery.

VI. Investing heavily in the area of disability health care by training doctors and nurses and in programmes that enhance the early detection, identification, registration and correction of disabilities.

VII. Reviewing the charges in the cost-sharing scheme downwards so that the cost-sharing scheme is not so high so as to present a financial barrier for receiving medically appropriate health care.

VIII. Establishing a universal health care insurance for all physically disabled children to enable them access basic services like physiotherapy, mobility aids and surgery with ease. This universal health care insurance needs to be financed fairly with the cost shared by their families and taxpayers.

IX. Developing and implementing systems of identifying disabilities in the communities and registering those with disabilities.

X. Including physically disabled children in the planning, reporting and evaluation of topics such as health service delivery, community planning, transportation etc.

XI. Conducting a needs assessment/ baseline surveys into medical health care services for the disabled to establish their medical needs, the number of specialist doctors, nurses, equipment, facilities and supplies required, and on the ways of making their services more accessible and affordable in a decentralized way.
14.8. Implications for Transport Policy

This study has shown that the physically disabled children and adults find it difficult to use public transport (Section 10.1.) Improvements in public transport services are needed. Although the Person’s with Disabilities Law 2004 makes provisions for accessibility of transport services to the disabled, there is dead silence about the means to achieve this, the timeframe for implementation and completion of the legislation. Improvements in road transport services for the physically disabled are recommended on the following lines: -

I. By establishing regulations that provide for space for a wheelchair with suitable safety provisions in all public transport vehicles exceeding 14 passengers.

II. Providing a boarding device to enable wheelchair users to get on and off where vehicles are not fitted with devices to make them “kneel”. Where this is not possible, it is recommended that transport staff who should be adequately sensitised about the needs of the disabled people, their safety and security, give this assistance.

III. Allowing a minimum number of priority seats on buses for the disabled.

IV. Providing for handrails to assist the disabled commuters and provide easy to use bell pushes throughout the commuter buses. While acknowledging that it may not be possible to modify many existing vehicles due to the costs involved, the government needs to come up with a Passenger Service Vehicle Accessibility Law and prescribe the minimum that is acceptable to meet the needs of the commuters with disabilities. This policy should explain the intention of the regulatory requirements and provide advice on best practice that should be followed, recognizing that there may be circumstances in which design or operational constraints may apply.

The success of such a policy may depend largely on how much stake the government has in the transport industry. It is recommended that the government invest in transport services
and be a big shareholder. Once such a policy is enacted, the government needs to set up a
Transport Advisory Board for the disabled. The recommended roles of the Transport Advisory
Board should include: - Monitoring the implementation of the Accessibility Law provided for
in the Persons With Disabilities Law 2004, advising the government on the transport needs of
the disabled, providing expert advice and carrying out research on disabled people and their
interface with transport. Other recommended roles are: - to empower the disabled so that they
are able to influence accessibility at all levels, to advice the government on the
implementation of the Person’s with Disabilities Law sections relating to transport, to ensure
disabled issues are mainstreamed and incorporated into the day- to -day thinking and working
of the society, to develop guidelines for the transport industry, to disseminate information
including press briefings that touch on accessibility issues for the disabled and to bring in
consensus among stakeholders in the transport sector. The success of the Transport Advisory
Board will depend on how well it is supported and coordinated. It is recommended that the
government funds the committee well and supports it to carry out its work.

14.9. Implications for Research

Further research is needed in the area of education to generate data that supports the practice
of Inclusive Education especially in the Small homes. Such research needs to capture data
about academic outcomes for the disabled children, the levels of social acceptance in the
regular classes, attitude towards learning, satisfaction with placement, parental attitudes and
satisfaction with inclusive education, the types of disabilities, regular class teachers and
specialized teachers, the availability of resources, facilities and services for the disabled, et
cetera. Research is also needed to assess the problems and constraints that beset both the
disabled pupils and teachers in the learning and physical environments of their schools.
Similarly, research is needed to generate information about the efficiency of the Institutions for the disabled in terms of their enrolment procedures, retention of disabled pupils in school, acquisition of basic life and learning services and skills for the disabled children, and drop-out rates among them.

In the area of employment, research is needed in order to find out the working conditions and shortcomings into Kenya’s current employment policies that have a tendency to be under-developed and unimplemented. Research is needed to data to support proposals on how to promote employment for the disabled both in the private and in the public sectors, and on the best strategies to equip the disabled with the necessary skills to compete fully in the labour market and remain in employment without dismissal.

More long term-oriented research that involves young disabled and adult people is needed to generate data about their profiles, their qualifications, skills, their living conditions and data on how this information can be availed to the targeted users. The respondents raised these sentiments.

Interviewer: Do you have additional information?

Key Informant 5, “Well, yes, we would like to encourage as many scholars as possible to do in-depth studies of this nature so that issues for the disabled are documented, so that we can know the major issues of the disabled, not only for academics, but as development studies, as human rights areas of interest, and the results circulated to many people as possible so that they can influence education policy and development of social welfare”.
In the area of transport, research is needed in accessibility planning to bring together the planning of transport services on local levels and to deliver real improvements in accessibility by the disabled. Research is needed into the Kenya Transporters Association policies, practices or procedures, which make access to services impossible or unreasonably difficult for the disabled.

Research into ways of providing aids and services to facilitate access to services or provide these services by reasonable alternative means where physical features exist is needed. Such data can provide information needed for sound transport policies. The government needs to invest in Information Technology (IT) to improve access to transport services. Better access is not just about making travel easier, quicker or cheaper, it is also about making improvements in IT to improve access to transport services. Caution should however be taken to ensure that developments in IT do not add to the social exclusion (marginalization) of the disabled. Research is needed into the area of skilled techniques in integrating accessibility for the disabled in transport and into the build-up environment. This is important because shortage or lack of trained professionals in disability accessibility can be a major barrier in delivering the objectives of the Person’s with Disabilities Law 2004 for a better build up environment for the disabled. Research is needed to capture such data like the importance of public transport for the disabled, the modes of transport currently used by the disabled, the transport priorities of the disabled, how the disabled rate public transport, what deters the disabled from using public transport and what the disabled consider to be their priorities in improving their transport. The findings from such studies can influence transport policies and improve access to transport services by the disabled.

In the area of medical health care, research is needed to generate adequate data about the health care needs and services for the disabled, the number of specialist doctors and nurses in the field of disability, equipment, facilities and supplies required, and data on the ways of
making health care services for the disabled more accessible and affordable. Data on the above are critical to planning research and services, evaluating disability programs and formulation of public health care policies.

14.10. Implications for a Disability Census

The census is the most important data collection activity in a country that can collect data about the population present in her national borders and data about the socio-economic characteristics of the population. Although previous researches have shown that data on disability collected through a census is limited in terms of accuracy and coverage (UN, 2001), the census still provides many countries the only source of information on the number of persons with disabilities and their social-economic characteristics.

