NATIONAL SURVEY ON CHILDREN WITH DISABILITIES AND SPECIAL NEEDS IN EDUCATION

RESEARCH REPORT

March 2018

Foreword

The government, in line with the sustainable Development Goal (SDG) NUMBER FOUR (4) is committed to provide quality education to all children including those with Special Needs and Disabilities. Other Legal documents which provide similar directions include: Kenyan Constitution (2010), the Basic Education Act (2013), THE Children Act (2001) and the convention on the Rights of Persons with Disabilities (2006).

The Kenya National Housing and Population Census (2009) approximates that, 3.46% Kenya population, have some form of disability. The Prevalence of disability in Kenya could be as high as 15% of the population, which translates to over 6.6 million Kenyans including children and youth who might have a disability (WHO and World Bank 2011). This status calls for serious government intervention to ensure that the rights of persons with disabilities especially the right to acquisition of quality and relevant education and training is not reneged.

Notably, evidence has shown that, many a times, the intended interventions are hampered by inaccurate data. It is in response to this that the National Survey on Children with disabilities and Special Needs in Education was conducted by KISE between October 2016 and June 2017. The Survey sought to; estimate the population of children (3 to 21 years) with disabilities and Special Needs in Education by type, determine the quality programs and services available and identity barriers to education access, retention and transition for these children living with disabilities. The findings of this survey are an eye opener to stakeholders in education and a clarion call to re-strategize education in order to address the needs identified.

Further, these findings come at a time when the Ministry of education is undertaking Curriculum reforms. The work herein resonates very well with the competency Based Curriculum (CBC) philosophy of nurturing every learner's potential. The flexibility of the CBC pathways for each learner will enable all including those with Special Need and Disabilities take up their rightful roles in Society. It is with this regard that I call upon all stakeholders to endeavor to implement the findings of this Survey to ensure equity, quality and relevance of education and training.

AMB: (DR) AMINA C. MOHAMED, EGH
CABINET SECRETARY
MINISTRY OF EDUCATION

Preface

The overall goal of the Ministry of Education (MOE) is to provide equal access to education for all learners at all levels including those with special needs and disabilities.

Despite the various interventions put in place by the MOE to increase access, equity and relevance of education for all, the number of learners with special needs and disabilities in the Kenyan schools and institutions does not match the Kenya National Housing and population Census 2009 estimate, WHO and World Bank (2011) that, 15% of every population comprises of persons with disabilities.

Currently, about 250,000 Children with disabilities are enrolled in our education institutions, which is a small percentage compared to the expected population of those with disabilities in the Kenyan population. This therefore presents a serious data gap in the education sector, in the area of children and youth with special needs and disabilities.

The National Survey on Children with Disabilities and Special Needs in education was undertaken as a response to the greater demand for accurate and consistent statistical information on children with special needs and disabilities in Kenya. It collected data from households, schools, educational Assessment Centres (EARCs) and other key stakeholders in the education sector, targeting children from the age of 3-21 years.

The findings herein provide relevant and accurate data on disability prevalence among children in the selected age bracket, the quality of programs and services available and identify barriers to education access, retention and transition for children with special needs and disabilities.

On behalf of the Ministry of Education, I wish to call upon all stakeholders to take cognizance of the findings and recommendations in this report to improve on planning for enhanced access of quality and relevant education and training for learners with Special Needs and disabilities.

DR. BELIO R. KIPSANG, CBS
PRINCIPAL SECRETARY
STATE DEPARTMENT OF EARLY LEARNING AND BASIC EDUCATION

Acknowledgement

Kenya Institute of Special Education (KISE) wishes to acknowledge the invaluable support and commitment to all those who participated in the realization of this report on **"National Survey on Children with Disabilities and Special Needs in Education".**

Special gratitude to the Ministry of Education (MoE), KISE Council, Management and the entire community for the efforts and support they provided during the survey. The Institute acknowledges institutions whose staff participated in this survey. These include Kenya Institute of curriculum Development (KICD), National Council for Persons with Disabilities (NCPWD), Kenya National Examinations Council (KNEC) and Kenya Institute for Public Policy Research and Analysis (KIPPRA).

The Institute also acknowledges the immense professional research advice and contributions provided by staff of Kenya National Bureau of Statistics (KNBS) in household data. The Institute is indebted to the African Population Health and Research Centre (APHRC) for its support particularly in statistical data processing.

The Institute appreciates members of the technical committee for their commitment in undertaking this invaluable task, and all those who played different roles in this survey.

Finally, special acknowledgement goes to Kipsang E. Lagatt, OGW, the former Director KISE for spearheading this survey.

MUTISO T. WAMBUA, HSC
DIRECTOR/COUNCIL SECRETARY

Table of Content

List of Tables

List of Figures

Executive Summary

Kenya Institute of Special Education in conjunction with the Ministry of Education conducted a national survey on children with disabilities and special needs in education between September, 2016 and June, 2017. The purpose of this survey was to generate reliable data to improve service provision.

This survey was conducted in all the 47 counties covering households, learning institutions, education officers, NGOs and Partners, teachers, and children aged between 3 and 21 years who have physical, sensory, intellectual and psychosocial disabilities. Cross-sectional descriptive research design was used where both quantitative and qualitative research approaches were employed. Different tools of data collection were used including questionnaires, interview guides, checklists and Focus Group Discussion guides and observation checklists. Quantitative data were analysed using SPSS while qualitative data were analysed thematically using Nvivo.

The survey findings indicated that the prevalence rate of children with special needs and disabilities aged between 3 and 21 years in Kenya is 11.4%. There was a relatively even distribution of disabilities among male and female children where 51.2% were males and 48.8% were females. There were more boys with disabilities than girls and 72.6% of children with disabilities and special needs in education live in rural areas while 27.4% of them live in urban areas. A significant number of these children are enrolled in schools. However, there is a high dropout rate.

The findings revealed that there is no specific policy to guide implementation of inclusive education in Kenya, capitation for children with disabilities is not disaggregated according to the type and severity of disabilities, the curriculum used in schools does not meet needs of learners with disabilities and special needs in education, and there was inadequate staff trained in special needs education in assessment centres and schools. In addition, findings revealed that there was inadequate advocacy, sensitization and mobilization on children with disabilities and special needs in education at the grassroots and parents are not actively involved in education of their children with disabilities.

Following are key recommendations to inform future planning of programs and services for children with disabilities and special needs in education.

- There is need to develop and implement a policy on inclusive education to enhance access, retention and transition of children with disabilities and special needs in education.

- There is need to disaggregate capitation for children with disabilities in schools with regard to the type and severity of disabilities.
- Review the curriculum to ensure that it adequately meets the needs of learners with disabilities and special needs in education.
- Ensure adequate adaptations in curriculum evaluation for learners with disabilities according to individual needs.
- Enhance staff trained in special needs education in assessment centres and schools to facilitate quality service delivery
- Focus more attention on advocacy and grassroots mobilization on children with disabilities and special needs in education by sensitizing parents and guardians to take up a more active role in education of their children.

Abbreviations and Acronyms

ADL	Activities for Daily Living
APHRC	African Population and Health Research Centre
CAPI	Computer Assisted Personal Interviews
CBO	Community Based Organization
CWD	Children with Disabilities
CSO	Civil Society Organization
CRPD	Convention on the Rights of Persons with Disabilities
DFID	Department for International Development
EARC	Educational Assessment and Resource Centre
FBO	Faith Based Organization
FGD	Focus Group Discussion
HI	Hearing Impairment
ICF	International Classification of Functioning Disabilities and Health
ICT	Information Communication and Technology
KICD	Kenya Institute of Curriculum Development
KISE	Kenya Institute of Special Education
KIPPRA	Kenya Institute for Public Policy Research and Analysis
KNBS	Kenya National Bureau of Statistics
KNEC	Kenya National Examinations Council
KSL	Kenyan Sign Language
MOE	Ministry of Education
NACOSTI	National Council for Science, Technology and Innovation
NGO	Non-Governmental Organization
PWD	Persons with Disabilities
SDGs	Sustainable Development Goals
SNE	Special Needs Education
SPSS	Statistical Package for Social Sciences
UNESCO	United Nations Educational Scientific and Cultural Organization
UPE	Universal Primary Education
VI	Visual Impairment
VSO	Volunteer Service Oversees
WHO	World Health Organization

Terms and Concepts

Adapted Curriculum: This is a regular curriculum that is modified to suit the specific needs of children with special needs and disabilities.

Assistive Devices/technology: Tools, implements and specialized equipment provided to persons with disabilities to assist them in education, employment or other activities of daily living.

Children: For the purpose of this study children mean those aged between 3 and 21 years; with physical, sensory, intellectual or psychosocial disabilities in Kenya. The age bracket is conventionally selected to accommodate children with disabilities whose transition in the education system is limited by disabilities.

Curriculum: This is all the organized experiences that schools provide to help children learn and develop. It includes subjects taught, content, school environment and other organized learning enhancing activities that take place in and outside the classroom.

Disabilities: Physical, sensory, intellectual or other impairment, including visual, hearing, learning or physical incapability, which impacts negatively on social, economic or environmental participation of the person.

Information and communication Technology in Special Needs Education (ICT in SNE): This refers to input and output devices, alternative access aids, modified or alternative keyboards, switches, special software, and other devices and software solutions for use by persons with disabilities.

Inclusion: This is a philosophy which focuses on the process of adjusting the home, school, and society so that all individuals, regardless of their differences, may have the opportunity to interact, play, learn, work and experience a feeling of belonging as well as experiment to develop in accordance with their potentials and difficulties.

Inclusive Education: This is an approach in which learners with disabilities and special needs, regardless of age and disabilities, are provided with appropriate education within regular schools.

Integration: This is a process through which learners with and without special needs are taught together to the maximum extent possible in a least restrictive environment. A child is expected to adapt to the environment.

Intervention Programs: These are programs that include assessment, placement and adaptation of the curriculum, environment and facilities to ensure that they are disabilities friendly and can accommodate the various categories of learners with special needs.

Regular School: Mainstream schools for typically developing learners.

Self-care: The level of ability in carrying out activities of daily living such as dressing, bathing, or getting around as a result of disability.

Special Needs in Education: Barriers within the learner as a result of disabilities that may hinder learning.

Special Needs Education: This is education which provides appropriate modification in curriculum delivery methods, educational resources, medium of communication or the learning environment in order to cater for individual differences in learning.

Special Schools: These are schools set aside to offer education to children with disabilities and special needs in education.

Special Units: Classes set aside within a regular school that caters for specific category of children with disabilities and special needs.

1 Introduction

1.1 Background Information

Children with disabilities have a fundamental right to education just like any other children, as outlined in several International and National legislative and policy instruments. Some of these instruments include the Convention on the Rights of the Child (CRC, 1989), the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD, 2006) and the Basic Education Act, 2013 among others.

The National Special Needs Education Policy Framework (2009) emphasizes the need to increase access, enhance retention, and improve quality and relevance of education to all. It also stresses on strengthening early identification and assessment to ensure equal opportunities in provision of education. This is in line with Kenya Vision 2030, in particular the social pillar that envisions attainment of globally competitive quality education for all children including those with disabilities by the year 2030. To achieve this, the government is committed to developing key programmes for learners with disabilities as outlined in the Task Force Report of 2012 on the Re-Alignment of the Education Sector to the Constitution of Kenya, 2010, National Education Sector Plan 2013-2018 and draft Sessional Paper No. 4 of 2016 on Reforming Education and Training Sectors in Kenya.

The Constitution of Kenya, (2010) provides a firm foundation for policy and legislation on disabilities in accordance with the universal standards for the promotion and protection of fundamental human rights and freedom for persons with disabilities. Article 53 provides for free and compulsory basic education to all children and article 54 recognizes and outlines the rights of persons with disabilities. In addition, the Basic Education Act, (2013) provides for free and compulsory basic education for all, promotion of quality and relevant education. It also provides for the right to equal standards of education. The Sustainable Development Goal (SDG) 4 requires member states to ensure inclusive and quality education for all and promote lifelong learning.

The first comprehensive survey on persons with disabilities in Kenya was conducted in 2008 by Kenya National Bureau of Statistics (KNBS, 2008). It aimed at estimating the number of persons with disabilities, their distribution and provided demographic characteristics. However, it did not specifically address the prevalence of children with disabilities, special educational needs and related services.

The Ministry of Education in collaboration with Volunteer Service Overseas (VSO) and Department for International Development (DFID) conducted the Kenya National Special Needs Education Survey in 2014. The survey covered 22 out of 47 Counties

and was intended to determine the prevalence of disabilities and special needs in education among children in and out of school, relevance and adequacy of education services among others. However, reliable data on prevalence, the extent of the disabilities and educational needs still remains a challenge. This may be attributed to type of study conducted and assessment tools used (UNICEF, 2008). The Basic Education Sector Analysis Report (2012) on status of challenges of basic education sector development towards MDGs and EFA does not report on services and programs for children with disabilities in specifics.

The Ministry of Education aspires to achieve full education access, retention and transition for all children including those with disabilities and special needs in education. To achieve this, reliable data is essential to guide policies, planning and resource for special needs education. Therefore, Kenya Institute of Special Education, Ministry of Education and Kenya National Bureau of Statistics collaborated to conduct the National Survey on Children with Disabilities and Special Needs in Education in Kenya, 2017.

1.2 Rationale of the Survey

Data on children with disabilities and special needs in education in Kenya is incoherent, limited in quantity, quality and scope. Lack of reliable data makes it hard to ascertain the number of children in and out of school, why they are out of school, and what environmental barriers affect their full participation in education. To provide quality education and other related services to children with disabilities and special needs in education, reliable data is essential for planning. This survey therefore sought to provide reliable data to improve service provision to learners with disabilities and special needs in education.

1.3 Objectives of the Survey

This survey sought to:

1. Estimate the population of children with disabilities and special needs in education by type in Kenya.
2. Determine the quality of programs and services available for children with disabilities and special needs in education in Kenya.
3. Identify barriers to education access, retention and transition for children with disabilities and special needs in education in Kenya.

1.4 Scope of the Survey

The survey was carried out in the 47 counties targeting children between 3 and 21 years of age who have physical, sensory, intellectual or psychosocial disabilities. Children who have learning disabilities and those who are gifted and talented were not covered in this study. This is because the procedures of identifying and categorizing these learners require diagnostic tests to be administered over a period of time. Further, the survey was delimited to households, institutions and organizations that provide educational programs and related services to children with disabilities and special needs in education.

2 METHODOLOGY

2.1 Study Design

This survey used cross-sectional descriptive research design where different groups of respondents who differ in socioeconomic status and educational background were involved. The first part constituted a representative probability sample to produce national estimates disaggregated by residence (rural and urban households). The second part was an institutional based survey comprising of schools, Educational Assessment and Resource Centre, NGOs and Ministry of Education Offices.

Primary data were sourced from Households, head teachers, teachers, Educational Assessment and Resource Centre officers (EARCs), County Education officials, Regular, Special and integrated public primary and secondary schools learners. Data were also collected from Non-Governmental Organizations and partners who provide educational services for persons with disabilities in the counties.

