

Exploring Disability Facilities' Services for PWDs in Kenya: An In-depth Interview Study

Sukkyung Shin*

Abstract: This study aims to investigate the range of community services offered by disability facilities for people with disabilities (PWDs) in Kenya and to identify key insights through interviews. In this qualitative study, the researcher used semi-structured in-depth interviews to collect data and selected participants through purposeful sampling with maximum variation. Data were collected through Individual Interviews were conducted with two practitioners employed at distinct disability facilities of Nairobi in Kenya. The implications obtained through the interviews in this study are as follow. First, the disability facilities in Kenya, as those in developing countries, emphasize a variety of community-based rehabilitation services. Second, there are many differences in disability services between regions. Third, practitioners who are involved in the disability facilities must have acquired disability-related service certification or completed related training. This paper finally presents limitations of the study.

Key Words: Disability Services in Kenya, People with Disabilities in Kenya, Community Based Rehabilitation (CBR), Qualitative Method, In-depth Interview Study

□ Received: Mar. 20, 2024, Revised: Apr. 22, 2024, Accepted: Apr. 28, 2024

* Associate Professor, Jeonju Univ., Email: africarogo82@jj.ac.kr

I. Introduction

According to the State of Kenyan Population 2020 Report, 1.95% of the population, or 918,270 Kenyans have various types of disabilities (Government of Kenya, 2020). If applied the global disability prevalence rate of 10% according to a WHO report, it would be estimated to have significant disability at around 4.44 million in Kenya. A total of about 80% live in developing countries that have limited or no access to basic rehabilitation services and facilities (Ingstad & Grut, 2007). Moreover people with disabilities (PWDs) have not been visibly employed and actively participants in the mainstream of their communities in Africa (Ned & Lorenzo, 2016).

Developed countries have a variety of accessible disability statistics and the web-sites of disability facilities are well-maintained, so you can get up-to-date information on what services they provide. On the other hand, in developing countries like Kenya, it is not easy to access necessary information regarding what services are variable and what difficulties there are in providing services.

The Kenya government recently has released basic statistics and reports about PWDs, or some information can be obtained through the United Nations. Nevertheless, this information remains circumscribed. Therefore, field research may be requisite to obtain the information we need.

So the researcher visited disability facilities in Nairobi, the capital of Kenya, and conducted interviews with practitioners in order to explore what community services disability facilities provide for people with PWDs and find several implications through interviews with them.

II. Research Method

1. Data Collection Process and Interviewee Information

The number of participants required for a qualitative study is often less clear-cut than in quantitative studies, where specific sample sizes are typically defined. That is, determining how many participants varies according to the qualitative approach. Thematic analysis may need a larger sample because of one focus on group-based variation or similarity. On the other hand, case studies can focus on one person, and aims to explore perspectives in depth (Beail & Williams, 2014). In this qualitative study, the researcher used semi-structured in-depth interviews to collect data and selected participants through purposeful sampling with maximum variation. Data were collected through Individual Interviews with practitioners who work at disability facilities of Nairobi in Kenya.

In the study, the field research was conducted from middle of January to early February 2023 in the Nairobi. The researcher contacted field gate-keeper(a professor at the Department of Social Work and Africa Women Studies in University of Nairobi) and listed together the disability facilities in the Nairobi area. We emailed 10 facilities listed located in Nairobi along with a research content, the purpose of the study and research questions. Finally the researcher meet two practitioners working at two different facilities that agreed to participate. The facility and job information of the research participants are as follows(See Table 1). The interview was conducted about 1 hour through a one-on-one in-depth interview between the researcher and the participant at their facilities.

<Table 1> Job Information of Interviewees

Name	Job Title	Name of Agency	Time	Date
Benson Kiptim	Head of programme	The Association for the Physically Disabled of Kenya, National Office(APDK), Nairobi	1H	30 th Jan. 2023
Matthew Mue	Deputy principal	The Industrial Vocational Rehabilitation Centre, Nairobi		1 st Feb. 2023

III. Study Results

The researcher asked about the role and function of the organization, and the status and policies of services for the PWD in Kenya. The interviews were recorded with prior consent, and the recordings were written down as statements.¹⁾

1. The Physically Disabled of Kenya, National Office (APDK)

(1) APDK which started as a charity, works with the government and provides a variety of services to PWD.

