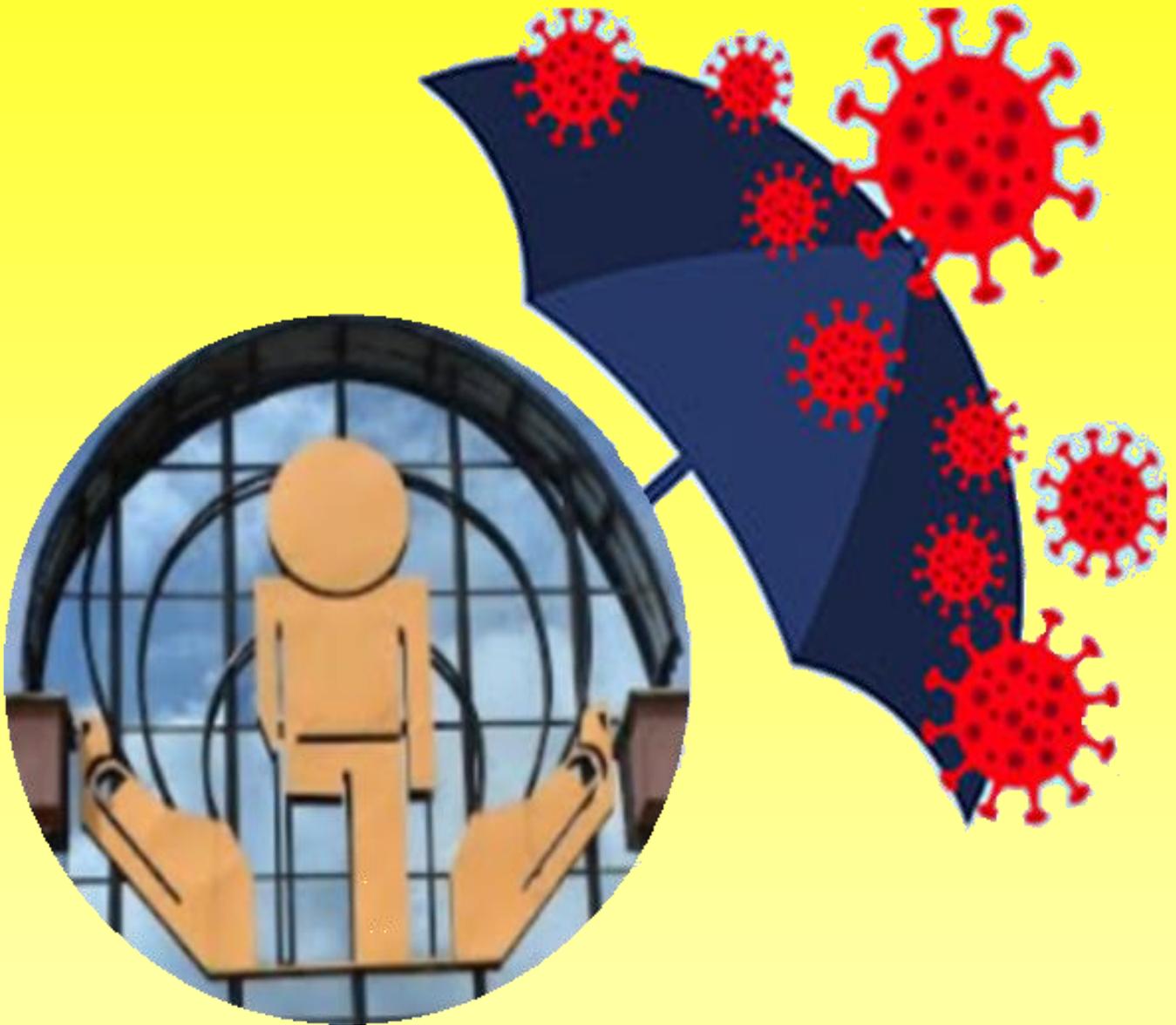


# **COPING WITH THE IMPACT OF COVID-19 ON CORPORATES: A CASE STUDY OF KENYA INSTITUTE OF SPECIAL EDUCATION**



**KENYA INSTITUTE OF SPECIAL EDUCATION**

RESEARCH REPORT

JANUARY 2021

## PREFACE

Covid-19 pandemic affected the whole education system worldwide thus resulting in closure of all learning institutions in Kenya, this led to disruption of the functionality of learning institutions since everyone had to oblige to the Government regulations to help curb the spread of the pandemic.

Covid-19 did not only affect learning institutions daily operations but also the social and emotional wellbeing of the staff and learners. Close to a year later after the first case of COVID-19 was reported in Kenya, most learning institutions have reopened resulting in major changes to ensure they re-operationalize their programmes. This has necessitated the adoption of technology in the day-to-day activities as well as putting in place safety and health measures to cope with the pandemic.

The Kenya Institute of Special Education has been affected by the disruption brought about by the Covid-19 pandemic. Consequently, measures have been put in place to ensure that operations are restored. The institute has conducted a study to find out how staff and students are coping with the pandemic. Moreover, this study has sought to establish how COVID-19 affected human capital, institute operations and to establish the measures put in place to cope with the pandemic.

This report acts as a pacesetter for learning institutions in evaluating their level of preparedness and response to covid-19. The Kenya institute of Special Education through this study is committed to providing quality training of personnel in special needs, conducting research in special needs, assessing children with special needs and disabilities, and offering other specialized services to persons with special needs and disabilities as guided by her Vision, Mission and Strategic Plan Objectives.

Dr. John K. Mugo  
Chairman, KISE Council

## **ACKNOWLEDGEMENT**

I wish to acknowledge the invaluable support and commitment to all those who participated in the realization of this report. Special gratitude to KISE Council, Management and the entire community for the efforts and support they provided during the study. To each member of staff and each student who took time to respond to the questionnaires, your shared experience will go far in informing not just the KISE management on corporate decisions; but many other workplaces that will benefit from the findings of this study. The Institute appreciates members of the technical committee for their commitment in undertaking this invaluable task, the many hours spent mulling into the data sets are appreciated as we consume this report in an endeavour to improve Kenya Institute of special education. We acknowledge the fountain of wellness research and counselling centre for the professional collection of qualitative data, processing and reporting the findings in a very ethical and dignified manner.

Dr. Norman Kiogora  
**Director, KISE**

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## EXECUTIVE SUMMARY

COVID-19 is an unprecedented situation that has catastrophic consequences, both economically and socially. It is with no doubt that all over the globe covid-19 pandemic disrupted people's way of living starting from their social life, emotional and economic wellbeing and their careers. The virus wretched havoc on economies, institutions and households by interfering with cash flows and availability of tenable opportunities. In response to reporting of initial covid-19 cases in Kenya, the country put in place interim measures to curb the spread of the virus. One of the measures was closure of learning institutions leaving out only the essential services and service providers. The Kenya institute of special education heeded the directive and suspended its activities as an initial response. In response to work demands and government directives as given from time to time, the institute function has gradually resumed its operations.

The purpose of the study was to evaluate how KISE is coping with the effects of covid-19 pandemic on its programmes. This was guided by three objectives; To find out the extent to which covid-19 pandemic has affected human capital at the institute, the Institute operations and to establish the measures the institute has put in place to mitigate the effects of covid-19 pandemic.

This study adopted cross sectional descriptive research design to assess the institutional response to the effects of covid-19 on the institute's programmes and it targeted all staff and students of the Kenya Institute of Special Education. Data was collected from the respondents using Computerized self-administered questionnaires (CSAQ) and dual moderator focus group discussions using the zoom online. Both quantitative and qualitative data will be collected in this study using questionnaires and Focus Group Discussions (FGDs) respectively.

Results show that a majority of staff were affected emotionally, socially and mentally by covid -19, this included risks of job losses due to overstay at home and the fear of contracting covid-19 at work. They described covid 19 as a "traumatizing virus", "a big ambush", an "unseen enemy", a "global pandemic which has affected everyone" and one that "made work very difficult." Furthermore, they noted that covid 19 has affected the institutes programmes and operations to a great extent as it disrupted services delivery including loss of student admission, loss of income, inconvenience to the clients, loss of time and schedules, effect on teaching practice, in service courses, face to face learning, and disruption of supply chains. As a result, they reported that intervention measures had been put in place including introduction of online learning, working from home, working in shifts, putting in place precautionary measures including hand washing points, modifying space requirements among other measures.

Students reported that their relationships with peers and staff, daily routing and accommodation had been greatly affected, face-to-face classes, examination preparation, and learning instructions were adversely affected.

The introduction of online learning was appreciated by some students though it had its challenges including lack of internet access and data bundles. Students with disabilities and special needs were adversely affected as they lacked online learning enablers. They appreciated the Institute's level of response in the precautionary measures.

The study concludes that the discharge of the mandate has been shrouded by the shadows and disruptions evoked by the outbreak of COVID-19. In addition, COVID evokes hopelessness, fear, psychological torture as well as disruption of social interactions and norms. It has also led to disruptions, losses and risks in schedules and norms overcoming these challenges will require a synergy of institutional-wide initiatives to thrust the Institute from an "emergency mode" of planning to a more stable strategic approach in delivering the KISE mandate. For students, the study concludes that the relationship amongst themselves as well as to members of staff was affected for fear of contracting the virus as a result of interaction. Furthermore, the study concludes that to ensure continued learning for students, the institute put in place the necessary measures.

The following recommendations can be proposed for effective delivery of KISE mandate:

- a) Developing a COVID-19 maintenance schedule and policy to guide the operations and reduce the risks in the provision and maintenance of COVID-19 measures.
- b) Establish and maintain a rapid response unit responsible for the maintenance and audit of the COVID-19 measures and protocols.
- c) Provide a forum for staff to brainstorm and develop home-grown solutions that can be utilized in delivering the KISE mandate.
- d) Provide psycho-social support to staff especially in essential services to mitigate the feelings of being overworked and over-stretched triggered by low motivation and morale;
- e) Review the new staff establishments occasioned by the implementation of the government directive, which provides for staff over 58 years and those with underlying conditions to work from home;
- f) Sensitization and updating staff and students using all available electronic and physical means on proper use of COVID protocols and measures including COVID-19 policy framework.
- g) Using all available electronic and physical means to enforce COVID-19 protocols and measures, while retaining a cardinal duty of inspiring hope and a sense of responsibility.

## INTRODUCTION

Covid-19 was first reported in Wuhan City, China, in December 2019 and eventually spread rapidly to the rest of the world. This was even after an attempt to eradicate it through quarantine. (World Bank, 2020). Coronavirus disease (COVID-19), was declared a pandemic by the World Health Organization (WHO) in December 2019 due to its spreading nature covering a wide area and indeed, the whole world; affecting a wider humanity (WHO, 2020). The disease caused world governments to take rapid measures such as closing schools, suspending travel in and out of their countries, imposing countries' partial and total lock downs, night curfews eventually affecting every sector in the world. (World Bank, 2020).

In an attempt to contain the spread of the pandemic and in response to the effect of school closure. Education stakeholders and leaders globally, regionally and nationally actively got involved in promoting remote learning to mitigate the challenge of congregational teaching and learning practices (UNESCO, 2020). Additional measures to curb the spread of the virus were: social distancing, wearing of face masks, staying at home, covering mouth and nose with flexed elbow or tissue when coughing or sneezing, washing hands often with soap and water together with cleaning frequently touched surfaces and objects (World Health Organization, 2020).

Many governments in the East and Southern Africa (ESA) reckoned the need to look into the socioeconomic impacts arising from the pandemic, which would include expansion of social protection programs in their member states, (UNICEF, 2020). The massive impact caused by COVID-19 on public finances, requiring swift and strategic policy responses to address and ease the spike of the pandemic on the population. Addressing other essential measures to curb the spread of COVID-19 was of great paramount importance. Measures that included washing of hands, wearing of face masks, maintaining physical and social distance and avoiding crowded places and providing prevention education on the media, needed a huge and deliberate effort on the governments' parts. In addition, considerable resources were urgently required to finance continued testing and treatment of cases, social protection, and to sustain the

delivery of essential public services such as education, water, and routine health services (UNICEF, 2020).

The education sector in Kenya was equally and badly hit as schools, Universities and Colleges were closed. Students were sent home abruptly after the government announcement upon the detection of the first Covid-19 case in Kenya in March 2020.

Amidst all these, Kenya Institute of Special Education (KISE) which is a semi-autonomous government agency under the Ministry of Education in Kenya, was not spared either. The Institute conducts training of teachers and other personnel to work in the field of special education and disabilities. In addition, it runs the National assessment and research centre for functional assessment of children with disabilities. It also undertakes research in disability studies as well as running an orientation and mobility Centre for newly blinded persons. Moreover, it acts as a resource Centre for production and dissemination of information on special needs and disabilities. It designs, produces, repairs and maintains special materials and equipment for persons with special needs and disabilities. All these functions were brought to an abrupt halt.

The Institute has approximately 200 staff that work daily on a face-to-face basis. Being a service industry, the main function of the day which is training, entails physical attendance. As a response to the COVID-19 pandemic, the Institute sent all staff on compulsory leave abruptly except for a few who were left to offer essential services amidst a crisis situation where nobody knew what would happen next. There was also a group which according to the government, could work from home due to their vulnerability. They too, just as the rest of their counterparts in the entire educational institutions had to oblige to the directives. However, in response to work demands and government directives as given from time to time, the institute's functions have gradually resumed its operations.

The fact that human capital is the greatest asset that any organization has; means that emotional support to staff during the pandemic and in the recovery phase is a critical component of organizational resilience. HR managers are faced with the need to protect the people, both physically and emotionally. The workforce is faced with;

stress, unemployment, unpaid leave, adaptability to remote working, and lack of knowledge in online working.

The dramatic changes caused by the COVID-19 pandemic have unprecedented implications for companies and other organizations. This has influenced human resource management to a very great extent. HR managers have to take leadership to navigate in the vague present and unforeseeable future (Khemraj & Yu, 2020). They have to support staff in coping with stress while continuing to work remotely so that operations of the business go on. However, HR managers have had to deal with dismissals and reduction of the staff caused by the pandemic lockdown and regulations.

Companies and other organizations, together with the HR managers, have had to develop crisis management plans, initiate new policies for remote working as well as facilitate hybrid working systems as a response to the current and future crisis (Emond & Maese, 2021). Institutional programme planning, frugality, and emotional support for staff and key clients will be the major focus of this study.

Communication is foundational to sustaining public trust and maintaining business continuity. In this COVID-19 pandemic era, many organizations are vulnerable to experiencing a crisis. This will present missed timelines, targets, and emotional staff fatigue, especially anxiety and unknowns. Brand reputation and stakeholder relationships are definitely at risk. How an organization and its leadership respond to a crisis can have a long-lasting business impact. Effective crisis management requires organizations to respond quickly. There is a need to identify, assess, understand, and cope with a serious situation, especially from the moment it first occurs to the point that recovery procedures start (Emond & Maese, 2021). Communication is foundational to crisis management. When used effectively, it reduces uncertainty, engages stakeholders, and moves the business forward with purpose and clarity.

To this end, there arose a need for investigation into how the institute is coping with effects of COVID-19 pandemic on its programmes in terms of its operations, human capital, service delivery and establishing mitigation measures to cushion its programmes and other activities as the focus of this paper.

## 1.5 Statement of the Problem

Kenya Institute of Special Education was closed on March 20, 2020 as per the directives of the government. The closure was implemented as a measure to curb the spread of Covid-19. This affected the students, staff and the programmes. It led to indefinite suspension of classes, internship, research, examination, assessment and other institute's programmes. Instant withdrawal of services, students and staff from the institutes left a vacuum leading to chaos, panic, worry, apprehension, insecurity and all manner of uncertainty. Only critical staff executed their duties within the institute premises.

Subsequently, several intervention measures were put in place to ensure continuity of learning and other services online. However, there were multiple challenges ranging from low internet connectivity, lack of online content aligned with the special education curriculum and staff unpreparedness for "new normal". Moreover, even with the reopening of the institute there is uncertainty about when most workers will be able to return to their jobs. A survey conducted by the Kenya National Bureau of Statistics (KNBS) in May 2020 suggest that there are about 91.2% of workers who reported absent from work during the period of the survey and are not sure when they will return to work, while 8.9% expect their return to work to be delayed by between one and six months. It is from this background that the study seeks to establish how KISE is coping with Impact of covid-19 on institute programmes.