2.2 Population and Sample

The survey targeted children between 3 and 21 years with physical, sensory, intellectual or psychosocial disabilities in Kenya. The age bracket was conventionally selected to accommodate children with disability whose transition in the education system is limited by effects of their disability. Primary data and other relevant information on the target group was sourced from Households, head teachers, teachers, Educational Assessment and Resource Centres (EARCs), Organizations for persons with disabilities, Ministry of Education officials, Special and integrated public primary and secondary schools and Non-Governmental Organizations (NGOs) & Development Partners.

Table 2.1 on the following page shows target sample and response rate as percentages.

Table 2.1: Sample Matrix

Source	Target	Reached	Percentage
Clusters	320	311	97%
Households	4800	4254	89%
Primary Special Schools	242	214	88%
Secondary special Schools	25	24	96%
Teachers in special schools	801	692	86%
Learners in special schools	801	708	88%
Primary Integrated schools	254	231	91%
Secondary Integrated schools	70	61	87%
Teachers in Integrated schools	972	907	93%
Learners in integrated schools	972	851	88%
Teachers in Regular Primary schools	960	879	92%
Teachers in Regular Secondary schools	960	849	88%
Head teachers	591	530	90%
Learners' FGD	59	49	83%
Teachers' FGD	47	47	100%
MOE	47	47	100%
NGOs & Partners	94	81	86%
EARCs	47	46	98%

2.3 Research Methods

This survey used both qualitative and quantitative research methods. Questionnaires and checklists were used to collect quantitative data while focus group discussions and interviews were used to collect qualitative data.

Table 2.2 shows a summary of research instruments.

Table 2.2: Research Instruments

Data Source	Respondents	Data Collection Tool
Quantitative Data		
Household	Parents or Guardians of Children with Disabilities	Questionnaire
Schools	Head Teachers	Questionnaire
	Teachers	Questionnaire for special & Integrated Schools, and Questionnaire for Regular Schools
	Learners	Questionnaire
		School Observation Checklist
EARCs	County EARCs Coordinator	Questionnaire
		Observation checklist
MoE Officials	MoE Officials	Questionnaire
Qualitative Data		
Schools	Teachers	Focus Group Discussion
	Learners	Focus Group Discussion
Organization	Head/Lead in Disabilities program	Interview Schedule

2.4 Data Collection Procedure

The study adopted Computer Assisted Personal Interviews (CAPI) method to collect quantitative data in all cases where the data collection tool was a questionnaire. Recorders were used to collect qualitative data during focus group discussions and interviews. Observations of EARC centres and school environments were done and data collected using checklists.

Inclusivity in inquiry was addressed by adaptation and modification of questions during interviews and focus group discussions. This was done to accommodate respondents with intellectual disabilities, autism and those who are deafblind. Sign language interpreters were used during interviews and focus group discussions with respondents with hearing impairments. Tactile sign language was used for learners who are deafblind. In some cases the local language was used in focus group discussions.

2.5 Data Analysis

Quantitative data were cleaned and checked for consistency. Cleaned data were loaded into Statistical Package for Social Sciences (SPSS) version 23. It was then

analysed and presented in tables and figures using descriptive statistics. Data interpretation was done according to objectives. Qualitative data were downloaded, transcribed and analysed using Nvivo 11. Themes were developed and results interpreted in respect to the objectives of the study. Data were analysed using Grounded Theory method and presented using thematic analysis approach. Data sets were triangulated and presented.

3 FINDINGS OF THE SURVEY

3.1 Estimate Population of Children with Disabilities in Kenya

This chapter presents the survey findings on: estimate population of children with disabilities and special needs in education by type, the quality of programs and services available for children with disabilities and special needs in education and barriers to education access, retention and transition for children with disabilities and special needs in education in Kenya.

Measuring disability has been a challenging task globally due to a number of factors key among them lack of a clear definition of persons with disabilities, lack of generally agreed measurement standards and cultural issues that tend to stigmatize persons with disabilities. This has made international comparisons of disabilities prevalence rates and other characteristics of persons with disabilities difficult. However, at global level efforts are being made to support production of reliable statistics on disabilities that are internally comparable and that serve the needs of individual countries (Stanford Encyclopedia of Philosophy, 2011; UNICEF, 2013).

The approach used in this study was based on the International Classification of Functioning, Disabilities and Health (ICF). The household survey focused on the main types of disabilities namely visual impairment, hearing impairment, Physical Disability, intellectual disabilities, self-care and communication. The household survey adopted the short set of questions developed by the Washington Group on disabilities statistics. The questionnaires used to collect information about disabilities in schools were developed by KISE and they included more disabilities such as autism and deafblind among others. This chapter presents the prevalence of disabilities by the main types of disabilities and other characteristics among persons aged 3-21 years of age.

3.1.1 Persons with Disabilities aged 3-21 years by Sex and Place of Residence

Table 3.1 shows the distribution of household members aged 3-21 years with disabilities by sex and place of residence. A total of 7609 children were reached during the survey, among them, 865 had disabilities. This translates to a prevalence rate of 11.4%. The household survey results showed relatively even distribution of disabilities among males and females where 51.2% of children with disabilities were males and 48.8% were females. Therefore, there were more boys with disabilities than girls. Among all children with disabilities, the survey found that 72.6% lived in rural areas while 27.4% lived in urban areas. This indicated that disability was more prevalent in rural areas. This trend was similar to the findings of the 2008 Kenya National Survey for Persons with Disabilities (2008, KNSPWD).

Table 3.1: Distribution of Household Members aged 3-21 Years by Sex and Place of Residence

Characteristics		Sex			Residence		
		Male	Female	Total	Rural	Urban	Total
Total population 3-21 Years	Number	3,881	3,728	**7,609**	5,540	2,069	**7,609**
	Percent	51	49	**100**	72.8	27.2	**100**
Children Without Disabilities	Number	3,438	3,306	**6,744**	4,912	1,832	**6,744**
	Percent	51	49	**100**	72.8	27.2	**100**
Children With Disabilities	Number	443	422	**865**	628	237	**865**
	Percent	51.2	48.8	**100**	72.6	27.4	**100**

Table 3.2 shows the prevalence of disabilities by type. The study found that 3.1% of the population aged 3 to 21 years had visual impairment, 3.0% had Physical Disability and 2.5% had intellectual disabilities. Hearing and Speech and Language difficulties recorded a prevalence of 1.2% and 0.9% respectively while 0.2% were deafblind.

Table 3.2: Disability Prevalence by Type

Type of Disability	Prevalence
Visual Impairment	3.1%
Physical Disability	3.0%
Intellectual Disability	2.5%
Hearing Impairment	1.2%
Speech and Language	0.9%
Self-care	0.6%
Deafblind	0.2%

3.1.2 Distribution of Children with Disabilities Aged 3 to 21 Years by Sex, Residence and Type of Disabilities

Disparities in disabilities prevalence between males and females were highest for self-care which recorded 65.0% among males compared to 35.0% females. This was followed by intellectual disabilities and communication difficulties with more males at 56.3% and 54.5% respectively. Hearing impairment reported the least disparity between males and females at 49.8% and 50.2% respectively. Table 3.3 further shows that children with disabilities were more than double likely to be found living in the rural areas as compared to urban areas. Three quarters or more of those with communication, intellectual and hearing disabilities lived in the rural areas.

Table 3.3: Percentage Distribution of Household Members Aged 3 to 21 years by Type of Disability, Sex and Place of Residence

Type of Disabilities	Sex		Residence		Number
	Male	Female	Rural	Urban	
Visual Impairment	47.1%	52.9%	69.6%	30.4%	237
Physical Disability	54.2%	45.8%	72.8%	27.2%	228
Intellectual Disability	56.3%	43.7%	74.3%	25.7%	196
Hearing Impairment	49.8%	50.2%	78.9%	21.1%	79
Speech and Language	54.5%	45.5%	74.9%	25.1%	66
Self-Care	65.0%	35.0%	66.8%	33.2%	40
Deafblind	54.5%	45.5%	72.9%	27.1%	19

3.1.3 The Estimate Population of Children with Disabilities by Type, Age and Sex in Kenya

Table 3.4: Population Estimates of Children with Disabilities Age 3-21 Years, 2017

Kenya (All Disabilities)	Prevalence Rate 11.4%	Population Aged 3-21 years		
		Male	Female	Total
		1,261,877	1,227,375	2,489,252
Visual Impairment	3.1%	323,676	347,529	671,205
Physical Disability	3.0%	328,774	319,941	648,715
Intellectual Disabilities	2.5%	282,222	265,252	547,474
Hearing Impairment	1.2%	132,060	135,413	267,473
Speech and Language	0.9%	94,055	96,318	190,373
Self-care	0.6%	84,054	47,109	131,163
Deafblind	0.2%	17,036	15,813	32,849

The prevalence of all children with disabilities in Kenya is at 11.4%. The total estimated population of children with disabilities is 2,489,252 of which 1,261,877 are males and 1,227,375 are females. The Washington Group tool used in the household survey measures each disability domain independently. For this reason, children with multiple disabilities could be counted more than twice, hence the cumulative sum of disability prevalence presented in the Table 3.4 above could be higher than the overall disability of 11.4%

Table 3.5: Percentage Distribution of Children with Disabilities in and out of School

	Proportion of CWD currently in school	Proportion of CWD Currently Out of School			
		Never Attended School	Dropped out	Cumulative Sum	Number
Visual Impairment	**88.9%**	2.8%	8.3%	**11.1%**	237
Hearing Impairment	**85.8%**	7.9%	6.3%	**14.2%**	79
Self-care	**48.0%**	35.3%	17.0%	**52.3%**	40
Intellectual Disabilities	**76.7%**	10.7%	12.6%	**23.3%**	196
Speech and Language	**60.4%**	24.6%	15.0%	**39.6%**	66
Physical Disability	**70.1%**	15.3%	14.6%	**29.9%**	228
Deafblind	**71.6%**	11.6%	16.7%	**28.3%**	19

Table 3.5 shows that distribution of children with disabilities in schools varied per type of disability. Learners with visual impairment in schools were 88.9%, hearing impairment 85.8%, intellectual disability 76.7%, physical disability 70.1% and those with communication difficulties were 60.4%. Learners with Self-care challenges were the least at 48.0%. However, highest number of children with disabilities who had never attended school were those with self- care problems at 35.3%, communication difficulties 24.6% intellectual disability 10.7%, hearing impairment 7.9% while 2.8% were those with visual impairment.

The table further showed that 17% of children with self-care problems had dropped out of school followed by 15% of those with communication difficulties, 14.6% of those with physical disability, and 12.6% of those with intellectual disabilities, those with visual impairments at 8.3% and lastly, 6.3% of those with hearing impairments.

3.1.4 Population of Children with Special Needs and Disabilities Enrolled in Schools in Kenya

Findings from heads of schools reached in the survey showed the enrolment of children with disabilities and special needs in education as shown in Table 3.6.

Table 3.6: School Enrolment by Type and Level

	Average	SE	95% CI		P-Value
Primary Schools					
Special	199.82	22.21	155.70	243.95	0.001
Integrated & Special Units	511.79	42.90	426.54	597.03	
Secondary Schools					
Special	142.25	13.51	115.15	169.35	0.001
Integrated	599.28	59.37	480.14	718.41	

Table 3.6 shows that in primary level, there was an average of 200 learners enrolled in each special school and 512 learners enrolled in each integrated school and special unit in Kenya. In secondary level there was an average of 599 learners enrolled in each integrated school and an average of 142 learners enrolled in each special school. The P-Value of 0.001 showed that average enrolment in both primary and secondary special and integrated schools is statistically different.

There was a similarity between findings from the households and school heads about the number of children with disabilities enrolled in schools. Both findings showed that learners with hearing impairment, intellectual disabilities and visual impairments were the highest in terms of school enrolment.

Table 3.7: Enrolment of Learners with Disabilities in Primary Special, Integrated Schools and Special Units in Kenya by Type of Disability

Primary Schools		Boys		Girls	
	Schools (N)	Mean	SE	Mean	SE
Special Schools					
Hearing Impairment	107	32.51	3.55	30.88	3.39
Visual Impairment	56	9.42	3.54	8.50	3.36
Physical Disability	92	12.85	2.37	11.39	2.32
Multiple Disabilities	97	7.73	1.16	5.42	0.73
Intellectual Disability	146	32.39	2.35	27.28	2.00
Autism	86	7.82	1.06	4.45	0.57
Deafblind	8	4.82	2.27	3.67	1.63
Emotional & Behaviour Disorders	57	16.52	5.54	7.13	1.92
Integrated Schools and Special Units					
Hearing Impairment	114	4.41	0.70	3.63	0.51
Visual Impairment	115	5.21	0.70	4.26	0.54
Physical Disability	145	3.02	0.37	2.41	0.43
Multiple Disabilities	64	3.34	0.60	2.47	0.43
Intellectual Disability	155	9.19	0.78	6.53	0.64
Autism	36	2.93	0.64	1.68	0.31
Deafblind	1	0.00	0	0.00	0
Emotional & Behaviour Disorders	70	4.45	0.87	2.59	0.49

Table 3.7 presents enrolment of learners with disabilities in public primary special, integrated schools and special units. The study revealed that enrolment of learners with hearing impairment was the highest in primary special schools with an average of 33 boys and 31 girls while enrolment of learners who are deafblind was the least with an average of 5 boys and 4 girls respectively. From integrated primary schools, data revealed that enrolment of learners with intellectual disabilities was the highest with an average of 9 boys and 7 girls while the least enrolment recorded was that of learners with deafblindness.

Table 3.8: Enrolment of Learners with Disabilities in Secondary Special and Integrated Schools in Kenya

Secondary Schools		Boys		Girls	
	Schools (N)	Mean	SE	Mean	SE
Special Schools					
Hearing Impairment	17	55.24	8.46	49.88	13.99
Visual Impairment	10	30.80	10.27	26.40	9.23
Physical Disability	6	48.67	16.75	39.83	19.13
Multiple Disabilities	5	7.60	6.12	4.40	3.91
Intellectual Disabilities	2	12.50	11.50	15.50	13.50
Autism	0	0	0	0	0
Deafblind	1	0.00	0	8.00	0
Emotional & Behaviour Disorders	3	5.33	2.03	4.67	2.03
Integrated Schools					
Hearing Impairment	24	2.02	0.53	2.52	0.95
Visual Impairment	43	3.55	0.65	6.65	3.20
Physical Disability	42	2.17	0.40	0.99	0.24
Multiple Disabilities	4	0.67	0.27	1.07	0.54
Intellectual Disabilities	4	0.41	0.44	0.76	0.25
Autism	3	1.00	0.00	0.00	0.00
Deafblind	0	0	0	0	0
Emotional & Behaviour Disorders	11	2.60	1.26	0.40	0.23

Table 3.8Table 3.8 presents enrolment of learners with disabilities in public secondary special and integrated schools. The study revealed that enrolment of learners with hearing impairment was the highest in secondary special schools with an average of 55 boys and 50 girls while that of learners who are deafblind was the least with an average of 8 girls only. There was no secondary school that had enrolled learners with autism. Enrolment of learners with visual impairment in integrated secondary schools was the highest with an average of 4 boys and 7 girls while the least enrolment recorded was that of leaners with autism with an average of 1 boy. There were no learners with deafblindness enrolled in public integrated secondary schools.

The findings showed that a higher proportion of children with disabilities were in primary school. A small proportion of children were pursuing secondary school level of education.

