FACTORS INFLUENCING PROVISION OF COMMUNITY-BASED REHABILITATION SERVICES TO CHILDREN WITH PHYSICAL DISABILITIES IN ISIOLO NORTH CONSTITUENCY, ISIOLO COUNTY, KENYA.

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NOVEMBER, 2012
DECLARATION

This thesis is my original work and has not been presented for a degree in any other university.

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DEDICATION

This thesis is dedicated to my dearest parents, my mother the late Elizabeth K. Marete and my father Moses Marete who painstakingly and unflinchingly saw me through my education. To my loving children Brenda Karimi and Brian Kirima, last but no means the least is my loving husband Mbaya whose support and understanding gave me the peace of mind needed to complete my studies, research as well as compile this Thesis. To you all of them I am invaluably indebted.
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Finally, I wish to thank my husband Mbaya, daughter Brenda and son Brian, brothers, sisters, nephew Boss, my academic colleagues Carol and Judy who have contributed to the success of this study through prayers, invaluable support, advice and constant encouragement. To you all of them I say thanks.
TABLE OF CONTENT

Declaration.................................................................................................................. ii
Dedication.................................................................................................................. iii
Acknowledgement................................................................................................... iv
Table of Content.................................................................................................... v
List of Tables ........................................................................................................ vii
List of Figures.......................................................................................................... ix
Abbreviations and Acronyms................................................................................ x
Abstract................................................................................................................... xi

CHAPTER ONE
INTRODUCTION ....................................................................................................... 1
1.0 Background of the Study ................................................................................... 1
1.2 Statement of the Problem .................................................................................... 6
1.3 Purpose of the Study ........................................................................................... 7
1.4 Objectives of the Study ....................................................................................... 7
1.5 Research Questions ........................................................................................... 7
1.6 Significance of the Study ................................................................................... 8
1.7 Scope and Limitation .......................................................................................... 9
  1.7.1 Scope ........................................................................................................... 9
  1.7.2 Limitation .................................................................................................... 9
1.8 Assumptions ...................................................................................................... 9
1.9 Theoretical and Conceptual Framework ........................................................... 10
  1.9.1 Theoretical Framework .............................................................................. 10
  1.9.2 Conceptual Framework .............................................................................. 12
1.10 Operational Definition of Terms ..................................................................... 14

CHAPTER TWO ....................................................................................................... 16
LITERATURE REVIEW ........................................................................................... 16
2.0 Introduction ....................................................................................................... 16
2.1 Services Provided in Community-Based Rehabilitation Centres .................... 16
2.2 Vocational Training Skills Offered to Children with Disabilities ..................... 22
2.3 Community Awareness Access to provision of CBR Services ....................... 24
2.4 Enrolment and Completion Rates of Children Centres ........................................27
2.5 Summary ..................................................................................................................30

CHAPTER THREE ........................................................................................................32
METHODOLOGY .........................................................................................................32
3.0 Introduction ..............................................................................................................32
3.1 Research Design .....................................................................................................32
3.2 Study Variables .....................................................................................................32
3.2.1 Independent variables .......................................................................................32
3.2.2 Dependent variables .........................................................................................33
3.3 Study Locale ...........................................................................................................33
3.4 Target Population ..................................................................................................33
3.5 Sampling Techniques and Sample Size ..................................................................34
3.5.1 Sampling Techniques .......................................................................................34
3.5.2 Sample Size .......................................................................................................35
3.6 Research Instruments ............................................................................................36
   3.6.1 Questionnaire ....................................................................................................36
   3.6.2 Interview Guide ...............................................................................................37
   3.6.3 Observation Checklist .......................................................................................37
3.7 Pilot Study ................................................................................................................38
3.7.1 Validity .................................................................................................................38
3.7.2 Reliability .............................................................................................................39
3.8 Data Collection Procedure .....................................................................................39
3.9 Data Analysis ..........................................................................................................40
3.10 Logistical and Ethical Considerations ..................................................................40

CHAPTER FOUR ..........................................................................................................42
DATA ANALYSIS, RESULTS AND DISCUSSION ..................................................42
4.0 Introduction ..............................................................................................................42
4.1 Types of Services in CBR Centres .........................................................................43
4.2 Vocational Training Skills Offered at the CBR Centres .........................................47
4.3 Training Facilities and Equipment ..........................................................................49
4.4 Community Awareness and Access to CBR centres ..............................................54
4.5 Enrolment and Completion Rates ..........................................................................58
CHAPTER FIVE .................................................................63

SUMMARY, CONCLUSION AND RECOMMENDATIONS ..............63
5.0 Introduction ........................................................................63
5.1 Summary of Research Findings .............................................63
5.2 Policy Application of Research Findings .................................63
5.3 Conclusions .......................................................................68
5.4 Recommendations .............................................................68
5.5 Suggestions for Further Research .........................................68

REFERENCES .........................................................................71
APPENDICES ........................................................................72
APPENDIX A
INTERVIEW FOR ADMINISTRATORS .........................................77
APPENDIX B
AN INTERVIEW GUIDE FOR PARENTS .......................................79
APPENDIX C
QUESTIONNAIRE FOR PERSONNEL .........................................80
APPENDIX D
A QUESTIONNAIRE FOR SUPPORT STAFF ...............................85
APPENDIX E
QUESTIONNAIRE FOR CHILDREN WITH PHYSICAL DISABILITIES 85
APPENDIX F
OBSERVATION CHECKLIST ....................................................87
APPENDIX G
PERMIT ...............................................................................88
**LIST OF TABLES**

Table 3.1: Sampled Grids of Children with Physical Disabilities at two CBR Centres

Table 4.1 Types of Provision of Services in CBR Centres

Table 4.2 Personnel Professions

Table 4.3 Vocational Training Skills

Table 4.4 Assistive Devices Found in the CBR Centres
LIST OF FIGURES

Figure 1.1: Factors which influenced provision of CBR Services to Children with Physical Disabilities in Isiolo County................................. 12
Figure 4.1: Personnel qualification........................................................................................................ 45
Figure 4.2: Teachers qualification........................................................................................................ 46
Figure 4.4 Classroom condition............................................................................................................ 50
Figure 4.5: Condition of sewing machines......................................................................................... 51
Figure 4.6: Maintenance of wheelchairs.............................................................................................. 52
Figure 4.7: Community awareness.......................................................... 54
Figure 4.8: Parents visit to CBR centres.............................................................................................. 56
Figure 4.9: Relationship between the personnel and the community..... 57
Figure 4.10: Enrolment trends............................................................................................................ 58
Figure 4.11: Distribution of the children respondents by gender................. 60
Figure 4.12: Completion rate ............................................................................................................. 61
Figure 4.13: Future plans for children with disabilities................................................. 61
### ABBREVIATIONS AND ACRONYMS

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>ADL</td>
<td>Activities of Daily Living</td>
</tr>
<tr>
<td>APDK</td>
<td>Association of the Physically Disabled of Kenya</td>
</tr>
<tr>
<td>CBR</td>
<td>Community Based Rehabilitation</td>
</tr>
<tr>
<td>IBR</td>
<td>Institution Based Rehabilitation</td>
</tr>
<tr>
<td>ILO</td>
<td>International Labour Organization</td>
</tr>
<tr>
<td>IYDP</td>
<td>International Year of Disabled Persons</td>
</tr>
<tr>
<td>MOH</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>MOLSA</td>
<td>Ministry of Labour and Social Affairs</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-Governmental Organization</td>
</tr>
<tr>
<td>OHI</td>
<td>Other Health Impairment</td>
</tr>
<tr>
<td>OT</td>
<td>Occupational Therapist</td>
</tr>
<tr>
<td>PD</td>
<td>Physical Disability</td>
</tr>
<tr>
<td>PwDs</td>
<td>Persons with Disability</td>
</tr>
<tr>
<td>SNE</td>
<td>Special Needs Education</td>
</tr>
<tr>
<td>SPSS</td>
<td>Statistical Package of Social Science</td>
</tr>
<tr>
<td>UDPK</td>
<td>United Disabled Persons of Kenya</td>
</tr>
<tr>
<td>UN</td>
<td>United Nations</td>
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<tr>
<td>UNESCO</td>
<td>United Nations Educational and Scientific Cultural Organization</td>
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<tr>
<td>VET</td>
<td>Vocational Education and Training</td>
</tr>
<tr>
<td>WCPT</td>
<td>World Confederation for Physical Therapy</td>
</tr>
<tr>
<td>WHA</td>
<td>World Health Assembly</td>
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<td>WHO</td>
<td>World Health Organization</td>
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ABSTRACT

Disability is not inability! Globally, children with physical disabilities should receive psychological, medical, and educational and social services like any other ‘normal’ children. A descriptive survey design was used which explored an in-depth and holistic understanding of social life. Both qualitative and quantitative measures were used to analyse the data. Purposive sampling was used to select 2 centres, 2 administrators, 12 personnel, 12 teachers, 18 parents and 30 children with physical disabilities. Piloting of the instruments was administered to children with disabilities at Maua Methodist CBR Centre which offers services to children with Physical Disabilities. A quantitative approach was employed based on questionnaires containing closed-ended questions, which were administered on personnel, support staff and children with physical disabilities. A qualitative approach was employed based on a semi-structured interview schedule containing open-ended questions which were conducted on administrators and parents of the children with physical disabilities in the centres. An observation checklist was used to collect information about activities performed by the children with physical disabilities and facilities and equipment used in the CBR centres. The data collected was coded and analysed manually. The codes were fed into a computer and analysed using Statistical Package of Social Sciences (SPSS) procedure to yield descriptive statistics such as frequency and percentages hence presented in tables, histograms and figures. The study was based on ‘Capability Theory’ of Amartya Sen derived from the field of microeconomics which sought to enhance social welfare by expanding the actual freedom and capabilities of persons with physical disability. The main findings are that with provision of appropriate and adequate provision of vocational training skills, medical services, and educational programmes to children with physical disabilities they will lead an independent life and become self-reliant. The study recommended the administrators of the two CBR centres to work hand in hand with the Ministry of Health to ensure that medical services are provided and to be consulting the Ministry of Education to be advised on relevant curriculum to be used. Finally, the government should see the need to assist the community-based rehabilitation centres either financially or materially so that the CBR centres can improve their services.
CHAPTER ONE

INTRODUCTION

This chapter presents the background to the study, statement of the problem, purpose of the study, objectives of the study, research questions, significance of the study, scope and limitations, assumptions, theoretical and conceptual framework of the study and operational definition of terms.

1.1 Background to the Study

Exceptional children may be put in various broad categories for purposes of study and service provision. According to Hallahan, Kauffman & Pullen (2009). Children with physical disabilities are those whose physical limitations interfere with school attendance or learning to such an extent that special services, training equipment, materials or facilities are required. They have emotional, behavioural and communication disorders. In this respect, children with physical disabilities are classified into three main categories namely: neurological impairment in which a child’s nervous system and spine are affected; Orthopaedic impairment where the muscles and joints are affected, and Other Health Impairments (OHI) diseases such as epilepsy, sickle cell, haemophilia and cancer affect the child. Physical disabilities can result from lower case complications where a child is born with a disability or it can be acquired through an accident (Hallahan...et al 2009).