Initially established in 1958 as a charity group but with the changing dynamics in the area of people with a disability, it expanded its roots. The organization is now clocking in 64 years since its launch. At first, there was only one branch located in Nairobi and spread over the country with newly established ten branches. Comprises of a clinic, orthopedic office, and wheelchair production. APDK consists of several other organizations such as the United Disabled Persons of Kenya which is an umbrella that deals with issues of advocacy, the National Council for Persons with Disability, which is an arm of the government overseeing issues with people with disabilities, National fund for the Disabled under the UN convention for the rights of people with disabilities. Kenya domesticated it and ratified the UN convention following the former president Mwai Kibaki's car accident and came up with the Disability Act that gave birth to the National Council for People with Disability and is anchored in the Ministry of Labor and Social Protection.

In addition, Women Challenged to Challenge brings women and girls with disabilities together to build their capacity while focusing on legal matters related to women, gender-based violence, advocacy for women's inclusion and paralegal-related issues. APDK focuses on service delivery. Its existence is to provide services for people with disability by working closely with the government.

(2) 10 branches provide medical services in collaboration with national and international organizations.

Out of the ten branches, two work independently (Nairobi and Mombasa) and the other 8 are anchored by government facilities. APDK activities are funded by both

1) Considering space limitations, not all interview content was included, but the statement contained the exact sentences spoken by the interviewees.

international donors and local donors. Local donors include the likes of the Niko Fiti campaign.

For instance, one facility is based in Machakos county referral hospital where the technical team is funded by the government. Embu referral hospital, In Rift Valley, based in Nakuru, South Rift Uasin Gishu referral hospital, Nyanza, Kisii teaching and referral hospital, Kisumu Jaramogi Odinga referral hospital in Siaya, where the tenth branch is being initiated.

They are considering having branches in hard-to-reach areas such as Turkana by collaborating with humanitarian bodies. Issues such as the hostile environment and security issues hinder the development of more branches. In the Central region, the Northern Corridor and the Lower Belt of Turkana there are no branches of this kind.

(3) APDK has facilities for repairing and manufacturing assistive devices.

In the ten branches, some program are cut across all of them. They include; Providing assistive and mobility devices(strength) with a large production of wheelchairs in Nairobi and Mombasa. Technology discussions will be held in future to do strong research, develop a model, and create a pilot through the university. Closely working with JKUAT where there is a regional hub for two global disability services commitments. So that they can develop a product here, and send it to China's unit of production. Creation of prototypes sent to China for production and returned to the country for assembly. This makes it easier to receive services at a cheaper price. Assistive devices include crutches, callipers, spinal braces and things that support the body but do not compensate the body and are produced all over the country. All wheelchairs are produced in the Nairobi branch.

(4) For income security and vocational rehabilitation for PWD, APDK operate various training programs in connection with small loan micro-financing services and a variety of training programs.

APDK also focuses on livelihood. Issues with economic empowerment programs. Such as micro-financing. Last year they launched The Village Savings and Loanings Association. A concept that gives a lot of engagement in the community and leaves APDK to do technical training without having to collect money because that is not where the focus lies.

APDK is currently running a program with Strathmore University which is an accelerator program in entrepreneurship where they are training persons with disability on it.

APDK has a sheltered workshop. Dealing with jewelry for exportation. One is the Bombolulu Workshop and Cultural Centre in Mombasa. These workshops were for majorly bringing people with disabilities together thus only people with disabilities are employed in these workshops. Through the marketing department, they can sell these

products locally and internationally. Within Bombolulu there is a marketing department whose majority of customers are internationally based with persons of disabilities who are marketers as well.

Over a year APDK would support over a hundred thousand people with disabilities but with time the numbers are going down because of the low funding and the Covid-19 pandemic that shunned the donors away. However, APDK has served as a hub for sub-services connecting national and regional areas, providing services to support also children with disabilities and types of disabilities with content separation identified in response to funding shortages (APDK website).