Kenya needs to conduct a census about the disabled. It should however be noted that, since this study has shown that there are social-cultural pressures to expose and under-report disabilities (Section 6.3.), the government and other partners conducting the a census should be on high alert. This is so as respondents are likely to be reluctant to acknowledge the presence of persons with disabilities in their households. On the other hand, interviewers may tend not to ask about disabilities unless a person with a disability is spotted around during the interview process.

This study has also established that disability is stigmatised in Kenya and that there are stereotype names that are used to describe the disabled, such as Kiwete, Kiema and Ndia. Consequently, the language used in the questionnaire is extremely important. It is recommended that the instruments to identify the disabled people need to be designed in such a way that respondents do not perceive that they are being asked about the most stereotyped types of disabilities. It is further recommended that the interviewers receive specialized
training on how to conduct disability interviews. Since the wording of a questionnaire can have great effects on the output of the instrument, it is recommended that the language used be clear, polite, and avoid negative stigmatising terms.

14.11. Implications for a Disability Conceptual Framework

The evidence that the previous national census methods to capture data about the disabled resulted in an undercount of the disabled incidences of disabilities to the stigma attached to disabilities and the definitions of disabilities has implications for a disability conceptual framework. It is recommended that the government adapt the International Classifications of Impairments, Disabilities and Handicaps (ICIDH) (WHO, 1980) framework in defining the target-disabled populations and also in the design of questionnaires to identify her disabled population. The ICIDH defines disability as well as its related terms using internationally accepted terminologies. The ICIDH conceptual framework is discussed in section 2.2.2.

It is further recommended that the government adapt the United Nations (UN), (1998.) recommendation guidelines for conducting disability studies. The UN recommendations give guidelines on how to define the disabled population, how to develop questions to be used and on possible tabulations. The adoption of the UN guidelines has many advantages for Kenya. It can enable Kenya promote standardized and internationally recognized terminology data based on the conceptual framework of the ICIDH. It has the potential to enable Kenya improve the quality, presentation and the ultimate utilization of disability data to further policy changes and research in the field of disability.
14.12. Implications for Social Work

The findings that there were basically weak organized disability related groups, many concealed disabled children in the communities, low level of awareness about disabilities by parents and the public, low parental participation in school and in the affairs of their children, all have major implications for Social work. Under the law, (The Kenya Children Act) Social workers are authorized to ensure that children receive proper care and attention. Social workers are needed to provide support services to parents and help them understand their children’s disabilities, show the parents how to handle their disabled children, provide them with information about the available opportunities for educating and caring for their children and equip them with the necessary skills and means to cope with the effects of disabilities.

Social workers need to routinely visit communities to create awareness about the rights of the disabled children and their special needs, assess disabilities, identify the children with disabilities needing medical care early enough when disabilities can be corrected and refer them to the next set of professionals (Section 4.4.8). Other services Social workers need to offer are social skills training for the disabled to learn to make decisions in their day to day lives, advocate for and obtain their services and equipment and for their inclusion into the mainstream society life. This would rouse the interest of the disabled to take charge of their issues.

Social workers are also needed to sensitise the disabled about their potential for self-help. The disabled need to know that the potential for self-help exists in every individual irrespective of disabilities and that the ways in which a person may express this potential depends on the extent to which he/she realizes that he/she is an agent of change and a solver of problems, but not a problem in himself/herself per se. Self-help also requires motivation so that the individuals can improve their situations that impinge on their well being as
prerequisites to the achievement of full participation in society. The disabled children and their parents need to be supported to understand this. The parents need to be assisted to form vibrant groups that can become entry points for lobbying reform changes and for achieving economic change. The respondents also expressed this too: -

Interviewer: Do you have additional information?

Vocational Centre student 5, “Yes, as a disabled student, I feel we need to form groups so that we can build one another and help one another financially”.

Social workers are needed to counsel and train parents about parenting roles, disability prevention and management, and to assist in the identification and assessment of disabilities and to counsel and support disabled children to lead normalized lives. Social workers need to counsel parents about coping with the effects of disabilities. For example, being left/deserted by a partner due to the presence of a disabled child in the family is a traumatic experience in itself, as this study has found (Section 6.6.0.) Social workers are needed to assist parents to work in partnership with teachers and professionals in the field of disability to enhance their participation in the educational process of their children. This would also reduce the doubts and anxiety parents have about the ability of ordinary schools to meet the needs of their disabled children.

Social workers are also needed to conduct awareness to create a general acceptance among the disabled and the able-bodied, among parents and community members, that experiencing difficulties in learning and in mobility is a normal rather than an indication that something is wrong with the disabled children. It is recommended that Social workers be allocated in the Institutions for the disabled to “look after” the disabled children in a holistic manner.
The success of this lies with the government and the Social workers themselves. In the first place, the government needs to recognize the profession of Social work and support the training and posting of more Social workers. The Social workers themselves need to form strong professional groups and lobby for their recognition by the government so that they can play their rightful role in the society.

14.13. Implications for Counselling

(i) Counselling Parents with Disabled Children

All the respondents in this study were aware of the serious problems faced by the physically disabled children especially with respect to care and proper support. The disabled children lacked adequate parental care, access to education due to neglect and long distances to school, discrimination and social stigma, lack of medical care, suitable transport and mobility aids. The above problems can be attributed to the negative view about disabilities within many sections of the Kenyan community. The negative perceptions about disabilities (seen as a curse and bad omen) made parents and the public to look down upon the disabled and fail to provide them with all necessary requirements for effective care and support. In order to correct this situation, an intensive education to parents with disabled children is needed. Parents need to be educated on the value of all children irrespective of their physical conditions. A beginning point for this would be to emphasise the positive qualities and capabilities, which makes it imperative to care and support all children equally.

The findings that parents were over-protective towards their disabled children and did not actively engage their children to do things for themselves imply the need to counsel parents about managing disabilities. Parents need to be reminded more often that they have a great part to play in the way the society views disabilities and are therefore the “maker and
breaker” of their children. Parents need to be encouraged to give lessons of independence and love to their disabled children to enable them stand on their own and to feel accepted. Parents need to allow their disabled children to participate in groups, church activities, clubs, and community activities so that they may not “feel left out of the fun”. Their counselling should therefore serve as a call for them to stop hiding and over-protecting their disabled children.

Disability can often cause ongoing crises and these crises can cause stress and emotional changes among the disabled and within the family. Being separated/deserted by a partner as it happened with some of the parents with disabled children is a traumatic experience. Parents need to be counselled on the effects of disabilities and about their responsibilities in preventing their occurrence. The emotional state of the parents may go up and down with often-unrealistic hope that a cure will be found for their children’s disabilities. Parents need to be aware of this and assisted with ways of managing fluctuating emotions. Similarly, they need to be counselled to know that children with disabilities have a strong need for acceptance from their siblings, peers and from their parents. The parents need to be counselled on this so that they can allow and reinforce it. Knowledge of the emotional needs of the children is vital to their parents because it can affect the kind of treatment the parents give to them (Relindis, 2003: 65) and their eventual integration process.