Historically the education of children with disabilities evolved from medical model. Their health problems were attended to but little attention was focused
on their long-term needs including educational and vocational training skills. Education for such children must include activities and experiences that will prepare them for future success in sheltered employment, social relationships, recreation and leisure (Meyer & Skrtic, 1995).

Community-Based Rehabilitation (CBR) was defined in a joint position paper by three United Nations agencies namely: International Labour Organisation (ILO), United Nations Educational Scientific and Cultural Organisation (UNESCO) and World Health Organisation (WHO) as “strategy within general community development for the rehabilitation, equalization of opportunities and social inclusion of the Persons with Disabilities” (WHO, 2004). CBR was initiated in the mid-1980s but has evolved to become a multisectoral strategy that empowers Persons with Disabilities (PwDs) to access and benefit from education, employment, health and social services. It was implemented in more than 90 countries through the combined efforts of the PwDs themselves, their families, organisations and communities and relevant government and non-governmental organizations, health, vocational, social and other services (WHO, 2004). Working in disability and development involvement and participation of PwDs and their families is at the heart of community-based rehabilitation.

According to (ILO, UNESCO & WHO 2004), the goals of CBR are to ensure the benefits of the Convention on Rights of Persons with Disabilities reach the majority of PwDs through supporting persons with disabilities to maximize
their physical and mental abilities, so that they can access regular services and opportunities, and become active contributors to the community and society at large. Secondly facilitate capacity building, empowerment and community mobilization of people with disabilities and their families. Thus; it aims at enhancing the quality of life for PWDs. In CBR centres the family meets the basic needs and ensures the inclusion and participation of the professionals, the persons to be rehabilitated and the community at large (ILO, UNESCO & WHO 2004).

Boyce (1998) posits that the World Confederation for Physical Therapy (WCPT), support the development of CBR as a means of empowering PWDs to maximise their physical, mental and social abilities. WCPT recognises that community change is often necessary to promote and fulfil the human rights of PwDs to make them active and participating members of their communities. The WCPT recognises that CBR extends beyond health and encompasses domains such as educational, social, vocational, economic, inter-agency, cross-sector oral and multi-professional collaboration at all levels was vital in supporting this comprehensive approach to rehabilitation.

In the late 1980s, South Africa became interested in finding an alternative to traditional or conventional rehabilitation services such as medical and social well-being, which were found in urban centres and especially in hospitals and focused on the needs of Persons with Disabilities. They adopted a medical approach to rehabilitate PwDs, but it failed to meet their needs in terms of
availability and appropriateness of the strategy. Instead, South Africa opted for conventional rehabilitation that tries to change or normalize PWDs to fit into society, rather than trying to change society so that it accepts and accommodates a range of human differences (Werner, 1993).

WHO (1994) advocated CBR internationally for more than 20 years as a core strategy for improving the quality of life for PwDs. In addition, it recommended CBR as a remedy for the poor coverage of rehabilitation facilities in the developing countries. Following this, many countries in Africa including Kenya established CBR programmes to support children with disabilities. In Kenya, services for Persons with Disabilities started back in 1953 through an Act of Parliament; the government established various institutions to give special services to persons with disabilities. The first institution was the Association for Physically Disabled of Kenya (APDK) that was established in 1958. In 1968 Kenya established a National Rehabilitation Committee, through the Sessional Paper No 5 of the Kenyan Parliament. This paper gave mandate to the government to ensure that appropriate weight was given to PwDs, their activities were co-ordinated and voluntary rehabilitation organization had set procedures and there were rules for establishing new institutions for the Persons with Disabilities (Ministry of Education).

In 1989, the Kenya National Organizations of Persons with Disabilities had 130 Community-Based Rehabilitation Centres throughout the country. Together with parents organizations, they united and formed United Disabled
Persons of Kenya (UDPK). It was through the work of UDPK that the government in 1990 appointed a Taskforce to review all laws relating to persons with disabilities. The Disability Act, enacted in 2003, was the product of a recommendation of the Taskforce Report (Ministry of Education, 2003). Kenya has seen a positive move towards the provision of services for its citizens with disabilities since the endorsement of the recommendations. PWDs comprise 10 percentage of the total population of any country according to (WHO, 1994). Since Kenya has a population of 38.6 million Persons (Republic of Kenya 2010) it can be deduced that 3.8 million are living with disabilities out of which 413698 persons have physical disabilities

Children with disabilities should receive rehabilitation in their homes and in health care facilities. There are those who receive virtually no rehabilitation at all. Earlier studies conducted on rehabilitation of PWDs in Kenya by Auka and Afedo (1985), Ndurumo (1993) focused on rehabilitation of PWDs in an educational setting thus, not many studies have been done on rehabilitation of children with disabilities in community-based rehabilitation centres. It is against this background that the researcher sought to investigate the factors influencing the provision of CBR services to children with physical disabilities.
1.2 Statement of the Problem

Globally the goal of CBR services is to enhance the quality of life for persons with disabilities by improving service delivery. It aims at reaching all in need by providing equal access to opportunities, promoting and protecting their rights (WHO 1994). There are about 280 registered CBR programmes in 25 African countries Kenya included. Half of these are managed by non-governmental organizations and the rest by governments.

According to the Republic of Kenya (2010), Ministry of Health there are 807 persons with physical disabilities in Isiolo. Out of these 270 are children with physical disabilities (Assessment Data 2010) and only 50 of them have access to the two rehabilitation centres namely Jesus Mary Joseph rehabilitation centre and Isiolo Community Rehabilitation centre. The intended functions of rehabilitation centres in Isiolo were to provide vocational skills, educational programs, and social and health services, to enable children with disabilities to develop self-esteem, and become well integrated into the community. However, the output of these CBR was dismal compared to their intended purpose.

Community-Based Rehabilitation services in Isiolo County are limited and it does not adequately meet the demands of children with physical disabilities. This situation has created a serious gap between the demands for rehabilitation services for children with disabilities and services rendered so far. This study investigated factors influencing provision of services to
children with disabilities in CBR centres and how community awareness about disabilities contributed to access to CBR services by children with disabilities in rehabilitation centres (Education Assessment Resource Centre, 2010).

1.3 Purpose of the Study

The purpose of the study was to investigate the factors influencing the provision of CBR services to children with physical disabilities in rehabilitation centres in Isiolo.

1.4 Objectives of the Study

The following were the specific objectives of this study. To
a) Establish the types of services offered at CBR centres.
b) Identify vocational skills provided to children with disabilities in CBR centres.
c) Establish the facilities and equipment available in CBR centres.
d) Establish the community awareness of access to CBR services in Isiolo County.
e) Ascertain the enrolment and completion rates for children with physical disabilities in the CBR centres.

1.5 Research Questions

The study sought to answer the following questions:
i. What type of services do the children with disabilities receive in the CBR centres?

ii. What vocational training skills are children with disabilities given in the CBR centres?

iii. What facilities and equipment are available in the centres?

iv. How does the information about CBR services to rehabilitate children with physical disabilities reach the community members?

v. How many children with physical disabilities are enrolled and how many complete courses offered at CBR centres?

1.6 Significance of the Study

i. The study recommends to the government and non-governmental organisation possible ways and procedures in which short and long-term strategies for community-based rehabilitation programmes could be designed to cater for children with physical disabilities living in rural areas or slums who have limited access to rehabilitation services.

ii. Policy-makers working with the government will be aware of the existing gaps between the need for the rehabilitation of children with physical disabilities and the nature of the services given to meet their needs.

iii. Finally the study will motivate the members of the society, NGOs and other professional to assist children with physical disabilities. They
will assist in providing services in vocational training skills, medical services and educational program in CBR centres.

1.7 Scope and Limitation

1.7.1 Scope

The proposed study confined itself to Isiolo County where it focused on two community-based rehabilitation centres. It was limited to children with physical disabilities, parents of the children in the centres, personnel, teachers and two administrators in the rehabilitation centres.

1.7.2 Limitation

There was a limited availability of published literature on community-based rehabilitation of children with physical disabilities.

1.8 Assumptions

The following assumptions were made to guide the study

i. The CBR centres had adequate and appropriate assistive devices and equipment for rehabilitation.

ii. CBR centres had trained personnel to rehabilitate children with physical disabilities.

iii. Administrators worked hand in hand with the relevant government ministries to facilitate services at the centres.
1.9 Theoretical and Conceptual Framework

1.9.1 Theoretical Framework

The study was based on the “Capability Theory” postulated by Amartya Sen (1998), derived from the field of microeconomics. The capability theory is a normative development vision that seeks to enhance social welfare by expanding the actual freedom and capabilities of individual and groups who voluntarily engage in sustainable development. The theory is a philosophical and political approach to human development, which transcends traditional macroeconomic growth indicators. The paradigm of utilitarian approach essentially postulates that a person controls the factors of production, which in turn regulates the commodities consumed by the person and that personal utility shapes a person’s well-being. The Capability theory does not postulate the importance of goods or the pleasure one derives from the use of goods. It puts emphasis on people’s opportunities to make use of the resources to achieve independence and self-esteem of well-being. It aims for egalitarian access to capabilities for all, as long as a proper intervention design can be provided for persons with disabilities.

Amartya Sen came up with five constructs in this theory, the first one was “exchange entitlement” which identified persons who can assist PwDs with functional independence for example physiotherapists and occupational therapists. It identifies services that are useful to PwDs like educational intervention, vocational training and health services. The second construct was “characteristics” they included to the values that persons with disabilities
may find important. In the case of mobility a walking cane is valued for the assistance it provides and for comfort.

The third construct is “capabilities” and entailed things that PWDs can achieve such as good health, freedom to pursue education, career choice and ability to raise a family. PWDs are often thwarted in their capabilities. The fourth one was “functioning” and included various options or actions that we perform in order to achieve the things we need. For PwDs functioning can be measured through performing activities of daily living (ADL), catering for the family, being active nationally, internationally and pursuing a career. The final construct was “well-being” and entailed individual welfare, PwDs will be contented when one’s disability is minimized through training; being empowered to be independent engenders a feeling of satisfaction and self-reliance.

The Capability theory focuses on the social arrangement, policies, institutions and programmes that remove restriction on human capabilities. In this study, the construct of capabilities may be amenable to modification through factors that pertain to personal, institutional and societal levels. Therefore the “capability theory” was used to explain the significance of different services offered at the rehabilitation centres which were vital to children with disabilities because they enhanced psychological needs, self respect, and mastery of skills, physical needs and maintenance of social aspects of integrating in the society.
1.9.2 Conceptual Framework

Figure 1.1 Factors which influenced provision of CBR services to children with physical disabilities in Isiolo County.

The conceptual framework in this study showed the relationship among independent variables, dependent variables and intervention variables. The independent variables were services that include inadequate vocational training skills, educational programs, human resources and community awareness. Effective and adequate independent variables provided determined the outcome of dependent variables in CBR centres.