2. The Industrial Vocational Rehabilitation Centre (IVRC)

(1) IVRC operates a variety of vocational training courses for students in their transition period.

With regard to the curriculum and training of persons with disabilities, this center has seven training program which include welding, leatherwork and shoemaking, tailoring and dressmaking, hairdressing and beauty, beadwork, ICT and computer applications. Moreover, an integrated or blended curriculum s offered where students learn together and help each other with or without a disability.

There is no discrimination as the curriculum is inclusive in nature. They may require some assistance when it comes to wheelchair support for instance but in the long run, they are able to do the same activities as the other students. This institution houses students who have intellectual and physical disabilities together. Therefore, students with intellectual disabilities are given more time to learn because they tend to take longer to understand. For example, a program that goes for one year for those without a disability, the ones with intellectual disability will take two to three years to complete it. In the end, they will all have a similar experience to the ones who did it in one year.

(2) After completing the training program, there is no exact statistical percentage of those who are employed in the community.

An estimate is 99% whereby it is a two-way thing. One may be employed by a shoe-making company for example, on the other hand, one may end up self-employed as the family may fund their work. It is either self-employment or gainful employment

by a company. It is important to note that the number of persons with disability employed by companies is lower compared to those who are self-employed. Most of them prefer having their own small businesses to manage. The country being a developing one, it is impossible to have a full transition into the company for employment.

The students receive certificates upon completion of the training program through the National Industrial Training Authority. They do an end-of-course exam and those who pass receive a certificate of competition. They get a hundred per cent because those who take longer do so have their progress monitored. If they are able to pass the exam, we are assessing their abilities to see if they possess the necessary ones or if an examination by the examining body is necessary. Here it is possible to distinguish skill from theory because you can tell what a person's area of expertise is.

(3) For the qualification of teachers who work in IVRC, a certificate for disability knowledge or familiarity is not a major requirement. They acquire the normal Technical Education Program.

When they come to teach that is when they learn how to deal with those with disabilities and those without. At vocational training, there's no need for special education because if there is a case of autism or any developmental disabilities, they can identify the behavior and cope with it. The curriculum used, for example, in leather and shoe making in this institution is the same one that is being used by those other institutions, which are not working or giving skills to people with disability as it is referred to as youth polytechnics.

However, the institution does not offer training for people with severe cases of disabilities such as aggressive behavior.

The institution is owned and fully funded by the government and the teachers are well-paid as such. The trainees pay a little cost-sharing fee of ten thousand Kenya shillings per year. Even in a situation where the person enrolling does not meet the entire fee, the learning process still goes on.

(4) The ratio between students with disability and those without is 70:30.

The waiting list is not an issue in this facility because there are eleven such training institutes all over the country. This particular one has a capacity of eighty students. In case there are more students enrolling they are referred to the other facilities which can accommodate them regardless of where they come from since it is a boarding institution. The institution does not offer a training and production center as in the case of South Korea where the trainees take part in production after training and benefit from the profits amassed.

IV. Conclusion

The implications obtained through the interviews with representatives from two disability facilities in the Nairobi area of Kenya are as follows.

First, In Kenya, like many developing countries, disability facilities prioritize a range of community-based rehabilitation services (CBR). APDK has dedicated the past 18 years to implementing the CBR program, aiming to deliver high-quality rehabilitation services to individuals with disabilities. Since 2000, this initiative has significantly contributed to enhancing the overall health, social, and economic well-being of children with disabilities and their families by offering comprehensive Community Based Rehabilitation (CBR) programs. The primary focus has been on children with various disabilities (physical, visual, hearing, mental, epilepsy) residing in the slums of Mukuru, with the goal of combating poverty and fostering their integration into the community through holistic rehabilitation efforts (APDK website). Within the framework of CBR, active collaborations with educational institutions and other community organizations are underway. While fostering community development is paramount, ensuring the effectiveness and coordination of these systems is equally crucial. This objective is realized through close engagement with governmental bodies and international donors. Notably, in collaboration with the Korean government, the Korean Embassy has closely partnered with the APDK Eldoret branch through the Korea International Cooperation Agency (KOICA). This partnership has resulted in the establishment of an orthopedic clinic at Uasin Gishu Referral Hospital. Similar initiatives are being planned across various branches.