## **1.6 Purpose of the study**

The purpose of the study was to evaluate how KISE is coping with the effects of covid-19 pandemic on its programmes.

### **Objectives**

1. To find out the extent to which covid-19 has affected human capital at the institute.
2. To determine the extent to which covid-19 has affected the Institute operations
3. To establish the measures the institute has put in place to mitigate the effects of covid-19 pandemic.

## **1.7 Scope**

This study focused on the students, staff and programmes/activities of the institute affected by covid-19 pandemic. It assessed the coping strategies the institute had put in place in the wake of covid-19.

## **METHODOLOGY**

### **2.1 Research Design**

This study adopted cross sectional descriptive research design to assess the institutional response to the effects of covid-19 on the institute's programmes. Cross sectional descriptive research designs involve data collection from a population at a given point in time with the aim of establishing the characteristics of the given population at that time. A cross-sectional descriptive survey assesses how frequently, widely, or severely the variable of interest occurs throughout a specific demographic (Rahi, 2017). Nine months after recording the first case of covid-19 in Kenya, the institute assessed the effects and its responses towards mitigating the covid-19 pandemic.

### **2.2 Target Population**

This study targeted all staff and students of the Kenya Institute of Special Education.

### **2.3 Sampling Procedure and Sampling Frame**

Total enumeration sampling was used for the staff as the study targets the entire population while quota sampling was used to select students. The sampling frame for the study was the list of all staff of the institute obtained from the human resource office while that of students was the list of all students from the academic registrar. Quota sampling was used to select students where their population was divided into groups based on their levels of study, mode of study and training programme. Proportionate samples were taken from each quota.

Students were sampled using the Yamane's (1967) sample size determination formula.

$n = \frac{N}{1+Ne^2}$  where n is the sample size, N is the population size and e is the level of confidence (allowable error 5%).

Purposive sampling was used to select a sample of 10 staff members for a one-on-one in-depth interview. In addition, there were two focus groups comprising a total of 23

staff members identified for inclusion. The sample was selected from a cross section of departments and units' that represent the key functions of KISE. Informed consent was sought in each case before audio recording. The themes were coded and analyzed guided by the theory of phenomenology.

#### **2.4 Data Collection Procedure**

Data was collected from the respondents using Computerized self-administered questionnaires (CSAQ) and dual moderator focus group discussions. CSAQ is a method of collecting survey data that takes advantage of computer technology to create an instrument (the questionnaire) that allows respondents to complete the survey with little or no other human assistance (Lavrakas, 2008). It also allows questions to be "personalized" based on demographic variables such as age, race, or sex; or use answers provided earlier in the questionnaire as part of wording of questions coming later. The questionnaires were uploaded to the data collection software and shared with the respondents via google docs. The respondents were notified to respond to the questions and submit their responses within a given timeframe.

On the other hand, qualitative data was obtained from eight (8) in-depth discussions and two (2) focus group discussions involving KISE staff, on the impact of COVID-19 on the KISE Mandate. Participants were contacted via direct messages, phone calls and WhatsApp messages to arrange for Zoom® interviews and assigned an interviewer. The Zoom sessions were audio-recorded and transcribed verbatim by three researchers. Participants were informed of the purpose of the study prior to the study and interviewees had the opportunity to ask questions about the researchers' interests in the topic prior to commencement of each interview. All the study participants voluntarily agreed to take part in this qualitative study and provided informed consent.

#### **2.5 In-depth one on one Interviews**

The study employed a semi-structured interview guide that had been developed to explore the participants' views on the impact on COVID-19 on the discharge of KISE mandate. The guide was designed to facilitate discussion on the objectives of the study.

Eight (8) in-depth interviews were conducted and lasted between 31 and 91 min of active responses (excluding preliminary sections) based on an interview guide. The guide was designed with input from seasoned counsellors and selected KISE research experts. The discussion elicited qualitative data on the staff experiences, thoughts, feelings and suggestions on the impact of COVID-19 mandate. The entire in-depth interview guide is attached as appendix 1. All participants were interviewed online via and video conferencing software in compliance with existing COVID-19 health protocols.

## **2.6 Focus Group Discussions**

To augment the in-depth discussion, two (2) focus group discussions (FGD) were held between 22<sup>nd</sup> and 23<sup>rd</sup> December 2020. The first discussions held on 22<sup>nd</sup> December 2020, lasted 1 hour 40 minutes, while the second focus group discussion held on 23<sup>rd</sup> December 2020 lasted 1hr 51 minutes. The discussions were guided by a guide specifically adapted from the in-depth interview guide and customized to elicit group thought rather than individual focus.

## **2.7 Data Analysis**

Both quantitative and qualitative data was collected in this study using questionnaires, in-depth interviews and Focus Group Discussions (FGDs). The study adopted a mixed method in analysing the data. Statistical methods involving descriptive and inferential approaches were used to analyse quantitative data using SPSS software. Thematic analysis method based on the six-stage model proposed by Braun and Clarke (2006; 2012) was used to analyse qualitative data. Continuous triangulation was adopted in preparing the report of the research findings where evidence emerging from quantitative and qualitative datasets were evaluated concurrently.

Informed by the Cohen & Manion (1994) constructivist approach which seeks to understand the world of human experiences, data analysis explored into the thoughts, feelings and perceptions that the participants made of their experiences at KISE after the onset of COVID-19, in relation to themselves, their place of work and the Institute at large. The audio files were transcribed using Live Transcribe, an Android based

software to generate text files, resulting in a 72-page text document. Personal information and disclosures that were considered only suitable for counselling purposes were excluded in the transcribed document.

The text file was coded into themes and transferred to a Microsoft Excel file for ease of navigation in a highly iterative inductive approach. Thematic analysis was guided by the six (6) steps outlined by Braun and Clarke (2006). Three researchers analysed ten (10) transcripts to identify preliminary themes that were grouped and adapted in the context of critical realism. The next phase of analysis identified common underlying structures and prevalent “patterned responses” (Braun & Clarke, 2006, p. 10), critical in exploring meaningful structures across the data sets. The final product was a narrative structure with accompanying descriptions in a Microsoft Excel Workbook with 493 rows of extracted data. The data was extracted with the aid of advanced customized macros in the developer tab of Microsoft Excel, to link and mine quotes from the Microsoft Word Transcript of the discussions.

## **Ethics**

The highest scientific and ethical principles was adhered to throughout the research process. In this study, respondents were encouraged to participate at will, free of any coercion, intimidation, bullying or persuasion of whatever form. Every study participant was automatically assigned a unique pseudocode by the system to ensure confidentiality and anonymity of the respondent. As such, there was no possibility of victimization for failure to participate or disclosure of information by anyone. The data was double encrypted within institute servers to avoid loss or any malicious access at all times.

## RESULTS AND DISCUSSIONS

This chapter reports the analyses of data pertaining to institutional response to the effects of the COVID-19 on Institutes programmes. The chapter is subdivided into two parts; Part one presents findings from staff who participated in the study (both teaching and corporate staff) and part two presents findings from students who participated in the study.

### PART ONE - FINDINGS FROM STAFF

#### 3.1 Demographic Information of staff

This section highlights the general characteristics of the different categories of the participants involved in this study. The demographic data that was collected included that of sex, disability status, staff category, age, and highest level of education of the participants, and is presented in Table 1.

Variable	Frequency	Percent
<b>Sex</b>		
Female	26	52%
Male	22	44%
Prefer not to say	2	4%
<b>Disability status</b>		
Staff with disabilities	4	8%
Staff without disability	46	92%
<b>Staff category</b>		
Corporate Staff	18	36%
Teaching Staff	32	64%
<b>Age (years)</b>		
21 - 30	4	8%
31 - 40	8	16%
41 - 50	12	24%
51 - 57	16	32%
58 & above	10	20%
<b>Highest Level of Education</b>		
Bachelor's degree	19	38%
College Certificate	2	4%
Diploma	9	18%
KCE/KCSE	2	4%
Master's degree	18	36%

Table 1: Demographic information for Staff

The results in Table 1. indicate that 26 (52.0%) of the staff were females 22 (42.3%) of them were males. While 2 (4.0) Of staff preferred not to reveal their sex.

On disability the result of the study indicates that a majority of the staff 46 (92.0%) were those without disabilities while 4 (8.0%) were staff with disabilities. In addition, data also revealed that staff with physical disabilities were of equal number to staff with visual impairments. From the same Table, it is clear that a majority 32 (64.0%) of the staff category were teaching staff male while 18 (36.0%) corporate staff.

The results for staff on age indicate that the majority 16 (32.0%) of the staff aged between 51-57 years. This was followed by 12 (24.0%) aged 41-50 years. The staff who were aged 58 years and above were 10 (20.0%) while those aged between 31-40 years of age were 8 that is (16.0%). The least age of staff was those aged 21-30 years at 4 representing (8.0%)

In this study staff were asked to indicate their highest level of qualification. The results indicate that 19 staff (38.0%) have a bachelor's degree, followed by 18 staff (36.0%) with a master's degree, 9 staff (18.0%) with diploma. In addition, the findings also revealed that those with a college certificate and KCE/KCSE had 2 staff that (4.0%) respectively.

### 3.2 Effects of COVID-19 on institute’s Human Capital

Staff were asked to state whether COVID-19 had affected their mental or emotional wellbeing. The results are as presented below.

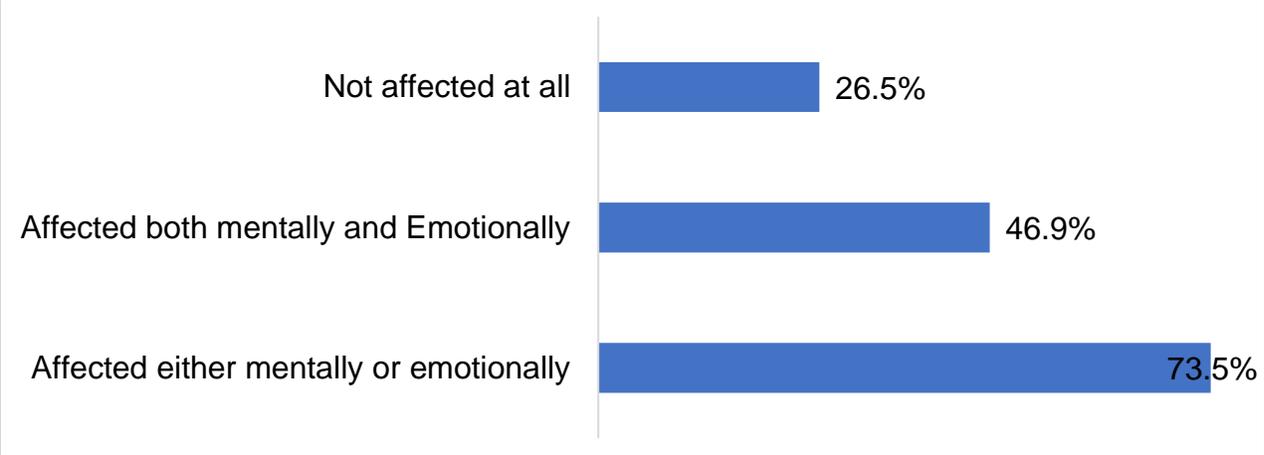


Figure 1: Effects of COVID-19 on staff wellbeing

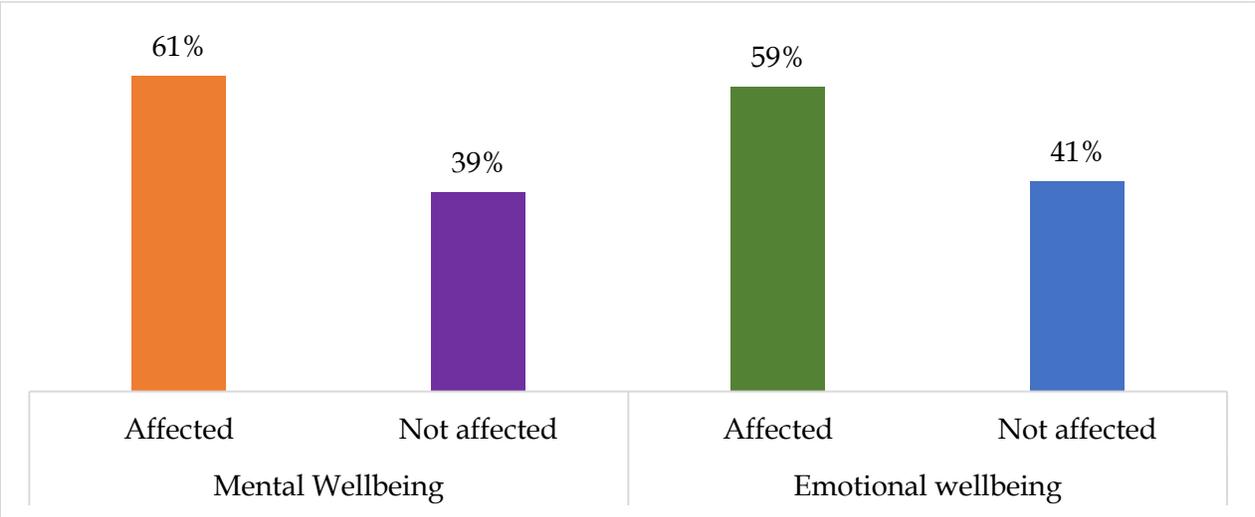


Figure 2: Effects of COVID-19 on mental and emotional wellbeing

The respondents were further classified based on disability status, staff category and responsibility type as shown in table 2.

Variable	Affected mental wellbeing	Not affected
<b>Disability status</b>		
Staff with disabilities	67%	33%
Staff without disabilities	61%	39%
<b>Staff Category</b>		
Corporate Staff	61%	39%
Teaching Staff	61%	39%
<b>Responsibility type</b>		
General staff	61%	39%
Head of department	55%	45%
Head of section	100%	0%
Senior management	60%	40%

Table 2 Effects of COVID-19 on staff mental wellbeing

Variable	Affected emotional wellbeing	Not affected
<b>Disability status</b>		
Staff with disabilities	100%	0%
Staff without disabilities	57%	43%
<b>Staff Category</b>		
Corporate Staff	56%	44%
Teaching Staff	61%	39%
<b>Responsibility type</b>		
General staff	58%	42%
Head of department	73%	27%
Head of section	100%	0%
Senior management	20%	80%

Table 3: Effects of COVID-19 on staff emotional wellbeing

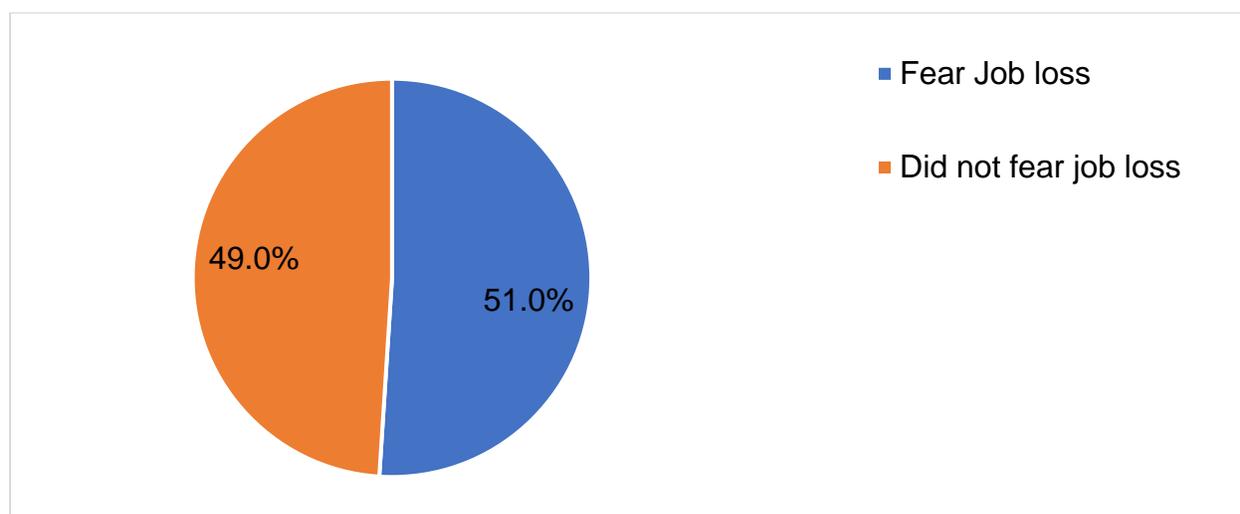


Figure 3: Staff Fear of losing job at KISE

Data was further subdivided based on disability status, staff category and responsibility type.