(ii) Counselling the disabled children

The findings that a significant number of the disabled children tended to be over-dependent and did not readily strive to do some things for themselves have implications for counselling. Counselling is needed to enable the disabled children build faith and confidence in themselves and trust in their abilities. Research has shown that children with disabilities may grow up with a feeling of always being different and unique from others. They may learn that their
bodies cannot be depended upon and may even have a sense that their body can betray them. Some physical disabilities can also restrict activity and movement and contribute to the feeling of uniqueness and isolation (Kleinberg, 1982). The disabled children need to be counselled about the limitations of their bodies and assisted to do many things for themselves so as to create a sense of confidence, self-worth and dignity. Equally, the findings that the disabled children were aware of their disabilities and limitations, but this did not significantly affect their self-esteem and ambitions have implications for ongoing counselling to foster their positive outlook and enhance trust in their capabilities.

(iii) Counselling able-bodied children

Disabled children on wheel chairs and crutches may likely consider themselves to have full and mobile lives. It is therefore helpful for their able-bodied colleagues to be counselled to view the disabled as they would view any other pupils and view the mobility aids as tools for mobility and not extensions of the disabled pupils. Counselling need also be done to create an understanding that every child is unique and needs to create the feeling and understanding that help in developing and adjusting to life. In that respect, the children will be able to understand that all children are special and emphasise on the individual needs and a common responsibility for all pupils towards their disabled colleagues. This can fan their willingness to assist their disabled colleagues without instructions, from their teachers to do so.

(iv) Counselling students at the Vocational Centres

Students at the Vocational Centres need to be counselled and guided in their transition from school to working life. The students need guidance to develop goals and identify the role they
ultimately want to play in the society. Their guidance should cover awareness about the existing opportunities and limitations around them, as well as self-awareness on their own strengths, skills and talents, and on the long-term effects of their disabilities. For example, despite the student’s limitations arising from their disabilities, they stressed the importance of their personal motivation, determination and drive in achieving their goals. This is derived from their determination to complete their training, and get well paying jobs that would enable them live successful independent lives as tabulated below.

<table>
<thead>
<tr>
<th>Goal</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>-To complete my course and get a good job.</td>
<td>5</td>
</tr>
<tr>
<td>-To become a successful business man/woman and live independent live.</td>
<td>5</td>
</tr>
<tr>
<td>Total.</td>
<td>10</td>
</tr>
</tbody>
</table>

Table 12. The goals of students at the Vocational training Centres.

The students need to receive ongoing counselling. This can be offered by their teachers, trainers and caretakers, who need to be adequately trained in counselling. Balanced efforts need to be made to allow the young disabled students to make decisions on their own. It is recommended that the Department of Special Education expand its roles to actively offer guidance and counselling services to teachers and students in the Institutions for the disabled. Since the quality of counselling done can be affected by the level of training the actors have, it is further recommended that the Department of Special Education embraces counselling and makes it an integral part of the teacher training programme.

14.14. Implications for the management of Institutions for the disabled

The findings that the institutions for the disabled were deprived and starved of necessary facilities and services have implications for management. The government needs to provide
wide-ranging recreational facilities and services in all institutions for the disabled. Since school committees/boards are responsible for providing facilities, which allow equality of access to educational programs, school committees/boards need to adapt a practical and pupil-centred approach to address their facility needs when new construction or renovations are planned.

School boards need to approve new alterations and modifications to existing buildings as much as possible. Given that the government has not set aside any funds for the provision and maintenance of necessary facilities in the institutions for the disabled in its free education program introduced 1½ years ago, school boards have the duty to voice their concerns to have adequate funds allocated to the institutions. This would allow the institutions to acquire recreational facilities and to make renovations to the all school areas. School boards also need to embrace fundraising to supplement shortfalls in services.

This study has established that the Small homes lacked adequate and reliable funding to effectively run them and avail the necessary services and support facilities for the disabled children and their caretakers. The limited parents and community participation and decision-making in Small homes pose a very big threat to the sustainability of Small homes. Coupled with less effective management, this situation can create big obstacles for the effective integration of disabled children in regular schools. The management of the Small homes needs to be strengthened to give it the impulse needed for sustainability. The composition of the Small homes committees need to be re-constituted to give bring parents on board and define clear roles for them. Head teachers in the Small homes need to work towards building capacity across the entire school system to ensure effective continuity in case the head-teachers are transferred.

The Small homes office needs to put in place sustainable mechanisms in Small homes and enhance their capacity in resource mobilization and fund raising skills. It is recommended
that the Small homes forge closer and stronger working relationships with the government and press the government to train teachers in Small homes, pay the salaries of Housemothers and supplement the budget in Small homes.

The Small homes management committees need to expand their roles from just decision making to embrace advocacy and resource mobilization. They also need to embark on the following:

I. Lobby the government to make a commitment to the principle of Inclusive Education. This commitment can ensure the realization of an Inclusive Education policy where teachers, educationists, professionals, government, parents and communities have their roles defined on how to play an inclusive approach.

II. Sensitise and inform parents about the Small homes approach so that they can make better-judged decisions about integration and increase enrolment rates in Small homes.

III. Lobby politicians about Inclusive Education to ensure disabled children are not a lower priority.

14.15. Implication for Awareness Creation

The findings that the disabled were still being shunned, as in the past, imply the need for disability awareness to deconstruct the negative attitudes the public have towards disabilities. It implies the need to encourage (through counselling) more open communication within families about disabilities to ensure that parents and their families have accurate information, and parents reduce any anxieties they may have as a result of disabilities. More provision for parent’s support through groups is needed so that they can share their personal stories and experiences in raising their disabled children up. Support for parents with disabled children is discussed in 14.5.
Further, adequate awareness is needed in order to counter the negative stereotypes that employers have about the capabilities of the disabled to work and the delimiting attitude parents, teachers and the public have towards the capabilities of the disabled to learn and to perform (Section 6.5.). The government needs to create adequate awareness and understanding of disabilities to eliminate the stigma the public and employers have towards the disabled. The government needs to start up public awareness campaigns that would promote the employment of disabled people into the open economy. Such awareness needs to advocate on the need for adaptations to the work places. This would enhance the participation and integration of the disabled in employment and reduce the effects of exclusion (marginalization) brought about by inaccessibility of public places by the disabled.

Awareness to employers can also be achieved through placement. The government needs to support and organize for short time placements for students in Vocational centres so that employers can have the opportunity to assess the capability of the disabled persons and create the right impression about them. Awareness is needed to create good will from employers to hire disabled people. Good will cannot come from a vacuum. It comes with increased awareness. The respondents noted this.

Interviewer: How can the employment of the disabled be increased?

Key Informant 6, “Historically and in our culture, disabled people have been seen as unproductive since they cannot reach out for what the community wants them to do, but with civilization, with education and exposure, this can change”.