3.2 The Quality of Programmes and Services Available for Children with Disabilities and special needs in education in Kenya

3.2.1 Educational Assessment and Resource Services

Table 3.9 below shows the distribution of staff in county educational assessment and resource centres in Kenya.

Table 3.9: Staffing and Capacity of EAR Centres

	Number of EARCs	Number of Officers	Total
	13	1	13
	11	2	22
	10	3	30
	5	4	20
	4	5	20
	1	6	6
	2	7	14
Total	**46**		**125**

Out of the 46 centres visited 39 had between 1 and 4 staff and 7 centres had more than 5 staff. There is an imbalance in distribution of staff in county educational and assessment centres as shown above.

Table 3.10: Number of Educational Assessment and Resource Officers by Areas of Specialization

Specialization	Frequency (N=125)	Percentage
Hearing Impairment	35	28.0%
Visual Impairment	33	26.4%
Intellectual Disabilities	29	23.2%
Physical Disability	28	22.4%
Inclusive Education	16	12.8%
Autism	5	4.0%
Early Childhood Development Education	4	3.2%
Emotional Behavioural Disorders	4	3.2%
Learning Difficulties	4	3.2%
Deafblind	2	1.6%
Gifted and Talented	2	1.6%
None	2	1.6%

The findings showed that a higher proportion of staff in EARC had training in four disabilities areas; Hearing Impairment, Visual Impairment, Intellectual Disabilities and Physical Disability in that order. An average of between 2 and 5 (1.6% and 4%) officers were trained in Gifted and Talented, Deafblind, Learning Difficulties, Emotional and Behaviour Disorders. There were four (3.2%) officers trained in Early Childhood Development Education and 5 (4%) officers trained in the area of Autism. The findings also revealed that 2 officers had no training in special needs education.

Table 3.11: Other Professionals involved in Assessment at the Educational Assessment and Resource Centres (Multi-Disciplinary Team)

Professionals	Centers	Percentage
Special needs education teachers	46	100%
Physio therapist	37	80%
Occupational therapist	34	74%
Social Worker/child welfare officer	29	63%
Audiologists	22	48%
Nutritionist	7	15%
Speech Therapist	7	15%
Vision therapist	0	0%
Regular teachers	0	0%

All 46 (100%) educational assessment and resource centres involved special education teachers, 37 (80%) involved physiotherapists, 34 (74%) occupational therapists, 29 (63%) social workers/child welfare officers, 22 (48%) audiologists, 7 (15%) nutritionist and 7 (15%) speech therapist in multidisciplinary assessment. No educational assessment and resource centre involved vision therapists or regular teachers in assessment of learners with disabilities and special needs.

Table 3.12: Number of Children Assessed at the EARC Centres (Jan, 2015-Dec, 2016)

	Boys	Girls	Total	Boys	Girls	Percentage per Disabilities
Intellectual Disabilities	3730	2806	6536	57%	43%	25%
Physical Disability	3111	2416	5527	56%	44%	21%
Hearing Impairment	1670	1615	3285	51%	49%	13%
Visual Impairment	1630	1533	3163	52%	48%	12%
Learning Difficulties	1669	1384	3053	55%	45%	12%
EBD	789	550	1339	59%	41%	5%
Multiple Disabilities	707	596	1303	54%	46%	5%
Speech and Language Difficulties	594	430	1024	58%	42%	4%
Autism	455	289	744	61%	39%	3%
Gifted and Talented	87	74	161	54%	46%	1%
Deafblind	85	34	119	71%	29%	0%
Total	**14, 527**	**11, 727**	**26, 254**	**55%**	**45%**	**100%**

Table 3.12 shows the number of children assessed at the EARCs in 2015 and 2016. It is evident from the table that children who had intellectual disabilities were the most assessed (25%) followed by those with Physical Disability (21%). Assessed children with hearing impairment and those with Visual Impairment represented 13% and 12% respectively. It is also observed that children with autism, speech & language difficulties, EBD and Gifted& Talented represented low numbers. Children with Deafblindness recorded an insignificant number among those assessed.

Table 3.13: Learners in Primary Special, Integrated Schools and Special Units Assessed Before Admission

Primary		Boys		Girls	
	Schools	Mean	S.E	Mean	S.E
Special Schools					
Hearing Impairment	107	79.0%	4.0%	78.0%	4.0%
Visual Impairment	56	59.0%	6.0%	57.0%	7.0%
Physical Disability	92	75.0%	4.0%	69.0%	5.0%
Multiple Disabilities	97	84.0%	4.0%	79.0%	4.0%
Intellectual Disabilities	145	84.0%	3.0%	84.0%	3.0%
Autism	86	82.0%	4.0%	79.0%	4.0%
Deafblind	8	76.0%	16.0%	40.0%	18.0%
Emotional & Behaviour Disorders	57	74.0%	6.0%	61.0%	6.0%
Integrated and Special Units					
Hearing Impairment	114	47.0%	4.0%	47%	5%
Visual Impairment	114	46.0%	5.0%	36%	4%
Physical Disability	145	45.0%	4.0%	29%	4%
Multiple Disabilities	64	49.0%	6.0%	44%	6%
Intellectual Disabilities	154	56.0%	4.0%	54%	4%
Autism	36	66.0%	8.0%	52%	8%
Deafblind	1	0.1%	0	0.1%	0
Emotional & Behaviour Disorders	70	36%	6%	20%	5%

Table 3.15 shows that the highest number of learners in primary special schools assessed before admission was boys; girls with intellectual disabilities and boys with multiple impairments at 84% each. There were 82% boys with autism, 79% boys with hearing impairment and girls with multiple disabilities respectively. The lowest number of assessed learners was 40% girls with deafblindness.

In primary integrated schools and special units, the highest number of learners assessed before admission was 66% boys with autism, followed by 56% boys with intellectual disabilities, and 54% girls with intellectual disabilities. The lowest number of learners assessed before admission was 0.1% for both boys and girls with deafblindness.

Table 3.14: Learners Assessed before Admission in Secondary Special and Integrated Schools

Secondary		Boys		Girls	
	Schools	Mean	S.E	Mean	S.E
Special Secondary					
Hearing Impairment	17	79.0%	10.0%	78.0%	9.0%
Visual Impairment	10	61.0%	16.0%	61.0%	16.0%
Physical Disability	6	67.0%	21.0%	33.0%	21.0%
Multiple Impairment	5	80.0%	20.0%	60.0%	24.0%
Intellectual Disabilities	2	50.0%	50.0%	50.0%	50.0%
Autism	0	0.0%	0.0%	0.0%	0.0%
Deafblind	1	0.0%	0.0%	0.1%	0.0%
Emotional & Behaviour Disorders	3	67.0%	33.0%	67.0%	33.0%
Integrated Secondary					
Hearing Impairment	24	41.0%	10.0%	22.0%	9.0%
Visual Impairment	43	40.0%	8.0%	22.0%	6.0%
Physical Disability	42	25.0%	6.0%	19.0%	6.0%
Multiple Impairment	4	67.0%	27.0%	27.0%	26.0%
Intellectual Disabilities	4	8.0%	11.0%	0.0%	0.0%
Autism	3	40.0%	35.0%	0.0%	0.0%
Deafblind	0	0.0%	0.0%	0.0%	0.0%
Emotional & Behaviour Disorders	11	8.0%	8.0%	19.0%	12.0%

The study revealed that in special secondary schools the highest number of assessed learners before admission was 80% boys with multiple disabilities followed by 79% boys with hearing impairment. The lowest number of learners assessed before admission were 0.1% girls with deafblindness. There were no learners with autism in special secondary schools assessed before admission.

The study also showed that in integrated secondary schools, the highest number of learners assessed before admission was 67% boys with multiple disabilities followed by 41% boys with hearing impairment. The lowest number of learners assessed before admission was 8% boys with intellectual disabilities and emotional and behaviour disorders each. There were no learners with deafblindness in integrated secondary schools.

Table 3.15: Placement Options by Number of Assessment Centres

Placement Option	Number of EARC Centres	Percentage Preference of Option
Integrated and Special Unit	44	49%
Special School	20	22%
Regular school (Inclusive)	18	20%
Small Homes	8	9%

EARC officers were asked to indicate their most preferred placement options for the children after assessment. The study findings revealed that a majority of EARCS (49%) preferred placing children in integrated schools and special units, 22% preferred special schools and 20% preferred regular schools, while 9% preferred small homes. It is evident that special schools and Units were most preferred.

Table 3.16: Support from County Government

Nature of County Support	Frequency	Percentage
Office Space	3	6%
Personnel	3	6%
Equipment	3	6%
Financial support	1	2%
Transport logistics	1	2%
None	37	77%

Results of the survey indicated that a majority of EARC centres do not get any support from the County governments. Only 3 (6%) of the centres reported that they get support from their County governments in terms of office space, personnel and equipment. However, Educational Assessment and Resource Service is a function of the National government, within the ministry of education.

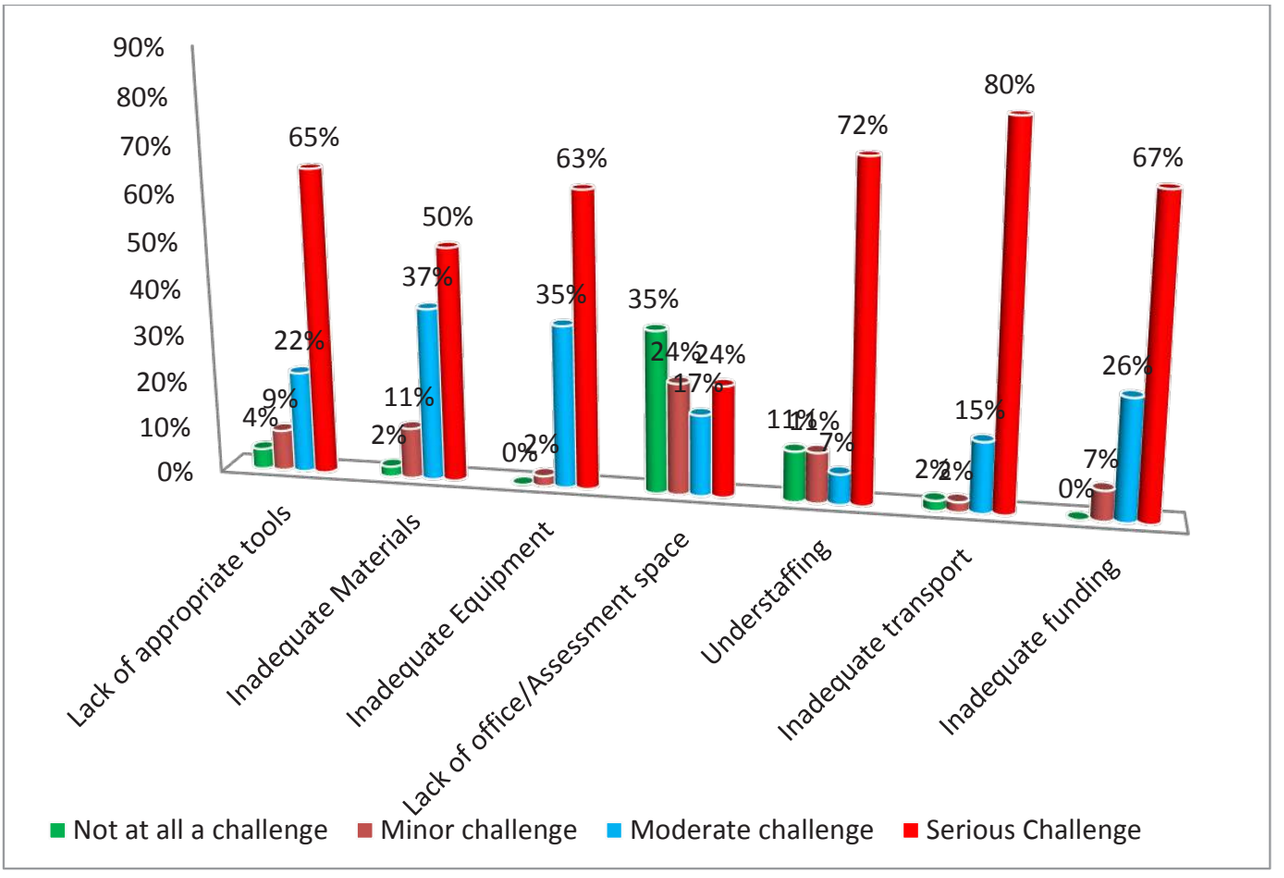


Figure 3.1: Challenges in EARCs

The findings reveal that the County EAR Centres are faced with challenges which may affect the process of effective assessment. A majority of County Educational Assessment and Resource Centre Coordinators reported that the most common challenges were inadequate transport(80%), followed by understaffing (70%), inadequate funding (67%), lack of appropriate tools (65%) and inadequate equipment (63%). Some County Educational Assessment and Resource Centre Coordinators (35%) reported that they do not have challenges with office space though (24%) reported that they do not have adequate office space.

3.2.2 Educational Services

a) Schools Serving Learners with Hearing Impairment

Out of the 124 special schools where learners with hearing impairment were enrolled, it was observed that (52%) of the schools had KSL 4th Edition Dictionary in hard copy, semi-circular seating arrangement in classrooms, and sign language interpreters were available. Some schools reported that they had teacher aides (44%) while a few schools had complete speech training kit (19%), speech room, KSL 5th Edition Dictionary (Hard Copy), Speech Training Unit were all at (10%). The least occurring were Group

Hearing Aids (2%) and Radio Frequency System (1%). These finding shows that majority of the schools for learners with hearing impairment lack the essential tools and devices that will enhance learning outcomes.