Variable	Fear Job loss	Did not fear job loss
<b>Disability status</b>		
Staff with disabilities	0%	100%
Staff without disabilities	54%	46%
<b>Staff Category</b>		
Corporate Staff	67%	33%
Teaching Staff	42%	58%
<b>Responsibility type</b>		
General staff	55%	45%
Head of department	55%	45%
Head of section	50%	50%
Senior management	20%	80%

Table 4: Staff fear of job loss

Staff were asked whether the institute provides debriefing sessions on COVID-19 for staff. As presented in the graph below, only 16% of staff are reported that the institute provides debriefing, 21% said the institute does not while the large majority at 63% said they are not sure.

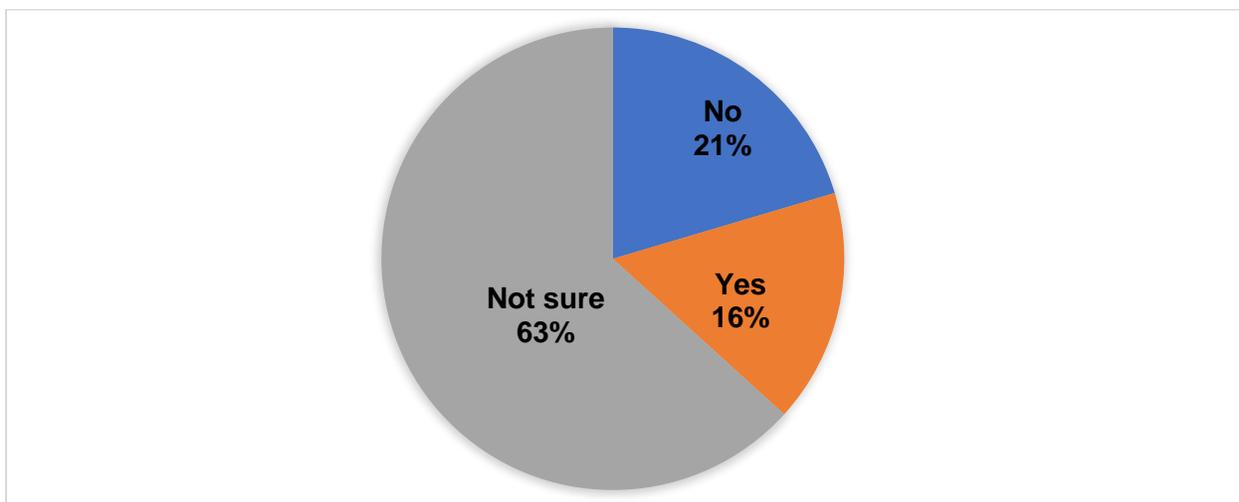


Figure 4: Provision of debriefing sessions to staff

Staff were asked to state groups of people who are most vulnerable to covid-19. The study shows that 39% said persons with underlying health conditions, 33% said everyone is vulnerable and 17% said that persons who are elderly are the most vulnerable.

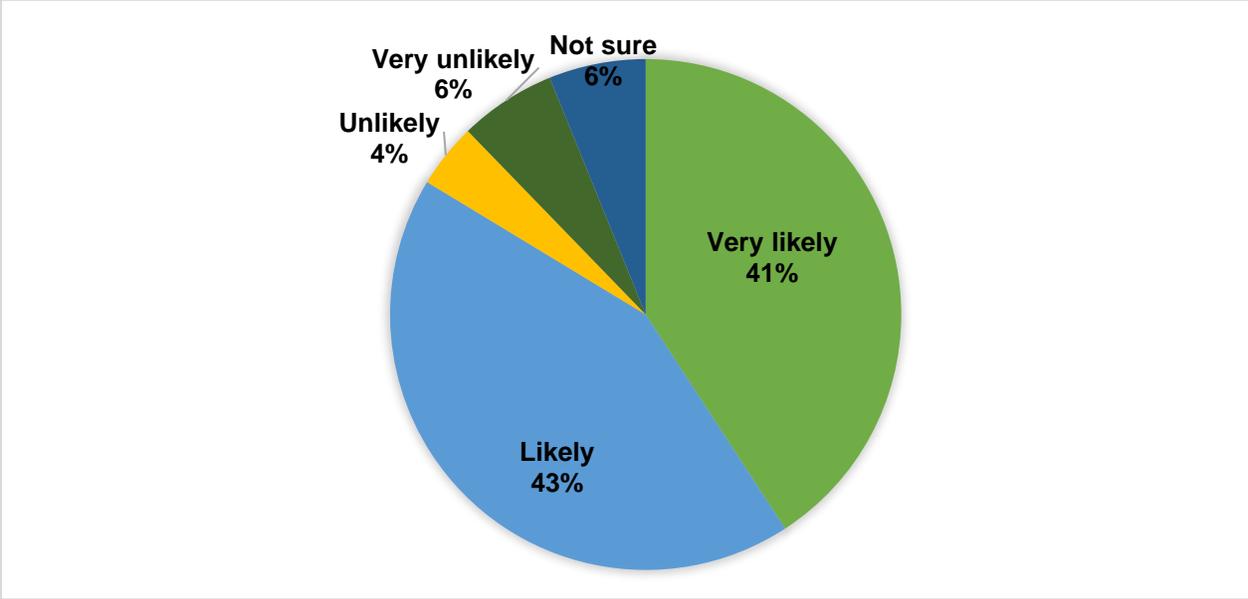


Figure 5: Staff perceived likelihood of exposure to COVID-19

*“COVID is real, and unless we purpose to stay safe and keep others safe, then we may not achieve much so it should always start with me. I should not look at what others are doing; it has to start with me. So long as it starts with me, start with you, start with every other person, then we are going to be a strong link.”*

*COVID -the unseen enemy*

Regarding the effect of COVID-19 on human capital, participants articulated the effect of COVID-19 on themselves as individuals (individual level) and as staff of the Institute (institutional level). At the individual level, the word COVID-19 was variously described as a “traumatizing virus”, “a big ambush”, an “unseen enemy”, a “global pandemic which has affected everyone” and one that “made work very difficult.” Further, other participants described COVID-19 as a disease that left a “shadow behind everybody that you know that this thing can strike anytime.” The onset of COVID-19 was described by one participant as a period of “something you have never seen before and hopefully we pray that it will go away” and “it has taken people in a day and in a day a person is

gone." In addition, one participant described COVID-19 as being a "kind of disease you don't know who has it and you don't know when you can be affected, everybody is at risk." It brought with it "a sense of almost hopelessness because you can get it anytime, you don't know when you could get it."

### *Fear*

Evidently, such descriptions of COVID-19 were informed by a persistent fear in most of the participants. A fear of the unknown, a fear that "we are going to become some walking zombies without brakes" and made worse by the fact that "no one really knows how to handle this COVID" and it "is like predicting death" and was pushing people to the "brink of breaking down". Participants expressed fear "that when one person is a little bit unwell you are all afraid", leading to self-introspection such that "when you cough a bit it is like oh, no, could it be the one?" Various, it brought fear of others and "you are not trusting each other and you're like keep off and that keep off kind of attitude has put a rift" between colleagues in the Institute. The fear was even greater among those offering essential services at the Institute as they feared "exposure compared to the people who would sit in an office and control the people who would come." Specifically, the fear was being "exposed every day to it because you are dealing with the students, you have to keep talking to your colleagues in the department." COVID-19 was viewed to bring "a lot of fear, fear of sickness, fear of death, fear of losing loved ones, fear of losing our friends, fear of losing jobs."

### *Emotional Distortions*

Most of the participants agreed that COVID-19 impacted on their social interactions. It was stated that people are not free to socialize in the community "or where you are working, and you are not able to do your daily activities as one used to do." The impact was on the emotional and social dimensions. Emotionally, COVID -19 brought confusion, burnout and anxiety. One participant stated that "my emotions were messed up" and to the point that one stated that "I don't want to be asked anything, I just want to be left alone", while another stated that colleagues would often say "leave me alone." It was also stated that and when staff members meet at the Institute, often "people are

not in the right mood” and “somebody will easily exchange words with you.” The emotional fuses appeared to be easily triggered by the deduction that “staff have a lot of stress and mental health issues.” This had the potential to breed frustration as expressed by one participant thus

*“there’s a sense of frustration, there is a sense of you don’t know like what to do or what you should not.”*

The psychosocial effects left some pondering “even if I felt overwhelmed, the question is, do I have a choice?” posed a participant. As such, staff intentionally avoided meeting with their colleagues and “are just disconnected from one another.” A participant accurately illustrated how the human capital had been affected by stating that:

*“this pandemic has affected people in their own houses, so even when they come to work, they are not themselves and everybody keeps it to him or herself”*

### *Staff in Essential Services*

The emotional distortions were more prevalent amongst staff working in the essential services, such as housekeeping, catering and health facilities. The staff have been in operation from the time the Institute was serving as an isolation facility, and now where the staff are more visible in the Institute than the other non-essential service areas. The nature of the essential services was such that “some department’s people cannot be able to work from home. You can’t work with a laptop; due to the nature of the duty it requires you to be physically present.” They stated that staff working in essential services were of the view that they worked on every day while their counterparts had an option of not reporting to work daily, hence, breeding discontent. Some participants compared themselves with those who had been working from home and stated that “we have been at work since March, this person is feeling the burn out.” One participant summed the matter by stating that “staff motivation and morale has really gone” and “when the morale goes down productivity goes down.” The loss in productivity arising from low morale was a major hindrance to the discharge of the KISE mandate. This

situation was compounded by conflicting views on the motivation of those working in essential services as they were viewed to be benefiting financially

*“There are those who feel that those who are working more have been paid but in the real sense those people have not been paid they are just offering the services.”*

### *Disruption of staffing levels*

Closely related to productivity, another key dimension was the operationalization of the government directive that workers who are over 58 years and those with underlying conditions be allowed to work from home. The implementation of the directive was faulted for having created a gap that left those at work overstretched and overworked. A participant noted that “we can't work from home you can only deliver in person, so when you ask this person to go home and I'm not given an alternative.” The staff felt that “overstretching can cause a lot of stress and anxiety and they may not deliver as required” They questioned if the management was aware and understood “the magnitude of the work that we are doing?” and questioned the benefit or their “risk allowance, what is my risk reward by putting my life out here.” They stated that at times “You want to go for a leave but, you cannot proceed.” Further, a participant stated that the “responsibility of the burden remains with the person who is left on the ground because the expectation is that there should be output at the end of the day.”

Consequently, one participant suggested that to overcome the human capital challenge, staff be engaged on contract to fill the gaps created. From a Human Resource perspective that Institute had, “some people have been home and we are paying salaries” and “makes the other people overworked.” In contrast, individuals who have been working from home stated that ‘when I visit KISE I find other people are working as we have been away so I feel a stranger’ and creates a feeling of guilt.

They felt that “it has been hectic because you have to work from morning to evening.” The staff noted that there was no difference in terms of pay and salaries for the group working from home and those left to work from the Institute as “somebody else's has been at home from March you're still earning the same and you are still being pushed

and if you compare yourself with a person seated at home you still get the same rewards." They considered that they had worked very hard throughout because of the nature of their work to the point where they joked '*hiyo tumbo yako karibu ishikane na mgongo*'. Especially during the time the Institute was a COVID-19 isolation facility, they described that the work was forced on them "some of us were forced (and am using the word forced) to work overtime, on overdrive, you are doing this, you're doing that, by the time you finish this, another issue has emerged because of COVID" . The staff felt "those on the ground are strained, overstretched"

### *Personal Financial Challenges*

Overall, the staff viewed the period as creating a dent in their personal finances. A participant stated that previously "people who work extra hours for the same they get something small and suddenly it was not there", implying loss of income from allowances that were halted by the outbreak COVID-19. The institute, like the rest of the country, suspended all forms of public gatherings and other social events. They stated that "the economy is not good for everybody, money is scarce." Further, they stated that their "financial muscle has been depleted" and that "financially people are not stable."

### *Disruption of Human Resource Standards*

The resultant effect of COVID-19 on human capital had a toll on the established human resource standards at the Institute, especially with regard to dressing code and time keeping. The standards were described by a participant "to have really gone down. I don't know whether we'll call this change management'. It was stated that "people don't keep time; people don't report as usual and when someone comes in they want to take off then they don't want to stay up to five." The paradigm shift in standards has loosely been described as the "new normal" or "working from home" and attacks the core pillars and tenets of human resource of an organization. One participant described the new normal scenario by stating that "you do not all have to come to work at the same time. You can work from home; you can provide your services from other stations". Despite the statement being true, it does not apply to all the functions of an institute

such as KISE. This resulted in a human resource challenge and dilemma, whose conclusion was a moving target and a mirage. Basic procedures such as recording of the clocking in and out time using a biometric system have now come to be frowned upon, when viewed from the lens of health protocols. The Biometric gadget was a key suspect by staff as a possible medium for transfer of the COVID-19 infection. As such, despite having a biometric system “now nobody is willing to touch the biometric and log-in.”

### *Feelings on the ground*

Regarding the management of the human resource, a participant questioned whether the Institute was “taking proper care of us and that is a question that I've not been able to answer”, raising the expectation of the staff on the presumed role of the Human Resource department in providing solutions to the staff challenges. Another participant was concerned that the institute had not reached out to them significantly to “find out the feeling of the people on the ground, because on the ground I know things are different, the way people are dealing with it on the ground, people are interpreting it differently”, bringing as sense of disconnect between the management and the staff, as well as a sense of being overwhelmed. In contrast another participant stated that the “staff we need to learn how to verbalize our situation when we get overwhelmed”, implying that some of the issues could easily be resolved if the staff used the available channels to communicate their challenges.

### *Role of debriefing*

Probable remedies suggested were a debriefing session as “we never had the debriefing sessions” to staff “to provide the psychosocial support because they have been affected.” Another participant suggested the need to “strengthen the human resource in terms of training staff, to have a positive attitude”

### 3.3 Effect of COVID-19 on Institute’s operations

#### Institutes processes in the COVID-19 era

Staff were asked whether COVID-19 had affected the institute’s operations. Figure below shows that 59% of staff reported that COVID-19 has affected institutes programmes and operations to a great extent while 41% said COVID-19 has affected to some extent.