Basic training of professionals, the availability of facilities and equipment in the CBR centres were expected to motivate the personnel and parents to become committed in improving and expanding the services, as they endeavour to enhance performance of the children with physical disabilities in different activities. Dependent variables were children with physical disabilities acquiring basic skills in vocational training, improving mobility, improving educational programs and community awareness of CBR services. These would lead children with physical disabilities to be self-reliant, develop self-esteem and confidence. The intervening variables were community sensitization, increasing appropriate equipment, advocacy and training personnel to increase and improve the services offered to children with physical disabilities in the two centres.
1.10 Operational Definition of Terms

Community: Is a group of people living in the same area and sharing the same basic values and organization.

Community-Based Rehabilitation: It is a community based process for the rehabilitation, equalization of opportunities and social integration of all people with disabilities.

Community-based rehabilitation support services: These are measures for enabling PwDs to reach optimal physical, sensory, intellectual and social functioning by providing services and assistive devices that compensate for the loss or absence of a functional limitation.

Disability: It 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.

Handicap: This is disadvantage or a restriction of activity that may result from a disability or from societal attitudes towards disability. Handicap prevents the fulfilment of roles that are appropriate to the age, gender, social and cultural norms.

Human Resource: It refers to persons required to provide professional and/or support services to children with physical disabilities in CBR Centres.
**Independent Living**: Refers to what a person is able to do on his or her own especially activities of daily living (ADL) such as feeding, dressing etc.

**Intervention**: The introduction of an activity or program designed to bring about changes for children with physical disabilities and their parents.

**Material Resources**: This includes physical facilities, equipment, machines, adaptive devices and money.

**Physical disability**: Is a condition that interferes with a person’s ability to use his or her body for movement.

**Physiotherapy (physical Therapy)**: This is the art of improving posture movement strength, balance and the control of the body by use of physical exercises.

**Rehabilitation**: This includes all measures aimed at reducing the impact of disability for an individual; enabling him or her to achieve independence, social integration, a better quality of life and self-actualization.

**Rehabilitation services**: These refer to the general services that a rehabilitation programme for persons with disabilities is expected to provide. They include educational, medical vocational, counselling and advocacy services.
CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter highlights community-based rehabilitation services offered to children with disabilities in CBR centres. It examines the vocational training skills offered to children with disabilities in CBR centres, and the Communities’ awareness in accessing CBR services for children with physical disabilities, enrolment and completion rate of children with disabilities in the centres.

2.1 Services provided in Community-Based Rehabilitation Centres

The goal of any CBR is to bring about change, to develop a system capable of reaching all PWDs in need, to educate and involve the government and the public. CBR should be sustained in each country by using a level of resources that is realistic and maintained (WHO 1994).

CBR pioneered by the WHO some 25 years ago has been implemented in over 80 countries in the World such in the United States of America and its approach is now official disability policy in a number of countries. It calls for the full and co-ordinated involvement of all levels of society, community, intermediate and National. It seeks the integration of the intervention of all relevant sectors including educational, health, legislature, social and vocation
which aims at promoting such interventions in the general systems of society as well as adaptation of the physical and psychological environment that will facilitate the social integration and self-actualisation of persons with disabilities (Helander, 1999).

The discipline of rehabilitation developed after the end of World War II 1945, many countries that took part in the war had a large numbers of service men who had sustained various forms of disabilities. Some PwDs were re-integrated into the society due to advances in technical aids, appliances and assistive technology (WHO 1994). In 1950, the World Health Assembly (WHA) called for the development of rehabilitation programs for PwDs. In 1951, the United Nations (UN) organization established a rehabilitation unit with the aim of facilitating the transfer of new medical and technical advances. United Nations declared 1981 as the International Year of the Disabled Persons (IYDP) to increase the awareness of government groups and individuals on the persons with disabilities in the society.

The International Centre for the Advancement of Community Based Rehabilitation (ICACBR) was a response in both developed and developing countries to the need for adequate and appropriate rehabilitation services to be available to a greater proportion of persons with disabilities. It aims at rehabilitating and training PwDs as well as finding ways of integrating them into their communities. In CBR centres the PwDs, the family, the community and health professional collaborate to provide the essential services such as
counselling, physiotherapy, occupational therapy, vocational skills among many in an environment or community where services for PwDs are seriously limited or totally absent. Its essential feature focuses on partnership and community participation. Approaches to the implementation of CBR are determined by a variety of social and demographic factors (Lysack, 1994).

The history of Finnish rehabilitation institutions follows the pattern of other Western countries. The persons with disabilities were among the first group to be served. Initially rehabilitation services were typically selective since they were not incorporated in government programmes and there were eligibility criteria. Help to the persons with disabilities was offered in a disorganised way. The beginning of the twentieth century was characterised by the establishment of a large number of PWDs organisation to provide vocational rehabilitation services, Community-based organisation were created and developed by the persons with disabilities themselves (Risto 1989).

The 1960s and 1970s is recognisable as a phase of integration, normalisation and expansion of Finnish rehabilitation. During this period many general service system started to serve persons with disabilities. The supervision and management of rehabilitation services was shared among various ministries responsible for corresponding general services in Finland. This completed the integration process by bringing special services into the field of community-based rehabilitation centres for the persons with disabilities (Risto 1989).
In Nepal, CBR programmes were initiated by Save the Children UK, (2000). It worked primarily to provide CBR services to children with disabilities and their families. Its activities included promoting awareness, training CBR workers, providing low technical rehabilitation and networking. Community-based rehabilitation field staff who worked in child-based programme usually received their skill development from other staff within their programme. It was focussed on the needs of children with disabilities.

In a survey carried out by WHO (1994) globally, it was estimated that 10% of people in any given population are Persons with Disabilities. In the case of Nigeria, this translates to 14 million people out of a population of more than 140 million people (2006 National Census Figures) have a form of disabilities. CBR services such as counselling, physiotherapy, occupational therapy and vocational training started in Nigeria in 1993 and these helped to improve the quality of life of PwDs and their families in various communities. In spite of these involvements, the results of programmes are not encouraging since CBR programmes aim at reaching out and bringing help to people in their homes with the help of family, church and the entire community. It raises community disability awareness and highlights challenging prejudices.

The International Labour Organisation (ILO), has continuously supported CBR programs as a means of social and economic integration of persons with disabilities in rural and urban communities in developing countries. Since
1980, over twenty five ILO technical cooperation projects have been implemented in cooperation with government in countries in Africa, Arab States and Asia-Pacific regions. The focus of these projects has been the development of strategies to promote training, employment and income generation for the project to strengthen the capacity of CBR programs to provide medical services, vocational skills and work opportunities (WHO, 1994). The intervention strategies according to (Ndurumo, 1993) also included training in self-care skills. These skills include the ability to feed, bathe, groom and cloth oneself since they are important in preparing a child with a physical disability to lead an independent life.

Though extensive research has been carried out in the area of rehabilitation for children with physical disabilities in Kenya, most of the studies focused their attention on the Institutional phase of rehabilitation where it was done in an institution rather than done at home or community centres (Ndurumo 1993). The existing institutions before independence included Joy town for physically handicapped and Dagoretti Children’s Home. It is worth noting that Sessional Paper No.6 of 1988 on Education and Training for the Next Decade and Beyond (Kamunge Report, 1988) recommended the strengthening of vocational and technical education to boost the country’s manpower. It had a clear view of the needs of children with physical disabilities and the commissioners discussed and recommended the care and rehabilitation for children with physical disabilities. Therefore more special schools and units were established to cater for special education needs for the
children with physical disabilities such as Port Reitz, Nile Road Special Schools among others. However, these institutions were inadequate in meeting the growing needs of children with physical disabilities and CBR proved a solution to the expansion of service provision. Community-based rehabilitation strategy was introduced in Kenya during the International Year of Disabled Persons in 1981. It was considered a suitable approach for actively involving communities in changing their attitude and acceptance of persons with disabilities (Ministry of Education, 1988).

The Ministry of Education Taskforce (2003) adopted policies aiming at promoting the right of persons with disabilities, recognising their full and equal participation in the community. Kenya has seen a positive move towards the provision of services for persons with disabilities for example African Medical Research Foundations; a non-governmental organisation established a CBR centres in Makueni district to give services to persons with disabilities (WHO, 1994). Despite this positive move, the provision of educational programmes, vocational training, and medical services for PwDs is still inadequate (World Bank, 2004). The presence of a large number of children with physical disabilities begging in towns in Kenya can be attributed to the inefficient services offered in community-based rehabilitation centres. It is within this perspective that the study intends to establish the factors that have influenced the provision of services in CBR centres in Isiolo County.
2.2 Vocational Training Skills Offered to Children with Disabilities in Community-Based Rehabilitation Centres

Vocational training is defined as the acquisition of technical skills in order to obtain employment. Vocational Education and Training (VET) is the practical preparation for jobs that require knowledge and skills as well as an understanding of the theory behind those skills. VET provides skills and knowledge that help people get jobs or further their education and training in a particular field. Vocational training is seen as a way of overcoming the unemployment problem among persons with disabilities (Krajewski & Callahan, 1998). There is a negative attitude towards vocational training in the society among members of the community.

Berkell & Brown (1989) noted that in the United States of America, the major vocational programme areas where persons with disabilities train are in agriculture, forest conservation, horticulture, mechanics and food and animal production among others. They also train in areas of business and marketing, which include accounting and computing, clerical computer programming, filing and office supervision. For Vocational training to be effective in the USA, learners with disabilities begin training during school years since its success highly depends upon success in career, vocational evaluation and the counselling that is offered during the formative school years (Brolin, 1995).

Research has shown that people with disabilities desire to work and live independently just like other members of the society (Baguwenu, 1998).
Therefore, special needs emanating from the handicapping conditions extra services should be provided by an inter-disciplinary team of a physiotherapist, an occupational therapist, social worker, nurse and teachers to assist PWDs in various activities such as: activities of daily living (ADL), Vocational training, mobility, educational programmes and counselling. Isiko (1994) and Katende (1994) observe that in Uganda, PWDs who are lucky to join community-based rehabilitation centres are often subjected to low-skill courses whose marketability is very low so they have no option but to abandon their unprofitable jobs and go back to the street.

According to Ross (1988), vocational training was indispensable for many PwDs and beneficial to most. The skills acquired lead to acquisition of self-confidence, lack of which can be a greater handicap than the disability itself. Society perceives that vocational training is generally designed for low and below average students. This perception may become a self-fulfilling prophecy (Mustapha, 2004). Education and training are provided as individually as possible, depending on each child’s needs. The objectives of the program were to enable the child to gain trade skills, find placement in working life and to become productive members of the society. These objectives followed other education and training fields leading to gaining competencies; however the implementation method may be different.