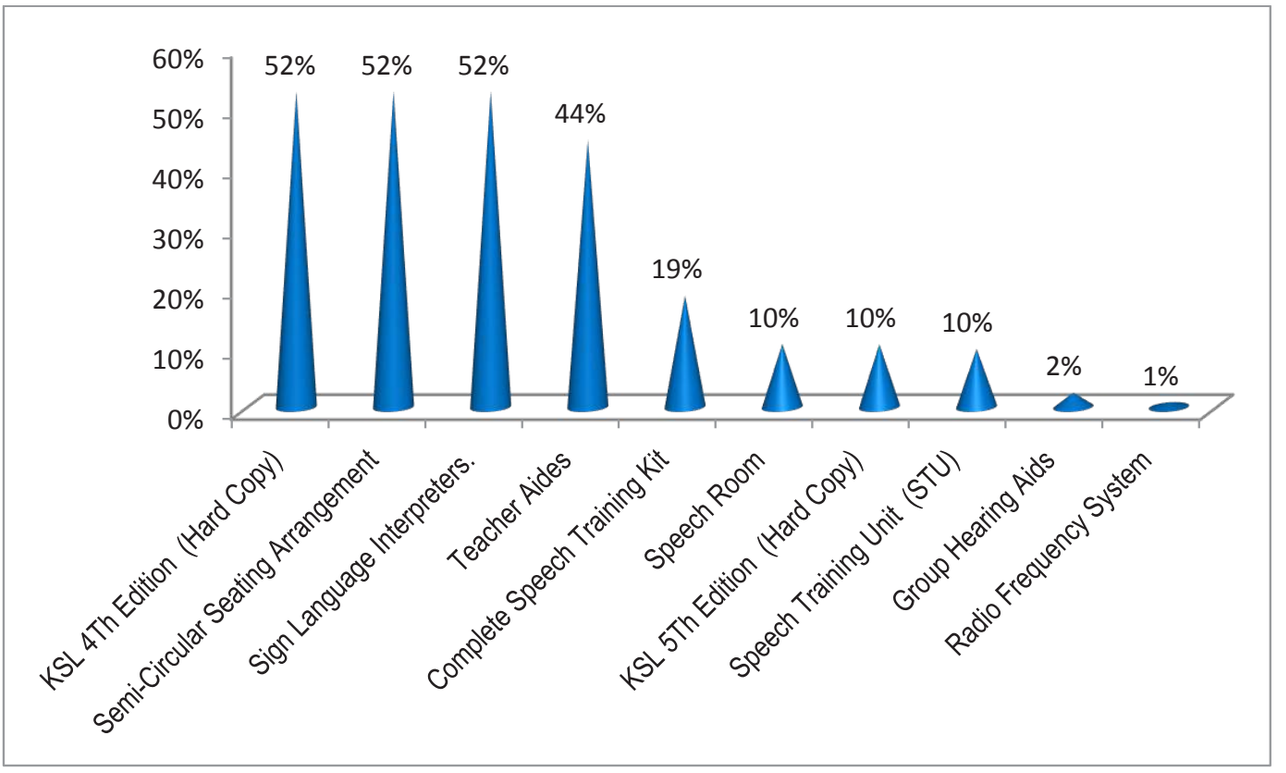


Figure 3.2: Facilities in Schools Serving Learners with Hearing Impairment

b) Schools Serving Learners with Autism

Out of the 86 special schools where learners with autism were enrolled, 54% had assorted blocks, 53% had plasticine, 47% toys and 31% had swings. It was also observed that 8% had therapists and 2% had study carrels as shown in figure 3.3.

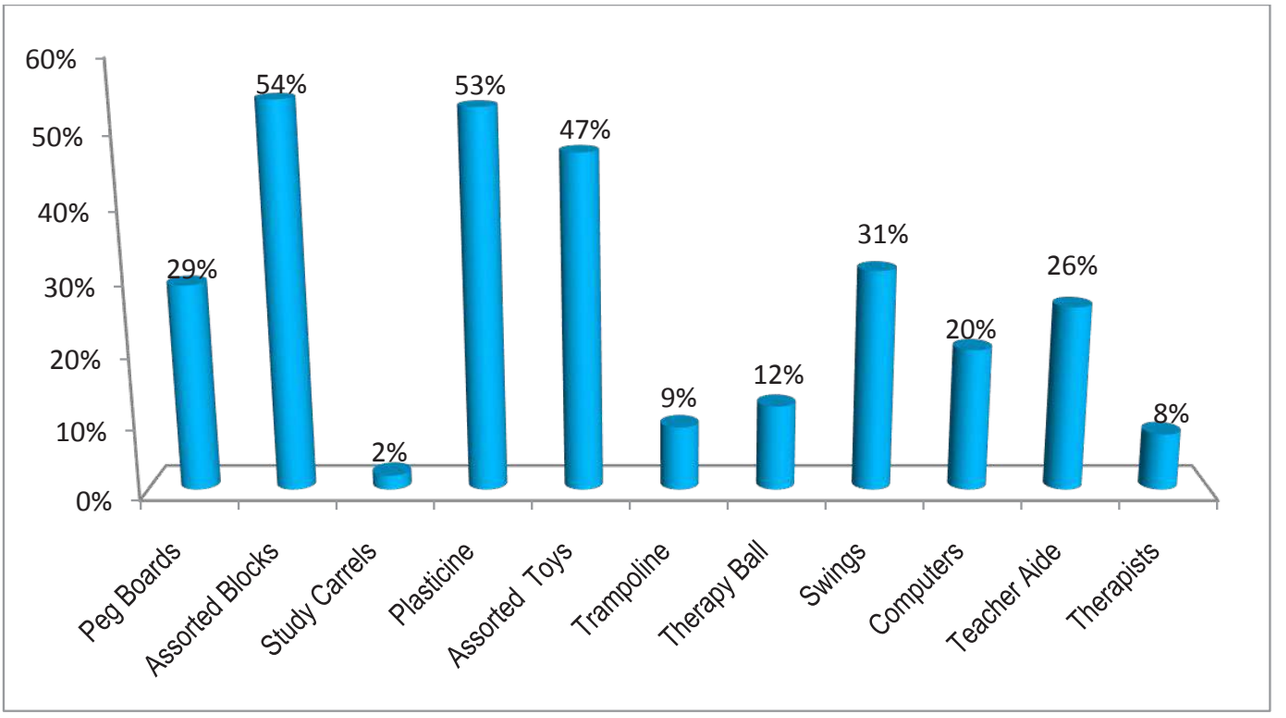


Figure 3.3: Facilities found in Schools Serving Learners with Autism

c) Schools serving Learners with Intellectual Disability

Out of 148 special schools where learners with intellectual disability were enrolled, it was observed that communication boards and assorted blocks were the most common teaching and learning resources in 63% and 53% of the schools respectively. Modified toilets were available in 35% of the schools while in some schools (40%) teacher aides were available. This is shown in Figure 3.4.

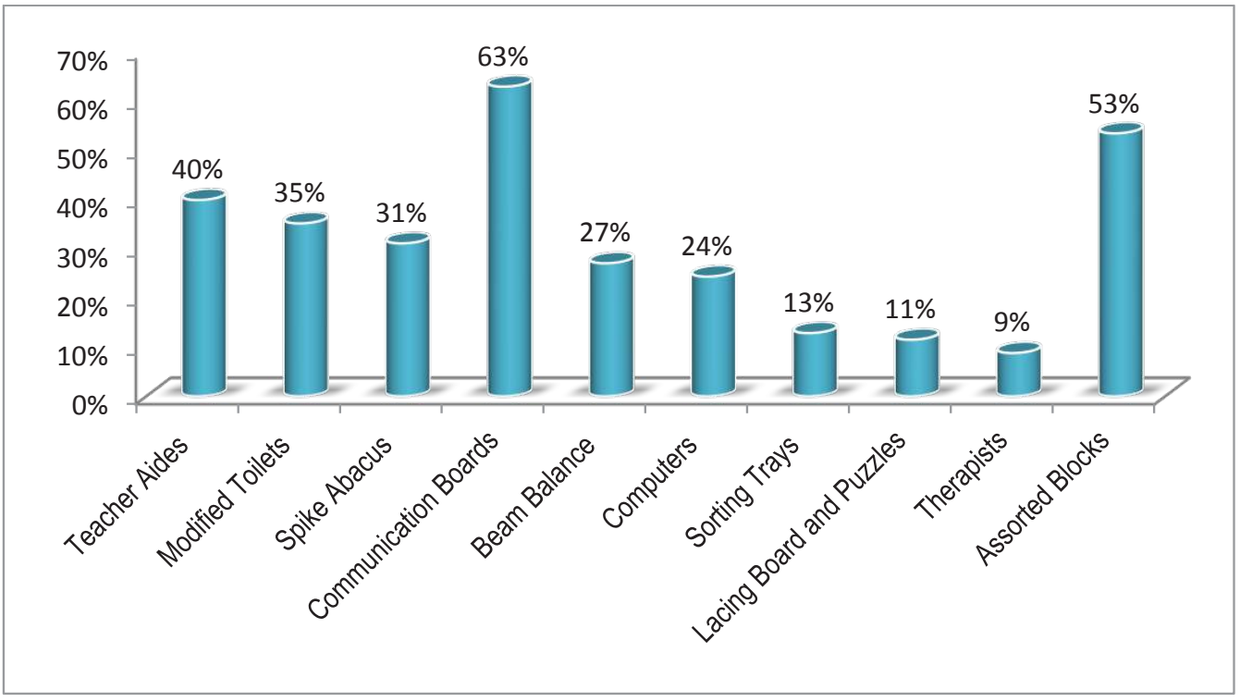


Figure 3.4: Facilities in Schools Serving Learners with Intellectual Disability

d) Schools Serving Learners with Physical Disability

Out of 98 special schools where learners with Physical Disability were enrolled, it was observed that a majority of them (84%) had spacious classes for ease of movement, 83% had standard ramps, 70% had wheelchairs and 60% had teacher aides; It was also observed that 32% had physiotherapy services and 17% had hand rails along pavements in place.

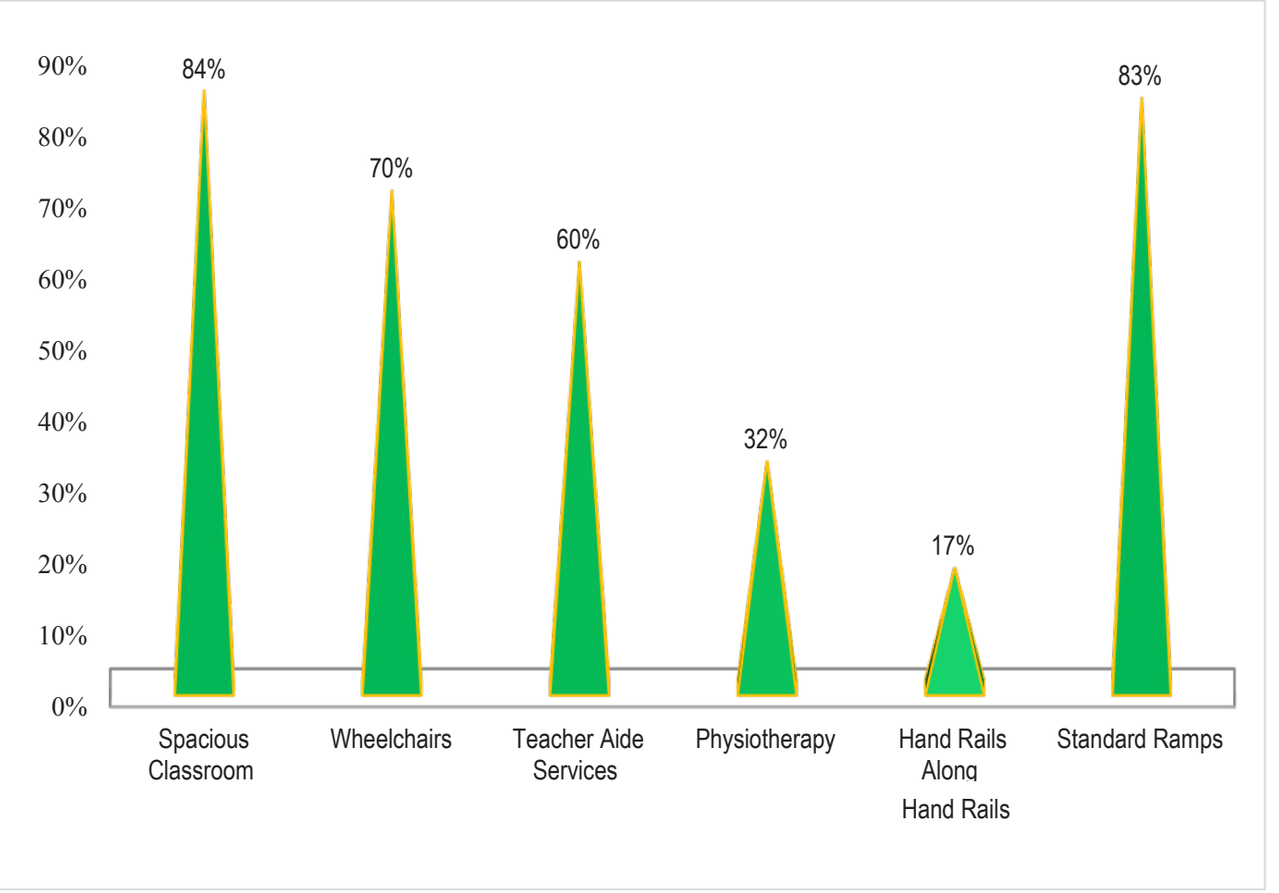


Figure 3.5: Facilities in Schools Serving Learners with Physical Disability

e) Schools Serving Learners who are Deafblind

The study findings reveal that out of 9 special schools where learners who are deafblind were enrolled 78%had ramps, 67% had teacher aides, 44% had sign language interpreters and 33% had orientation and mobility instructors. It also showed that56% had white canes, 44% had corridors with guard rails and 44% had wheelchairs & trolleys. The findings also indicated that 33% of the schools had braille machines and 67% had hearing aids as shown in figure 3.6 below.

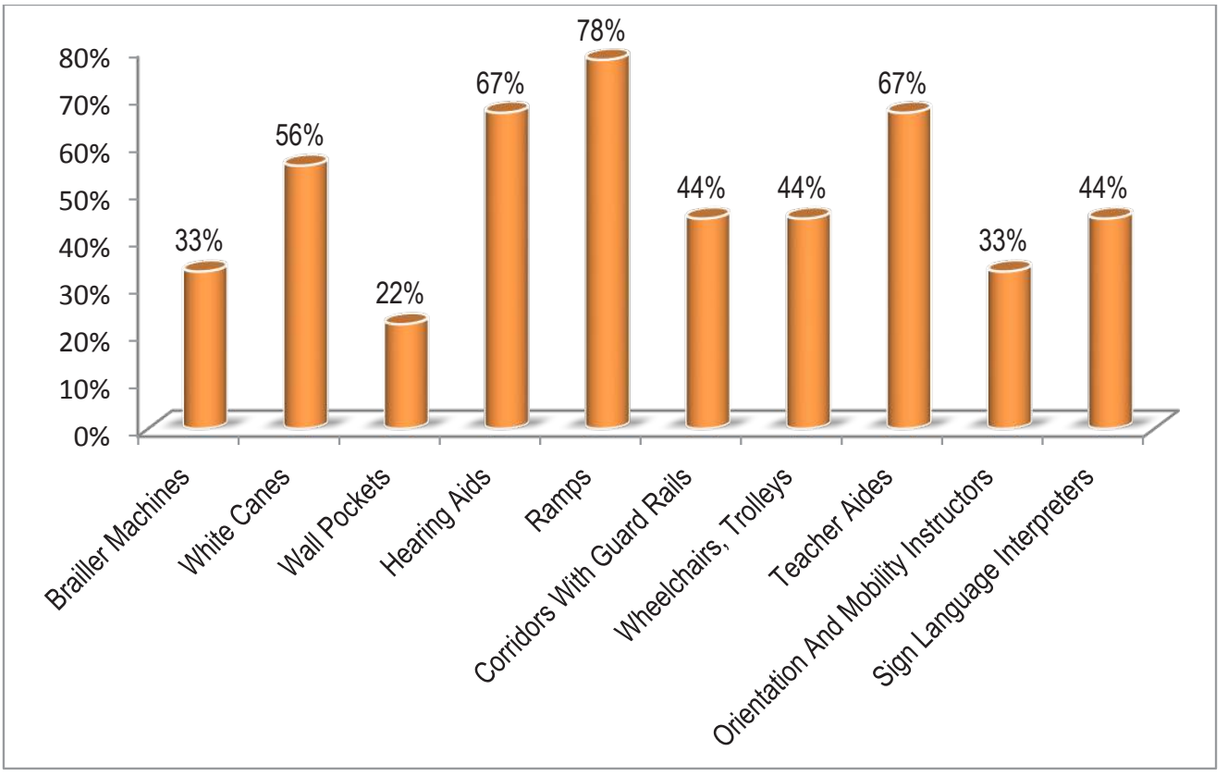


Figure 3.6: Facilities in Schools Serving Learners who are Deafblind

f) Schools Serving Learners with Visual Impairment

The study findings reveal that out of 66 special schools where learners with visual impairment were enrolled, 76% had computer laboratories,74% had abacus for computation in mathematics, 50% had Braille writing machines,48% had Braille papers and 36% had optical low vision devices. It was also observed that 6% special schools had Taylor frames and 2% had cubarithm board as shown in *Figure **3**.7*.