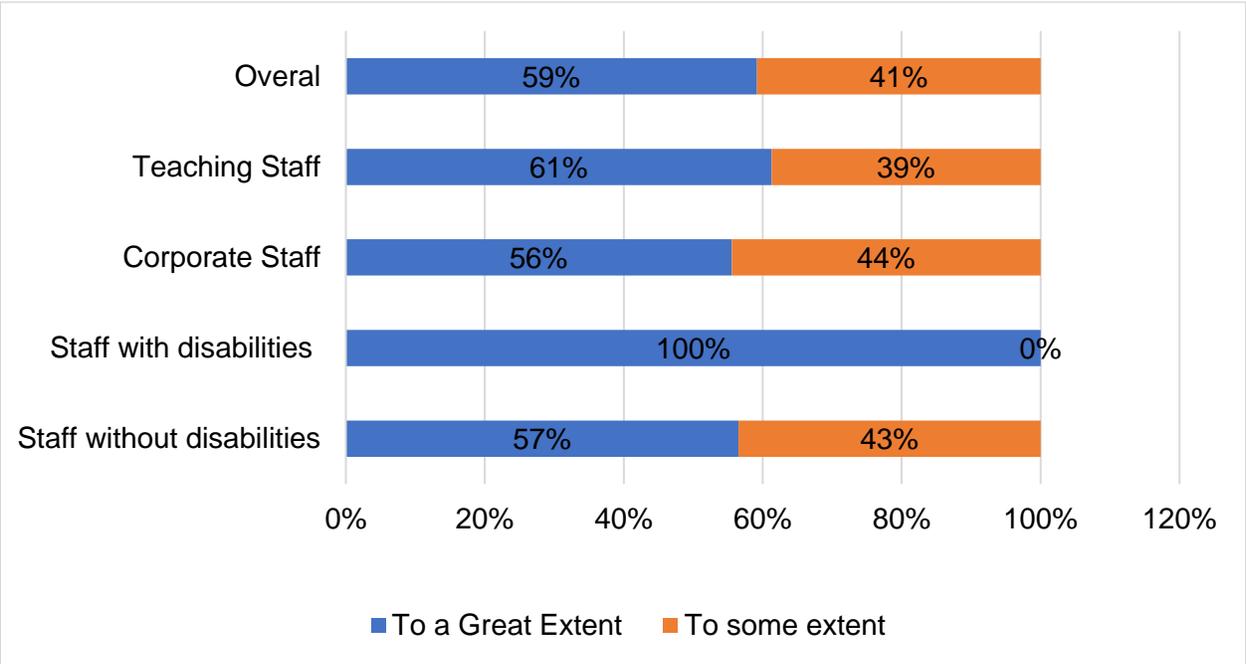


Figure 6: Institutes processes in the COVID-19 era

Some of the effects cited by staff as being the effects of the COVID-19 pandemic include disruption of services, loss of student admission, loss of time and schedules, loss on income and inconveniences to clients as described below;

#### a) Disruption of Services

Critically, COVID-19 was viewed as a disruption to the delivery of the KISE mandate and functions. It had precipitated “disruptions over training and that disruption has resulted in quite a number of our students dropping out of our training centre.” In terms of numbers a “total of 800 students never got admitted to the diploma program”, while

“a significant number did not turn up and the reasons for not coming cannot easily be explained.” The disruption resulted in students failing to turn up for the training, while “some of our full-time students could not get study leave from the employer”, while others were kept away by fear as “not everybody is willing to come and board” at the Institute. In other cases, the sheer change from manual admission to online ERP admission was problematic. As such, the admission got disrupted as “some of these students cannot be able to apply online, and at the same time, they expect to see, to respond and for the time being because of the new system.”

*“We have rescheduled admissions, then we have lost them, we have lost a lot of them because they moved to other courses, people change their minds, you wanted to come here because of rescheduling. They say I can move and do something else as I wait.”*

*“COVID-19 means disruption to some of us. Disruption of everything that we have known including programs, our social lives and our economic life.”*

#### **b) Loss of student admissions**

The admission was affected also by the new space requirements in compliance with the Ministry of Health protocols. Hence, some classes were deferred “because of spacing requirements, we have got a class of 76 sign language students who were to complete their program in March but we dropped them now because of spacing requirements.” Other areas that were affected were; the admission to the short courses “which would have been run in May, July and September, December this year”, and other face to face programmes that had been scheduled in the course of the year “even as we talk now this month of December, we are supposed to be doing face-to-face training.”

#### **c) Loss of time and schedules**

This resulted in “lost time” for the students. Evidently, COVID-19 “affected up to date the way we had planned at the beginning of the year” and looking forward “we don't expect to have a lot of in-service courses going forward.” The disruption in schedules and admission had far reaching reverberations and implications on the Institute as

“none of the activities that had been scheduled was done at the right time.” The disruption of schedules was even more apparent as the students were given by KNEC a “one-week notice that the students were going to the centre’s to go and do their KNEC exams”, while “it was like some of the students were not ready for the exams”. The upheavals in the discharge of the examinations were made worse by the resulting disruption in the release of the KNEC results on time, so as to facilitate progression of the classes. One participant noted that “to date KNEC had not released the results, creating confusion on student placement in the academic calendar.”

#### **d) Loss on Income**

The disruption in admission of “cumulatively to 1000 students now you can do the multiplier effect in terms of the resources for the institution” is a major challenge to the operations of the Institute. The disruption was not only in terms of programmes but also other support activities that are sources of income to the Institute such as organization of events and hire of facilities. The Institute had to “cancel events because of the numbers, and because of the social distancing things and we had to refund a lot of money.” The disruption had a resultant sum effect on the financial resources of the Institute and has had a toll on the functions and operations as “COVID has impacted on ability to monitor and do evaluation. Budgets were cut down and because of that we had to re-plan and see how to monitor certain programs to remain within the budget.” This had direct implications for plans and budgets and was described as having financial implications that were “mind-boggling in terms of figures, we have lost millions and millions of shillings.” The financial losses were bound to have a toll on the provision of academic resources.

#### **e) Inconveniences to clients**

Evidently, the disruption of services by KISE was not taken kindly by the clients who had made bookings for use of KISE grounds as a venue to carry out their functions. They lamented and “came in bitter, like what is it and we’re already done the invitations” and rightly so. One participant stated that the clients kept “calling to ask me when you are resuming?” Another participant noted that “postponing the service brings about

more frustrations” to the clients. At the assessment centre, the closure in March 2020 had generated “a long queue of parents” seeking their services. This vulnerable group was affected as stated by a participant who noted that:

*“Our children, especially for those who have motor difficulties, like cerebral palsy, once they don't undergo the rehabilitation services they tend to fall back, they are not improving because therapy is supposed to be done regularly so that they improve their abilities.”*

The problem had a far-reaching effect on the parents of such children as a participant stated that “once the parent goes into a stage of depression. It will be passed on to the child and which affects the ability to look after our children with disabilities and the rest of the family, of course.” Furthermore, the halt of assessment of children with disabilities implied that “some of these children will not be placed not because they cannot get schools, but because they were not assessed to be correctly placed” leading to “a lot of frustrations to our clients.” One participant summed the disruption as the:

*“Inability as a training department to achieve our targeted output for the year we expected to maybe deliver to the country a certain number of specialists in special needs education then we have already lost on that time.”*

### **Institute’s activities in the COVID-19 era**

Staff were asked to state whether activities in their department were closed either completely or partially or operations continued normally. The results are presented in the figure below shows that only 12.2% of respondents indicated that there were normal operations of activities in their department while the rest were closed, either partially or completely.

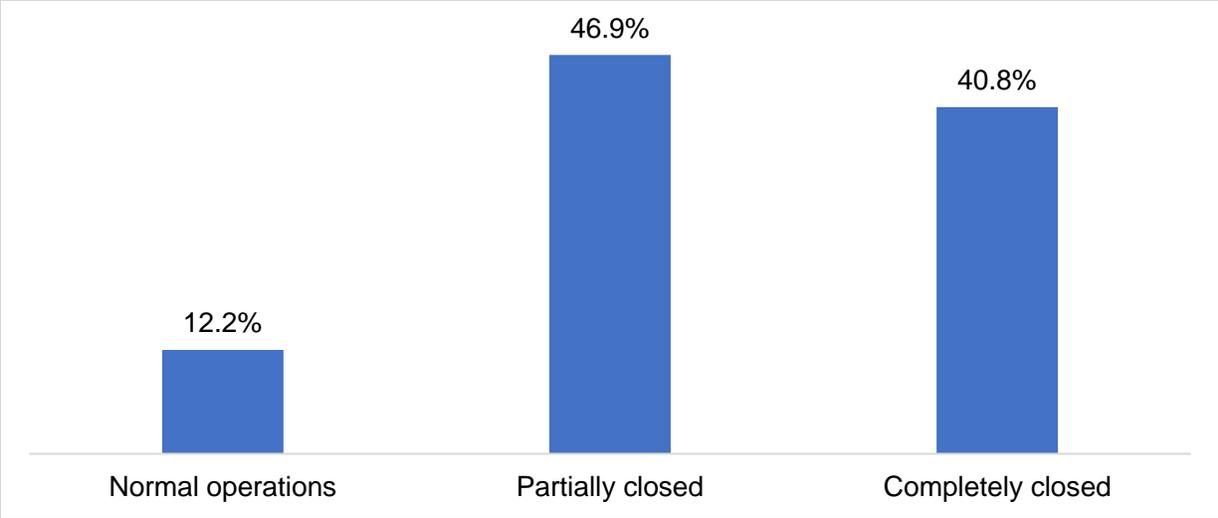


Figure 7: Closure of departmental operations and activities

This shows that COVID-19 pandemic negatively affected institutes activities. Further, the study revealed that at least 78% of staff were asked to take leave, and only 22% of them were on duty. As presented in the table below, a similar trend of closed departmental activities is observed regardless of staff disability status, staff category or responsibility type. Notably, 13% of staff without disabilities, 22% of corporate staff and 18% of heads of departments reported that there were normal operations and activities in their departments. Based on this evidence, it can be concluded that activities in most of the institutes’ departments were closed either partially or completely.

Variable	Normal operations	Partially closed	Completely closed
<b>Disability status</b>			
Staff with disabilities	0%	33%	67%
Staff without disabilities	13%	48%	39%
<b>Staff Category</b>			
Corporate Staff	22%	44%	33%
Teaching Staff	6%	48%	45%
<b>Responsibility type</b>			
General staff	13%	39%	48%
Head of department	18%	73%	9%
Head of section	0%	50%	50%
Senior management	0%	40%	60%

Table 5: Closure of departmental operations and activities

Staff interviewed expressed different ways how COVID-19 had affected activities and operations in different departments. Some of the activities disrupted by the pandemic include

#### **a) Teaching Practise**

A review of the core functions of teacher assessment during Teaching Practise (TP) brought concerns to staff, as they looked forward to the implementation of that core function of the Institute. Participants reflected on the challenges presented to the lecturers in the discharge of the TP function for the students proceeding in January 2021, as the programme had been deferred in the year 2020. They considered it “challenging because of traveling across the country, challenging because we will be travelling in public transport.” A few suggestions were made, for instance, “instead of being in a program for three weeks you reduce a program to about like two and a half weeks because you want to reduce the contact time, the physical the exposure and exposure time.”

The Teaching Practise period not only posed a risk to the lecturers, but also to the student teachers and learners in the classroom. With regard to the student teachers, a participant voiced concern and asked on behalf of the learners:

*“So how protected will these children be? How protected will this teacher be? And we are taking our students to go for practical, I would really want them to have the hand on hand experience, but how are we going to protect them, how are we going to ensure that they are not exposing this vulnerable child. And will this vulnerable child be there for them for them to do this practice.”*

#### **b) In-service courses**

On matters training, the disruption implied that the Institute did not “expect to have a lot of in-service courses going forward” as many of the prospective students were not “willing to come and board and be mixed up with very many people” due to fears of infection with COVID-19.

### **c) Face to face learning**

On their part the students who attended the face-to-face learning at the Institute were faced with a myriad of challenges. A participant stated that the students were “not sure whether we belong to this second-year group” as the KNEC was yet to release their results.

### **d) Disruption of supply chains**

From a supply chain perspective, COVID-19 was a disruption as the “international procurement processes came to a halt” leading to “challenges acquiring braille materials and even books”. The abrupt nature of the outbreak implied that the sourcing for these items was “not something we had anticipated so that you could acquire some of these items in advance and keep a stock”, and exacerbated when the department had to “chase suppliers who are not able to deliver supplies, what you need as a training resources” leading to interruption such as “non-delivery of items, the ones we had placed orders”

### **Effects of COVID-19 on the institute’s training mandate**

The teaching staff were asked to state the modes of teaching and training the institute used during COVID 19 period. Majority of the respondents, 75% reported that the institute adopted online learning with video conferencing, 63% face to face, 38% via email while 28% reported that learning was done through online using the whatsapp platform.

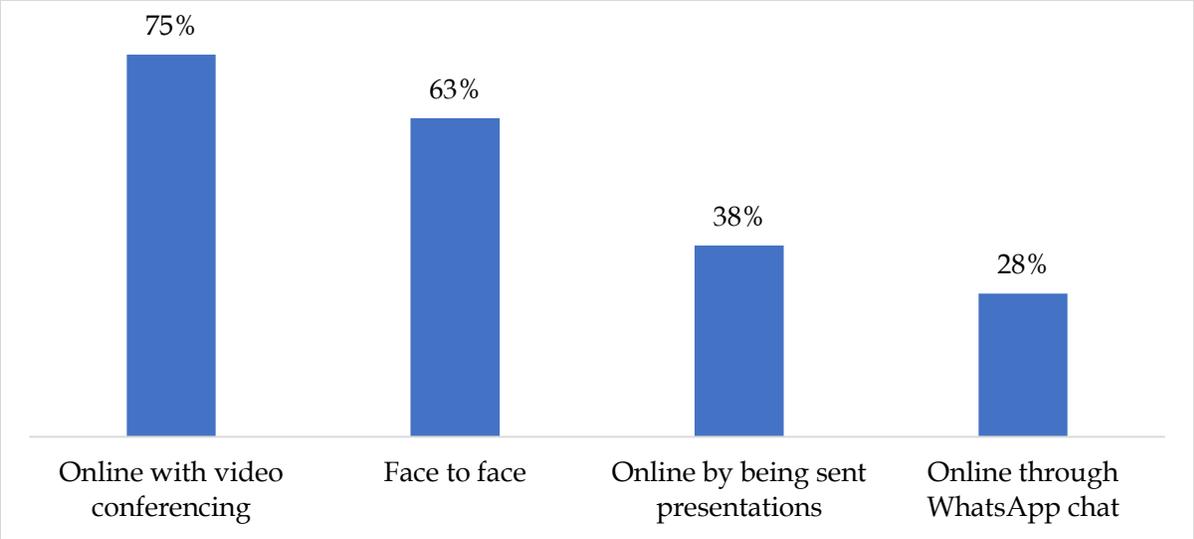


Figure 8: Adopted modes of teaching and training in the COVID-19 era

Table 6: Extend of inclusion of different modes of teaching and training

Mode of Teaching	Inclusive	Not Inclusive
Online with video conferencing	83%	17%
Face to face	90%	10%
Online by being sent presentations	67%	33%
Online through WhatsApp chat	56%	44%

**Experience of using online teaching**

The figure below summarizes the experience of online teaching. Majority found online teaching challenging at 68% while 19% found it very challenging whereas 13% of the teaching staff did not find any challenge with online teaching.