An effective beginning for creating awareness would be the start up of public campaigns to promote employment for the disabled people into the open economy. Such awareness need to advocate on the need for adaptations to the work places that can play a big role of accessing
jobs to the disabled and keeping them at work. The awareness campaigns can highlight for instance that the disabled would require adaptations to get into or use facilities in a building like lifts and handrails, that they need adapted transport to get to work, highlight statistics of those employed and unemployed compared with that of the able-bodied, the kind of jobs the disabled do, their training levels etc.

It should be noted that good will and commitment on the part of employers to hire disabled people is only one means of improving their access to employment. The government needs to carry out continuing awareness and activities directed at eliminating architectural barriers both in the employment facilities and in public buildings. Awareness is needed to encourage employers to take concrete and firm steps to improve accessibility as a matter of responsibility and to focus their attention to adapting workplaces to accommodate their disabled workforce.

The government needs to work closely with partners in the field of disability to start aggressive programmes that raise disability awareness at the community levels and support the introduction of mobile clinics to the rural areas. The government needs to support the production of brochures and leaflets to publicise services and establish local television and radio programmes for the disabled that are aired in the local languages to make the information more understandable, usable and adaptable.

14.16. Implications for Disability Legislation and implementation strategies

This study provides ample evidence that the government has not done enough to prioritise the creation of an enabling environment through which the disabled people can develop and live with dignity and hope.

Interviewer: What challenges exist in the full realization of disabled rights?
Key Informant 6: “First and foremost is the culture and traditional beliefs which hamper a lot of disabled people from realising their rights. We also have Governance where the government does not create an enabling environment for legislation of laws that encourage rights of the disabled. The other factors are poverty, lack of education and awareness about disabilities”.

There exists a fundamental negative attitude/bias towards the disabled children and their families that are apparent in the myths and stereotypes people have about disabilities. The disabled continue to face discrimination and stigmatisation. Discrimination for the physically disabled occurred when they were treated less favourably, when the treatment was for a reason related to their disabilities and when the treatment could not be justified. Discrimination against the disabled children was evident within the family. When resources were few, the disabled children, who are perceived as the least productive, were the least to be accessed resources to attend school, go to hospital, for outings, to acquire and service mobility aids (Section 6.5.)

This study has also shown that the majority of Kenyan people still believe, as in the past, that disability is retribution for past deeds by forefathers. As a result, the disabled are shunned, isolated and stigmatised by their societies denying them of their right to freedom and to express their opinions, and have a say in matters that affect their lives. The Kenyan education system has also proved discriminating by segregating the disabled, perceiving them as different and offering them Special education in segregated settings rather than in regular schools. In the area of employment, the government is yet to establish a set of laws that ensure equal job opportunities for the disabled. Employers are at will to or not to employ a disabled workforce. The working places remain inappropriately adapted to accommodate a workforce with disabilities.
The physically disabled children have got basic human rights like any other children (UNICEF, 1990). They have survival rights such as the right to adequate living standards and access to good and affordable medical health care. This ensures that they are always in good health and therefore have high chances of survival. They have got the right to development including their right to adequate access to education, play and the right to take part in social-cultural activities. They have the right to protection form exploitation, cruelty and from being separated from their families. They have the right to participation, that is, freedom to express their opinions and to have a say in matters that affect their lives. Although these rights have been provided for in the Children’s Act (Cap 141 Laws of Kenya), the disabled children continue to face cultural, system and accessibility barriers in pursuit of their rights. The Act says: -

“A disabled child shall have a right to be treated with dignity and to be accorded appropriate medical treatment, special care, education and training free of charge or at a reduced cost wherever possible”.

Their rights have not been reinforced although the Children’s Act provides for the protection of the disabled children’s rights by setting up and defining the consequences for their violation. The Act says: -

“Anyone who violates the rights commits an offence, so any one who commits this offence is capable of punishment of Kenya shilling 5,000.00 to 50,000.00 (Euro 56-556) or a term of 5 years imprisonment”.

Despite the anti-discriminatory laws, the law does not appear to change discriminatory attitudes, behaviour of the public or employers stereotypes towards the disabled. Whilst this is
discouraging, there is hope that the provisions made in *the Person’s with Disabilities Law 2004* are likely to cause positive change. Although realizing systematic change is indeed difficult and takes time, it is expected that at least many physically disabled children and adults will benefit from the provisions of the *Disability Law*, as new efforts move towards real lasting change. The provisions and implications for the *Disability Law* have been made below.

**Provisions made in the *Persons with Disabilities Law 2004* and strategies for implementation**

*The Persons with Disabilities Bill* was signed into Law on the 31st, December 2003 by President Mwai Kibaki. It followed a very thorny, torturous and unacceptably long struggle by the disabled to be recognized and mainstreamed into the society. The purpose of *the Persons with Disabilities Law 2004* is to facilitate the realization of the rights for the disabled to equality and dignity through their full participation and a barrier free society. The realization of the Disability Law can be seen as a growing recognition that the disabled have been marginalized for long and it makes the prospects of an anti-discrimination legislation in Kenya increasingly likely. *The Persons with Disabilities Law 2004* aims to achieve this by making provisions that ensure that the disabled achieve as much mobility as possible. This includes access to buildings, means of transport and employment opportunities. It provides for their right to education and rehabilitation and sets up a framework for their acceptance into the society and discourages stigmatisation.

As part of this commitment, the government makes provisions for the disabled and their minders to enjoy free tax relief on mobility aids. It provides for the establishment of a disability department to deal with disability related issues and the establishment of a national fund for people with disabilities. It makes a commitment by the government to push
employers to preserve 10% of all available jobs to the disabled. It strives to guarantee the disabled of their democratic rights to participation, for example to vote and be assisted by people of their choice.

Although this means that a legal instrument has been realized that will ensure the rights of the disabled are met, and a good sign that the government is committed to creating a nation that respects the rights and privileges of the disabled to education, employment and adequate access to the build up environment, there is a considerable amount of work to be done and money to be spent to determine how much it will cost and how far it will go towards establishing and protecting comprehensive rights for the disabled. It is recommended that the disabled people remain united and meaningfully engaged with other stakeholders to lobby for a speedy fulfilment of the provisions made in the disability law. This has implications for coordination. A single high level multi-sectoral national planning and coordinating body to serve as the focal point on disability issues and to monitor and oversee the implementation of the Persons with Disabilities Law 2004 is recommended. A number of strategies are needed to implement the provisions made in the Persons with Disabilities Law 2004. They include the following: - the creation of an enabling environment through policy and legislation, enhanced awareness on disability issues, enhanced capacity building of key institutions for the disabled, follow-up and monitoring. Implications for each strategy are discussed below.