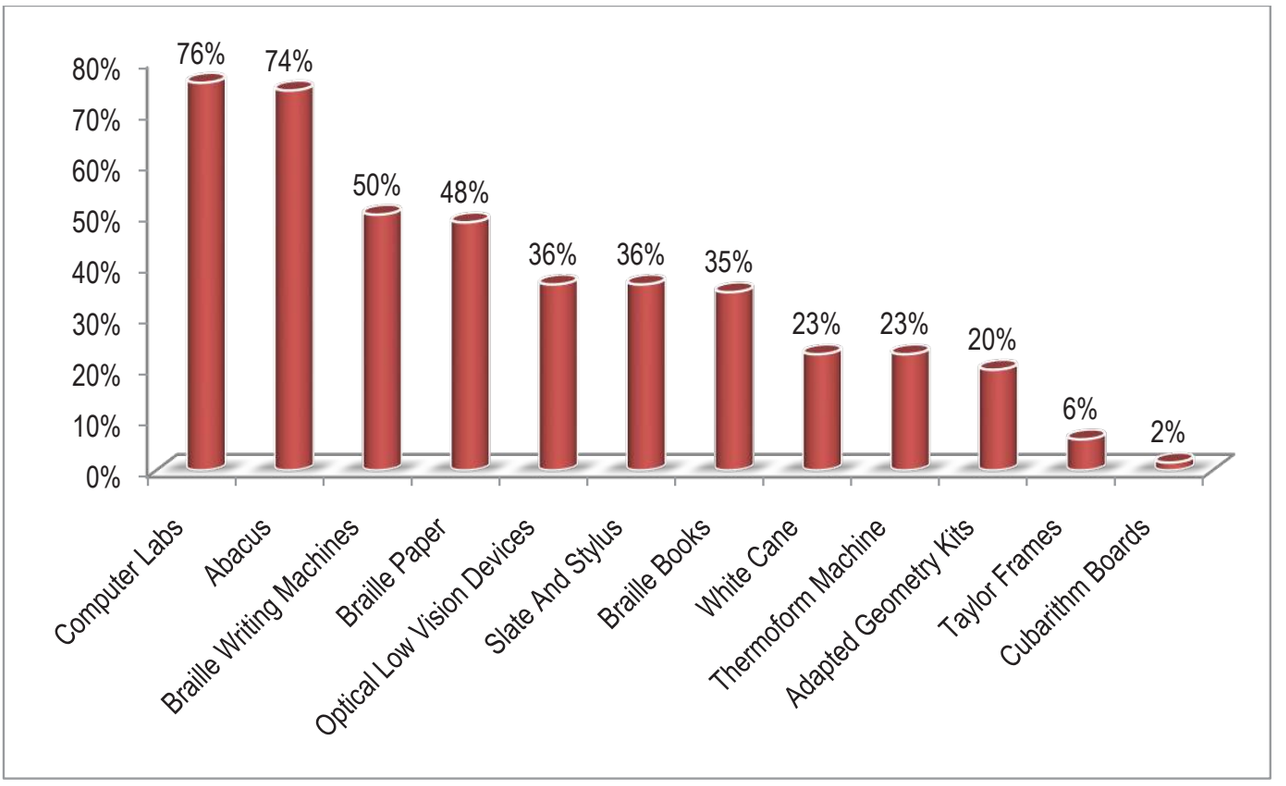


Figure 3.7: Educational Resources in Schools Serving Learners with Visual Impairment

g) Head Teachers of Special, Integrated Schools & Special Units

The findings revealed that a majority of head teachers (86.11%) in primary special schools were trained in SNE while 13.89% did not have any training in SNE. A majority of head teachers in primary integrated schools and special units (78.28%) were not trained in SNE. There were only 21.72% of head teachers in primary integrated schools and special units trained in SNE. Further, 40.26% of head teachers in primary special schools had bachelor's degree and 2.24% had master's degree in SNE as shown in Table3.17.

Table3.17: Head Teachers of Special, Integrated Schools & Special Units Training in SNE

Level		Special	Integrated	P-Value
		%	%	
Primary	**Training in SNE**			
	Proportion Trained	86.11	21.72	0.001
	Proportion Not Trained	13.89	78.28	
	Highest Level of Training			
	Masters	2.24	0.79	0.001
	Bachelor	40.26	7.36	
	Diploma	38.12	10.24	
	Certificate	5.50	3.32	
	None	13.89	78.28	
	Sex			
	Male	56.07	72.92	0.001
	Female	43.93	27.08	
Secondary	**Training in SNE**			
	Proportion Trained	87.50	6.91	0.001
	Proportion Not Trained	12.50	93.09	
	Highest Level of Training			
	Masters	20.83	0.00	0.001
	Bachelor	50.00	0.00	
	Diploma	0.00	0.29	
	Certificate	16.67	6.62	
	None	12.50	93.09	
	Sex			
	Male	58.33	64.49	0.5785
	Female	41.67	35.51	

Table3.17 also shows that in special secondary schools a majority of principals (87.50%) were trained in SNE, while 12.5% did not have any training in SNE. Among those trained in SNE 50% have bachelor degree and 20.83% have master's degree. The findings also showed that in integrated secondary schools only 6.91% were trained in SNE while a majority (93.09%) did not have any training in SNE. The highest qualification in SNE for principals heading integrated secondary schools is a certificate at 6.62%.

h) Teachers in Special Schools, Integrated Schools and Special Units

The findings showed that out of the total number of teachers interviewed, 36.6% specialized in Inclusive education (IE) of which 33.5% were in primary special schools and none in secondary special school. The findings also showed that a total of 47.9% and 32.4% were in integrated primary and secondary schools respectively. This is closely followed by specialization in hearing impairment at a total of 19.5% of which 21.9% were in primary special schools while 77.6% were in special secondary schools. A total of 7.7% were in primary integrated schools and special units while 2.7% were in integrated secondary schools as shown in Table 3.18.

Table 3.18: Teachers in Special, Integrated Schools & Special Units by Areas of Specialization

Areas of Specialization	Special Schools		Integrated Schools		Total
	Primary	Secondary	Primary	Secondary	
Inclusive Education	33.5%	0.0%	47.9%	32.4%	36.6%
Hearing Impairment	21.9%	77.6%	7.7%	2.7%	19.5%
Intellectual Disabilities	18.2%	0.0%	10.9%	5.4%	14.1%
Emotional and Behaviour Disorders	7.7%	0.0%	13.2%	0.0%	8.9%
Visual Impairment	4.8%	13.8%	7.7%	48.6%	8.0%
Physical Disability	4.8%	5.2%	4.3%	5.4%	4.7%
Autism	3.3%	0.0%	1.4%	0.0%	2.3%
Learning Disabilities	4.6%	1.7%	6.6%	5.4%	5.2%
Deafblind	0.7%	0.0%	0.0%	0.0%	0.4%
Gifted & Talented	0.4%	1.7%	0.3%	0.0%	0.4%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

The findings also showed that the least number of trained teachers are in the areas of Deafblind and Gifted and Talented with a total of 0.4% each. It also showed that 0.4% and 0.7% were in special primary and secondary schools respectively and none was in integrated primary and secondary schools.

i) Teachers' Competency in Specialist Areas

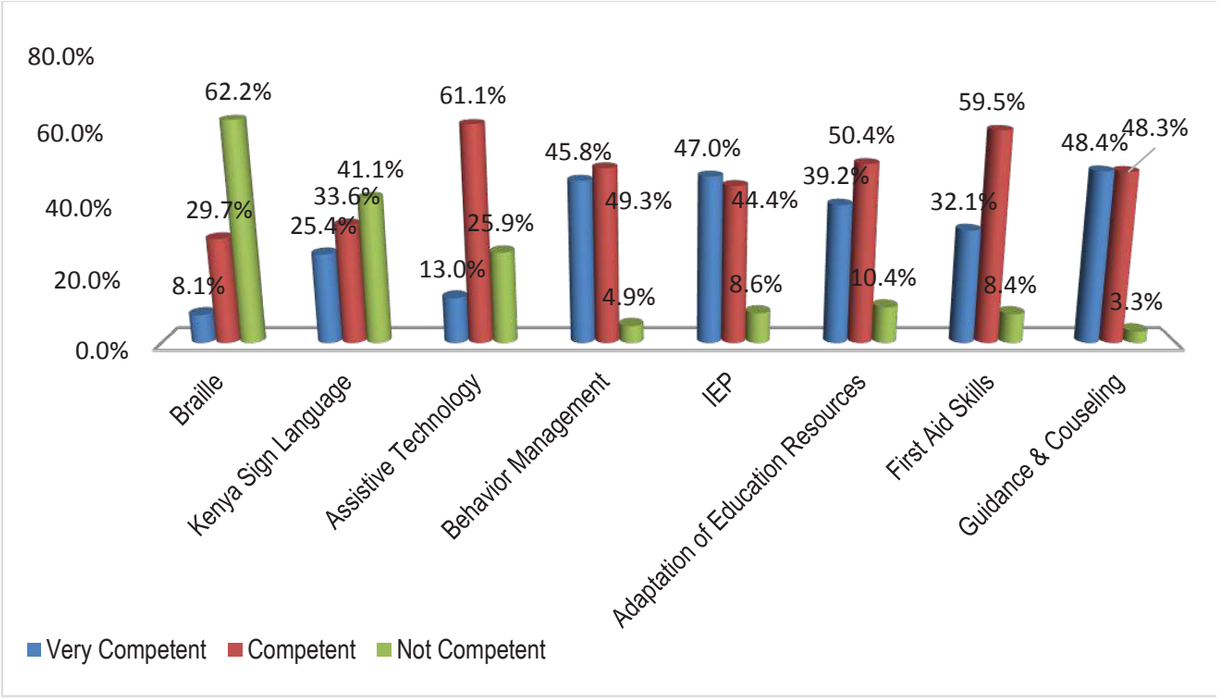


Figure 3.8: Teachers in special schools and their Competency in Specialist Areas

Figure 3.8 shows competency of teachers in special schools. The competencies indicated are important for effective teaching and learning for learners with disabilities and special needs in education. The findings of the study reveal that 37.8 % of the teachers were competent while 62.2% were not competent in Braille. The finding further revealed that 58.9% of the teachers were competent in Kenya Sign Language (KSL) while 41.1% were not competent. In assistive technology 74.1% of the teachers were competent while 25.9% were not. In addition, a majority 96.7% of the teachers were competent in guidance and counselling while only 3.3% were not competent and 4.9% were not competent in behaviour management.

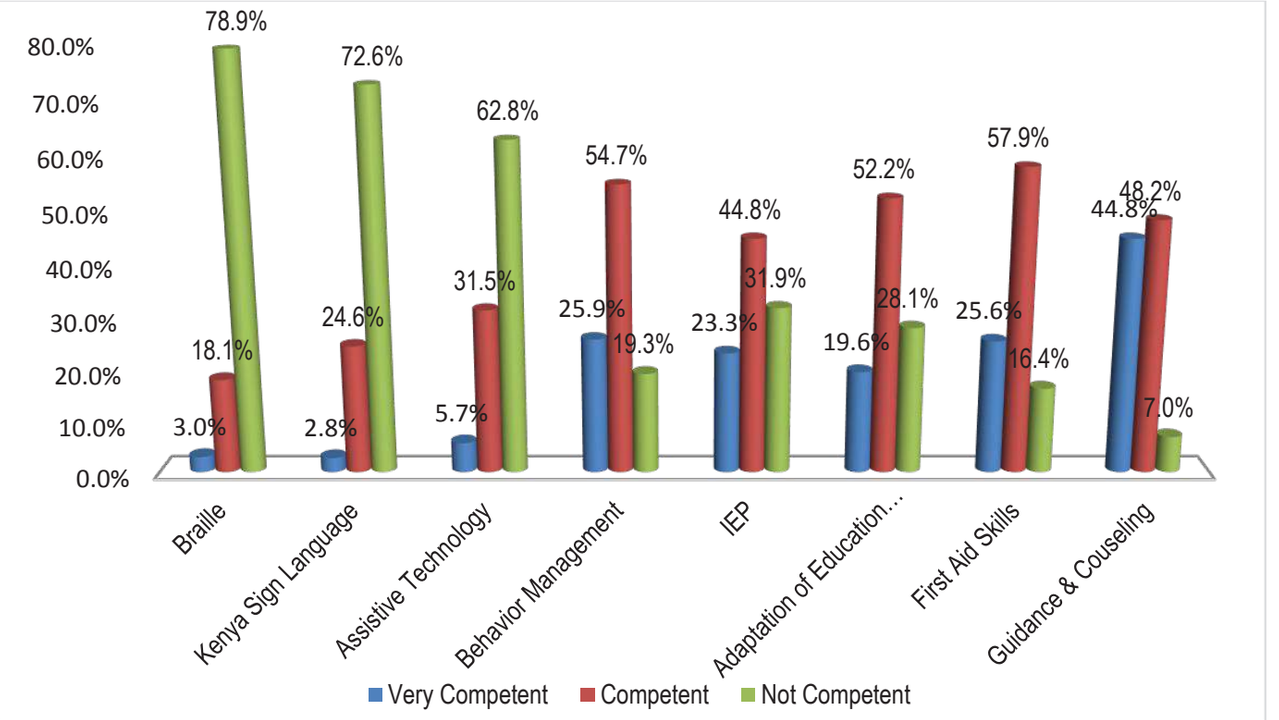


Figure 3.9: Teachers in Integrated schools and Special Units and their Competency in Specialist Areas

*Figure **3.9*** shows teachers in integrated schools and special units and their competency in specialist areas. The study findings reveal that a majority of teachers in integrated schools and special units (78.8%) were not competent in Braille, 72.6% were not competent in Kenyan Sign Language and 62.8% were not competent in Assistive technology. The findings also reveal that very few teachers (2.8%) were very competent in Kenyan Sign Language and 3.0% were very competent in Braille.

During focus group discussions with learners, it was reported that some teachers are not competent in specialist areas especially Braille and Kenyan Sign Language. Learners reported that some teachers have a challenge in explaining some concepts using Braille and Sign Language during the lessons and therefore, they skip certain topics in the syllabus.

3.2.3 Support Received by Children with Disabilities and Special Needs in Education

Learners reported that they received various support services in their schools. The findings are shown in Table 3.19.