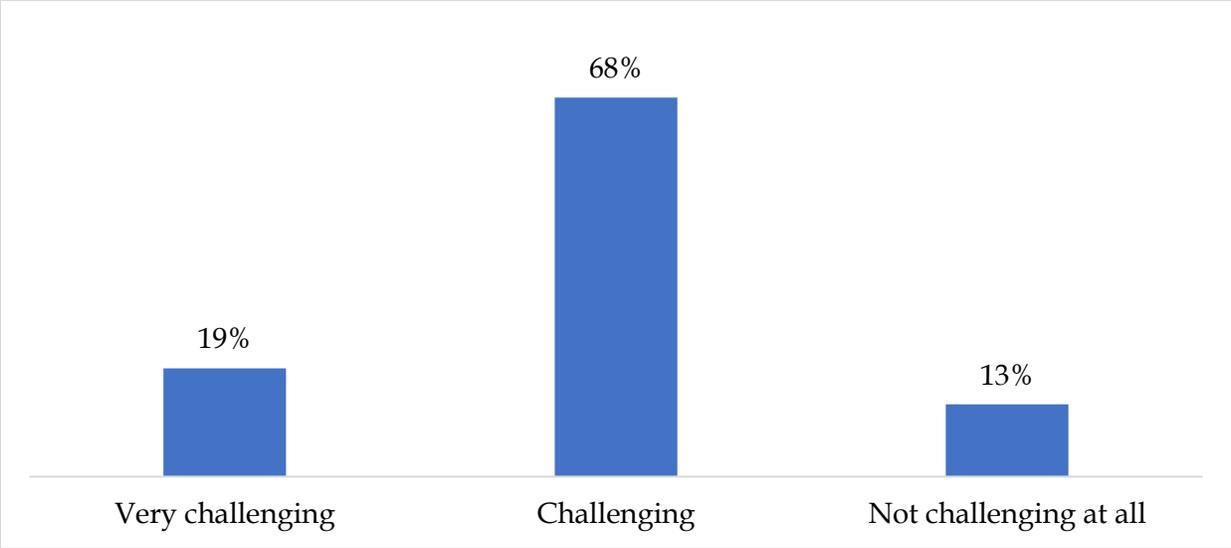


Figure 9: Experience of using online teaching

Variable	Very challenging	Challenging	Not challenging at all
<b>Disability status</b>			
Staff with disabilities	50.0%	50.0%	
Staff without disabilities	17.2%	69.0%	13.8%
<b>Responsibility type</b>			
General staff	22.2%	55.6%	22.2%
Head of department	28.6%	71.4%	
Head of section		100.0%	
Senior management		100.0%	

Table 7: Experience of using online teaching

The delivery of services faced many challenges and disruptions, as one participant noted that “there are a lot of disruptions of that technology and many times you never complete your lesson” and that the “the lecturer is also new to online teaching they were never used to doing it.” Hence “a majority of the students complained about the classes” while the lecturers also complained that “when he is not with the students, the students are not even in class, might not even be in class.” This was evident at times

by the low numbers of students attending the virtual lessons as noted by a participant that “you also get to a class where you expect hundred students and only get nine of them then you wonder what am I teaching, am I really succeeding?” Other challenges cited included: access to internet connection, availability of gadgets, and the “our ability as facilitators to respond to the questions also was not on point”

*“will talk about the practical lesson, of course being practical means that it has to be practical and therefore changing it will change the dynamics of the lesson and it may not be as effective”*

The online teaching was viewed as having its fair share of challenges with regard to the teaching of practical subjects. One participant noted that “You can teach an overview of learning disabilities or an introduction to autism, but when it comes to the strategies, you need to be physically there” and on the teaching of braille “you need to do the dots which becomes hard to do online.” One participant summarized the online teaching thus

*“we did the best that we knew. We made a lot of hop-skip-and-jump along the way, we never delivered the way you wanted, we missed out on a lot of our students, the content was not delivered to expectations.”*

The spacing requirements for face-to-face teaching were drastically changed to comply with the new realities and government directives on COVID-19 era space requirements. This implied that “you've got a class of 50 students but now our classrooms are made up in such a way that they can only accommodate 20 students.” The new space requirements had an implication on the number of classrooms, as well an increased workload for a teaching workforce that had even shrunk due to some lecturers working from home and those with underlying conditions.

## Spread of COVID-19 and high-risk areas in the institute

Some participants reported that a few lecturers flouted the guidelines on space requirements as captured here:

*“I teach the same content in one class, ....but when the classes are divided I'm repeating the same same content. You may have more energy when we are dealing with the first class. But when you are dealing with the second class, yeah, you don't have energy.”*

This is a possible risk area and requires further intervention from the management. Other risk areas cited as possible weak points were in the teaching of braille, “where the person who is facilitating must really be in contact with the learners.” Other subject areas such as “activities of daily living where they get to learn things like cooking, washing and all that, you realise that you need to have a one-on-one contact with them”. Another area flagged was the teaching of orientation and mobility to persons who had newly acquired blindness as “when you are trying to hold their white cane and show them how to position it and use it to observe the space around them and then get to work.” This was considered unsafe as it “brings them into close contact”, considering that they had recently acquired the disability. In the assessment centre, sometimes “a client wants to come and touch you, can't send the child away and you don't know where the child came from” and social distancing becomes a challenge in that the client “wants to touch everything and everybody.” In one reported extreme case “some of the children will not understand what a sanitizer is. So, when the sanitizer is put in their hands, they want to suck it or to drink it.”

*“children will come in being very hyperactive, they will remove their masks, they will want to touch you and you have no control. You don't know where they came from and you don't know where or whom they met”*

The ICT department also highlighted risk prone areas in the discharge of their duties as they have to keep touching user's devices such as phones and keyboards during troubleshooting and maintenance. During such times “you've been in close contact with them for some time physically.”

Staff were asked to state whether the institute had made any changes to normal working routine as a result of COVID-19. As presented in the figure below, 87.8% of staff said the institute had made changes while 12.2% reported that the institute had not made any changes to normal working.

### 3.4 Measures taken to mitigate the effects of COVID-19

Finally, this study sought to determine the measures KISE has put in place to mitigate the effects of COVID-19 on her mandate. In this regard, staff were asked to state measures the institute has put in place to ensure continued service delivery during the COVID-19 period.

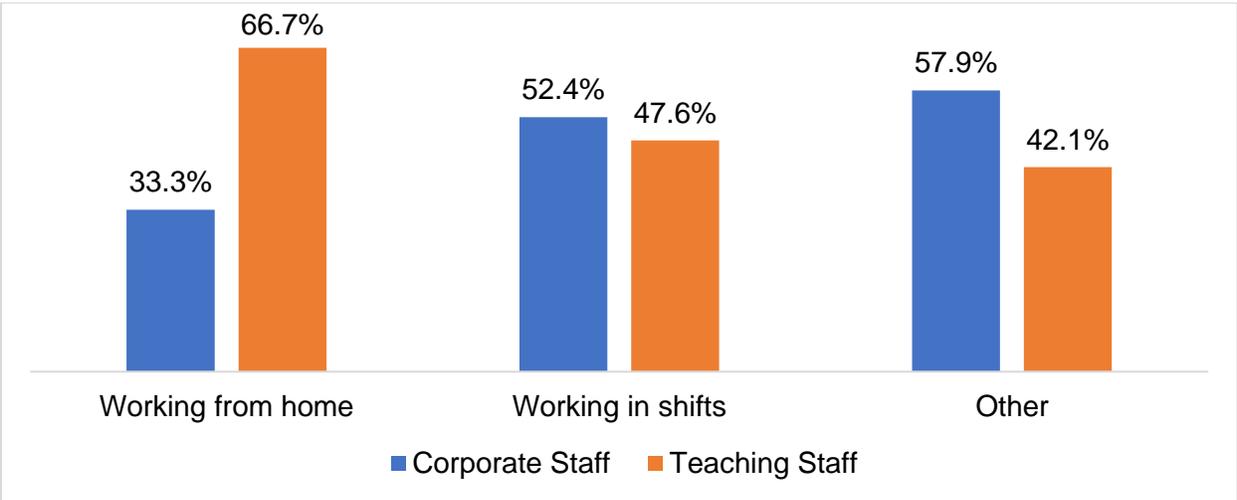


Figure 10: Measures taken to mitigate the effects of COVID-19

Regarding general measures the institute has put in place to mitigate the effects of Covid-19, staff were asked to state the measures put in place by the institute to ensure continued service delivery during the COVID-19 period. Results from figure 10 shows that 66.7% of teaching staff and 33.3% corporate staff reported that they worked from home. Additionally, 47.6% of teaching staff and 52.4% of corporate staff worked in shifts whereas 42.1% of teaching and 57.9% of corporate staff reported that the institute

had put in place other different measures that included; Hand washing, social distancing, putting on masks, being in the Institute when one is required, grouping classes to ensure social distance among others to ensure continued service delivery.

On how the institute is prepared to cope with cobid-19, the information in figure below shows that the majority (88%) of the staff said that the institute is well prepared while only (12%) of staff felt that the institute is not well prepared to cope with COVID-19.

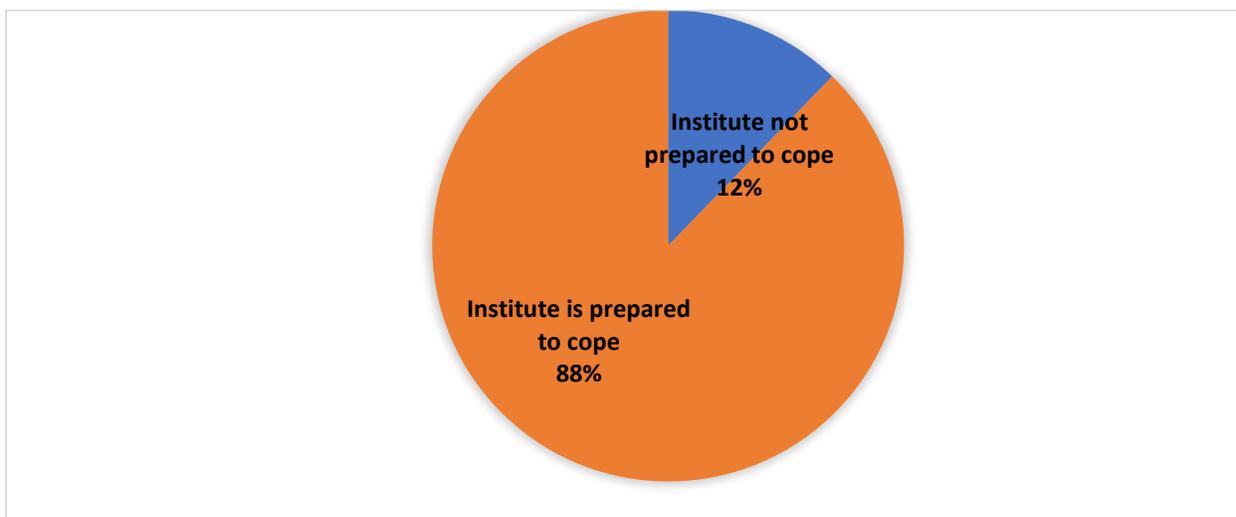


Figure 11: Institute's preparedness to deal with COVID-19

From qualitative data a majority of responses given were categorized under, automatic thermometers, provision of sanitizers, online teaching, social distance themes. In addition, staff suggested working from home and those without lessons to be away from the institute, provide treatment support in case one is sick and encourage more online teaching. Other staff suggested providing Covid-19 testing services regularly, provision of psychological support, provision of timely facilitation of bundles for online learning. Introduction of work in shift system for all staff right from management to the lowest cadre also featured. Weekly updates of the situation in the institute and monthly physical meetings to address issues of COVID-19 and avoid retrogression of the MOH protocols. Development of COVID-19 policy and circulating it.

From the FGD, a range of measures were identified included: institution-wide and personal protective measures such as use of face masks and placement of sanitizers in frequently visited offices. In addition, the Institute had made available hand wash facilities at strategic locations and temperature checks using thermal guns at points of entry. Other measures cited include: the introduction of an ERP to reduce on paper work, social distancing in classrooms and other spaces, stoppage of prayer days, sports days and other social events such as parties, with a goal to “reduce gatherings where possible.” The staff have discouraged the sharing of textbooks and asked students to reduce to a minimum their visits to offices. The offices have been decongested, but this has brought in a new challenge of offices and furniture. Other measures include the implementation of the government directive for persons over 58 years to work from home as well those with underlying issues. The Institute boasts of a new clinic and a dispensary that is equipped with oxygen.

For example, the FGD voiced these:

*“if we all agree that COVID is real, and we have a duty as an Institute to discharge the mandate then then we should be in haste to implement protocols required or put in place by the ministry of health and other agencies like the Ministry of Education so that we deliver within a safe environment rather than being callous in our conduct of affairs and the process will jeopardize ourselves, the Institute and the country and we will fail to deliver the mandate of the Institute in the process.”*

This study further sought data on infrastructure support the institute has put in place to mitigate covid-19 pandemic. The staff reported seeing more *hand washing stations in place, construction of a health facility and access areas to ensure social distancing. More classes have been created, lecturers were located in individual offices instead of sharing the staffroom and Hand washing points.*

On ways students are adhering to the Ministry of health rules and measures of coping with COVID-19, staff reported the following: Putting on face masks, social distancing,

sanitizing and washing hands regularly. In relation to how the institute supported students suspected to have been exposed or affected by COVID-19 ,the staff reported that the institute takes temperature tests.

On matters of sustainability, most of the participants agreed that the Institute was progressing well with regard to provision and adherence to the measures. One participant summed it thus “we have done a good job as an Institute but there is still much more to be done and it's upon us to make sure that some of these things are achieved.” . The Institute served as an isolation centre with a “dispensary that is equipped with a ward that has oxygen” and well-trained medical staff

On sustainability measures some of the issues highlighted as not done well included the aspect of sustainability. A participant stated that “*we did well at the beginning but we didn't address sustainability.*” The sustainability weakness was evident in the area of maintenance and usage of the measures. The challenge of sustainability was articulated by another participant as follows:

*“Those who are supposed to man these places then do not do the activity as expected, so at times you have no soap, at times you have no sanitizers, there is no water then there is a small problem both for the lecturers and for the students.”*

**PART ONE - FINDINGS FROM STUDENTS**  
**3.5 Demographic Information of students**

<b>Variable</b>	<b>Frequency</b>	<b>Percentage</b>
<b>Sex</b>		
Male	217	64.0%
Female	122	36.0%
<b>Age (years)</b>		
18-30	137	40.4%
31-40	149	44.0%
41-50	43	12.7%
51- 57	8	2.4%
58 and above	2	0.6%
<b>Disability status</b>		
Students with disabilities	325	95.9%
Students without disabilities	14	4.1%
<b>Schooling status</b>		
Distance learning	173	51.0%
Full time	166	49.0%
<b>Nature of student residence</b>		
Boarder	48	14.2%
Day scholar	291	85.8%
<b>Level of Study</b>		
Certificate	170	50.1%
Diploma	169	49.9%

*Table 8: Demographic Information of students*

The results indicate a total of 339 students participated in this study of which 64.0% were male while 36.0% were female. The respondents were between ages 18-57 years. Majority, 44.0% were in the age bracket of 31- 40 years, 40.0 % 18-30 years, 12.7%, 41-50 years, 2.4% 51-57 year and there were no students above the age of 58 years. Those without disabilities were 95.9% while those with disabilities were 4.1%. Students with disabilities were those with physical disabilities (42.9%), hearing impairments (35.7%), albinism (7.1%), Epilepsy (7.1%) and visual impairment (7.1%). Among the respondents 51.0% were in a distance learning programme while those in full time programme were 49.0%. The day scholars were 85.8% while 14.2% were boarders. Those undertaking certificate courses were 50.1% and those pursuing diploma courses were 49.9%.

## Department

Majority of the respondents were students undertaking Kenyan Sign Language at 44.8% and inclusive education department at 40.7%, students from Hearing impairment, intellectually different and ECDE department formed 4.5%, 3.5% and 4.9% respectively. Students from the physical impairment department, rehabilitation and visual impairment departments each comprised less than 1% of the respondents.

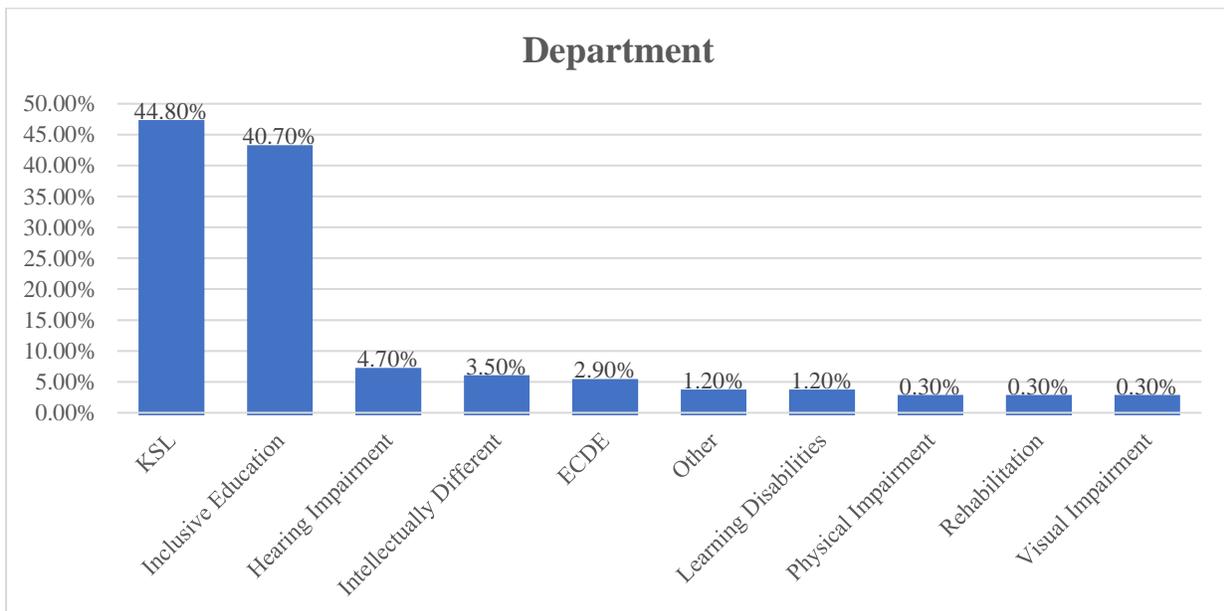


Figure 12: Student's courses

### 3.6 The extent to which COVID-19 has affected human capital in KISE

#### Effect of Covid-19 on students' relationships with peers and staff

Students were asked to state whether covid-19 has affected their relationship with peers and staff. In response, the participants stated that covid-19 has adversely affected their relationship with peers and staff of the institute. They expressed fear of their peers and staff as they treated everyone as a suspect. The use of ordinary face masks affected communication of deaf students with their peers and staff. In addition, some mentioned social distancing as a factor that limited meeting and social interaction affecting teamwork and discussion.