In Ghana, rehabilitation is a creative procedure that includes the co-operative effort of various medical specialists and associates in other health, technical
and environmental fields to improve physical, mental, social and vocational aptitude. The objectives are focussed on preserving what may improve the ability to live happily and productively on the same level with the same opportunities as their neighbours (Abereuje, & Olaogum, 1990)

In Kenya, technical training aims at inculcating vocational and entrepreneurial skills that are necessary for self-employment, and reducing disparities through increased training opportunities for females, persons with disabilities, and learners from poor households. They aim at raising efficiency and effectiveness of the training programme by making it more relevant to current and projected opening in the economy (Republic of Kenya, 1998). This study sought to establish available vocational courses offered at CBR centre for children with physical disabilities and their relevant in securing gaining employment after leaving the CBR centres.

2.3 Community Awareness of Access to Provision of CBR Services

Disability imposes a considerable social, economic and emotional burden on persons with disabilities, their families and the wider community (Helander, 1995). Without effective rehabilitation measures being carried out, persons with disabilities particularly children may lead unhappy dependent lives and become burdensome to the society. According to Brian (1989) the key success of CBR is measured by active participation of the community. The community must realize that the lives of PWDs are improved and that the
community has the capacity to empower persons with disabilities. An empowered person with disabilities or groups may be enough to bring to the attention of the communities (WHO RNB, 1996).

In Uganda people with disability like in any other developing countries in the world face extreme conditions of poverty; they have limited opportunities for accessing education, health, and suitable housing and employment opportunities. In most cases, PWDs are not aware of their rights and potentials. Uganda adopted CBR as a service strategy for reaching more persons with disabilities in 1990. The country runs a CBR model in the Eastern part of the country; its activities include identification of PWDs, assessment, referral, rehabilitation and home programmes.

http://www.stakesfi/sfa/rhachecklist (Retrieved on 10th November 2010)

Rakesh (1999) pointed that in Ethiopia the Ministry of Labour and Social Affairs prepared a national programme of action for the rehabilitation of persons with disabilities. Its main objective was to undertake disability mitigation measures by promoting community participation. In view of this, the Ethiopia National Association of the Physically Handicapped (ENAPH) was formed. It focuses on change in attitude towards persons with physical disability by running awareness campaigns and advocacy activities. It provides for basic education courses and vocational rehabilitation in the areas of tailoring, agriculture, leather-work and carpentry. The community-based
rehabilitation programme of ENAPH is focused on psychological rehabilitation of persons with physical disabilities. It also provides them with training and employment opportunities, (Ethiopia Country Profile 120604 Doc & MOISA Ethiopia, 1999).

Ross (1988) and the World Bank report (2004) point out that people with disabilities in general have received little attention from the governments of developing countries, Kenya included. In some developing countries, disability is often considered punishment for wrongdoing, witchcraft, an evil eye, the wrath of the gods, or the ancestor’s anger. Such beliefs are a major setback in community participation therefore, disabilities affects marriages, interpersonal relationships, mobility, employment, access to treatment and care, education and attendance at social and religious functions.

Lysack & Kaufet (1994) noted that community-based rehabilitation services at local or community level removes many obstacles which are associated with educational institutions. The difficulty of travel and its expenses are eliminated or reduced to a minimum. The individual is not isolated from the community; family members and community volunteers are part of the rehabilitative process. All participants can see what the Persons with Disabilities have achieved. This helps integrate PwDs into the community, a community which values the unique contribution which the person with disability is able to make.
Anderson, Bakirtzief, Brakel, Mutaike, & Raju, (2006) posit that the concept of community participation and quality of life for PWDs are paramount to the planning and delivery of quality health and social care services. This study intended to establish the communities’ awareness and involvement in the delivery of services to the children with physical disabilities in Isiolo County.

2.4 Enrolment and Completion Rates of Children in the CBR Centres

According to Article 23 of the United Nations Convention on the Rights of the Child,

“... a child with mental or physical disabilities should enjoy a full and decent dignified, life, promote self-reliance and participate in the community. Though the UN-Convention on the rights of the child encourages active participation of children with disabilities in the community, there are no sound benchmarks as to what kind of educational and psychological assistance should be given to children with disabilities according to the Declaration on the Rights of Persons with Disabilities” (UN-CRC 1989:23).

Globally children with disabilities deserve special attention, protection and assistance from their families, communities as well as international organizations. The process of rehabilitating children with physical disabilities begins with assessment. It is through assessment that the impairment and associated handicaps are determined then, the assessment report is supposed to form the basis for any kind of rehabilitation programme that may follow. Children and adults with disabilities have the right to medical, psychological and functional treatment including prosthetic and orthopaedic appliances,
medical and social rehabilitation, education and vocational training and other rehabilitation services.

Smith (2001) has shown that an enormous effort has been made in other countries especially in the United States of America (USA) to enable persons with disabilities live independence life. These efforts include involving potential employers in the training process and available transitional services such as job placement services. The office of special education and rehabilitation offers those services to PWDs.

The introduction of Universal Primary Education (UPE) in Uganda solved the problem of school placement by encouraging the enrolment of many children with physical disabilities in regular schools. The increase in enrolment created excessive pressure on existing facilities leading to establishment of community-based rehabilitation centres. In many developing countries the continuing struggle to achieve compulsory education for a majority of children take precedence over meeting the needs of those with disabilities. The greatest stimulus to new thinking in developing countries is from consideration of the role of the community in initiating and maintaining change and opportunities for children with physical disabilities. High levels of poverty and lack of awareness greatly undermine the ability of most families and /or communities to cater for a child with physical disability. In many cases therefore, special needs intervention does not feature prominently among the priorities of a family. Sometimes the families or communities needs have to be addressed
before or alongside the needs of children with disabilities. (Zinkin, 1995 in UNISE, 1998).

The World Bank (1999) education sector strategy paper explained the importance of education as: education helps people to become more productive and earn more; improves health and nutrition, enhances lives directly. This promotes social development through strengthening social cohesion and providing people with better opportunities for full participation in other sectors of the national economy.

Perry (2003) indicated that persons with disabilities are working in almost every occupation imaginable therefore they should be given opportunities. Persons with disabilities are as diverse in their interest, aspiration and skills as non-disabled people are. Many countries have some stereotypes about the kinds of jobs that are appropriate for PwDs. It is important therefore for persons with disabilities to have access to relevant education that should, as much as possible be similar to or better than offered to their able-bodied peers. This study therefore, intended to ascertain the number of children with disabilities enrolled in CBR centres and the effectiveness of education provided by community-based rehabilitation centres and its appropriateness in job seeking and self-employment.
2.5 Summary

From the aforementioned literature review community-based rehabilitation programmes embrace rehabilitation, education, vocational training and seeks democratization of services for persons with disabilities. It focuses on the special needs of children with disabilities as an entry point. Administrators, children with physical disabilities, support staff, members of the communities, specialist personnel provide services to children with physical disabilities in order to enhance self-esteem and independence hence and integrate them in the community.

Both experiential and documentary evidence from the literature reviewed indicate that the disability movement in Kenya is still at a formative stage from medical rehabilitation to the human right model (State of Disabled Peoples Right in Kenya, 2007). In recognition to this strategy, the Kenya government declared the year 1980 as the National Year for Persons with Disabilities. That was ahead of the 1981 United Nations Year of Disabled. However, people’s aggressive awareness campaigns of disability strategy and need for collaboration efforts were launched the same year. Notably, the efforts continued during the UN International Year of 1981. The same year CBR strategy was consolidated in Kenya and the concern was considered a suitable approach for actively involving communities in the change of attitude and acceptance of PWDs. The early initiatives for the strategy were through the Ministry of Health but other partners were involved especially non-governmental organization. To date however, community-based rehabilitation
programmes are few in Kenya because a lot of emphasis is on educational institutions as the literature revealed. Though Kenya has embraced CBR programmes there is a scarcity on knowledge about the provision of services to children with disabilities. The researcher intended to establish:

- Types of CBR services provided to children with physical disabilities in centres.
- Vocational training courses offered at CBR centres to children with physical disabilities.
- Establish facilities and equipment
- The extent of communities’ awareness on access to CBR services for children with physical disabilities.
- Education offered to children with physical disabilities at CBR centres and it is relevance to self-employment.
CHAPTER THREE

METODOLOGY

3.0 Introduction

This chapter explains the fundamental aspects associated with research design, variables, locale of the study, target population, sampling techniques and sample size, construction of research instruments, pilot study, validity, reliability, data analysis, logistical and ethical considerations.

3.1 Research Design

In this study, a descriptive survey design was used to describe characteristics of subjects or phenomenal attitudes (Bell, 2000). This design explored an in-depth and holistic understanding of social life. Both qualitative and quantitative measures were used to analyse the data. Qualitative data was derived from interview guide and observation checklist while quantitative data was derived from questionnaires.

3.2 Variables

3.2.1 Independent variables

The independent variables were services offered to children with physical disabilities in the CBR centres, vocational training skills, facilities and equipment for training and educational programmes for children with physical disabilities in the CBR centres. These factors influenced provision of rehabilitation services to children with physical disabilities and made a difference to them.
3.2.2 Dependent variables

The dependent variables were rehabilitation outcomes. Adequate vocational training skills, appropriate equipment, modified facilities, qualified personnel to deliver services, suitable curriculum and community sensitization led to children with physical disabilities being able to become independent. Inadequacy of vocational training skills, education programs inappropriate facilities and equipment, lack of awareness among community members led children with disabilities to live longer in community-based rehabilitation centres than they were expected to and further relied on their parents for support, and they lacked self-esteem and confidence.

3.3 Study Locale

The study was carried out in two CBR centres in Isiolo North Constituency within Isiolo County which is about 350 km from Nairobi, the capital city of Kenya. Isiolo town is geographically located at the centre of Kenya and lies on the Northern side of Mount Kenya. On the Eastern side it borders Meru County, on the Western Marsabit County. Residents of this region are pastoralists since it’s a semi-arid area. The researcher is familiar with the region and also the presence of children with physical disabilities. These have largely influenced the choice of CBR centres in Isiolo County.

3.4 Target Population

The study targeted all children with physical disabilities in the two community-based rehabilitation centres in Isiolo County, that is Isiolo
community-based rehabilitation and Jesus Mary Joseph rehabilitation centres housing 40 children with physical disabilities and 14 personnel who provided different services in the CBR centres, the two administrators who coordinated all the activities carried out in the CBR centres, 14 support staff who provided different activities and 20 parents of the children with physical disabilities who would be in attendance during parents meeting at the CBR centres. The target population was 90 respondents from which the sample size was drawn.

3.5 Sampling Techniques and Sample Size

3.5.1 Sampling Techniques

The researcher used purposive sampling to select the respondents for the study. The administrators of the respective CBR centres and the personnel who included physiotherapists, occupational therapists, nurses, counsellor, social workers, and teachers were selected because they were the key informants of the study. Support staffs were purposively selected because they were directly in touch with the children with physical disabilities most of the time. The children with physical disabilities were purposively selected as they were recipients of services in the CBR centres. Finally, parents of the children with physical disabilities in the centres were purposively selected as respondents because the researcher was in touch with them during parents meetings.
3. 5.2 Sample Size

The target population consisted of 90 respondents out of which formed the sample size of 73 respondents. They were selected using the following statistical formula which is used to calculate sample size in survey design given by $n' = n/1+ (n/N)$ (Saunders, Lewis & Thornhill, 2009). This formula was preferred because it can to be adjusted to sample size of less than 100,000.