Table 3.19: Support Given to Learners in Special, Integrated Schools& Special Units

Service Received	Frequency	Percentage
Guidance & counselling	953	61.1%
Medical services	590	37.8%
Assistive devices	228	14.6%
sign Language Interpreters	217	13.9%
Speech & Language Therapy	155	9.9%
Physio therapy	125	8.0%
Occupational Therapy	92	5.9%
Audiology	62	4.0%
Low vision therapy	60	3.8%
Braille	53	3.4%

A majority of learners (61.1%) reported that they received guidance and counselling, 590 (37.8%) received medical services, and 228 (14.6%) received assistive devices. Some learners (3.4%) reported that they received braille services, 60 (3.8%) and received low vision therapy. During focus group discussions, learners reported that they received other services such as sanitary towels, food, payment of fees, extra tuition, washing of clothes and preference in sitting positions in class.

Table 3.20 Support Required by Learners in Special, Integrated Schools & Special Units

Service Needed	Frequency	Percentage
School fees	913	58.6%
Computers	511	32.8%
Extra time in completion of assignments	502	32.2%
Sign language interpreters	491	31.5%
School Bus	411	26.4%
To be taught how to write well	316	20.3%
Assistive devices	292	18.7%
Personal teacher	271	17.4%
Swimming pool	249	16.0%
Assistance in reading	247	15.8%

Coaching in ball games	218	14.0%
Specialized materials	206	13.2%
Medical services	201	12.9%
Hearing aids	199	12.8%
Talking devices	65	4.2%

When asked about services that they require most, a majority of learners with disabilities and special needs in education 913 (58%) reported that they needed support in paying school fees, 511 (32%) required computers, and 502 (32%) reported that they needed to be given extra time to complete their assignments. Some learners (31.5%) reported that they required sign language interpreters, (26.4%) required a school bus for education trips, and 18,7% required assistive devices. Very few learners (12.8%) reported that they required hearing aids and (4.2%) reported that they required talking devices.

In addition, learners with visual impairments indicated that they needed enough braille machines, talking scientific calculators, Brailled English dictionaries, Brailled Kamusi ya Kiswahili, slates and stylus, magnifiers and closed circuit televisions (CCTVs) for those with low vision. Some learners with hearing impairment expressed the need for trained teachers who are well grounded in the area of specialization and who understand them. A few learners, especially those with intellectual disabilities expressed the for school bags, blankets and beds, school uniforms story books, pens, rubbers, geometrical sets, bags, pencils, rulers, crayons, toothpaste, tooth brushes and soap.

3.2.4 Individualized Education Programme

A majority of teachers in the survey reported that they understand Individualized Educational Programme (IEP). This was so for those especially those who have been trained in special needs education. When asked about their competency level in IEP, 47% of teachers in special schools reported that they were very competent and 45% of teachers in regular schools reported that they are competent. However, 32% of teachers in integrated schools and 9% of teachers in special schools reported that they are not competent. This is shown in figure 3.10 below.

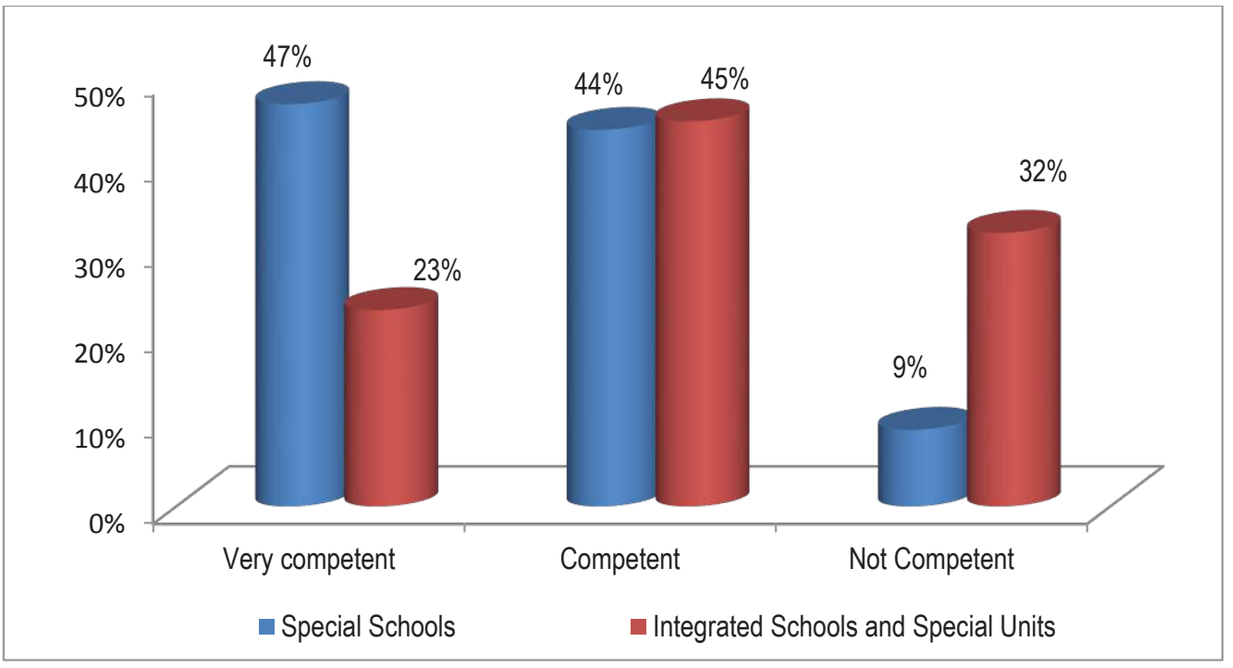


Figure 3.10: Competency of Teachers in Special, Integrated and Special Units in Individual Education Programme (IEP)

During focus group discussions, a majority of teachers in special, integrated schools and special units reported that they were competent in IEP. The same teachers also reported that they develop IEP for some learners, but they encounter challenges during implementation. Teachers from regular schools reported that they do not develop IEPs because they lack the necessary knowledge and skills. The challenges mentioned by a majority of teachers included:

- Large classroom enrolment and hence a higher learner- teacher ratio with over whelming number of learners. This was linked to heavy workload that made implementation of IEP almost impossible.

- Some parents do not cooperate in giving reliable information on historical background of their children which is important in the development of IEP.
- Aspects such as competing for mean score and pressure to complete the syllabus as required.
- Lack of necessary support from other teachers and school administration resulting from negative attitudes towards CWDs.

However, during focus group discussions some teachers from special schools reported that they do prepare IEPs and successfully implement them despite of the challenges they encounter.

3.2.5 Curriculum and Evaluation

The study findings established that learners with disabilities and special needs in education appreciated the exposure to all subjects covered by their counterparts without disabilities. However, some learners expressed concern that some concepts were too abstract and they did not understand them due to their respective sensory limitations. Some learners especially those with hearing impairment indicated that they did not cover the syllabus well and they attributed this to its nature and delivery methods used by the classroom teachers

A majority of learners with visual impairments, hearing impairments, intellectual disabilities and Physical Disability expressed the need for extra time during examinations. The same learners expressed the need to have someone read questions for them during examinations.

Table 3.23, indicates the special arrangements during examinations which learners expressed during focus group discussion.

Table 3.21: Special Arrangements Learners with Disabilities Require During Examinations.

	Extra Time	Special equipment	Physical assistance	Someone to read the questions For Me	Someone to Write For me	A short Break	A separate Room
Visual Impairment	108	12	1	11	1	1	1
Hearing Impairment	166	4	7	10	1	2	1
Intellectual Disabilities	142	8	6	30	5	2	2
Autism	1	1	1	1	0	0	1
Multiple Disabilities	23	0	0	1	2	0	0
Physical Disability	70	0	6	1	1	4	3
Emotional and Behavioural Difficulties	5	0	0	1	0	0	1
Deaf blindness	4	0	0	0	0	0	0
Speech and Language Difficulties	21	0	0	3	0	0	0

Learning Disabilities	66	2	2	4	0	0	1

During focus group discussions, learners also expressed that it would be prudent to involve their teachers during examinations because, the teachers understand their needs better. Some learners raised issues with their limitations in handwriting because of their physical challenges. They felt that if their examinations are marked by teachers who are not well versed with disabilities issues, their performance may be dismal. This was a perception held by learners with disabilities, in respect to challenges they encounter during their daily classwork that are usually well addressed by their teachers.

Learners with VI reported that they were disadvantaged when they are not presented with adapted resources. In this respect, they reported that use of diagrams and charts remain a major challenge in conceptualization of information.

Learners with physical disability who use assistive devices such as callipers reported that they had problems in class because the chairs were not adjusted to suit their heights. They further expressed the need for adapted chairs with cushions to enable them sit comfortably, lowered tables and stools in laboratories and lowered work tops in home science rooms was a request brought forward.

Some learners with physical disability reported that during wet seasons, pavements become slippery and those who use walking aids such as crutches find it difficult to move around. Learners also expressed the need for ablution blocks equipped with facilities that are well adapted for easy access and use to save class time for learners with mobility challenges.

3.2.6 Inclusive Education Programmes

Findings from the study indicated that a majority of teachers are aware of inclusive education and the need to include learners with disabilities and special needs in education. Both teachers and officers from NGOs and Partner organizations described inclusion as the most appropriate education program of empowering children with disabilities and special needs in education to access quality education within their neighbourhoods. Some NGOs were supporting inclusive education projects where they are piloting provision of education services for children with disabilities within the local regular schools hence reducing societal stigma.

During focus group discussions, some learners with disabilities were of the view that schools should be integrated to accommodate them and sensitize the society on general issues about disabilities.

3.2.7 Services offered by NGOs and Partners to Children with Disabilities and special needs in education

During interviews with officers from NGOs and Partners, it emerged that they offer different kinds of support services to learners with different types of disabilities and special needs in education. A majority of respondents from NGOs and Partners (46%) reported that they support children with Physical Disability, 41% support children with hearing impairment and 31% support children with visual impairment. The least supported are learners with EBD and learning difficulties at 2% respectively. This is shown in figure 3.11.

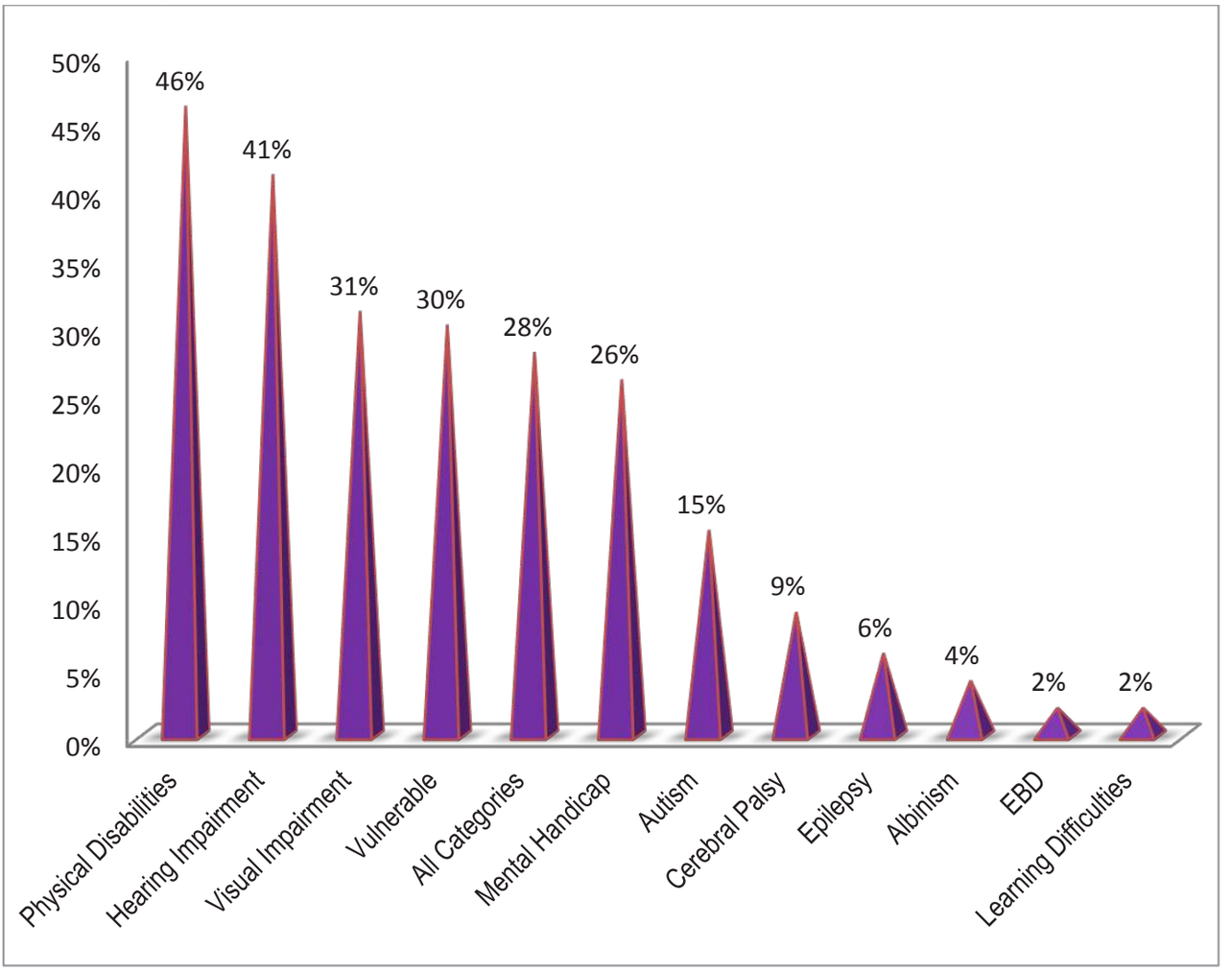


Figure 3.11: Categories of Children with Disabilities Supported by NGOs and Partners

The findings indicate that a proportion of 81% NGOs and partners offer assistive devices to learners with disabilities. Interviews with officers from NGOs and partners reveal that assistive devices such as hearing aids, protective glasses, wheelchairs and crutches were among the support given to children with different types of disabilities in Kenya. Another 70% of NGOs and partners provide medical services to children with disabilities which include corrective surgery, physiotherapy services, provision of drugs, medical assessment and rehabilitation, skin screening, deworming and correction of deformities among others. Vocational training, therapy services, psychosocial support, home care services and infrastructure improvement are among least support services offered by NGOs and partners. This is shown in figure 3.12.