Second, there are many differences in disability services between regions. In large cities such as Nairobi, there are a variety of medical and welfare services available to PWD, but they are very lack of accessibility in outskirts of the city and rural. Concerning the quality of life for PWDs, the issue of accessibility emerges as a critical area requiring immediate enhancement, especially for individuals with physical disabilities. However, evidence is lacking on the disparity in rehabilitation services between urban and rural areas in Africa and other developing countries. Nonetheless,

one national study by Malta et al. (2016) in Brazil measured association between locality and access and found a higher proportion had assistive devices in urban areas compared to rural areas.

Third, practitioners who are involved in the disability facilities must have acquired disability-related service certification or completed related training. Wherever sufficient numbers of fully trained welfare staff are not available, measures should be considered for recruiting and training welfare aides. Therefore, IVRC need also the specialized vocational rehabilitation teacher, not general teachers for PWD due to vocational rehabilitate is ans area that requires great expertise. The importance of the Kenyan vocational rehabilitation program for persons with disabilities (PWDs) is highlighted in its role in integrating all available labor into productive work, thereby aiding in the creation of national wealth. Therefore, Individuals involved in vocational guidance, training, and placement in Kenya should possess comprehensive understanding of disabilities and their restrictive impacts, along with awareness of the supportive services that aid in integrating PWDs into active economic and social roles. Such professionals should be given opportunities to refresh their understanding and broaden their experience in these areas (Ayodo, 1990).

The process of visiting disability facilities in a foreign country and conducting interviews with practitioners proved to be a challenging endeavor. Despite the inherent limitations associated with case studies drawn from a restricted number of facilities, this research is significant as it extends beyond mere literature review to include empirical field research within Kenyan disability facilities. It is anticipated that future scholarly work will further explore and document the conditions and challenges encountered by individuals with disabilities in developing nations such as Kenya.

【References】

- Ayodo, T. M. (1990), The Vocational rehabilitation Programme in Kenya: An Examination of Its Effectiveness as an Agency Providing Training and Employment for Disabled Persons, *Doctoral Dissertation, Kenyatta University*.
- Association for the Physically Disabled of Kenya, National Office (APDK) (n.d.), Community Based Rehabilitation (CBR), <<https://www.apdk.org/community-based-rehabilitation-cbr/>>.
- Beail, N., & Williams, K. (2014), Using Qualitative Methods in Research with People Who Have Intellectual Disabilities, *Journal of Applied Research in Intellectual Liabilities*, 27(2): 85-96.
- Development Initiatives (2020), *Status of Disability in Kenya: Statistics from the 2019 census*, <https://devinit-prod-static.ams3.cdn.digitaloceanspaces.com/media/documents/Status-of-disability-in-Kenya_IF.pdf>.
- Government of Kenya, National Council for Population and Development (2020), *State of Kenyan Population 2020 Report*, <https://kenya.unfpa.org/sites/default/files/pub-pdf/state_of_kenya_population_report_2020.pdf>.
- Ingstad, B., & Grut, L. (2007), See me, and do not forget me: People with Disabilities in Kenya, <<https://www.firah.org/upload/notices3/2007/lckenya2.pdf>>.
- Malta, D. C., Stopa, S. R., Canuto, R., Gomes, N. L., Mendes, V. L., Goulart, B. N., & Moura, L. (2016), Self-Reported Prevalence of Disability in Brazil, According to the National Health Survey, *Cienc. Saude Colet*, 21: 3253-3264.
- Ned, L., & Lorenzo, T. (2016), Enhancing Public Sectors' Capacity for Inclusive Economic Participation of Disabled Youth in Rural Communities, *African Journal of Disability*, 5(1): 1-9.