$n' = \text{required sample size}$

$n = 384$ (used for target population of less than 100,000)

$N = \text{Target population.}$

Using the above formula the sum of the sample size

$n' = n/\{1+n/N\} = 384/\{1+384/90\} = 384/\{1+4.26\} = 384/5.27 = 72.8$

$n' = 73$ respondents represented 89.5% of the target population. The sample size were presented in table 3.1
Table 3.1 Sampled grids of children with physical disabilities at two CBR centres.

<table>
<thead>
<tr>
<th>Respondents</th>
<th>Jesus Mary Joseph CBR centre: Target population</th>
<th>Isiolo community rehabilitation Target Population</th>
<th>Jesus Mary Joseph CBR centre: Sample Size</th>
<th>Isiolo community rehabilitation centre: Sample size</th>
<th>Total Sample Size of the two CBR centres</th>
<th>Total Target Population Of the two CBR centres</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children</td>
<td>13</td>
<td>27</td>
<td>12</td>
<td>18</td>
<td>30</td>
<td>40</td>
</tr>
<tr>
<td>Administrators</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Parents</td>
<td>7</td>
<td>13</td>
<td>6</td>
<td>12</td>
<td>18</td>
<td>20</td>
</tr>
<tr>
<td>Personnel</td>
<td>5</td>
<td>9</td>
<td>4</td>
<td>9</td>
<td>13</td>
<td>14</td>
</tr>
<tr>
<td>Support Staff</td>
<td>5</td>
<td>9</td>
<td>3</td>
<td>7</td>
<td>10</td>
<td>14</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>31</strong></td>
<td><strong>59</strong></td>
<td><strong>26</strong></td>
<td><strong>47</strong></td>
<td><strong>73</strong></td>
<td><strong>90</strong></td>
</tr>
</tbody>
</table>

Isiolo Community-Based Rehabilitation centre has double the population of children with disabilities than that of Jesus Mary Joseph rehabilitation centre.

3.6 Instruments

Questionnaires, interview guide and observation checklist were used as research instruments in the study.

3.6.1. Questionnaires

The researcher used structured closed questions, which were used in collecting information on the types of services offered, vocational training skills, facilities and equipment available, and activities carried out in the CBR centre.
centres. Questionnaires were given to professionals who had knowledge on the types of services, vocational training skills as well as educational programs offered to children with physical disabilities receiving services in CBR centres, and to support staffs who assist children with physical disabilities in different activities. Finally, 10 structured closed questionnaires were administered to 30 children with physical disabilities in the centres.

3.6.2 Interview Schedule

A semi-structured interview guide conducted on one to one basis derived from the study objectives was used to collect in-depth information from the two administrators and parents of children with disabilities in CBR centres. The open-ended questions helped the researcher in obtaining data that was more complete by probing deeply the respondents. Interviewing has the advantage of allowing the interviewer to solicit information from a respondent and seek clarification on the spot if necessary.

3.6.3 Observation Checklist

An observation checklist was utilized to record the conditions facilities and appropriateness of the equipment in the centres such as sewing machines, wheelchairs, carpentry tools and beds. Activities carried out by children with physical disabilities in the centres, services and vocational training skills were also observed.
3.7 Pilot Study

Prior to visiting the CBR centres for data collection, the researcher pre-tested the instruments at Maua Methodist Rehabilitation centre in neighbouring Meru County; the centre used for piloting was not included in the final sample. This centre had children with physical disabilities just like the CBR centres where the actual study was conducted. The centre offered vocational training, educational programs and counselling and the same services were offered in the two CBR centres in Isiolo County. The pilot study sample had a total of 30 participants, one administrator, 5 personnel, 3 support staff, 4 parents of the children with physical disabilities and 17 children. The purpose of piloting was to improve validity and reliability of research instruments (Mc.Clave and Sincich, 2000).

3.7.1 Validity

Validity refers to whether the instruments are measuring what they are intended to measure. In order to establish the validity of the instruments, the researcher discussed them with her supervisors in the Department of Special Needs Education at Kenyatta University who were well versed in the area being studied. There were amendment of items, support staff’s item number 8 was deleted, personnel questionnaire item number 6 was added more information to enable the researcher to capture more data. Comments and suggestions that ensued from the discussions were considered by the researcher in improving the instruments before data collection was done.
3.7.2 Reliability

Reliability involves giving the same test on two separate occasions and studying the correlation between the results from the two testing (Orodho, 2008). Reliability of the questionnaires for this study was established using the Test-Retest method. The questionnaires were administered to the subjects selected for piloting who did not participate in the main study. The responses from the questions were analysed manually. After two weeks, the questions were given to the same respondents and the answers scored manually. Comparison of the answers obtained from both occasions was done by calculating the correlation coefficient using the Pearson Product Moment correlation coefficient formula (r) of about 0.75 which was considered high enough to judge the reliability of instruments (Orodho, 2008).

3.8. Data Collection Procedure

The researcher visited the CBR centres a week before the initial date of data collection for the purpose of introduction, familiarisation and setting dates for the data collection. The researcher agreed with the administrators to stay for two weeks in each centre collecting data. During the actual days that were Monday to Friday of collecting the data the researcher provided the questionnaires to the personnel, support staff and children with physical disabilities and requested them to answer them appropriately. The researcher administered the semi-structured interview guide to the administrator and coordinators of the CBR centres. During the session, the researcher was tape-recording the information given by the administrator. Afterwards, having had
consultation with the administrator, the researcher met the parents and explained to them the purpose of the study. The researcher administered semi-structured interview guide to parents and captured their responses through note taking. Finally, the researcher observed different services carried out, such as vocational training skills, equipment and facilities in the centres and activities performed by children with physical disabilities in the centres and the information was gathered through note taking.

3.9 Data Analysis

Data collected was analyzed using descriptive statistics. The analysis procedure employed qualitative and quantitative procedures. In qualitative data, the researcher analysed interview guide questions and observation checklist were analyzed and coded the transcripts according to the themes hence narrated the findings using graphics and direct quotations to show the relationship between the variables. Quantitative data analysis was used in analysing questionnaires which had been duly filled using Statistical Package of Social Science (SPSS) programme. The data was then presented in frequency tables and histograms to give a clear visual presentation.

3.10 Logistical and Ethical Considerations

The researcher obtained an introductory letter from the Graduate School at Kenyatta University and went to the Permanent Secretary in the Ministry of Higher Education Science and Technology to seek permission to carry out the research. A preliminary visit was made to the community-based rehabilitation
centres to book appointments for the research. This was in order to establish rapport with the administrators, children with disabilities and the personnel to discuss the relevance of the study. The researcher assured the respondents that the information given was confidential and was to be used for academic purposes only and that the results of the findings would be available at Kenyatta University and the National Council for Science and Technology libraries where it would be made accessible to all.
CHAPTER FOUR

DATA ANALYSIS, RESULTS AND DISCUSSION

4.0 Introduction

This chapter presents the data analysis and discussion of the study findings. The data was presented in the form of frequencies and percentages using pie chart, graphs and charts. The data presented covers response rates for the questionnaire, interviews and what the researcher observed. The objective of the study was to investigate the factors influencing provision of services to children with physical disabilities in two community-based rehabilitation centres in Isiolo North constituency within Isiolo County. The findings of the study were discussed under the following themes derived from the research questions:-

i) Types of services offered at CBR centres.

ii) Vocational training skills offered at CBR centres.

iii) Facilities and equipment found at the CBR centres.

iv) Community awareness of access to CBR services in Isiolo County.

v) Enrollment and completion rate for children with disabilities in CBR centres.
4.1 Types of Services in CBR Centres

This study sought to establish the types of services offered to children with physical disabilities in the CBR centres. They included medical services, vocational training, educational programs, counseling and social work. Data collected from the administrators and personnel responses is presented in table 4.1.

<table>
<thead>
<tr>
<th>Service</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social work</td>
<td>2</td>
<td>15.4</td>
</tr>
<tr>
<td>Sensitizing the community</td>
<td>3</td>
<td>15.4</td>
</tr>
<tr>
<td>Counselling</td>
<td>4</td>
<td>30.7</td>
</tr>
<tr>
<td>Physiotherapy</td>
<td>1</td>
<td>7.7</td>
</tr>
<tr>
<td>Occupational therapy</td>
<td>1</td>
<td>7.7</td>
</tr>
<tr>
<td>Vocational training skills</td>
<td>2</td>
<td>15.4</td>
</tr>
<tr>
<td>Educational programs</td>
<td>1</td>
<td>7.7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>13</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

The study found out that the provision of counseling services was highest at 30.7% whilst the others were as follows: social work services 15.4%, sensitizing the community 23.1%, physiotherapy 7.7%, occupational therapy 7.7%, vocational training skills 15.4% and educational program 7.7%. This shows that the majority of services were not satisfactorily rendered to children with physical disabilities.
The researcher also established that the number of personnel offering services in the CBR centres was vital to the study since they determined the types and caliber of services offered to children with physical disabilities and the community members at large. This is presented in table 4.2

**Table 4.2 Distribution of the personnel in the CBR Centres**

<table>
<thead>
<tr>
<th>Professional</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trainers in vocational skills</td>
<td>1</td>
<td>7.7</td>
</tr>
<tr>
<td>Teachers</td>
<td>2</td>
<td>15.4</td>
</tr>
<tr>
<td>Social workers</td>
<td>2</td>
<td>15.4</td>
</tr>
<tr>
<td>Counsellors</td>
<td>4</td>
<td>30.7</td>
</tr>
<tr>
<td>Physiotherapists</td>
<td>2</td>
<td>15.4</td>
</tr>
<tr>
<td>Occupational therapist</td>
<td>2</td>
<td>15.4</td>
</tr>
</tbody>
</table>

The distribution of the personnel was to establish the appropriateness and effectiveness of skills delivered to the children with physical disabilities in the CBR centres. The distribution of professional staff was as follows: physiotherapists 15.4%, social workers 15.4%, teachers 15.4%, occupational therapist 15.4%, counselors 30.7% and social worker 15.4% and trainers in vocational skills 7.7%. The result is that the increasing enrollment in the CBR centres would not be catered for in terms of personnel.

The study also sought to examine the academic qualification of the personnel. This was considered important as an indicator of professional relevance of
working in community-based rehabilitation centres. The information is presented in figure 4.1.