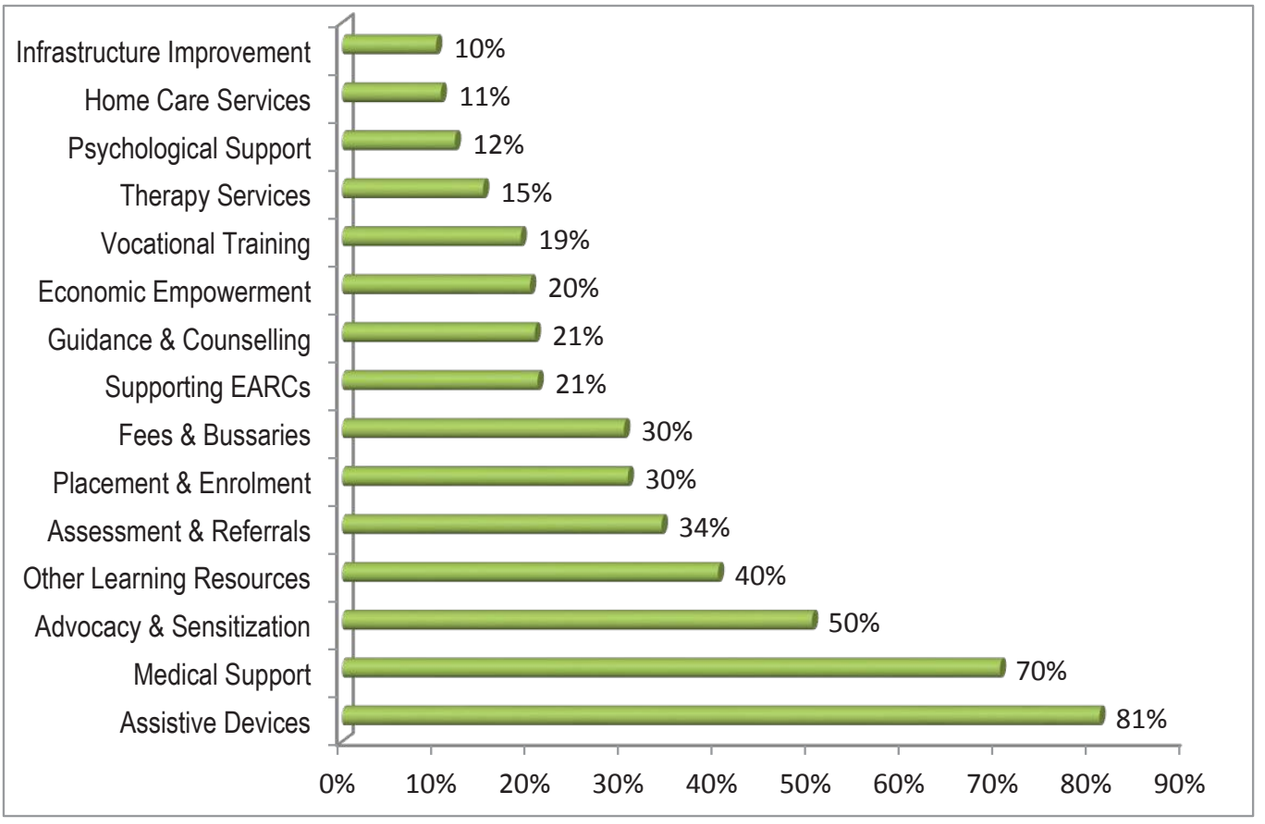


Figure 3.12: Services Offered by NGOs and Partners to Children with Disabilities

3.2.8 Rehabilitation Services

Findings from the study indicated that there were few vocational training institutions that were accessible to learners with various disabilities. Lack of systems and resources to teach prevocational skills in school had hindered success in the offering of rehabilitative services. Some teachers and officers from NGOs and partners reported that when some learners with intellectual disability acquire skills through vocational training, they are not employed.

3.3 Challenges Facing Partners offering Education Services to Learners with Disabilities

During interviews with Partners offering education services, most respondents reported that they faced some challenges as they offered services to learners with disabilities. The challenges included:

- Parents hide their children with disabilities. Others are reluctant to take their children to places where they are not sure of who will take care of them. Sometimes due to traditional beliefs, some parents continue to hide their children even after being sensitized
- Sometimes some parents and teachers are not cooperative
- Negative attitude from some parents who believe that children with disabilities are not worth investing in
- Lack of reliable data on children with disabilities and special needs in education
- Lack of logistical support to reach children who live in remote, rural and urban informal settlements
- Some parents of children with disabilities fallout from the disabilities programmes because they are not committed or are too busy
- Lack of mobility aids and other equipment. Some assistive devices for correcting deformities are very expensive and most parents are unable to afford. This affects therapy services. In some cases, children break them very fast and there are no replacements
- Parents lack awareness on the need to replace devices as the children out grow them

3.4 Barriers to Education Access, Retention and Transition for Children with Disabilities and Special Needs in Education in Kenya

3.4.1 Barriers to Access to Education by Children with Disabilities and Special Needs in Education

Findings from the study reveal that there were various factors that prevented children with disabilities from accessing education. A majority of respondents to the questions and FGDs reported the following as barriers to access:

a. Lack of Information on Education Opportunities for Children with

Disabilities

The study findings showed that most parents of children with disabilities are not aware of education opportunities for their children. Some of the parents perceive education of learners with disabilities as not quality and it does not boost self-actualization of the child with disabilities. Some parents hide children with disabilities as a result of emotional blocks, lack of information on what to do with the child with disabilities, stress and feelings of being overwhelmed. Feelings of lost expectations as the child fail to thrive towards full potential.

b. Household Poverty

Poverty was cited by some respondents as a factor that makes some parents not to take their children with disabilities to school. It was reported that some parents of children with disabilities were very poor and could not afford to buy requirements for school such as uniform and other necessities for schooling. Some parents were reported as not willing to pay school fees for their children with disabilities.

c. Overprotection of Children with Disabilities by Parents

The survey findings revealed that some parents/guardians were overprotective of their children with disabilities and therefore did not send them to school. It was reported that some parents feared that their children will not get the care they deserved and could be bullied in school or on the way to school.

d. Lack of Transport and Long Distances to Schools

Findings from the study indicated that schools that offer education for learners with disabilities are few and in most cases far apart. Most of the respondents reported that transport to and from school as well as distances to school makes parents not to take their children with disabilities to schools.

e. Discrimination and Stigma

A majority of the respondents acknowledged that discrimination and stigma by teachers, parents, peers and community hinder learners with disabilities from accessing education. This could be a contributing factor that catalyses the hiding of children with disabilities, there were reports where parents could not get necessary support from government offices to have their children with disabilities enrolled.

f. Negative Attitude towards Children with Disabilities

The findings indicated that parents, teachers, other children and the community at large have a negative attitude towards children with disabilities. Some parents view their

children with disabilities as useless and not deserving of education and therefore do not bother to take them to school. It was reported that in some cases, teachers refuse to admit children with disabilities to their schools because of negative attitude and the perception that they will decline their mean score. It was also a wide perception that the children condition and need for attention shall compromise learning time for other learners.

g. School Factors

A majority of the respondents cited school factors such as unavailability of vacancies leading to learners having to wait for years to be admitted (commonly referred to as waiting list). In some institutions CWDs were rejected on grounds of not having acquired skills of daily living such as toileting and self-care. While lack proper sanitation and general unwelcoming physical environment was cited.

3.4.2 Barriers to Retention of Children with Disabilities and Special Needs in Education

a) Curriculum and Evaluation

A majority of respondents mainly teachers and learners reported that examination is a big challenge to learners with disabilities. This ranged from the way examinations are set, invigilated and marked. A few learners stated that in schools for learners with hearing impairment, learning takes place in Kenyan Sign Language (KSL), but exams are set in English language which was not their language of instruction. In addition a majority of respondents reported that in some cases, national examinations are not adapted to fit needs of some learners with disabilities. As a result, learners with disability do not perform well and this makes them to repeat classes and others end up dropping out of school.

It was reported that there is a requirement for schools to post a high mean score in examinations and this is a challenge for schools with learners with disabilities. Some parents have very high expectations of their children and expect them to perform well in school. When the child fails to meet the expectations, parents perceive education as neither quality nor beneficial to the child. This makes parent lose hope and they withdraw their children from school because they view this as a waste of family resources.

b) School Fees

A majority of respondents reported that many parents of learners with disabilities are very poor and in most cases they are not able to pay the required school levies. Some

children drop out because of the high boarding fee and unavailability of reading and writing materials. Poverty was reported to cause many challenges such as abseentism in day schools. Some parents discontinue their children with disabilities from school when they have financial challenges in favour of those without disabilities.

c) Parental Influence

A few respondents from partner organizations reported that parents discontinue their children from schooling when they grow big and become too heavy to be carried to and from school. They also reported that some parents of children with disabilities pull out from the disabilities programme as they find it too involving at the expense of other more gainful engagements.

d) Lack of Assistive Devices

Some children with disabilities require assistive devices such as mobility aids, hearing aids and adapted devices to be able to learn. In most cases these devices are not available and if they, then they are not affordable. This forces them to drop out of school. This was confirmed by respondents from partner organizations who reported that some assistive devices to correct deformities are very expensive and most of the parents are not able to foot the bills and this affects therapy services. In some instances, children break them very fast and there are no replacements especially if it was a donation.

Findings of the study revealed that some schools for learners with disabilities have unfriendly facilities and inaccessible school environments such as rough and narrow paths & doors, lack of ramps or lifts and poor sanitation facilities. Children with disabilities are forced to discontinue with school when they encounter challenges related to inaccessible environment.

e) Challenges in Repair and Maintenance of Assistive Devices

Findings of the study revealed that there were challenges in repairing worn out and maintaining assistive devices for learners with disabilities. This was said to affect learners who use devices such as mobility devices and hearing aids, optical aids among others. Learners outgrow the devices and when they fail to acquire fitting ones, they get frustrated and drop out of school.

f) Inadequate Number of Teachers Trained in Special Needs Education

A majority of respondents reported that teachers trained in special needs education are few, especially in integrated programmes and in schools with integrated units thereby impeding service delivery to learners with disabilities. Inadequate teacher numbers were

also reported in special schools where there are many learners with severe disabilities who require Individualized Education Programmes.

g) Negative attitude and stigmatization

A majority of participants in focused group discussions reported that negative attitude from teachers, other learners, parents and the community towards learners with disabilities is a challenge towards service delivery. Further, there is also attitude problem for children with disabilities towards themselves and also from others. The study also revealed that parents prefer their children without disabilities to those with disabilities. Parents also have lost hope when they see their children are not performing well in academia and they keep being called to school.

Findings show a big challenge caused by negative attitude towards CWDs in regular schools where the children are misunderstood by both learners and teachers. They are labelled and called name that demoralizes them affect them emotionally and has negative impact on their self-esteem.

h) Harmful Cultural Practices and Beliefs on Disabilities

A majority of respondents from NGOs and partners reported that harmful cultures and beliefs on disabilities affect education of learners with disabilities.

i) Inadequate Funding and Human Resource to Support SNE

A majority of respondents said that the government supports programs and services for children with disabilities though the funding is inadequate. Findings also revealed that there was inadequate support staffs who offers services to these children with disabilities, they mentioned staff such as physio-therapists, teacher aides, housemothers and housefathers and braille transcribers among others.

j) Insecurity

A few respondents reported that some learners with disability drop out of school as a result of insecurity related to long distance they have to cover from home to school. In some cases, girls with disability are attacked on their way to school forcing them to drop out.

3.4.3 Barriers to Transition of Children with Disabilities and Special Needs in Education

a) Lack of School Fees

The findings reveal that some learners with disabilities drop out of school because of high boarding fee and unavailability of text books. During focus group discussions,

some teachers reported that some parents prefer to pay for their other children and neglect those with disabilities.

b) Examinations

The study findings revealed that children with disabilities encounter challenges in examinations that are not well adapted and therefore score low grades. Learners with visual impairment expressed the need for better adaptation of maps and diagrams. Some learners with Physical Disability expressed the need for notetakers due to motor or neurological difficulties. Further, there is need to allocate extra time relative to the type and severity of disability.

c) Nature and Severity of Disabilities

The findings revealed that some children with very severe disabilities and those with multiple disabilities stagnated in grades.

d) Few Special Secondary Schools and Vocational Training Institutions for Learners with Disabilities

A majority of teachers reported that many learners with disabilities did not transit to other institutions after primary level of education. This was attributed to the fact that there were very few special secondary schools and this hindered transition of many learners with disabilities to secondary schools. It was also reported that vocational and training institutions for learners with disabilities were very few and far apart.

e) Early Marriage and Pregnancies among Girls

Interviews with learners and teachers revealed that some learners who became pregnant were discontinued from schooling by the school administration. Some learners left school when they got pregnant and others were married off early.

f) Lack of or Inadequate Transition Opportunities and Lack of Awareness of the Few Existing Transition Options

The findings indicated that there were inadequate opportunities available for learners with disabilities. It was also reported that there was general lack of awareness about the few transition options available for learners with disabilities. Some parents of learners with disabilities were protective of their children with disabilities and did not want them to go far from home. Other parents were reported to have very low expectations from their children with disabilities and were hesitant to enrol them for higher education in tertiary institutions.

4 Summary of Findings and Recommendations

4.1 Estimate Population of Children with Disabilities in Kenya

A total of 7609 children were reached during the survey, among them, 865 had disabilities. This translates to a prevalence rate of 11.4%. The total estimated population of children with disabilities is 2,489,252 of which 1,261,877 were males and 1,227,375 were females. The household survey results showed a relatively even distribution of disabilities among males and females where 51.2% of children with disabilities were males and 48.8% were females. Therefore, there were more boys with disabilities than girls. The survey found that 72.6% of children with disabilities and special needs in education live in rural areas while 27.4% of them live in urban areas. This indicated that disability was more prevalent in rural areas.

The study found that 3.1% of the population aged 3 to 21 years had visual impairment, 3.0% had Physical Disability and 2.5% had intellectual disability. Hearing impairment and speech & Language disorders recorded a prevalence of 1.2% and 0.9% respectively. Self-care recorded 0.6% while 0.2% were deafblind. Disparities in prevalence of disabilities between males and females were highest for self-care which recorded 65.0% among males compared to 35.0% females. This was followed by intellectual disability with males at 56.3% and females at 43.7%. Speech & Language disorders with more males at 54.5% and females at 45.5%.

Learners with visual impairments enrolled in schools were 88.9%, hearing impairments 85.8%, intellectual disabilities 76.7% and those with communication difficulties were 60.4%. Learners with Self-care challenges were the least at 48.0%. However, the highest number of children with disabilities who had never attended school were those with self- care problems at 35.3% communication difficulties 24.6% intellectual disabilities 10.7%, hearing impairment 7.9% while 2.8% were those with visual impairments.

Enrolment of learners with hearing impairment was found to be the highest in primary special schools with an average of 33 boys and 31 girls while that of learners who are deafblind was the least with an average of 5 boys and 4 girls respectively. Enrolment of learners with intellectual disabilities in integrated primary schools was the highest with an average of 9 boys and 7 girls while the least was that of learners with deafblindness. Enrolment of learners with hearing impairment was the highest in secondary special schools with an average of 55 boys and 50 girls while that of learners with deafblind was the least with an average of 8 girls. There was no special secondary school with learners with autism. Enrolment of learners with visual impairment in integrated

secondary schools was the highest with an average of 4 boys and 7 girls while the least was that of leaners with autism with an average of 1 boy. There were no learners with deafblindness enrolled in public integrated secondary schools.

Though the data showed that many children with disabilities were in schools, the dropout rate was high with 17% affecting those with self-care problems followed by 15% of those with communication difficulties and 12% of those with intellectual disabilities.