I. Creation of an enabling environment through Policy and Legislation

To achieve a barrier free society for the disabled, the government should support the formulation of appropriate national and sector policies and the enactment of legislation as a strategy for creating an enabling environment for mainstreaming disability issues in national development. The first recommended step for the government is to establish a Disability
Coordinating Council to support the finalisation of the disability policy, to lobby and advocate for the improvement and retention of disability friendly provisions in the new constitution and to review the relevant legislation in line with the Persons with Disabilities Law 2004. In the area of education, this Council needs to lobby parliamentarians to draft and pass bills that support Inclusion Education policies and that support the restructuring of Special schools to enhance full integration. Since data and information are the backbones for effective lobbying, this Council needs to carry out education and awareness activities to the public and to carry out research to generate adequate data for integration. It should actively lobby the government to carry out a comprehensive census on the disabled and be involved in the drafting of the questionnaire to be used to carry out this census ahead of the 2009 national population census in Kenya.

The proposed Disability Coordinating Council, if well constituted, managed and supported, can have considerable influence on the national coordination and implementation of disability issues in Kenya. It can also ensure proper and timely feedback on disability issues. It is recommended that this body be provided with sufficient autonomy and resources and report to the highest governmental level. Further, it is recommended that its membership be representatives from the public and the private sectors and have a multi-disciplinary composition, recognition and support. The Council needs to include a strong NGO membership from Organizations for the disabled and include organizations for parents with disabled children. This body needs to be lead by a chairperson appointed by the president to give it maximum recognition and political support.

In addition, the government needs to come up with a law enforcement body to ensure accessibility and related laws for the disabled are complied with. Enforcement of laws is a key aspect that needs to be reckoned with in order to create a barrier free environment for the disabled. Enforcement can determine success or failure of any laws since the introduction of
legislation may not readily be complied with due to, among other factors, the extra costs involved, (for example in creating adequate accessibility to buildings and transport services, and in enforcing affirmative laws like that which advocate for the preservation of 10% of all available jobs to be reserved for the disabled by employer organizations). A law enforceable Act is needed, violation of which, would be punishable.

II. Enhanced Awareness on Disability issues

This study has established that the creation of awareness of political, public and professional nature on disabilities is needed in any attempts to change the current negative attitudes. In order to raise awareness on disability issues, a number of advocacy and awareness creation activities need to be undertaken. This study proposes the following: - sensitising parliamentarians on the Persons with Disabilities Law 2004, holding national and regional dissemination workshops on the Persons with Disabilities Law 2004 to educate the larger public\(^1\), translation of the Persons with Disabilities Law 2004 into popular versions including a Kiswahili version, education to the Kenyan society on the legal and social consequences of concealing children with disabilities, production and dissemination of Information Education and Communication materials on the rights and information services for the physically disabled children, youth, women and elderly persons with disabilities and lobby for speedy implementation of the provisions of the Act specific to the physically disabled children.

III. Enhanced Capacity of Key Institutions for Persons with Disabilities

As a strategy for mainstreaming disability issues in national development, the government needs to come up with programmes that strengthen the capacity of organizations for the
disabled people so as to influence and monitor the implementation of the provisions made in the Persons with Disabilities Law 2004. It is recommended that the programmes aim at supporting the formulation of capacity building projects on management and leadership skills for the Organisations for the disabled people, which have been identified in this study as weak and fragile (Section 14.4.0.). The programmes need to recognize the disabled people as experts of their own lives and enhance their participation in the designing, planning and execution of their services. The immediate need is therefore to rouse the enthusiasm of the disabled people and expose them to their rights and empower them to reclaim them. The disabled people and parents with disabled children need to be encouraged to organize themselves into strong vibrant organizations, not only for their welfare, but also as pressure groups to initiate, execute and implement their own policies. This study has established that Social Workers can be a great asset in assisting both the disabled and their families (Section 4.4.8) to organize themselves to become sustainable vibrant groups. Adequate social work support is needed in both Institutions for the disabled and in Organizations for the disabled.

IV. Management, Coordination and Monitoring

Tracking of the achievement of benchmark indicators for activities on the implementation of the provisions made in the Disability law 2004 is needed. This study has established that there is currently no responsible authority for the coordination of issues for the disabled in Kenya. A Disability Coordinating Council is recommended to monitor the performance of the implementation process and to provide timely report about the progress. The Coordinating Council needs to come up with mechanisms that will be used to monitor the implementation process. The mechanisms need to include the preparation of regular Public Reports on the situation of the physically disabled children and the progress made in the implementation of
the Act specific to the physically disabled children. The Council needs to undertake field visits jointly with other stakeholders to see and evaluate changes on the ground.

This study further recommends that the Disability Coordinating Council performs additional roles including: - coordinating, creating awareness and monitoring the implementation by relevant agencies and Organizations for the disabled on the policies provided for in the Persons with Disabilities Law 2004 and especially that relating to the physically disabled at the national level, supporting physically disabled children and adults in securing their rights and strengthening the Disability Law 2004 so that it can better protect the disabled people, making recommendations to the government regarding legislation for the inclusion and welfare of the physically disabled children and ensuring the continuity of services for the physically disabled at critical points of transition, i.e., pre-school to school, from school to training, from training to employment. Other roles are: - encouraging individual, family and community support, organizing seminars, workshops and meetings to raise public awareness on disability issues and publishing and disseminating policy statements and researches on issues which affect the physically disabled children. The Council needs to conduct research in the areas of education, training, rehabilitation, health care, transport and employment to influence policies for the physically disabled.
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Appendices

Appendix 1. The list of the Study subjects

1. Distribution of interviews carried with physically disabled children.

<table>
<thead>
<tr>
<th>Name</th>
<th>Sex</th>
<th>Age</th>
<th>Class</th>
<th>Siblings</th>
<th>Occupation Father</th>
<th>Occupation Mother</th>
</tr>
</thead>
<tbody>
<tr>
<td>D. Pupil 1</td>
<td>F</td>
<td>10</td>
<td>2</td>
<td>2 sisters, 1 brother.</td>
<td>Deceased.</td>
<td>Businesswoman.</td>
</tr>
<tr>
<td>D. Pupil 2</td>
<td>M</td>
<td>12</td>
<td>2</td>
<td>3 sisters</td>
<td>Casual worker</td>
<td>Casual worker</td>
</tr>
<tr>
<td>D. Pupil 3</td>
<td>M</td>
<td>13</td>
<td>3</td>
<td>5 brothers, 2 sisters</td>
<td>Farming</td>
<td>Farming</td>
</tr>
<tr>
<td>D. Pupil 4</td>
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<td>14</td>
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2. Interviews conducted with able-bodied children.

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3. Interviews conducted with Vocational centre students.

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4. Interviews conducted with teachers in the Institutions for the disabled.

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1. Interviews conducted with House mothers/Caretakers.

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6. Interviews with parents with disabled children.

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<td>Kathiani</td>
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<td>Parent 16</td>
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7. Interviews conducted with Key Informants.

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8. The distribution of interviews conducted.