## Effect of Covid-19 On Daily Routine

Students were asked whether covid-19 has affected the daily routine. In response to this question most respondents concurred that covid-19 has affected their daily routine stating that covid-19 affected their course completion date and reducing level of their motivation. In addition, there were extra financial costs of buying masks and sanitizers. Some participants especially those who were working in private schools stated that they had lost their jobs, hence loss of income. This has impacted on their fee payment. They also expressed the high cost of transport to distance learning centres. This has forced some to suspend their learning. Furthermore, they articulated that they experienced safety fatigue, hence they no longer kept social distance. There is constant fear of contracting covid-19 and expressed fear of visiting offices and meeting other people. Some respondents expressed that their daily social routines were also affected with one commenting: "I cannot mingle, give a handshake or hug my friend." They worried they cannot borrow written materials; while attending classes over the weekend means that they cannot attend church services.

Students were asked whether covid-19 affected their personal hygiene: *"It has actually helped, no getting colds and stomachaches and diarrhea diseases. It has taught me to always practice personal hygiene on daily basis and not picking nose which is a bad etiquette."* This is how covid-19 has affected the personal hygiene of the students. The response to this question suggested that the majority of students have become more concerned with hygiene issues. They stated that they are sanitizing and washing their hands regularly, and some have even developed a habit of carrying their own sanitizers. Some respondents have resorted to eating home-made meals only and limiting sharing of items used for eating and cleaning. In addition, they expressed that wearing face masks sometimes causes other complications such as headache and challenge in breathing. Furthermore, others noted that there was difficulty in wiping the nose while suffering from the common cold, *"I find myself using a mask accidentally"*. However, one said that hygiene is the last thing in her mind because she is more interested in raising money for their fees.

## **Individual Safety Measures**

Students were asked whether they were practicing individual safety measures. In response, the participants articulated that they were wearing face masks, washing hands with soap and water or sanitizing hands regularly. In addition, they kept social distance, adhered to Ministry of Health protocols on covid-19 preventive measures. Some said they carry their own hand sanitizers. They further reported avoiding unnecessary travel and limiting interaction with friends, peers and even family. Others said they prayed, while others maintained one sitting position while avoiding touching surfaces. One said that they drink lemon and warm water daily while another reported to be wearing a mask, boosting immunity, exercising regularly, while some reported to be eating healthy. A student is quoted to have said that *“wearing mask and social distancing is my individual responsibility.”*

### **3.7 The extent to which COVID-19 has affected the Institute operations**

#### **Suspension of Face-To-Face Classes**

To establish the effect of covid -19 on the academic operations at KISE, the study inquired on the extent to which suspension of face-to-face classes affected the students. Majority (74%) of the students reported that the suspension affected them to a great extent, 16.4% to some extent, 5.3% to a very little extent and 3.8% of the student reported that the suspension of face-to-face classes did not affect them at all. In addition, a majority of students with disabilities, distance learning, full time, boarders and day scholars reported to have been affected by the suspension of face-to-face classes with 71%, 75%, 73%, 75% and 74% respectively. A minimal percentage of the students in the aforementioned categories were not affected by suspension of face-to-face classes at all with 0.3% being students with disability, % being distance learning students, 1% boarders, 3% of day scholars, and % being full time students.

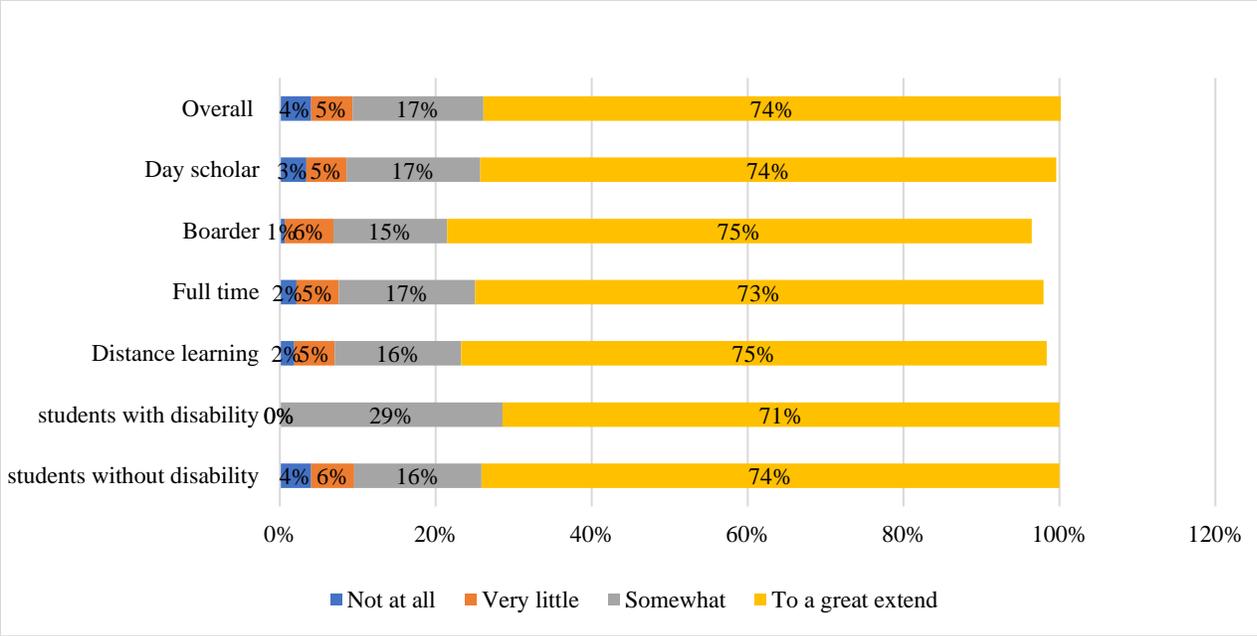


Figure 13: To what extent did the suspension of face-to-face classes affect student

**Effects of COVID-19 on Examination Preparation**

***Time***

Students were asked to state whether covid-19 affected their preparation for examination. In response to this question, majority of the respondents expressed that covid-19 affected their preparation for examinations negatively in that syllabus were inadequately covered, less face-to-face contact, difficulty in balancing between family and revision and that they were ambushed with the news of examination dates. One student stated: *“I relaxed thinking that first year exams will be done in December only to be ambushed.”* Students expressed that they needed to refresh before they sat for examinations.

***Group Discussions***

It came out very clearly that all students valued group discussions and revision with peers expressing that they missed out on proper preparations as they could not hold

group discussions. They further expressed that group discussion enabled them to share ideas since they learn more through interaction. Due to MOH guidelines on social and physical distancing, there was no group discussion in revision and preparation for examinations.

### ***Financial Strain***

All students reported having great financial strain. One student said that *“my business has been greatly affected and hence I was not able to raise money for examination preparation.”* There was loss of jobs especially for those students working in private schools and those working under BOM terms. A student reported: *“this really left us with really hard time in managing our lives/ families minus financial resources. It caused stress and low self-esteem leading to poor study habits.*

### ***Stress***

Majority of students expressed that they sat for their examination under stress: *“There was a long break without learning. It made me forget all signs.”* A second student expressed: *“I have been unable to acquire the necessary expressive and receptive skill due to lack of practice and face to face exposure.”* Students felt disoriented. A third student reported *“there was a lot of stress regarding family responsibility because schools were closed.”*

### **Effects of COVID-19 on Student Accommodation Facilities**

Accommodation of students in the institute plays a role in the fight against the COVID-19. The study sought to find out the effect of the virus on student accommodation. Majority of the students (69.9%) reported that their accommodation facilities were affected by COVID-19 while 30.1% were of the contrast opinion. Additionally, a majority of the distance learning, full time, boarders, day scholars, and reported that their accommodation facilities were affected by COVID-19 with 80%, 59%, 73%, and 69% respectively. In contrast, a majority of students with disability (57%) reported that their accommodation facilities were not affected by COVID-19.

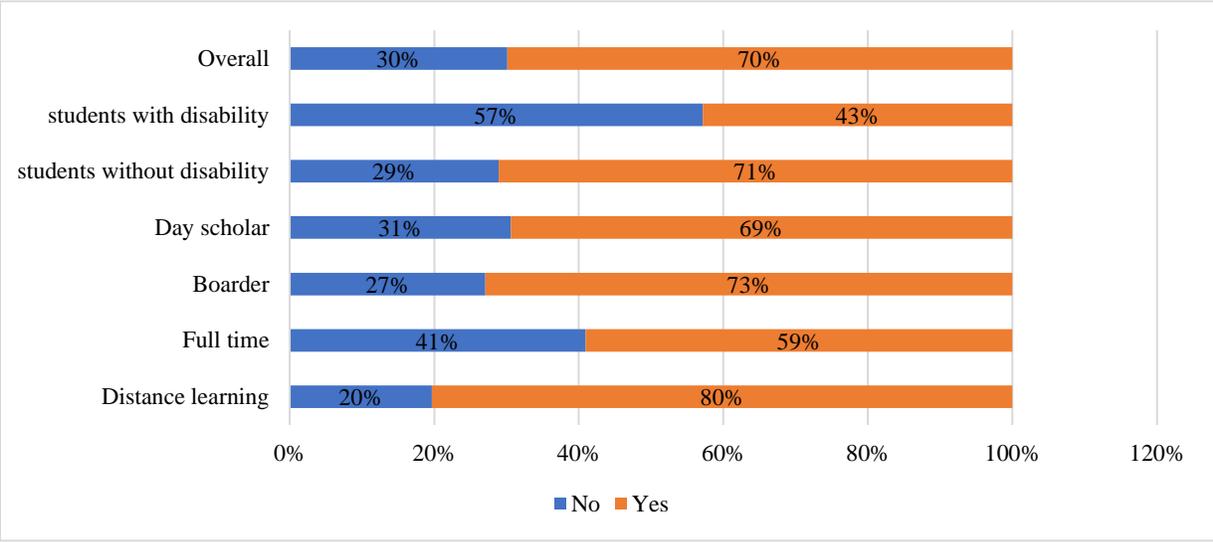


Figure 14: Has covid-19 affected student accommodation facilities?

Most students expressed concerns about accommodations indicating that some facilities had many students which was not good for social distancing. The respondents stated that dormitories were few hence inadequate accommodations for most students. They also expressed fear of contracting covid-19. Some day-scholars lamented that there were no facilities where they could get food and beverage in the institute. Some stated that they were disoriented. Students raised concerns on matters of accommodation in that majority of them were skeptical about hostel facilities outside the centres. They said that accommodation was costly. One respondent commented: *“Ooh it’s expensive.”* The students reported that staying outside the centre was risky due to rampant theft cases and additional travel cost with high Covid-19 exposure posing a greater risk on them. The long distance to the tuition block was also an issue. Some reported that the accommodation facilities had many students compromising social distance. In addition, most expressed that they were jobless, hence could not afford paying for boarding facilities. One student stated that *“It is very expensive for the three weeks and also unavailable near to the school. Social distancing has led to hiking of prices and suspension of accommodation within centres.”*

## **Mitigating Effect of Covid-19 On Institutes Operations**

Students were asked to state safety measures the institute should put in place to mitigate the effects of COVID-19. In response to this question, the results revealed that most students shared the same view as far as safety measures to be put in place by the institute were concerned. The range of measures mentioned include the institute's emphasis on wearing face masks, following Ministry of Health protocols, proper guidance and supply of sanitizers in the classrooms.

In addition, they wished the institute could provide adequate hand washing points. Some suggested the need for the institute to provide students with free masks. The need to maintain supply of water, soap and sanitizers was also highlighted. Further the respondents expressed the need to provide a spacious learning environment, random sampling test on students, expansion of boarding facilities, avoiding people with chronic health diseases in physical classes, online classes, fumigating the centers more frequently, lowering boarding cost to allow all to board and prevent frequent movement in and out of the institute. Moreover, some students expressed the need for provision of transparent masks for easy lip reading by the hearing impaired, introducing a public address system in the halls so that people can keep social distance and eat in shifts.

To establish measure the institute has put in place to mitigate the effects of COVID-19 pandemics

### **Learning Instruction**

On the onset of the pandemic face to face learning was suspended and learners sent home. As a result, students were asked whether they receive any instruction during the suspension of institute activities. Majority (75%) reported that they did receive instructions while 5% did not receive instructions. They stated that they received instruction orally from tutors, friends and during tutorials, Media platforms including WhatsApp, short messaging, zoom meetings, websites, phone calls, letters and television.

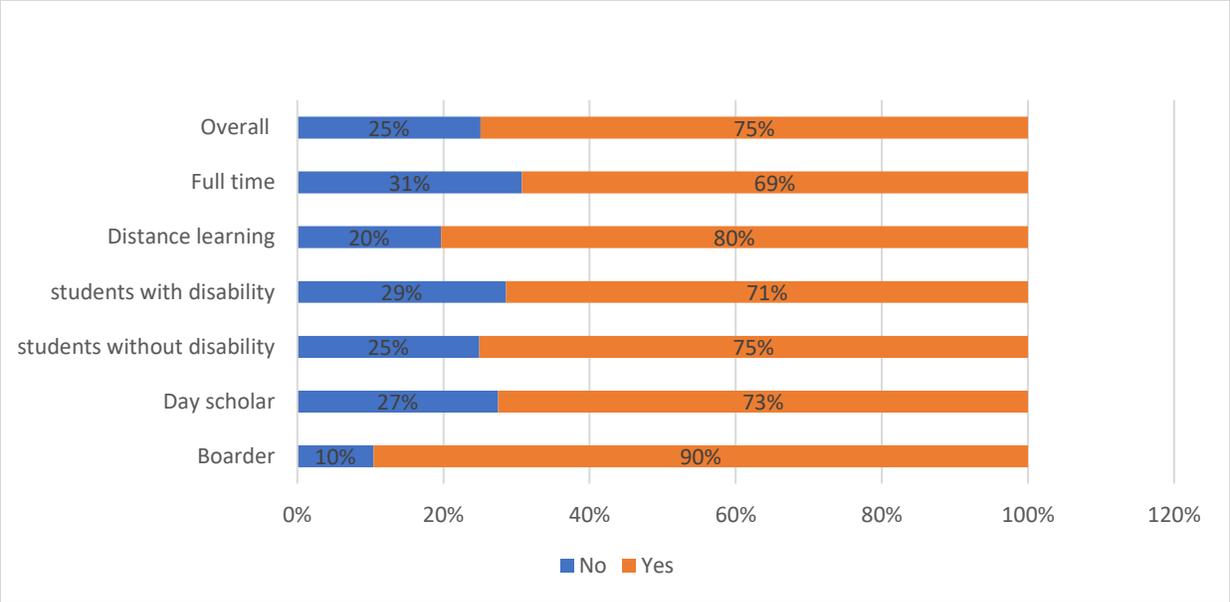


Figure 15: Did you receive any instructions during the suspension of institute activities?

**Access to Online Learning**

To facilitate online learning in coping it COVID-19, it is required of every learner to have access to digital devices, reliable internet connectivity, adequate data bundle/Wi-Fi, reliable power source and the necessary access software for persons with disabilities and special needs. Therefore, the study sought to find out the preparedness of the students for online learning. On access to digital devices such a computer, laptop or smartphone, a majority of the students (41%) reported to have access, 40% had limited access while 19% of the student did not have access. On the internet access, a majority of the students sometime/seldomly had access, 30% had unlimited internet access while 19% did not have internet access at all. On the necessary access software for persons with disabilities and special needs, a majority of the students reported that they occasionally had access to the software at 43.7%, 19.5% had the necessary access software always while a majority at 37% had no access to necessary software. Majority of the students at 44% had a reliable power source while 18% had no access to a reliable power source. In addition, the majority (47%) of

the students sometimes had access to data bundles, 24% had unlimited access while 29% had no access to data bundles at all.