**Academic Qualification of the Personnel**

![Bar chart showing academic qualifications of personnel]

**Figure 4.1 Personnel qualification**

Figure 4.1 indicated that 12% were certificate holders, 70% had a diploma only 18% had university degree. This shows that the personnel were academically qualified but at non-graduate level. However their services were limited by the unavailability of the necessary equipment and tools used by children with disabilities during rehabilitation. The finding showed that the support staffs were working with other professional to improve the skills of children with physical disabilities. The teacher aids made sure that they enhanced the skills learnt especially activities of daily living. It was also important for the researcher to examine the academic qualification of teachers and figure 4.2 presents the results.
The study established that the majority of the teachers (50%) were P1 trained teachers (certificate holders) followed by diploma holders which constituted (35%) while the graduate teachers consisted (15%) of the total teacher population. It was established that of the entire teachers’ population found in CBR centres 81.8% were trained in special needs education while 18.2% were trained in social work. It was noted that educational programs were not delivered as effectively as expected. The researcher established that the administrators did not work hand in hand with the Ministry of Education. Therefore it was quite difficult to use the relevant curriculum for children with disabilities which could benefit them in future. The Disability Act enacted in 2003 in Kenya provides for the right and privileges of PwDs such as education, health rehabilitation services and funding in general (Taskforce 2003 Ministry of Education)). Kenya has seen a positive move towards the provision of services for persons with disabilities. Despite this positive move
the provision of services such as speech therapy, vocational training, occupational therapy, physiotherapy, social work and sensitization are still inadequate. The administrators, in their view, emphasized that some of the services were not effectively delivered due to lack of enough equipment and facilities which they attributed to a lack of finances. However, they observed that the services offered to children with physical disabilities had been very helpful especially in gaining skills’ such as mobility thereby enabling the PwDs to become self-reliant.

This insufficiency impedes the capacity of children with physical disabilities to lead independent lives. This vindicates the World Bank Report of March 2004 to the effect that provision of services such as educational programmes, vocational training, and medical services for PwDs was still inadequate and inefficient in most developing countries, Kenya included.

4.2 Vocational Training Skills Offered at the CBR Centres

The second research question sought to establish the types of vocational training skills offered at the CBR centres. The data collected indicated a number of vocational skills were offered in CBR centres as shown in table 4.2. The researcher observed that tailoring was offered because there were finished garments such as dresses, shorts and blouses. The presence of other items such as necklaces, bangles, baskets, stools, bags and sweaters indicated existence of other vocational activities.
Table 4.3 Types of Vocational Training Skills Offered in CBR Centres

<table>
<thead>
<tr>
<th>Vocational Training</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tailoring</td>
<td>7</td>
<td>17.5</td>
</tr>
<tr>
<td>Basketry</td>
<td>4</td>
<td>10.0</td>
</tr>
<tr>
<td>Knitting</td>
<td>6</td>
<td>15.0</td>
</tr>
<tr>
<td>Bead making</td>
<td>15</td>
<td>37.5</td>
</tr>
<tr>
<td>Leather work</td>
<td>3</td>
<td>7.5</td>
</tr>
<tr>
<td>Craft/woodwork</td>
<td>5</td>
<td>12.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>40</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

Table 4.3 shows the types of vocational training offered at CBR centres. Bead-making is highly offered as it had 37.5%, followed by tailoring 17.5%, knitting15%, craft/woodwork 12.5%, basketry 10% and leather work 7.5%.

The findings indicated that bead-making was highly offered because it did not require very high technical skills. It was established that bead making and tailoring were focused leaving upholstery either untouched or inadequately taught. Enquires from the trainers and instructors as to why this area was almost neglected revealed that it was costly to undertake practical lessons in upholstery because it demanded a lot of material and industrial machines that were unavailable in CBR centres.

This information was triangulated with findings from the administrators during the interviews who echoed vocational training skills are offered at CBR centres but they argued that the skills were not effectively disseminated especially basketry and leather work were few because they required highly qualified personnel and the material were expensive. Among the vocational
training skills offered, bead-making was more emphasized because it did not require very highly qualified personnel and the children could work under little supervision. The personnel emphasized that bead-making attracted highest percentage of children with physical disabilities. The findings revealed that there was a serious gap between the vocational training skills offered at the CBR centres and the outcome of the training. After acquiring vocational training skills, children with physical disabilities should become independent and not remain in the CBR centres or go to the streets.

4.3 Training Facilities and Equipment

The third research question sought to find the appropriateness and availability of facilities such as workshops, equipment such as wheelchairs, parallel bars, and crutches for rehabilitating children with physical disabilities. Responses from the personnel and children with physical disabilities compiled with what the researcher observed, equipments and facilities were appropriate to the needs. The findings were indicated in figure 4.3.
Figure 4.4 Classroom Condition

Figure 4.4 shows personnel responses on the classroom condition. 34.4% indicated that it was good, 15.40% was very good, 15.40% indicated that the only class available was excellent, while on the other hand 7.70%, indicated that the classroom was in poor and very poor condition respectively, 15.40% did not respond. It was found out that individuals who use wheelchairs had difficulties in moving around in the classroom. This could be interpreted to mean that whereas the classroom was in good condition for other children there was room for improvement. The responses indicated that there were teachers who were contented with the conditions of the classroom. The researcher observed that the room needed to be modified to accommodate children using different assistive devices such as wheelchairs and crutches.
Figure 4.5 Condition of Sewing Machines

Figure 4.5 shows that 46.2% of the sewing machine in the CBR centres were good and above, 30.8% were in poor condition and could not be used by children with disabilities and 23% were non-committal. This implies that the few sewing machines in good condition could not cater for all the children with physical disabilities who were interested in making dresses. It was also established that there was shortage of materials for practical work for practice,
**Figure 4.6 Maintenance of Wheelchairs**

Figure 4.6 indicates the condition of the wheelchairs which were used by the children with physical disabilities. 30% of the wheelchair were in poor condition and could not be used. 38.5% of the wheelchairs were good, while 23.8% were very good and 7.7% were excellent. This implies that the wheelchairs which were in good condition were not enough for all children with physical disabilities in the CBR centres. The researcher established that due to a lack of mobility devices, some children with physical disabilities were forced to be confined either in their beds or on a chair for some time until an appropriate wheelchair was available to assist them to move around.
Table 4.4 Assistive devices found in the CBR Centres

<table>
<thead>
<tr>
<th>Device</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wheelchairs</td>
<td>7</td>
<td>28.0</td>
</tr>
<tr>
<td>Crutches</td>
<td>3</td>
<td>12.0</td>
</tr>
<tr>
<td>Splints</td>
<td>4</td>
<td>16.0</td>
</tr>
<tr>
<td>Cossets</td>
<td>1</td>
<td>4.0</td>
</tr>
<tr>
<td>Commode chairs</td>
<td>4</td>
<td>16.0</td>
</tr>
<tr>
<td>Callipers</td>
<td>2</td>
<td>8.0</td>
</tr>
<tr>
<td>Polio boots</td>
<td>2</td>
<td>8.0</td>
</tr>
<tr>
<td>Walkers</td>
<td>1</td>
<td>4.0</td>
</tr>
<tr>
<td>Parallel bars</td>
<td>1</td>
<td>4.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>25</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

Table 4.4 showed assistive devices used by children with disabilities in the centres and gives the responses presented by the personnel and interview with administrators who participated in the study. They confirmed the number of assistive devices in the CBR centres as being wheelchair 28%, crutches 12%, splints 16%, cossets 4% commode chairs 16%, callipers 8%, walkers 4%, parallel bars 4% and polio boots 8%.

Assistive devices were equipment used for rehabilitating children with physical disabilities in the centres to facilitate mobility and improve body posture. The researcher established that the assistive devices were inadequate compared to the population of the children with physical disabilities in CBR centres. In this respect, the services which were supposed to be delivered effectively turned out to be unsatisfactory. These findings agree with Hallahan....et al (2009) who pointed out that children with physical disabilities have physical
limitations which interfere with school attendance or learning to such an extent that special services, training equipment, materials or facilities are required. Therefore, the community-based rehabilitation centres needed equipment for children with physical disabilities to train efficiently.

4.4 Community Awareness and Access to CBR Services in Isiolo County

The fourth research question sought to establish awareness of the community members on access to community-based rehabilitation services in the centres. Questionnaires distributed to the personnel and interviews with administrators revealed community access and awareness. Figure 4.7 presented the information.

Community Awareness and Access to CBR Services

![Bar Chart]

**Figure 4.7 Community Awareness**

Data collected indicated that all means of communication were used to disseminate information and create awareness. The distribution of community awareness of services offered in the CBR centres indicated in percentages
revealed that home visits were highest with 53.80%, posters 7.70%, media announcement 7.70% while 30.80% did not respond. This distribution of the level of awareness presupposes some awareness activity within the communities within which these CBRs are located. Anderson... et al (2006) posits that the concept of community participation and quality of life for PWDs are paramount to the planning and delivery of quality health and social care services. It therefore became imperative to find out the ways in which this awareness creation was done. It was established that the social workers and other members of CBR centres used different methods of sensitizing the community. Through mass media and home visit the community members are sensitized about services offered at the CBR centres. The result is that they accepted that disability is not inability and believed that after rehabilitation their children with physical disabilities would fully integrate into the society, with minimized disabilities and be empowered to be independent.

Helander (1995), noted that disability leads to considerable social, economic and emotional withdrawal not only among children with physical disabilities but also their families and the wider community. Thus, without effective rehabilitation measures being carried out, persons with disabilities particularly children with physical disabilities may lead unhappy lives and become burdensome to the society generally. Therefore, parents of children with physical disabilities are encouraged to enroll their children in CBR centres and sensitize them about the importance of rehabilitation services.
The administrators managing community-based rehabilitation centres agreed that the number of children with physical disabilities was a little higher compared to the year when they were established in 2002. However there was a widespread feeling among parents that it was difficult for their children with physical disabilities to secure competitive income generating employment after leaving CBR centres.

Interviews with parents revealed that among the services offered, counseling was the most continuously rendered service. The parents revealed that they learn a lot from each other especially during meetings. They socialized a lot and this has encouraged them to accept the conditions of their children with physical disabilities. It was also established that the parents of the children with physical disabilities visited their children at the CBR centres. Figure 4.8 indicate the frequency of the parents’ visits.

![Bar chart showing parents' visits to CBR Centres]

**Figure 4.8 Parents visits to CBR Centres**

Figure 4.8 shows that 88% of the total population of the parents visits their children twice a term, 8% visit only once and 4% did not commit themselves.
Findings show that the parents are concerned with their children at the CBR centres. It was important to understand the community perceptions of the services provided by examining the relationship between the CBR centres personnel and the community at large. During the interview, the parents were able to explain their relationship with the administrators and the personnel who render services to the children. The findings are indicated in figure 4:9

**Figure 4.9 Relationship between the personnel and community (N=13)**

Figure 4.9 indicated that 27% of community members said the relationship with the professional working in CBR centres was very good, 43% said it was good while 30% were not sure. It was observed that the relationship between the community members and the professionals was good and more than half of the community members had accepted the existence and services rendered by CBR centres in Isiolo Constituency. Despite this acceptance, there seems to be more room for improvement especially at the level of awareness within the community. Perhaps, this explains why the social workers themselves have taken up the role of sensitizing the community.
They have learnt that the community itself had the capacity to empower persons with disabilities.

Lysack & Kaufert, (1994). Pointed out that in environment where services to children with physical disabilities are seriously limited or wholly lacking, the children with disabilities, the family, the community and health professional collaborate to provide needed services such as counselling, physiotherapy, occupational therapy and vocational skills community participation and therefore produce positive results.