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<tr>
<th>Organization/Institution</th>
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<tbody>
<tr>
<td>Disabled children in Tala Small Homes.</td>
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<tr>
<td>Disabled children in Wote Small Home</td>
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</tr>
<tr>
<td>Disabled children in Kyale Small Home</td>
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</tr>
<tr>
<td>Disabled children in Masinga Small Home</td>
<td>8</td>
</tr>
<tr>
<td>Disabled children in Masaka School for the Physically Disabled</td>
<td>17</td>
</tr>
<tr>
<td>Disabled Children in Vocational Centres</td>
<td>10</td>
</tr>
<tr>
<td>Parents of disabled children</td>
<td>16</td>
</tr>
<tr>
<td>House Mothers in Small Homes</td>
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</tr>
<tr>
<td>Teachers of disabled children</td>
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<td>Catholic Diocese Of Machakos</td>
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<tr>
<td>Clarion</td>
<td>3</td>
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<tr>
<td>Association of The Physically Disabled of Kenya</td>
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<tr>
<td>Machakos General Hospital</td>
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<tr>
<td>Machakos Employment Office</td>
<td>3</td>
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<tr>
<td>Kenya Transporters Association</td>
<td>3</td>
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<td>Special Education Department</td>
<td>2</td>
</tr>
<tr>
<td>District Children’s Office</td>
<td>1</td>
</tr>
<tr>
<td>Community Members (Focus Group Discussion)</td>
<td>14</td>
</tr>
<tr>
<td>Able-Bodied children in Tala Primary School</td>
<td>10</td>
</tr>
<tr>
<td>Able-bodied children in Wote Small Home</td>
<td>8</td>
</tr>
<tr>
<td>Able-bodied Children in Kyale Small Home</td>
<td>8</td>
</tr>
<tr>
<td>Able-bodied Children in Masinga Small Home</td>
<td>9</td>
</tr>
<tr>
<td>TOTAL</td>
<td>170</td>
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Start Fieldwork

Contact setting, Training of 2 enumerators & pre-testing of study instruments.

Data collection: To collect information that answers the Research question, “What are the root causes of the marginalization of physically disabled children in Kenya?”

- Find out about the existing policies for the disabled in Kenya, the available services for the disabled and how these influence the marginalization of physically disabled children.
- Find out about how negative traditional beliefs about disabilities influence the marginalization of physically disabled children in Machakos Kenya.
- Find out about the level of research in the field of disability and how it influences the marginalization of the physically disabled children.

Children interviews:
- Physically disabled children (51)
- Non-disabled children (35)
- Students at Vocational Centres (10)

Others:
- Teachers (14)
- Housemothers (8)
- Parents (16)
- Community Members (14)

Follow-up Interviews:
- APDK (5)
- Teachers (14)

Data Analysis


Dissertation Paper
Appendix 3. The questions administered during the interviews.

A Study on the root causes of the marginalization of the physically disabled children in Machakos Kenya.
Researcher: Malinda Harrahs Ndinda, University Osnabrück, Germany. E-Mail: hmalinda45@yahoo.com.

SECTION ONE: Specific questions for the different organizations & study subjects.

Interview Schedule for the physically disabled children in Small homes and Special schools.

1. Can you tell me what your name is?
2. What class are you in?
3. Do you have brothers and sisters?
4. What is the occupation of your parents?
5. Can you tell me where you were before you enrolled into this institution?
6. How did it happen that you were enrolled in this institution?
7. Who caters for your fees?
8. Are there any recreational facilities in this institution?
9. How do you spend your day in this institution?
10. How do you spend your day during the school holidays?
11. Do you face any problems in this institution?
12. Do you face any problems in your family?
13. Do your parents take you for outings?
14. Do they take other family members with you for the outings?
15. What do you want to be introduced in this institution to cater for your needs?
16. Can you narrate to me a good or bad experience that you had this or last week?
17. Who takes care of you in this institution and how is she/he?
18. What care activities does she/her give to you?
19. Can you narrate to me how you go to the medical service?
20. Do you find the type of transport you use suitable?
21. Can you tell me what medical services you receive and who gives it to you?
22. Do you find the service offered to you sufficient?
23. What kind of support do you require to cater for your needs?
24. How are the disabled viewed in your village?
25. How are your parents viewed in your village?
26. In your view, where does this view originate?
27. Thank you very much for taking your time to answer my questions, do you have any additional information you would like to share with me?
Interview Schedule with the Able-bodied children in Small homes.

1. Name………………
2. Age………………
3. Class………………
4. Institution…………
5. Can you tell me if you have disabled children in your class?
6. What kind of deformities do they have?
7. What do you think is the reason for their disabilities?
8. How are the disabled viewed in your village?
9. How are the parents of the disabled viewed in your village?
10. Where do you think this view originates?
11. Are there special facilities that are designed for the disabled in this institution?
12. Do you consider the facilities suitable to the disabled?
13. Who takes care of the disabled children?
14. What care activities does the caretaker give to the children?
15. Do you give any assistance to the disabled children?
16. If yes, what assistance?
17. Are there any recreational facilities in this school?
18. What feelings do you have for the disabled children?
19. What do you consider to be the needs of the disabled children?
20. What support do you think should be given to them to cater for their needs?
21. Now think of your last contact with one of the disabled children, and tell me what you did or spoke about?
22. Do you have additional information that you would like to share with me?

Interview schedule with Students at Vocational training centres.

1. Name………
2. Age………
3. As a student in this vocational centre, I am sure you have very interesting experiences, which you can share with me. I have a number of questions that I would like to ask you, and my first question to you is, how did it happen that you were enrolled in this institution?
4. Can you narrate to me what goes on in this institution?
5. What trade are you engaged in?
6. Can you tell me what your trade entails?
7. How long does your trade take to complete?
8. How many students are enrolled in this institution?
9. What is your goal in life?
10. What is the occupation of your parents?
11. Who caters for your school fees?
12. Do you find the fees affordable?
13. What are your main needs?
14. What support do you think you should be given to cater for your needs?
15. How do you spend your day in this institution?
16. Are there special facilities that are designed for the disabled in this institution?
17. Are there recreational facilities for the disabled in this institution?
18. Do you consider these recreational facilities suitable to the disabled?
19. Apart from this institution, are you aware of any organizations that assist the disabled?
20. Do you have any information of how you can get a job?
21. Do you face any problems in this institution?
22. Do you face any problems in your family?
23. What do you consider to be the advantages of vocational centres/training?
24. What do you consider to be some of the disadvantages of Vocational centres?

**Interview schedule with Teachers in Institutions for the Disabled.**

1. Name.............
2. Age..............
3. Position..........
4. About how many disabled children are enrolled in this institution?
5. About how many able-bodied children are enrolled in this institution?
6. What is the capacity of this institution?
7. What is the admission procedure in this institution?
8. How is this institution run and managed?
9. What do you consider to be the advantages of Small homes and Special schools?
10. What do you consider to be some of the disadvantages of Special schools/ small homes?
11. What do you think is the best strategy to integrate the physically disabled children into education in Kenya?
12. Are there any specific facilities designed for the disabled in this institution?
13. Are there any recreational facilities in this institution?
14. Do you face any challenges teaching the disabled children?
15. Have you received any training in dealing with the disabled children?
16. If yes, what was the duration of training and the topics you covered?
17. Do you attend refresher courses in disability issues?
18. Are you aware of any policies that exist for the disabled as far as their education rights are concerned?
19. Does Kenya have an Education Act?
20. If yes, please explain what its contents are.