4.2 Findings and Recommendations to Ministry of Education

1. County educational assessment and research centres involved other professionals in multidisciplinary assessment of children with disabilities and special needs. None of the centres involved vision therapists and regular teachers
   a. *A policy be developed by MoE for Educational Assessment and Research Service (EARS) centres and guidelines on multi-disciplinary assessment*

2. Many children with disabilities require assistive devices such as mobility aids, hearing aids and other adapted devices to function. In most cases these devices are not available, and if they are, then they are not affordable. There is also a challenge of repair and maintenance of these devices. This made children with disabilities to give up on schooling and drop out.
   a. *MoE to provide adequate funding to schools for acquisition, maintenance and repair of assistive devices and adapted teaching and learning resources for learners with disability.*
   b. *MoE to establish a repair and maintenance service unit within the EARS centres*
   c. *MoE to conduct INSET courses for teachers on production of Teaching and learning resources*

3. Many parents of children with disabilities experienced challenges paying school fees and other related school levies due to poverty. A majority of the learners (58.6%) ranked school fees as the highest kind of assistance they required.
   a. *MoE to enhance and disaggregate capitation for children with disabilities with regard to type and severity of disability*

4. Teachers were aware of inclusive education, but the practice was yet to take root in schools because some children with disabilities who were enrolled in regular schools, lacked the necessary support to make schooling meaningful.

a. *MoE to develop and implement a policy on inclusive education to enhance access to education for children with disabilities*

5. It was reported that vocational training institutions for learners with disabilities were few and none existent in most counties. In cases where there were vocational training institutions, lack of personnel trained in special needs education was reported. The survey findings revealed that absence of a clear transition system, inadequate resources and funding for prevocational and vocational training institutions hindered provision of rehabilitation services.
   a. *There is need to establish well equipped vocational training institutions for learners with disabilities to enhance transition*
   b. *Allocate adequate funds for vocational training for learners with disabilities*
   c. *Develop clear guidelines on transition for learners with disabilities*

6. Some schools for learners with disabilities have unfriendly and inaccessible environments. Some children with disabilities drop out of school when they encounter inaccessible environments.
   a. *MoE to avail adequate funds for school environmental adaptation to make it accessible for learners with disabilities*
   b. *Develop guidelines for adaptation of school environments to make them disability friendly/accessible*

7. Most of the schools reported inadequate support staff such as physiotherapists, teacher aides, Braille transcribers, Sign Language interpreters, housemothers and housefathers among others. Learners with Physical Disability stated that they require services of note-takers due to problems related to motor difficulties.
   a. *MoE to develop guidelines on recruitment and deployment of support staff in special schools and units*

8. Most parents/guardians of CWD preferred special schools to integrated programmes which led to congestion and creation of '*waiting lists'* in most special schools.
   a. *Local leadership and communities be sensitized on the importance of inclusive education*

9. The study further revealed that in some schools CWDs were denied admission on grounds of not having acquired skills of daily living such as toileting and self-care.

a. *There is need to sensitize stakeholders in education on provisions of the Constitution and the Basic Education Act, 2013 on non-discrimination, inclusiveness, equity and the right to education*

10. Findings revealed that when children grow big and become too heavy to be carried to and from school, parents discontinued them.

a. *MoE to revamp home-based programmes and itinerary services for children with disabilities who are not able to access services from institutions because of their nature and severity of their disabilities or age*

4.3 Findings and Recommendations to the Teachers Service Commission (TSC)

11. Findings revealed that there were inadequate teachers trained in special needs education which affects service delivery in special schools, units and integrated programmes where learners with severe disabilities are found. This also affects implementation of Individualized Education Programmes.

a. *TSC to deploy teachers trained in special needs education to all schools that enrol learners with disabilities as per the MoE Policy on learner teacher ratio*

b. *TSC to introduce and support In-service Training (INSET) programmes in special needs education to enhance necessary knowledge and skills in IEP development and implementation*

12. There was an imbalance in distribution of staff in county Educational Assessment and Research Service centres across the country. It also was evident that a higher proportion of staff in County educational assessment and resource centres had training in four areas of disabilities; Hearing Impairment, Visual Impairment, Intellectual Disabilities and Physical Disability. Very few officers were trained in areas of deafblind and autism.

a. *The TSC in collaboration with MoE to develop a policy on recruitment and deployment of assessment officers*

13. Head teachers heading integrated primary and integrated secondary schools were not trained in special needs education. In general, there were insufficient personnel trained in special needs education in both integrated primary and secondary schools.

a. *TSC to do appropriate deployment of head teachers to special and integrated schools*

b. *TSC to introduce and support In-service Training (INSET) programmes in special needs education targeted to both teachers and school leadership*

14. Some teachers in special, integrated schools and special units were not competent in key specialist areas such as, Braille, Kenyan sign language and behaviour management.
    a. *TSC to ensure appropriate deployment of teachers specialised in braille and KSL to schools where their services are needed.*
    b. *TSC to conduct regular refresher courses on braille and KSL for teachers*

15. Teachers trained in special needs education were competent in individualized education programme (IEP). However, they were not able to plan and implement it due to various challenges among them large classes.
    a. *Undertake balancing of teaching staff trained in special needs education in all schools that enrol learners with disabilities according to the Ministry of Education Policy on learner teacher ratio.*

4.4 Findings and Recommendations to the Kenya National Examinations Council

16. Teachers reported that evaluation is a big challenge to learners with disabilities. These challenges range from the way examinations are set, administered and scored. As a result, many learners either fail or score poor grades.
    a. *Ensure that examinations for learners with disabilities are developed, administered and scored by staff with relevant skills.*

17. The survey found out that in schools for learners with hearing impairment, the language of instruction is Kenyan Sign Language (KSL), but examinations are set in English language. A majority of learners with visual impairments, hearing impairments, intellectual disabilities and Physical Disability are slow in completing tasks due to the nature of their disabilities. These learners expressed the need for additional time during examinations. Other learners with visual impairments and Physical Disability expressed the need to have someone read questions for them during examinations.
    a. *Ensure adequate adaptations in curriculum evaluation for learners with disabilities according to individual needs.*
    b. *Give learners additional time during examinations depending on the type and severity of disability*
    c. *Explore alternative evaluation procedures for learners with disabilities.*

4.5 Findings and Recommendations to the Kenya Institute of Curriculum Development

18. Teachers reported that the curriculum used in schools does not adequately meet the needs of learners with disabilities and special needs in education. Learners with disabilities expressed the need for disabilities specific curriculum adaptations.
    a. *KICD to review the curriculum to ensure it adequately meets needs of learners with disabilities and special needs in education*

Findings and Recommendations to Education Partners and NGOs

19. Most NGOs and partners supported children with Physical Disability, hearing and visual impairments. Very few supported children with intellectual disabilities, autism, albinism and emotional & behaviour disorders. It was evident that Counties with more education partners and NGOs enrolled more children with disabilities into schools in comparison to counties with few.

    a. *Partners in education of children with disabilities to diversify their programmes across counties*

20. The survey established that some parents hide children with disabilities because they are not aware of education opportunities available while others perceive education of children with disabilities as of low quality which may not assist them to achieve their full potential.
    a. *There is need for education partners and NGOs to focus on advocacy, mobilization and sensitization on children with disabilities and special needs in education at the grassroots*

4.6 Findings and Recommendations to Parents

21. Findings indicated that there was lack of school transport causing security concerns as some learners walked long distances to school.
    a. *Parents and guardians to take up active roles in education of their children and cost share with schools to provide transport*

References

Blackburn, C.N., J. Spencer and J. M. Read, (2010). *Prevalence of childhood disabilities and the characteristics and circumstances of disabled children in the UK*: secondary analysis of the Family Resources Survey,' BMC Pediatrics

Bridge of Hope team (2015) Education transition for children with disabilities in Armenia Research report

East African Community. (2012). *EAC Policy on Persons With Disabilities,*

Kenya National Bureau of Statistics , (KNBS) (2010). *The 2009 Kenya population and housing census*. Nairobi: KNBS

McGregor, G. and Vogelsberg, R. (1998) *A Synthesis of the Literature that Informs Best Practices about Inclusive Schooling*, Research Paper, University of Montana.

Ministry of Education Science and Technology & Volunteer Service Oversees (2014). *The National Special Needs Education Survey Report. Retrieved from* https://www.vsointernational.org/sites/default/files/SNE%20Report_Full%20-2.pdf

Najjingo, H. (2009). Challenges of All Inclusive Education Services by Children With Disabilities. A Case Study of Mijwala Sub-County, Ssembabule District. MEd Thesis Makerere University.

National Coordinating Agency for Population and Development (NCAPD) and Kenya National Bureau of Statistics (KNBS) (2008*). Kenya National Survey for Persons with Disabilities:* Main Report. Nairobi: KNBS

Republic of Kenya (2001). *Children Act No.08/2001, 2001,* retrieved from http://kenyalaw.org/Downloads/GreyBook/12.%20The%20Children's%20Act

Republic of Kenya, (2009). *The National Special Needs Education Policy Framework*: Nairobi Government Printer.

Stanford Encyclopaedia of Philosophy (2011), Disability; Definition, Models, Experience from https://www.sfu.ca/~kathleea/docs/Stanford%20Encyclopedia%20of%20Philosophy%202011.pdf

UNICEF (2008). Monitoring Child Disabilities in Developing Countries: Results From the Multiple Indicator Cluster Surveys: United Nations Children's Fund, Division of Policy and Practice: New York, NY

UNICEF (2011). The state of the world's children 2011.Adolcence the world of opportunity. New York: UNICEF.

UNICEF (2013), The State of World's Children with Disabilities from https://www.unicef.org/sowc2013/files/SWCR2013_ENG_Lo_res_24_Apr_2013.pdf

UNICEF (2014) Draft document: Module on Child Functioning and Disabilities Washington Group on Disabilities Statistics

United Nations Children's Fund (2014). Data on children & disabilities. Retrieved from http://www.unsiap.or.jp/e-learning/el_material/PSS/pcd_fiji/PCD_M2_3_P2.pdf

United Nations, (2015). Global Status Report on Disabilities and Development, Prototype. New York: United Nations.

WHO & UNICEF (2008). World Report on Child Injury Prevention. Geneva, Switzerland, World Health Organization/UNICEF.

World Health Organisation (2011). World Report on Disabilities. Geneva, Switzerland, World Health Organization

World Health Organisation (2012). Developmental difficulties in early childhood: prevention, early identification, assessment and intervention in low- and middle-income countries: a review. Available at: http://apps.who.int/iris/bitstream/10665/97942/1/9789241503549_eng.pdf

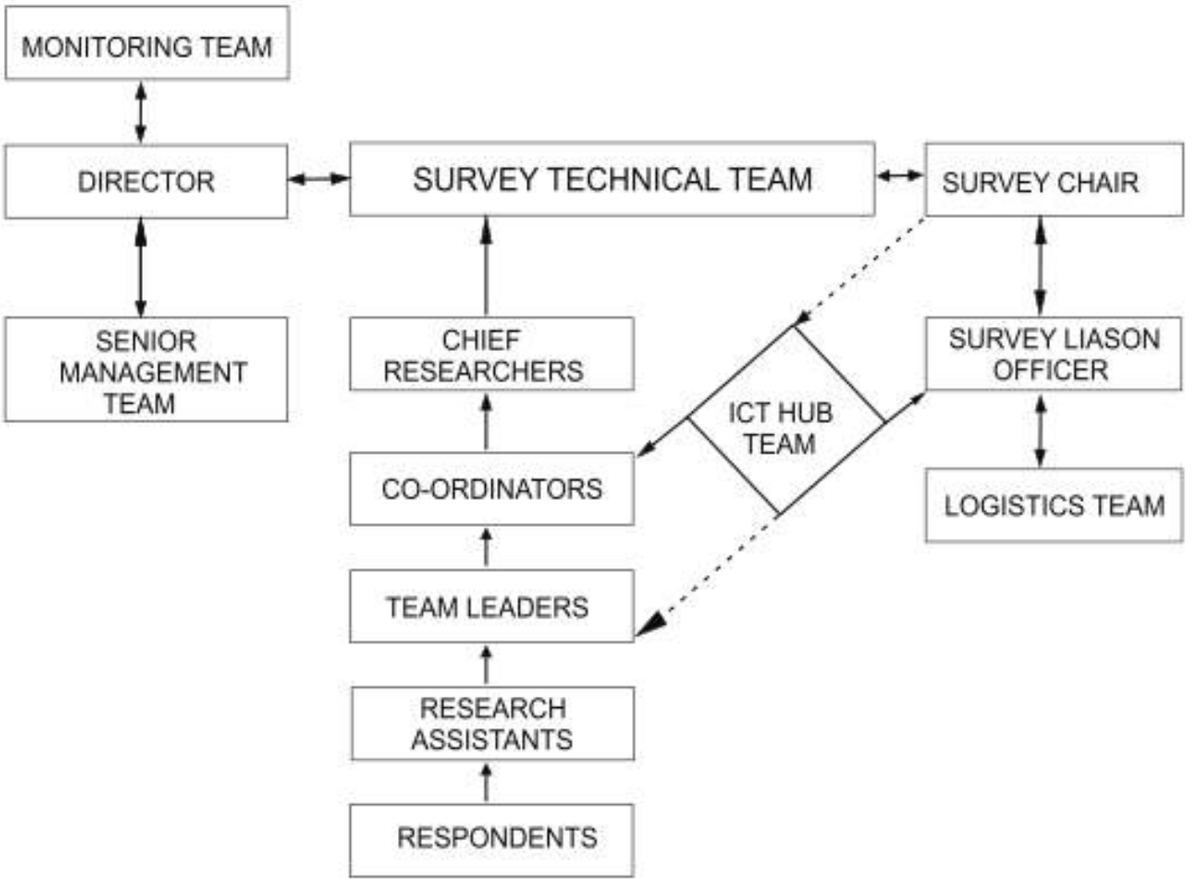
World Health Organization & World Bank (2011). World Report on Education. Valletta: WHO

World Health Organization (2011). World Report on Disabilities.

World Health Organization (2015). Disabilities and health. Retrieved from World Health Organization http://www.who.int/mediacentre/factsheets/fs352/en/

The Survey structure

This survey was guided by the organizational structure shown below.



The Survey Technical Team

1. Lydia Chege - **Chairperson**
2. Solomon Wambua - Liaison officer(HOD-Research)
3. Antony Mwangi
4. Charles Omboto
5. Daniel Sanoe
6. Dr. Lynett Ong'era
7. Elkanah Lagatt, OGW - Director KISE
8. Flora Malasi
9. Frida Kiambati
10. Johannah Mweu
11. Lucy Muthoni
12. Martin Mwongela
13. Peter Ndichu
14. Samuel Wanyonyi Juma
15. Truphena Mbeke
16. Dr. John Mugo - Council Chair on Academics & Research
17. Grace Ogonda - Council member
18. James Nga'ng'a - KNBS
19. Robert Buluma - KNBS
20. Stanley Wambua - KNBS
21. Zachary Ochola - KNBS
22. Dr. Lydia Mucheru - KICD
23. Winfred Mbugua - KNCPWD
24. Newton Munari - KNEC
25. Fredrick Haga - MOE
26. Polycap Otieno - MOE
27. Boaz Muga - KIPPRA

KISE

KENYA INSTITUTE OF SPECIAL EDUCATION
Kasarani, Thika Superhighway Exit 8, Off Kasarani-Mwiki Rd.
P.O. Box 48413 - 00100, NAIROBI, KENYA
Tell: +254 20-8007977, Cell: +254734-801-860, +254 724- 269 -505
Email: info@kise.ac.ke
Website: www.kise.ac.ke