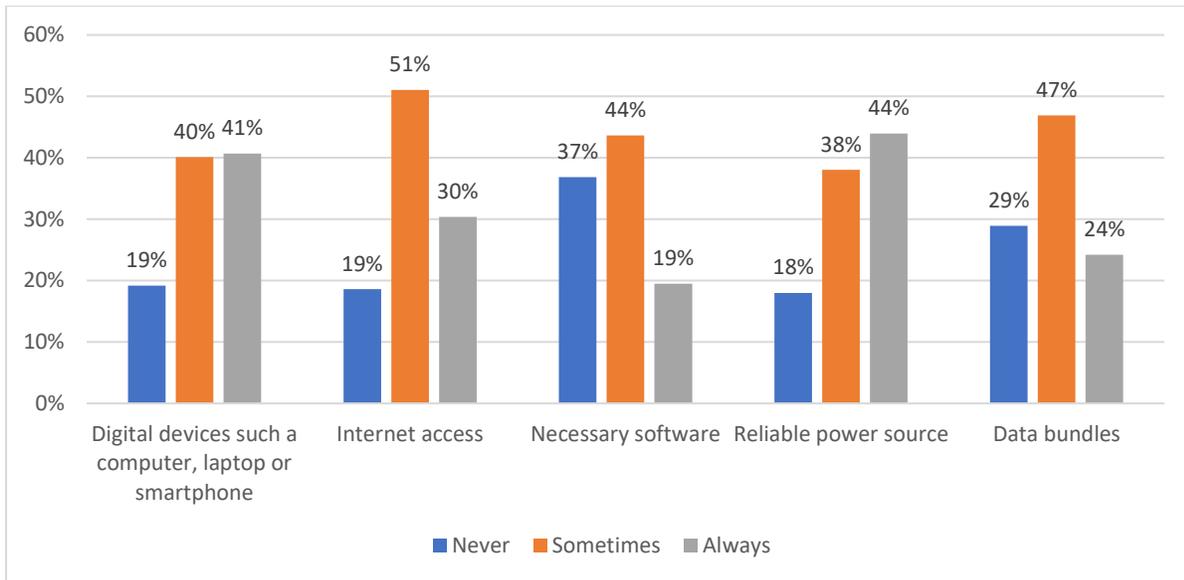


Figure 16: Access to online learning enablers

For students with disabilities, on access to digital devices such a computer, laptop or smartphone, a majority of the students (43%) reported to have access, 29% of the student had occasional access while 29% had no access to the devices. On the internet access, a majority of the students (57%) occasionally had access, 21% had unlimited internet access while 21% did not have internet access at all. On the necessary access software for persons with disabilities and special needs, a majority of the students reported to have no access at all at 57%, 29% had occasional access to the software while 14% had full access to the necessary access software. students with reliable power supply and those without each were at 29% whereas 43% had occasional power supply. On access to data bundles, 14% of the students had unlimited access while 29% had no access at all. In addition, 57% of the students had occasional access to data bundles.

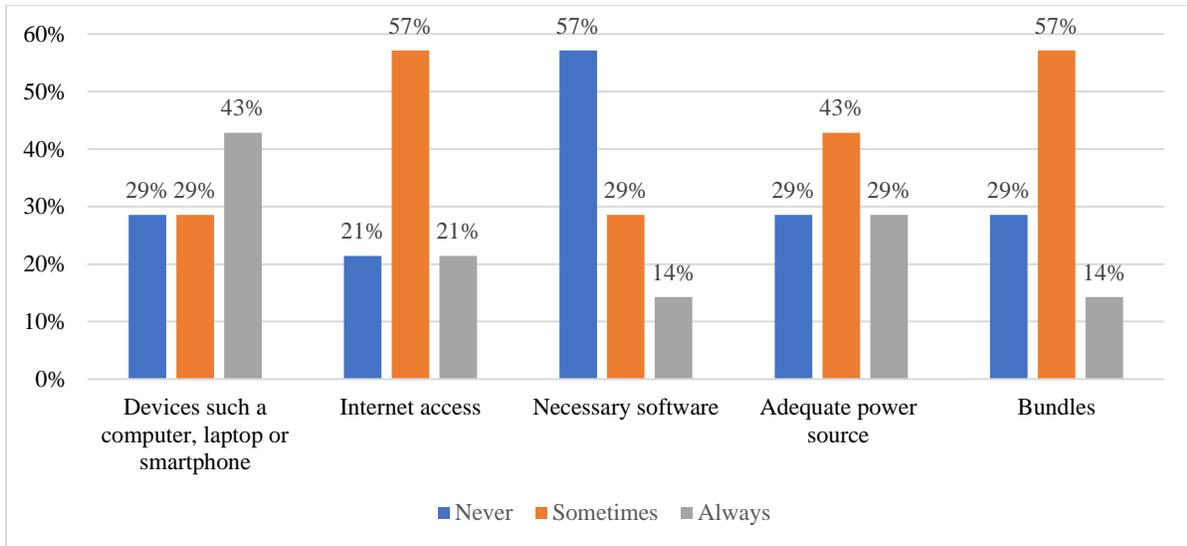


Figure 17: Access to online learning enablers for students with disabilities

### Time for Online Classes

To facilitate online learning, students were asked to specify their most preferred time to attend online classes. Majority of students at 44.5% preferred 5-7p.m.

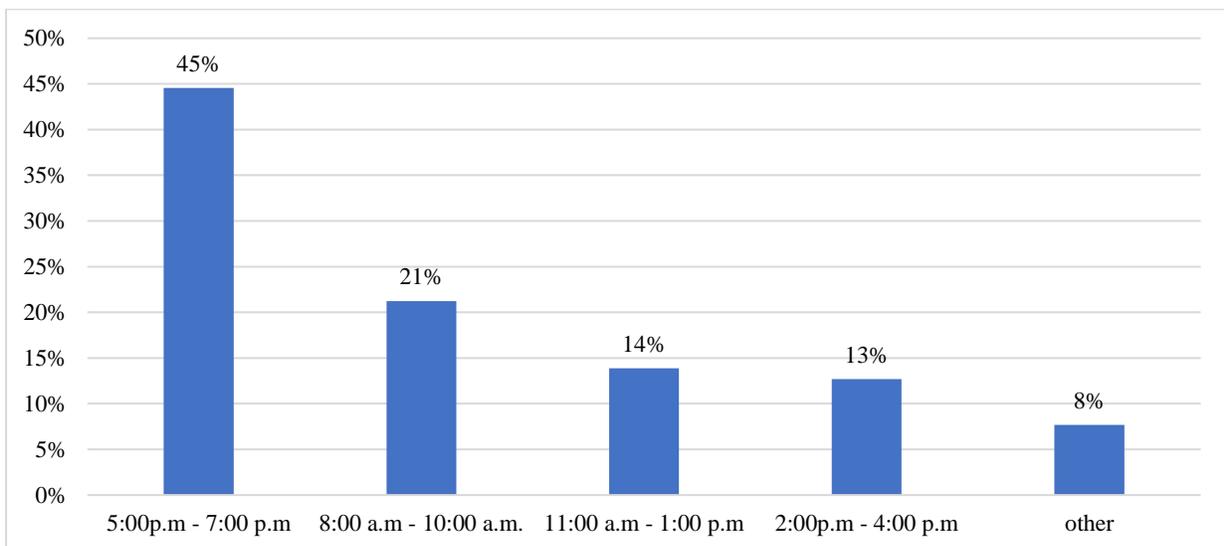


Figure 18: Best time to attend online classes

## Improvement of Online Learning

In response to how the institute can improve online learning, most students stated that they should be sent soft copies of materials to be learnt in advance. The Institute should also provide bundles to the students. One student stated: *“The institute to at least buy some bundles for their students, the way I saw some student do.”* find conducive time to conduct classes and tutors to answer questions on the walls, including the chart box. Further the respondents suggested that a survey be carried out among the students to verify that students have gadgets such as smartphones, laptops and computers and are able to raise bundles for online classes. Lectures need to be conversant with technology, and ready bundles and provided with ICT support. A student stated that: *“tutors offering online lessons should be well informed because we will be sacrificing our time and hence we need a complete lesson.”*

The students expressed the need to keep the online learning schedule and the need for updating students in case of any changes. They also stated the need to use an app that can accommodate larger student capacity or multiple classes, set up an active students’ portal with an active link for all KISE students, have contact hours, build lecturers capacity on use of ICT technology and induct students on online learning. One quoted: *“improve on online learning, it doesn’t bear much fruit when there is no orientation, some students did not mute hence noise throughout the lesson.”* Students suggested the need to avail more video clips on diverse topics, including KSL. They further advised the need to install stable network connectivity.

The participant expressed the need to be updated in case of any changes, provision of face masks, enhanced adherence to covid-19 regulation, education on covid-19. In addition, they are requesting more for braille and KSL tutorials, they also expressed the need for bigger halls and more tables and chairs.

Some students expressed that the institute should be more understanding in collection of fees during this period of covid-19. One is quoted to have said: *“they should not be too harsh with school fees now that most of us have not been working since March.”*

### Key Support for Online Learning

Majority of students at 52% reported that the lecturers were their key support during online learning while 26% received support from their fellow students, 8% from ICT experts, 6% from heads of departments, 4% received no support and the least number of students received support from self and family member at 2% each.

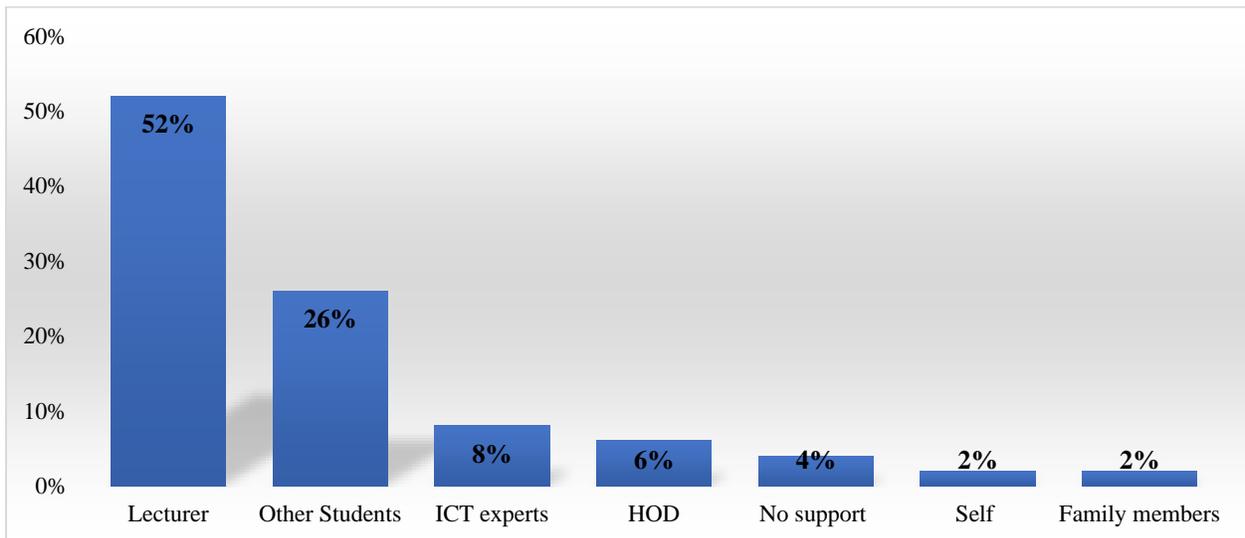


Figure 19: Key support during online learning

### Accessibility of Online Learning

Regarding measures the institute has put in place to make online learning accessible, the respondents with disability stated that they were not aware of any specific measures that have been put in place to make online accessible to them.

## Covid-19 Management Preparedness

As a measure to cope with COVID-19, there is a need for processes and procedures put in place to stipulate steps to undertake in managing COVID-19. One of the measures is establishment of institutional COVID-19 policy. The awareness of the policy by the user is key in implementation; therefore, the study sought to find out whether the students were aware of the existence of the policy. Majority at 70% were aware of the policy, 2% were not aware while 29% did not know whether the policy existed or not. On infrastructure, only 33% of the students reported that the institute had a health facility well equipped to respond to COVID-19 while 20% felt that the institute did not have a health facility well equipped to respond to COVID-19. Majority of the students did not know at 46.3%. Further, 24% of the students reported that there is a trained COVID-19 crisis management team that can be reached at any time day or night while 19% reported that there was no team. Majority (56%) did not know.

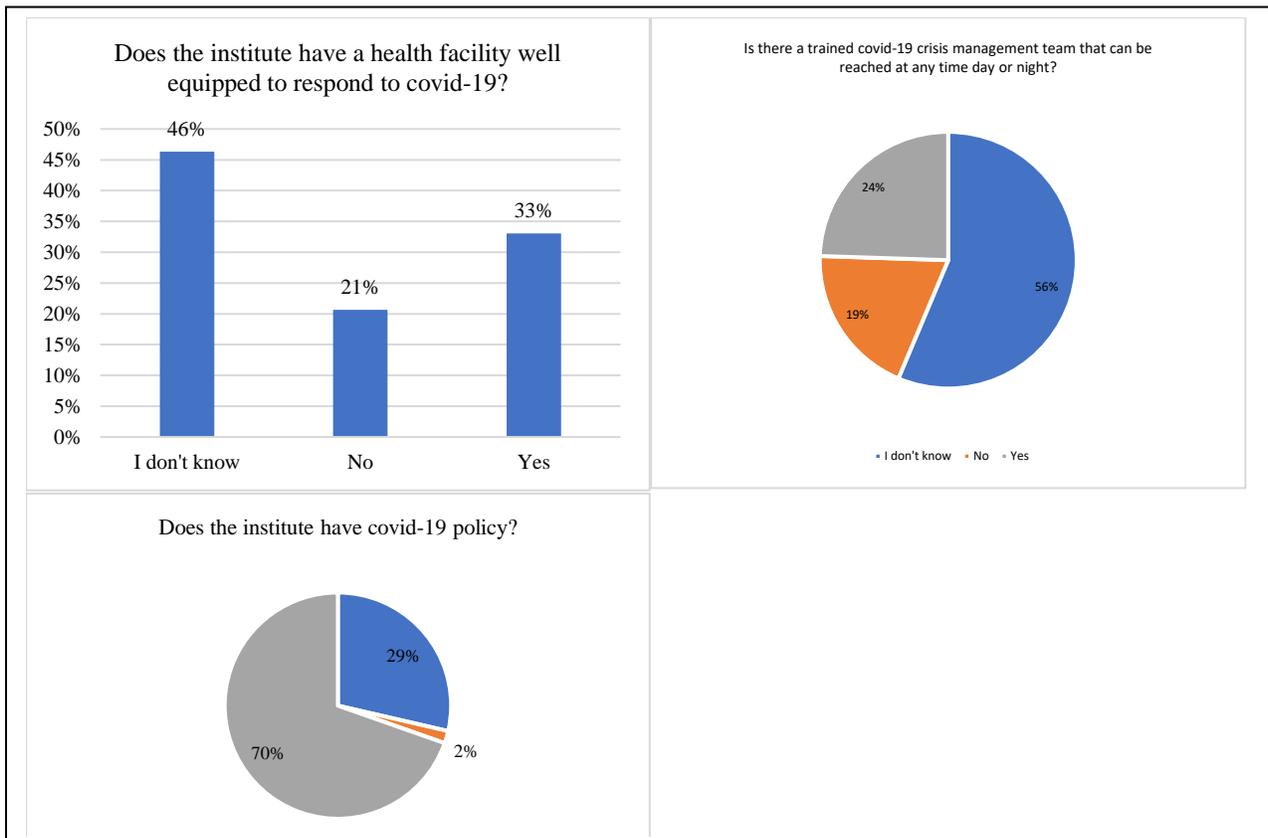


Figure 20: Covid-19 Management Preparedness

### **Institute's level of response in the precautionary measures**

To measure the institute's level of response in coping with COVID-19, the study evaluated the institute's level of response in the given precautionary measures. On provision of hand washing points complete with soap and adequate supply of water, a majority of the students (63%) reported that the measure was implemented to a good extent; on provision of hand sanitizers a majority of the students (44%) reported that the measure was implemented to a good extent, on limiting of physical meetings and social distancing, a majority of the students (51%) reported that the measure was implemented to a good extent; on limiting equipment sharing, a majority of the students (46%) reported that the measure was implemented to a good extent; on provision of alternative log in/log out measures, a majority of the students (35%) reported that the measure was implemented to a good extent; on limiting greeting by hands, a majority of the students (65%) reported that the measure was implemented to a good extent; on creation of awareness on the COVID-19 preventive measures, a majority of the students (60%) reported that the measure was implemented to a good extent; whereas on provision of facemasks, a majority of the students (62%) reported that the measure was implemented poorly.