**The Interview Schedule with the Catholic Diocese: Small homes Program.**

1. Name.............
2. Age..............
3. Position..........
4. When was the Small homes Program established?
5. What are the main goals and targets of the Small homes?
6. About how many Small homes are there in the diocese?
7. About how many disabled children are enrolled into the Small homes?
8. Are the Small homes filled to their capacities?
9. If not, can you tell me what you think the reasons are?
10. How are the Small homes run and managed?
11. What is the admission procedure in Small homes?
12. About how many disabled children are there in Kenya?
13. Among these, how many are physically disabled children?
14. About how many disabled children are receiving education?
15. What do you think should be done to ensure disabled children are receiving education?

The Interview Schedule with the Special Education Office.

1. Name………………
2. Sex………………
3. Position………..
4. What is the role of the Special Education Office?
5. What are Small homes?
6. What do you consider to be the advantages of small homes?
7. What do you consider to be the disadvantages of Small homes?
8. What is the government policy for the education of the physically disabled?
9. About how many disabled children are receiving education?
10. What could be some of the reasons why the disabled are not receiving education?
11. What measures do you think should be put in place to ensure the disabled children are receiving education?
12. How are the special schools run and managed?
13. What do you consider to be the advantages of Special Schools?
14. What do you consider to be some of the disadvantages of Special Schools?
15. Do the disabled children attend social events?
16. If yes, please indicate which ones.
17. In your opinion, what is the best strategy to integrate the physically disabled children in Kenya?
18. Are teachers in special schools trained to handle the special needs of the disabled children?
19. If yes, what is the duration of the training and the topics covered?
20. Do the teachers receive refresher courses?

The Interview Schedule with Housemothers/Caretakers in Institutions for the Disabled.

1. Name………………
2. Age………………
3. Institution………..
4. As a caretaker for the disabled children, I am sure you have a wealth of experience with the disabled children. I would like you to share with me about your experiences. I have a number of questions that I would like to ask you, and my first question to you is how long have you been a caretaker in this institution?
5. About how many disabled children do you take care of?
6. Can you tell me some of the care services you give to the disabled children?
7. About how many disabled children are enrolled in this Institution?
8. Do you have special facilities that are designed for the disabled in this institution?
9. Do you find these facilities suitable to the disabled?
10. What is your daily schedule in this institution?
11. Do you face any challenges dealing with the disabled children?
12. What do you think should be done to resolve these challenges?
13. Have you received training in disabilities?
14. If yes, can you tell me the topics you covered and how long it took?
15. Are there recreational facilities for the disabled children in this Institution?
16. Do you think the facilities are suitable to the disabled?
17. Do the disabled children face any problems in this institution?
18. If yes, can you tell me which problems they face?
19. What do you consider to be the advantages of Small homes/ Special schools?
20. Do you think there are any disadvantages of Special schools/ small homes?

The Interview Schedule with Parents with disabled children.

1. Name…………………
2. Age…………………
3. Location……………
4. In the past years, you have had to do a lot of additional care giving to your disabled child. I am very much interested in your experiences in caring for your disabled child. And I have a number of questions to ask you, my first question to you is, what support do you need to raise him/her up?
5. Can you narrate to me how it happened that your child was enrolled in this Institution?
6. May I know where your child was before enrolment into this institution?
7. What grade is your child now in?
8. What is your occupation and that of your spouse?
9. Where can you get medical assistance for your child?
10. What kind of assistance do you get?
11. To what extent are you satisfied with the service you get?
12. What are the reasons for your satisfaction/lack of satisfaction?
13. About how long does it take to your nearest hospital?
14. About how long does in take you to the Small Home/Special School?
15. How do you and your child go to the School?
16. About how much do you pay to the School?
17. Do you find the transportation affordable to you?
18. Do you consider the transport means you use suitable for your child?
19. How regular do you service your child’s mobility aids?
20. About how much is your weekly expenditure?
21. Do you face any problems in raising your child up?
22. Do you visit your child in school?
23. How does your child spend time during the school holidays?
24. Can I know the reason for your child’s disability?
25. How did your spouse react when he found your child is disabled?
26. How did your mother-in-law react when she found your child was disabled?
The Interview Schedule with the District Children’s Office.

1. Name……………
2. Age………………
3. Sex………………
4. Position…………
5. As the government arm at the district level, I am aware that you have a lot of knowledge and experience with children that I would request you to share with me. I am interested in the area of disabilities. So my first question to you is, what are the main needs of the disabled children?
6. What do you consider to be the role of the District Children Office?
7. What are the legal issues of the disabled?
8. What is the government policy on the education for the disabled?
9. Are you aware of the small homes?
10. If yes, what are they?

The Interview Schedule with Machakos General Hospital.

1. Name……………
2. Sex……………
3. Position………..
4. Can you please tell me what services are available to the disabled at this hospital?
5. Are you content with the management of these services?
6. What should be done to make the services better?
7. Can you tell me what the mostly assessed disabilities in this hospital are?
8. What information is available to the disabled on offered services for them?
9. How can this information be made more accessible to the disabled?
10. What are policies for the disabled as far as you know?

The Interview Schedule with the Kenya Transporters Association.

1. Name……………
2. Sex……………
3. Age……………
4. Do you offer any services to the disabled?
5. What do you consider to be role of the Kenya Transporters Association?
6. How regular are public transport vehicles to major towns and centres?
7. Do you think the public transport available is suitable to the disabled?
8. Do you find the transport affordable to the commuters?
9. Can you comment about the condition of the public transport vehicles?
10. What do you think should be done to make public transport more suitable to the needs of the disabled?
The Interview Schedule with the Employment Office.

1. Name............
2. Sex..........  
3. Age.........
4. Position......
5. What do you consider to be the role of Employment Office as far as the disabled are concerned?
6. What information is available to the disabled on offered services for them?
7. What do you consider to be the rights of the disabled?
8. To what extent do you think the disabled have benefited from their rights?
9. About how many disabled people are employed in Kenya?
10. About how many are employed in Machakos?
11. What are the sectors where those employed are working in?
12. Are there policies for the employment of the disabled as far as you know?
13. Do you think there are any obstacles to the employment of the disabled?
14. What measures do you think should be put in place to ensure that these obstacles are overcome?

The Interview Schedule with the Centre for Law and Research International (CLARION).