4.5 Enrolment and Completion Rates for Children with Disabilities in the CBR centres.

The final research question sought to establish the year children with disabilities were enrolled in CBR centres and how long they took to complete rehabilitation services. The findings are presented in figure 4.10.

![Figure 4.10 Enrolment trend](image-url)
The findings indicated that the earliest admission of a child in the centre was 2002 when the CBRs were established and he was still in the centre during the data collection in 2011. This indicated that the child with physical disability had not acquired any vocational training skill as the time of data collection. Data revealed the progress of enrollment from the year 2002 through to the year 2011. In 2002 the children with physical disabilities admitted were 10 (34%), the following year they were 8 (25%), in 2005 the population increased to 16 (54%) and the year 2006, the CBRs enrolled the highest number of children with physical disabilities 19 (62%). However, the enrolment trend was seen to be showing a decline by the time of data collection because the number of children with disabilities enrolled in 2011 was 14 (45%) and the previous year was still the same. This could be attributed to the kind of services offered at the centres thereby discouraging parents from enrolling their children with disabilities in the CBR centres.

4.5.1 Gender of the Children with Physical Disabilities in the CBR centres

The researcher also established the gender of the children with disabilities in CBR centres. It was of particular importance to the study as it gave the researcher the general information on those who participated in the study. Figure 4.10 presented this information
Figure 4.11 Genders of children with physical disabilities

The male respondents constituted 62% (19) while the female respondents constituted 38% (11) of the entire respondents’ population. The data collected indicated that the percentages of male children with disabilities who were found in the CBR centres were higher than that of the females. This indicated that there were more male children with physical disabilities taken to the CBR centres by their parents than the females.

The completion rate of the children with physical disabilities at the CBR centres was sought. Interviews with the administrators and personnel responses revealed the number of children with disabilities who have completed training in different services since the establishment of CBRs was 60% while 40% have not completed since they were enrolled. Figure 4.12 presented this information.
The findings indicated that many children took a long time to learn skills especially on vocational training, activities of daily living and mobility. About 60% (18) of the population of the children with disabilities had completed the training they enrolled in while 40% (12) had remained in the CBR centre. This could be as a result of the type of vocational training courses they were under taking or the severity of their disability. This is indicated in Figure 4.13

Figure 4.13 Future Plans for Children with Disabilities

Figure 4.13 shows that 16% of children with disabilities intend to remain in the CBR centres after completing their courses, 8% said that they would go to
the street, 44% said that they would start a small business, 32% did not indicate what they would like to do in the future. The results showed that there was discrepancy between the services offered in the CBR centres and the outcome of the intended functions such as gaining skills to start economic generating activities after leaving the CBR centres. The responses from the children with physical disabilities in the CBR centres indicated that they were not benefitting from service because their desire after undergoing rehabilitation services was to go to the street or remain in the CBR centres while others were not sure of what to do with themselves. Smith (2001), echoed that an enormous effort had been made in other countries especially in the USA, to enable persons with disabilities to live an independent life. Therefore, with appropriate medical care, vocational training, educational programme and relevant rehabilitation services children with disabilities would be psychologically prepared and motivated to engage in meaningful economic activities.
CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.0 Introduction

This chapter presents the summary of the factors influencing provision of community-based rehabilitation services to children with disabilities. The key study findings and the conclusions made were based on the study findings in connection with the objectives, recommendations and suggested areas for further research in education.

5.1 Summary of Research Findings

The findings of this study established that with an adequate provision of services such as medical, vocational skills and educational programme by qualified and trained personnel, children with physical disabilities in CBR centres would be fully integrated into the general mainstream of society. The vocational training skills offered did not meet the needs of some children to enable them start income generating economic activity. There were limited equipments and facilities available, sensitization of community members was not sufficient, the enrolment of children with physical disabilities at the time of establishment the year 2002 was 34%. The year 2006 recorded the highest number of children with physical disabilities totaling to 62% compared to the period CBR centres were started in 2002. However, in the subsequent years up to the 2011 the population of children with physical disabilities did not
only show a decline but they also took long time to learn any vocational training skills.

The first findings established that the services offered in the CBR centre were physiotherapy, counseling, speech therapy, vocational training, occupational therapy, advocacy, mobility, community sensitization, educational program and Social work. It was noted that these services were not adequately provided except for bead-making, whose provision appeared not to require specialist equipment. The data revealed that with an improvement of services children with physical disabilities would fully become self-reliant.

The second finding showed that vocational training skills offered at the CBR centres in Isiolo County include; tailoring, basketry, bead making, knitting, leather work and cookery. The study established that these vocational courses were limited and the children with physical disabilities had no choice selection of what they wished to learn due to a shortage of equipment, materials and personnel to train them. The data revealed that the children needed exposure and guidance on the vocational courses which would provide them with future self employment. The parents’ responses during the interview confirmed that vocational training was not effectively rendered because once the children left the CBR centre they were still unchanged. This could be attributed to the type of vocational courses they undertook. The parents revealed that the vocational training skill common in the CBR centre was bead making and this matched with responses collected from the
personnel. During the observation schedule the researcher established that some practical work such as carpentry was done manually resulting to time consumption. Other courses such as knitting, tailoring, leatherwork and cookery were minimal because tools and materials needed by teachers were either inadequate or unavailable altogether. The consequences of limited vocational training skills opportunities offered to children with physical disabilities was once they left the CBR centres they could not start any income generating activities as they were expected to do after rehabilitation. These findings contrast with other literature which emphasized that, vocational training aims at raising efficiency and effectiveness of the training system by making it more relevant to the current and projected opening in the economy (Republic of Kenya 1998, Ministry of Education).

The third finding established that there were rehabilitation facilities and equipments such as beds, wheelchairs, classroom, and sewing machines. Equipment such as wheelchairs enhanced the mobility of children with physical disabilities and others assisted them to gain skills in vocational courses. Some classrooms were modified to allow children with physical disabilities to move freely in CBR centres. However, other facilities available were not good enough to cater for children with disabilities in CBR centres. A majority of children with physical disabilities use wheelchairs, crutches, and walkers to facilitate mobility. It was also established that there were no facilities to make adaptive aids and without appropriate facilities and adequate equipment children with disabilities could not be self-reliant. Thus,
it could lower their self-esteem and lead to lack of motivation to be independent.

The fourth finding established that the administrators and social workers had used different means to sensitize the community members about the different CBR services offered. The result indicated that 69.2% of the parents were aware of the rehabilitation services received through media, posters, and home visit. Parents of children with physical disabilities were however observed to be visiting their children with physical disabilities to the CBR centres.

The fifth finding indicated that the number of children with physical disabilities enrolled increased to 62% in 2006 from 34% in 2002 when CBR centres started. However, since then the enrolment trend was on a decline, a trend attributed to the type of services offered at CBR centres which could have been inefficient. The finding indicated that of the children with physical disabilities who enrolled 60% percent left CBR centres, while 40% remained at CBR centres. The study showed that children with disabilities at the community-based rehabilitation centres were taking many years to learn to be self-reliant and independent, during the time of data collection the longest period a child had lived in the CBR centre was eight years. According to Article 23 of the United Nation Conventions on the rights, a child with disability was entitled to full and dignify decent life, and participate in the affairs of the community (UN-CRC, 1989; 23). Therefore children with
physical disabilities should have greater access to self-employment through various vocational educational training, educational program and medical services if they are effectively delivered.

5.2 Policy Implications of the Research Findings

In the light of the findings from the study, the community-based rehabilitation centres should establish well equipped centres with appropriate services such as educational, medical, vocational and counseling. The administrators need to consult the Ministry of Education for advice on the right curriculum to be used by children with physical disabilities in the centres to ensure that the education they receive would benefit them in acquiring the vocational skills they need.

The administrators and the members of the community should work in conjunction with the Ministry of Health in order to recommend health personnel who are qualified and who can work in the CBR centres such as physiotherapists, occupational therapists, nurses and counselors who would give medical care to enhance the mobility, activities of daily living and general health of the children with physical disabilities.

There is a need to improve the range of courses available for the children with physical disabilities which would benefit them after leaving the CBR centre. This will ensure that the children pursue courses within their interest rather than taking courses simply because they were being offered. There is
need to work with non-governmental organizations and churches to sponsor community-based rehabilitation centres to acquire needed equipment used in vocational training skills.

The professionals should be attending workshop and seminars on the areas of specialization to enhance their skills to impart to children with physical disabilities in CBR centres. This would be achieved in conjunction with official of the Ministries of Education and Ministry of Health.

5.3 Conclusions

From the foregoing summary, it is clear that the provision of services in the community-based rehabilitation centres were not adequate to cater for the needs of the children with physical disabilities to enable them lead an independent life. Therefore, before the establishment of the CBR centres the services to be provided needed to be catered for first and the personnel consulted to give advice on the needed facilities and equipment to be used.

Secondly the study concluded that the CBR centres did not receive any form of support from the government, and that the assistance the administrators got from the community was not enough to buy the needed equipment and materials used by children with physical disabilities. Also were lacking incentives to volunteer teachers and personnel who were giving services to the children with physical disabilities.

Thirdly, the study concluded that the curriculum used by the teachers was more of theory than practical work. The curriculum should guide children
with disabilities to determine the type of vocational course to enroll in to ensure acquisition of effective skills for work after training. Finally, the study concluded that the community members were aware of the rehabilitation services offered at the CBR centres and many parents with children with physical disabilities had accepted to take them for rehabilitation. However, there was still room to sensitize the community members on disabilities so that they could change their perception towards persons with disabilities.

5.4 Recommendations

It is on the basis of the findings that the following recommendations have been made.

i. The administrators in conjunction with the Ministries of Public Health and Medical Services should ensure that medical services provided to the children with disabilities are executed by qualified personnel for example nurses, physiotherapists and occupational therapist.

ii. The administrators and the personnel should enlighten children with disabilities on the value and importance of each service offered at the CBR centres.

iii. The community members and administrators should solicit for funds to expand vocational training skills to include computer, metalwork and leather work and the training of teachers on the current vocational trends. With this background knowledge the teachers would train children with disabilities in courses which would enable them to be
self-reliant after leaving the centre and start income generating activities. Therefore, workshops for practical work should be well resourced.

iv. The administration in conjunction with the Ministry of Social Services and Gender should organize seminars and workshops for the parents of the children with physical disabilities in capacity building on various skills such as activities of daily living and how to handle assistive devices. This would enhance the skills learnt during rehabilitation at home in order for children with physical disabilities to be self-reliant.

v. The administrators and community members should organize means of improving CBR facilities and purchase equipment by asking for support from well wishers.

vi. The members of the community should ensure that the environment of community-based rehabilitation centres was improved to ensure that children with physical disabilities move, function safely, conveniently and without obstruction.

vii) The Government of Kenya should review policies to improve the status of persons with disabilities. It should also support the community-based rehabilitation centres either materially or financially to improve the services provided.
5.5 Suggestions for Further Research

Based on the findings and conclusions of the study:

i) There is need for an intensive study to be conducted to find out the factors that influence provision of services to community based rehabilitation centres.

ii) A study should be conducted in any other part of the country to investigate the provision of services to children with disabilities in CBR centres.
REFERENCES


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APPENDICES
APPENDIX A

INTERVIEW FOR ADMINISTRATORS

The information you will give shall be treated as confidential during and even after the study. The researcher is therefore requesting for your co-operation and assistance. The information you give will be very important for this study.