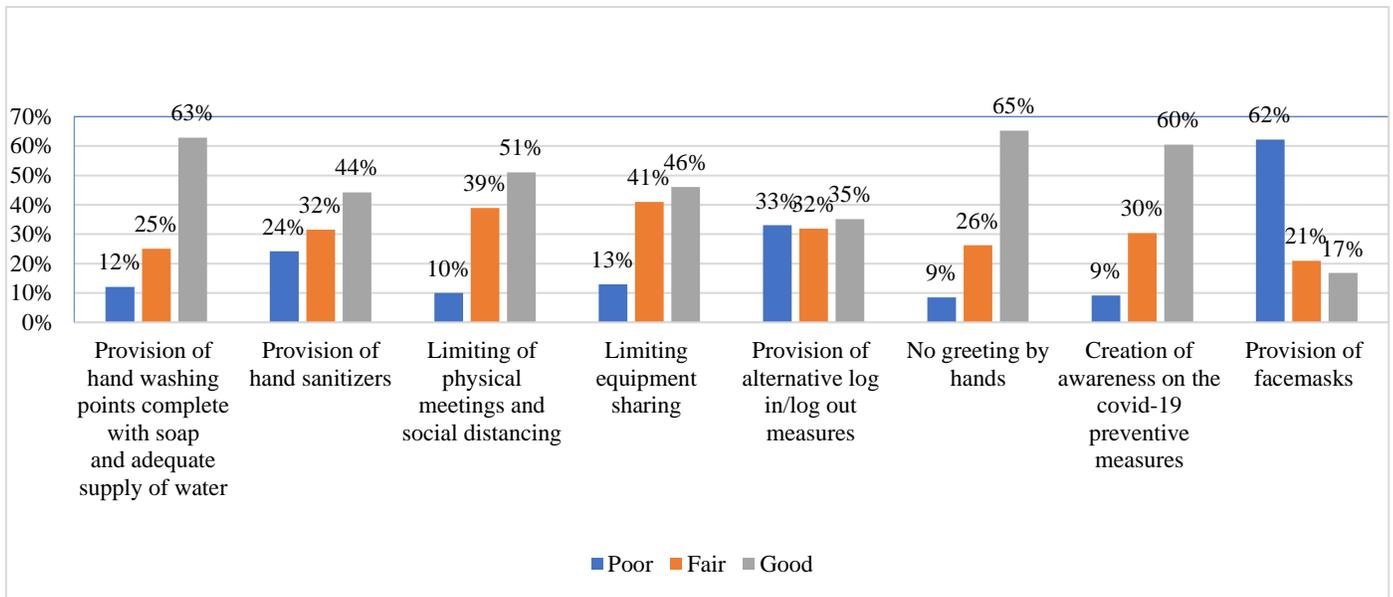


Figure 21: Institute’s level of response in the precautionary measures

For students with disabilities and special needs: on provision of hand washing points complete with soap and adequate supply of water, a majority of the students (36%) reported that the measure was implemented poorly; on provision of hand sanitizers a majority of the students (43%) reported that the measure was implemented poorly, on limiting of physical meetings and social distancing, a majority of the students (57%) reported that the measure was implemented to a good extent; on limiting equipment sharing, a majority of the students (46%) reported that the measure was implemented fairly; on provision of alternative log in/log out measures, a majority of the students (50%) reported that the measure was implemented poorly; on limiting greeting by hands, a majority of the students (43%) reported that the measure was implemented fairly; on creation of awareness on the COVID-19 preventive measures, a majority of the students (43%) reported that the measure was implemented to a good extent; whereas on provision of face masks, a majority of the students (57%) reported that the measure was implemented poorly.

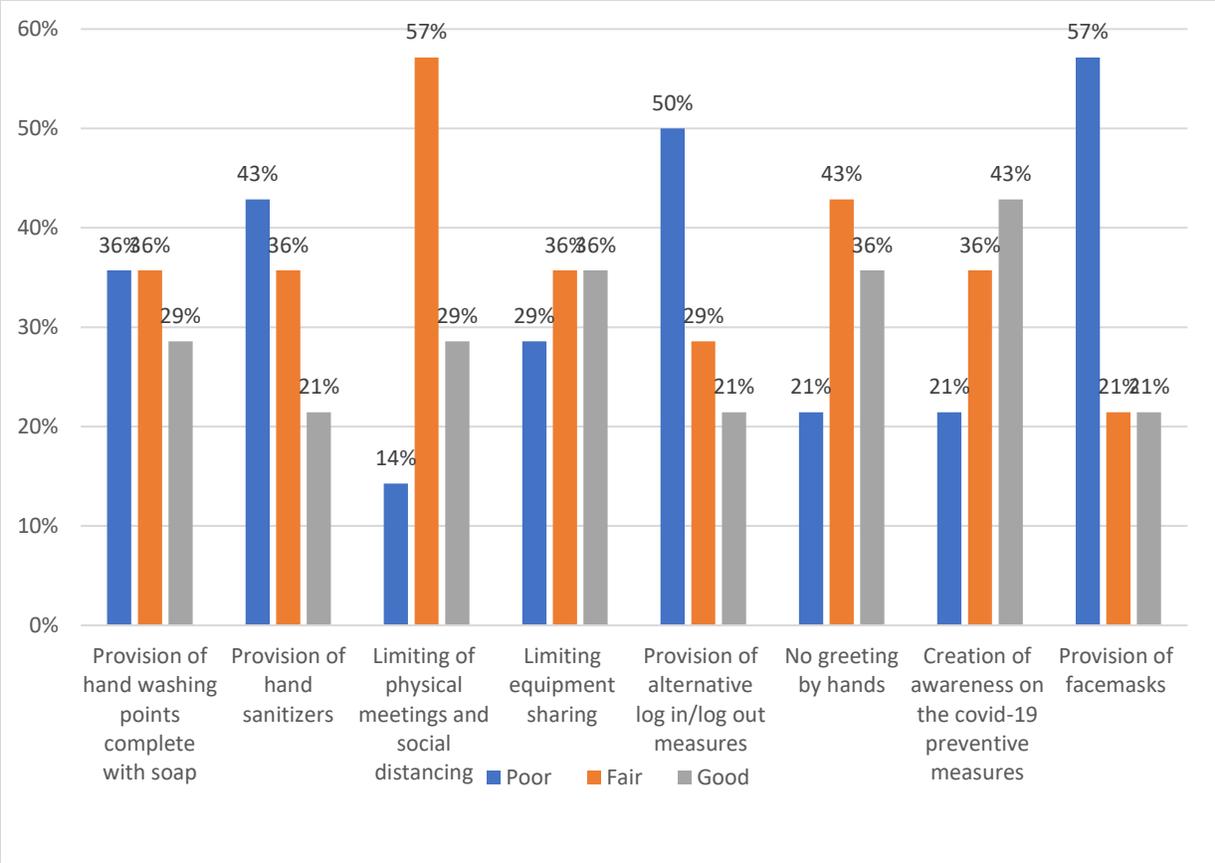


Figure 22: Institute’s level of response in the precautionary measures for students with disabilities

**Continuity of Learning**

To ensure continuity of learning, the majority of students articulated the need for provision of data bundles by the institute, use of e-learning and capacity building lectures on ICT skills. Some students had reservations for online classes as they felt that not everyone was available for these classes.

## Support Services

On learning the students indicated that; More learning materials should be provided especially sending notes from lecturers. They suggested that lecturers should provide tutorials frequently and modules and revision questions;

*“allow the learning to continue even if through online, so that we get moving and focus on our other plans after the course.”* In addition, Students seemed to recommend that psycho-social and improved health services would do a lot of good to them. Most students expressed a need for guidance and counselling, this is an indicator of emotional burden of COVID -19. Further they were of the opinion that the Institute needed to provide a trained covid-19 management team. Moreover, they suggested that mode of sharing information should be improved. They recommended that relevant information needed to be shared in a common platform where everyone can access. They also suggested reduction of their school fees and given favourable duration for payment. A respondent stated: *“Could we have a fee for online learning that is different from the face-to-face fee.”*

## Communication during COVID-19

The WhatsApp communication channel was reported by majority of students (52.6%) as the most used channel, the SMS, email, notice board and assemblies had 31.5%, 9.7%, 2.8% and 1.4% of the students respectively.

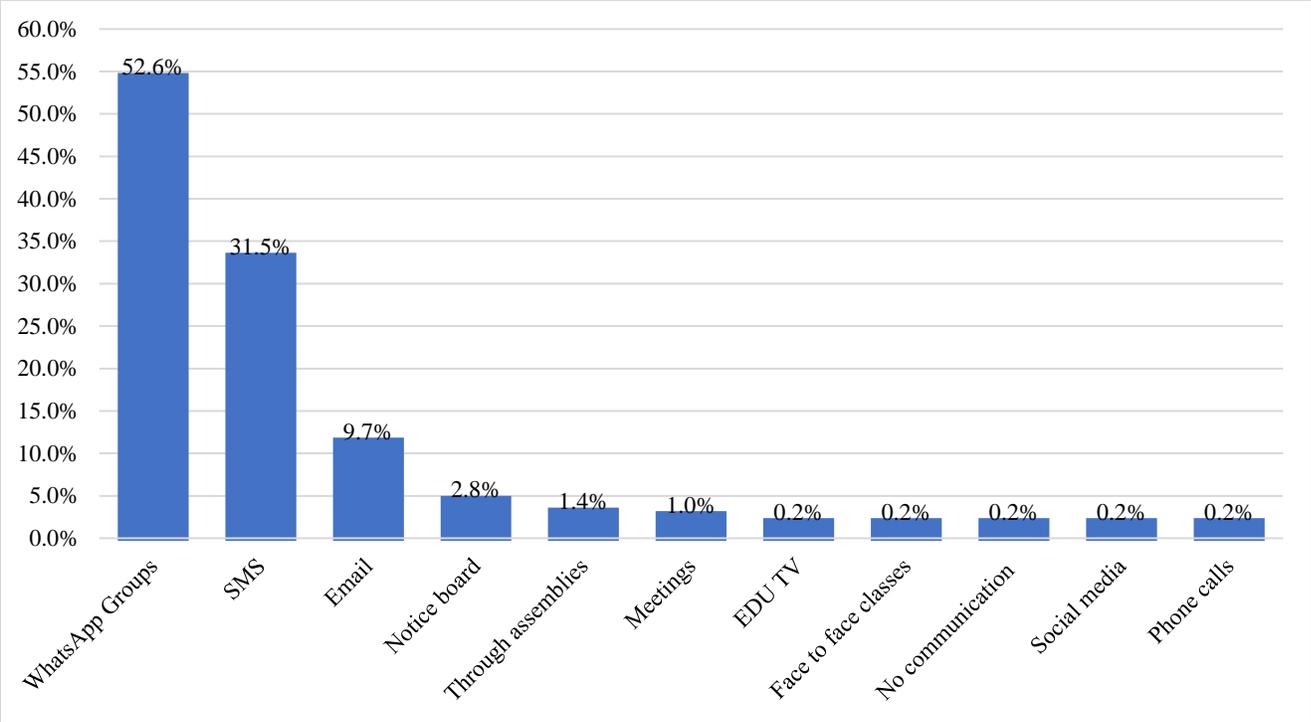


Figure 23: Channels KISE used to communicate to students during COVID-19

## CONCLUSION AND RECOMMENDATIONS

### 4.1 Conclusion

Based on the findings of this study, the following conclusions were drawn. To begin with, this study elaborates the impact of COVID-19 pandemic to the staff and learners and the role of the KISE in providing health and safety measures as instructed in the institutions' mandate. The qualitative nature of the study succeeds in elucidating expressions of strengths and weaknesses, at the individual and institutional level. Moreover the study has provided more insight to the disruptions evoked by the outbreak of COVID-19 and how the Institute sorts out solutions to regain control on its operations. Consequently, a synergy of institutional-wide efforts affords a thrust to project the Institute from an "emergency mode" of planning to a more stable strategic approach in delivering the KISE mandate.

Moreover, the study creates a better understanding of the impact of COVID-19 on the human capital. At the individual level, COVID-19 evokes hopelessness, fear, psychological torture as well as disruption of social interactions and norms. It has also led to disruptions, losses and risks in schedules and norms. On the effect of covid-19 on students' social and emotional wellbeing, the study concludes that the relationship amongst themselves as well as members of staff was affected for fear of contracting the virus as a result of interaction. Communication between students with hearing impairment was hampered because of use on non-transparent face masks thus hindering effective teamwork and group discussions. There was loss of social interaction and delayed course completion. Personal hygiene was greatly improved. In addition, the majority of students took great caution by strictly observing MOH measures.

The study revealed that during suspension of institute programmes the majority of students received instructions. However, they had challenges with internet connectivity, power and appropriate digital devices to facilitate online learning. In addition, preparation of examination was affected by limited time that affected curriculum coverage, being ambushed with examination, inability to participate in group discussion during revision, financial strain and fear. Furthermore, COVID-19

affected student's accommodation facilities. It uncovered that students who had to find accommodation outside the centres experienced insecurity, fear of exposure to covid-19 and the facilities were expensive.

The study concludes that in coping with covid-19 and ensuring continued learning, the institute put in place the necessary measures. The measure included introduction of remote learning through online platforms such as zoom, KENNET, WhatsApp and google meet. In addition, instructions were sent to students through short messaging, phone calls and email, however, there is need to support students through provision of data bundles. Moreover, the institute did not put in place measures to make online learning accessible to students with disabilities and special needs. The institute has a covid-19 policy, COVID-19 crisis management team and an upgraded health facility but most students do not have the information. The institute responded well by ensuring that the precautionary measures to prevent COVID-19 were in place, however, the measures did not satisfactorily cater for students with disabilities.

#### **4.2 Recommendations**

On the basis of the findings and the conclusions of this study that aimed to establish the institutional response to the Covid-19 pandemic, the following recommendations are proposed for effective delivery of KISE mandate:

- a) Developing a COVID-19 maintenance schedule and policy to guide the operations and reduce the risks in the provision and maintenance of COVID-19 measures.
- b) Enforce social distancing in classroom delivery and review the accompanying root causes of increased staff workload occasioned by splitting of classes;
- c) Establish and maintain a rapid response unit responsible for the maintenance and audit of the COVID-19 measures and protocols;
- d) Maintain and Repair gadgets that has become non-functional
- e) Provide a forum for staff to brainstorm and develop home-grown solutions that can be utilized in delivering the KISE mandate.

- f) Provide psycho-social support to staff especially in essential services to mitigate the feelings of being overworked and over-stretched triggered by low motivation and morale;
- g) Review the available COVID-19 policy response framework to include aspects of a maintenance schedule specific for COVID-19 protocols and measures;
- h) Review the new staff establishments occasioned by the implementation of the government directive, which provides for staff over 58 years and those with underlying conditions to work from home;
- i) Sensitization and updating staff and students using all available electronic and physical means on proper use of COVID protocols and measures
- j) Share with the KISE community the available “COVID-19 policy framework, so that they are aware of the proposals that were made and what the expectations

Using all available electronic and physical means to enforce COVID protocols and measures, while retaining a cardinal duty of inspiring hope and a sense of responsibility;

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## TECHNICAL COMMITTEE

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