1. Name...................
2. Age...................
3. Organization...........
4. I am aware CLARION is engaged in a number of activities including research in a number of areas I am very much interested in the area of disability. At this point in time, I would like to ask you a number of questions and my first question to you is when was CLARION formed?
5. What are the major goals of CLARION?
6. What is the procedure for enrolling a disabled child in Special schools?
7. Are you aware of Small homes?
8. If yes, what are they?
9. Can you tell me how the disabled are involved in decision making on issues that affect their lives?
10. How best do you think the disabled can participate and be involved in their own issues?

The interview Schedule with Community Members.

1. Name............
2. Sex............
3. Position .........
4. What is the government policy on education for the disabled?
5. What do you consider to be the advantages of Special schools?
6. What do you consider to be some of the disadvantages of Special schools?
7. Are you aware of the Small homes?
8. If yes, what are they?
9. What do you consider to be the advantages of Small homes?
10. What could be some of the disadvantages of Small homes?
11. In your view, what is the best approach to integrate the physically disabled children into education Kenya?

The Interview Schedule for the Association of the Physically Disabled of Kenya.

1. Name of respondent………………..
2. Age………………
3. Sex……………
4. Position………..
5. I am aware that APDK is one of the Organizations that represent the interests of the disabled. I am interested in the area of disability and would be happy if you shared your experience with me. So at this point, I would like to ask you a number of questions, and the first question to you is, when was APDK organization formed?
6. What are the main goals of APDK?
7. Whom does this organization represent?
8. Please tell me at what level this representation is done.
9. Can you tell me some of the services this organization offers to the disabled?
10. Does your organization face any challenges or obstacles in the delivery of services?
11. If yes, can you tell me some of the challenges?
12. What do you think should be done to overcome these challenges?
13. Is the APDK involved in decision making on issues affecting the disabled?
14. If yes, please tell me how?
15. Are you aware if there is a Disability Act in Kenya?
16. If, yes, can you explain to me what it entails.
17. Is there a national policy for the disabled in Kenya?
18. If yes, can you tell me what some of the Key policy issues are?
19. Are the disabled involved in national policy planning and decision-making on issues affecting their lives?
20. How best can the disabled participate and be involved in decision making on issues affecting their lives?
21. About how many disabled people are employed in Kenya?
22. Of these, what percentage are children?
23. About how many disabled people are employed in Kenya?
24. Compared with the disabled people who are employed, do you think the rate of those unemployed is higher or lower?
25. What do you think could be the reasons for the low employment?
26. As far as you know, what are some of the sectors that the disabled work in?
27. Can you tell me what the government policy on education for the disabled is as far as you know?
28. What percentage of the disabled children is receiving education?
29. Among those receiving education, about how many are physically disabled?
30. What is the general procedure for enrolling a disabled child in a Special school?
31. What measures should be put in place to ensure that the disabled children are receiving basic school education?
32. Who do you think should implement these measures?
33. Are you aware of the Small homes?
34. If yes, can you explain to me what they are?
35. What do you consider to be the advantages of Small homes?
36. What do you consider to be some of the disadvantages of Small homes?
37. In your view, what is the best strategy to integrate the physically disabled children into education in Kenya?

Follow-up questions on the Free Education Program. The Interview Schedule to teachers and Special Education Office.

1. Name……………………
2. Institution………………
3. Can you remember the last time that I was in this institution to conduct interviews with you, and I asked you a question about how the disabled children could access education. You told me that if the government provided free education, this could ensure that more children are enrolled. I am aware that there is a free primary school education programme in Kenya, and I would like to ask you a number of questions, and the first question is, when did the new free primary education programme come into effect?
4. Have you enrolled more children since the inception of this programme?
5. If yes, can you tell me about how many children you have enrolled?
6. Among those you have enrolled, about how many are girls and how many are boys?
7. How can you describe the implementation of the free primary education programme?
8. Can you please tell me the reasons for your rating above?
9. Can you think back to when the free primary education programme was introduced, and tell me what challenges you have faced during its implementation?
10. In your view, how can these challenges be overcome?
11. About how much funds do you receive from the government to implement the free education programme?
12. Can you please tell me how you spent the allocated funds?
13. Do you consider the funds allocated sufficient? Please explain.
14. Do you receive the same amount of money for each of the disabled and able-bodied children?
15. Do you think there are other school requirements that you do not receive any allocation for?
16. Do you have any additional information that you have not told me and you would like to share it with me?

Follow-up questions on the new Persons with Disabilities Law 2004. Interview Schedule to Key Informants.

1. Name of respondent………
2. Institution………………
3. Can you think back to the last time I was conducting an interview with you about the physically disabled children, and you told me that a Disability Law should be introduced in Kenya so that it can guarantee the disabled children of their rights. I am aware that Kenya has acquired a new Disability Law and the people with disabilities can now boast of having a disability law that ensures their rights are met. Can you please tell me when the persons with disabilities law came into effect?

4. As far as you know, can you tell me how the Disability Law came into being?

5. Were the disabled people involved in its formulation?

6. In your opinion, why do you think it has takes long to realize a Disability Law in Kenya?

7. What are the provisions that are made in the Persons with Disabilities Law?

8. Are you aware of any specific provisions that the Persons with Disabilities Law makes for the education of the physically disabled children?

9. If yes, please tell me which provisions.

10. To what extent do you think the disability law has been implemented since its inception?

11. What are some of the challenges being faced in its implementation?

12. In your opinion, what do you think should be done to resolve these challenges?

SECTION TWO. The common questions administered to all other respondents apart from the disabled children, the able-bodied children, and Students in Vocational centres.

1. What do you consider to be the main needs of the disabled?

2. What support do you think should be given to them to cater for their needs?

3. What do you consider to be the rights of the disabled children?

4. To what extent do you think the disabled have benefited from their rights?

5. What do you consider to be the obstacles to the full realization of the rights for the disabled?

6. Are you aware of other organizations besides your institution/organization that assist the disabled?

7. If yes, can you tell me some of these organizations and their targets?

8. About how many disabled children are there in Kenya?

9. What information is available to the disabled about their services?

10. Do you think the information is accessible to the disabled? Please explain.

11. About how many disabled people are there in Kenya?

12. About how many of these are children?

13. What do you consider to be the advantages of Specials Schools?

14. What do you consider to be the disadvantages of Special schools?

15. What are the mostly seen disabilities in this community?

16. How are the disabled viewed in the society?

17. How are parents with disabled children viewed in this society?

18. Where do you think this view originates?

19. What do you understand by the term marginalization?

20. In your view, do you think the disabled are marginalized?

21. What are some areas in their lives where this marginalization occurs?

22. How can this marginalization be overcome?

23. Thank you very much for talking time to answer my questions, do you have additional information?
ERKLÄRUNG

Ich erkläre hiermit, dass Ich die vorliegende Dissertation selbst angefertigt habe und keine anderen als angegebenen Quellen und Hilfsmittel verwendet habe. Alle Textstellen, die dem Wortlaut nach anderen quellen entnommen sind, habe Ich unter Angabe der Quellen als Zitat gekennzeichnet.

Harrahs N. Malinda,

Osnabrück, im September 2005.