1. **Gender**  Male  Female

2. Professional Qualification  (put a tick where appropriate)
   - Certificate
   - Diploma
   - University degree
   - Specify any other qualification

3. Why was the Community-Based Rehabilitation centre established?

4. How many children with physical disabilities are in the centre?

5. State types of services you provide to children with disabilities in the centre?

6. What types of vocational training skills do you offer to children with physical disabilities in the CBR centre?

7. Are the services you provide to the children appropriate to enable them find future employment or be self- sustaining? explain briefly

8. Are facilities in the CBR centre convenient for children with disabilities to carry out their activities without setbacks? explain briefly
9. What equipment is used by the personnel to train the children with physical disabilities in the CBR centre?

10. How do you involve the community members in sustaining the CBR centres?

11. What problems do you experience in offering services to children with physical disabilities at the centre?

12. In which ways do you encourage the parents of children with physical disabilities to bring their children in the CBR centre?

13. What help do you receive from the Kenyan government?

14. What is the average age of the children with physical disabilities who receive CBR services?

15. Where do the children go after they receive vocational training skills

    Thank you for your cooperation
APPENDIX B
AN INTERVIEW GUIDE FOR PARENTS

Please, provide the following information about yourself and the institution. All the responses will be accorded strict confidence and only used for the purpose of this study.

Gender  Male  Female
1. Profession
2. How did you learn about community-based rehabilitation services in Isiolo North Constituency, in Isiolo County?

3. Give one reason why you brought your child with physical disability to the CBR centre?

4. In your opinion, are the personnel effectively rehabilitating children with physical disabilities?
5. In which way do you contribute towards sustaining the CBR centre?

6. Have you undergone any vocational, medical or social training to assist the child with the physical disability?

7. Do you know how to handle the equipment found in the CBR centre appropriately and effectively?

8. How old was your child with physical disability when you brought him/her to CBR centres?

9. How do you relate with personnel in the CBR centre?

10. What are your plans for your child after completing vocational training or other services offered in the CBR centre?

11. Finally, as a parent how can you create awareness among the members of your community on services offered at CBR centres?

Thank you for your time
APPENDIX C

QUESTIONNAIRE FOR PERSONNEL

Please provide the following information about yourself and the institution as accurately as possible. All the responses will be accorded strict confidence and will be used for the purpose of this study only.

SECTION A: GENERAL INFORMATION
1. Gender: Male        Female
2. Designation:
3. Academic Qualifications:
   a) Certificate Level
   b) College Diploma
   c) Graduate

4. Professional Qualification: (put a tick where appropriate)
   a) Trained in Special Education
   b) Counselling
   c) Psychologist
   d) Social worker
   e) Specify any other

SECTION B
5. Below are expected types of community-based rehabilitation services and training offered to children with physical handicap in the centres.

Respond by ticking the services offered in your centre.

☐
Services

A. Counselling
B. Physiotherapy
C. Support Staff
D. Educational programmes
E. Vocational training
F. Occupational therapy
G. Community Sensitization
H. Rehabilitation services
I. Social work services.

Indicate by ticking in the box your opinions about adequacy and appropriateness of the facilities and equipment in the centre.

A. Excellent  B. Very good  C. Good  D. Poor  E. Very poor

<table>
<thead>
<tr>
<th>Facility</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wheel chairs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sewing machines</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Workshops</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ramps</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Classrooms</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crutches</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. Below are vocational training skills offered to children with physical disabilities at CBR centre. Respond by ticking in the box

- Tailoring
- Basketry
- Knitting
- Bead making
- Craft/wood
- Leather working

7. Which method do you use to sensitize the community? (put a tick where appropriate)
   - Visit at home
   - Use of posters
   - Announcement through media
Specify any other_____________________________________

8. How do the parents of the children with physical handicap relate with you? (put a tick where appropriate)
   • Very well
   • Passive
   • Not friendly
   Specify any other_____________________________________

9. How do you relate with the community? (put a tick where appropriate)
   • Very well
   • Fairly well
   • Poorly

11. How do you relate with the administrators? (put a tick where appropriate)
    • Very well
    • Fair
    • Not sure
    Specify any other_____________________________________

12. What problems do you encounter while carrying out your duties? (put a tick where appropriate)
    • Lack of equipments and facilities
    • Finances
    • Lack of cooperation
    Specify any other_____________________________________

13. How do the children respond to educational services offered? (put a tick where appropriate)
    • Very well
    • Well
    • Fairly well
    Specify any other_____________________________________

14. What is the percentage of the children who complete their course annually? (put a tick where appropriate)
    • Below 5%
    • 10%
    • 50%
    • Above 60%

15. How often do you attend organized workshop in your area of specialisation? (put a tick where appropriate)
    • Once a year
    • After six months
    Specify any other_____________________________________

16. What suggestions can you give to improve services delivered to children with physical disabilities in CBR centres? ____________________________

   Thank you for your cooperation
APPENDIX D

A QUESTIONNAIRE FOR SUPPORT STAFF

Please provide the following information about yourself and the institution as accurately and honestly as possible. All the responses will be accorded strict confidence and will be used for the purpose of this study only.

SECTION A: GENERAL INFORMATION

Male Female

1. Designation:

2. Academic Qualifications:
   a) Certificate Level
   b) College Diploma

Specify any other

3. Professional Qualification: (put a tick where appropriate)
   a) House keeper
   b) Driver
   c) Secretary
   d) Cook
   e) Teacher Aide

Specify any other course ________________________________

4. What role do you play in assisting the children with physical disabilities in the community-based rehabilitation centre? (put a tick where appropriate)
   • cooking
   • Cleaning
   • Driving
   • Activities of daily living

Specify any other ________________________________

5. What problem do you encounter while handling children with physical disabilities in the CBR centres? (put a tick where appropriate)
   • Lack of knowledge of available equipment.
   • Cooperation from children with physical disabilities
Specify any other ______________________________________

6. What is your relationship with the community where the children with physical disabilities come from? (Put a tick where appropriate)
   - Very well
   - Well
   - Fairly
   - poorly

7. What problems do you encounter when carrying out your duties? (Put a tick where appropriate)
   - Finances
   - Lack of cooperation from personnel
   - Inadequate time to cater for activities

Specify any other ______________________________________

8. How often do you attend refresher courses to enhance skills to handle children with physical disabilities in the CBR centres? (put a tick where appropriate)
   - Once a year
   - Twice a year

Specify any other ______________________________________

9. What assistance do you get from the administrators for motivation? (Put a tick where appropriate)
   - Finances
   - Incentives

Specify any other ______________________________________

10. As a person working for children with physical disabilities in CBR centres what characteristics should you portray? (Put a tick where appropriate)
    - Patient
    - Motivator
    - Empathetic
    - Skilful

Specify any other

Thank you for your cooperation
APPENDIX E

A QUESTIONNAIRE FOR CHILDREN

Please, provide the following information about yourself and services offered at the CBR centres as accurately and honestly as possible. Write your responses in the spaces provided. All the responses will be treated in strict confidence and only used for the purposes of this study.

**Read the questions carefully**

Indicate your sex
Gender  Male  Female

1. When were you enrolled in this institution?

2. Who caters for your upkeep (Put a tick where appropriate)
   - Government
   - Parents
   - Guardian
   - Specify any other

3. Which course do you undertake? (Put a tick where appropriate)
   - Tailoring
   - Carpentry
   - Knitting
   - Leather work
   - Specify any other_____________________________

4. How often do you train in other services such as physiotherapy, mobility, occupational therapy? (Put a tick where appropriate)
   - Once a week
   - Once a month
   - Daily
   - Specify any other_____________________________

5. Are the facilities and equipment for training appropriate and available? (Put a tick where appropriate)
   - Well equipped
   - Well maintained
   - Not available
Specify any other

6. Below are some of the assistive devices you use. Respond by ticking the items you use

Wheelchair
Crutches
Splints
Cossets
Commode chairs
Callipers
Polio boots
Walkers
Parallel bars

7. How often do your parents visit you? (Put a tick where appropriate)

- Once a term
- Twice a term

Specify any other

8. What problems do you encounter? (Put a tick where appropriate)

- No enough equipment
- No personnel to train
- No support staffs

Specify any other

9. How do you relate with other children? (Put a tick where appropriate)

- Very well
- Well
- Fairly well

Specify any other

10. What are your future plans after completing vocational training course? (Put a tick where appropriate)

- Remain in the CBR centre
- Go back to the street to beg
- Start a small business

Specify any other

Thank you for your cooperation
# APPENDIX F

## OBSERVATION CHECKLIST

## OBSERVATION SCHEDULE FOR SERVICES OFFERED TO THE CHILDREN WITH PHYSICAL DISABILITIES IN THE CBR CENTRE

### SECTION A: CHILDREN’S ACTIVITIES

<table>
<thead>
<tr>
<th>Services</th>
<th>Action Observed</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activities of daily living</td>
<td>Holding a spoon, dressing, tying a shoe lace</td>
<td></td>
</tr>
<tr>
<td>Mobility</td>
<td>Making a step</td>
<td></td>
</tr>
<tr>
<td>Carpentry</td>
<td>Holding a plane</td>
<td></td>
</tr>
<tr>
<td>Tailoring</td>
<td>Peddling machine</td>
<td></td>
</tr>
<tr>
<td>Academic activities</td>
<td>Reading and solving arithmetic problems</td>
<td></td>
</tr>
<tr>
<td>Writing</td>
<td>Holding a pen</td>
<td></td>
</tr>
</tbody>
</table>

### SECTION B: CONDITIONS OF PHYSICAL FACILITIES AND EQUIPMENT

<table>
<thead>
<tr>
<th>Facilities</th>
<th>Condition</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Toilets (adapted toilets, seats, airings)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Beds (adapted beds, bed ridden)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Workshop</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mobility Equipment (wheel chair, canes, clutches)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conducive environment (ramps)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Classrooms</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX

PERMIT

THIS IS TO CERTIFY THAT:

Prof./Dr./Mr./Mrs./Miss/Institution
Lucy Muthoni Marete
of (Address) Kenyatta University
P.O BOX 43844, Nairobi
has been permitted to conduct research in

Isiolo North
Eastern

Location
District
Province

on the topic: Factors influencing provision of community based rehabilitation services to children with physical disability in Isiolo County Kenya.

for a period ending 30th Sept 2011

Research Permit: NCST/RR1/12/1/MAS011/1008
Date of issue 27th July 2011
Fee received KSHS 1000

Applicant's Signature

Secretary National Council for Science and Technology