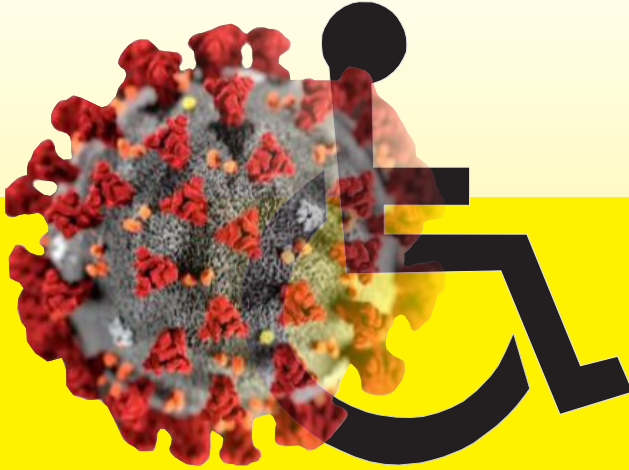




KENYA INSTITUTE OF SPECIAL EDUCATION

**Status of Children with Disabilities and Special Needs in
Education in the COVID - 19 Era, Kenya**



**Survey Report
August 2020**

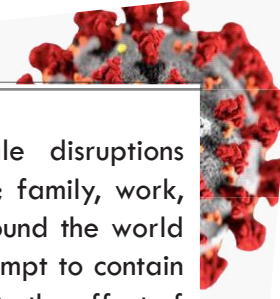
PREFACE

The Ministry of Education strives to ensure learning continues as planned with minimal interruptions. One of the barriers to these aspirations include occurrences of natural disasters such as floods, drought, and large-scale disruptions such the global corona virus disease (COVID-19) which has changed human life.

In response to combating the spread of COVID-19, the Government of Kenya closed all institutions of learning and introduced home-based technology mediated learning. However, in the process of providing these alternative accesses to educational resources, not much thought was put in place to enable vulnerable children such as those with disabilities access to educational resources. In the spirit of leaving no one behind, Kenya institute of Special Education conducted a national wide rapid survey with the aim of establishing the status of children with disabilities and special needs in education during the era of COVID-19, and prepared this report.

Abbreviations and Acronyms

| | |
|--------|--|
| ACD | Action for Children with Disabilities |
| CSO | Curriculum Support Officer |
| DSNE | Directorate of Special Needs Education |
| KIB | Kenya Institute for the Blind |
| KISE | Kenya Institute of Special Education |
| MOE | Ministry of Education |
| SDG | Sustainable Development Goal |
| TSC | Teachers Service Commission |
| ARC | National Assessment and Research Centre |
| COL | Commonwealth of Learning |
| CWDs | Children with Disabilities |
| EARC | Educational Assessment and Resources Centre |
| KICD | Kenya Institute of Curriculum Development |
| KNBS | Kenya National Bureau of Statistics |
| NCPWDs | National Council for Persons with Disabilities |
| SNE | Special Needs Education |



Introduction

COVID-19 pandemic has brought about large scale disruptions and paradigm shifts in almost all aspects of human life; family, work, schooling, culture, relationships etc. Most governments around the world have temporarily closed educational institutions in an attempt to contain the spread of this pandemic (UNESCO, 2020). In response to the effect of school closure, global, regional, and national education stakeholders and leaders are actively involved in promoting remote learning to mitigate the challenge of congregational teaching and learning practice while safeguarding milestones gained by learners. Additional measures to curb the spread of the virus is social distancing, wearing of facemasks, staying home, covering mouth and nose with flexed elbow or tissue when coughing or sneezing, washing of hands as often as possible with soap and water; and cleaning of frequently touched surfaces and objects (World Health Organization, 2020).

In many communities in African the disability-poverty chain is still strong and is continually propelled by stigma, discrimination, misconceptions and systemic inequalities (United Nations, 2018). The socio-economic shocks resulting from Covid-19 has for sure deepened the levels of vulnerabilities for children with disabilities. As such, one would argue that during this period of COVID-19 crisis, children with disabilities across Kenya are encountering barriers in accessing education. Parents and caregivers, who are typically not specialists in special needs education and related services, are struggling to provide support . In addition, CWDs requires additional care services such as therapy and school health services most of which were readily available in their (special) schools. However, these services may not be available to them at home further they may be exposed to hostile and bleak environments where their safety and security are compromised. Milestones in learning for these children might have been lost after school closure. The Salamanca declaration called for involvement of organizations of disabled people, along with parents and community bodies in planning & decision-making. (Salamanca, 1994). Further, the Cali declaration of 2019 acknowledge that it is essential to involve marginalized groups in partnership with development actors and policy makers to further inclusion as a social movement for transformation in and for education. This depends on hearing the voices of the people,



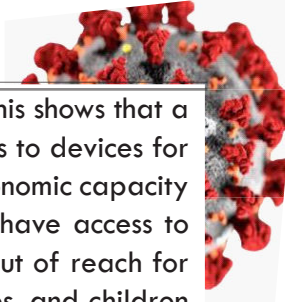
including the voices of children and youth, traditionally excluded or silenced in finding new pathways to advance equity in education and society, which are essential to sustainable, inclusive and democratic participation in all spheres of life (CALI, 2019). As a result, there is need to involve all stakeholders in ensuring that CWDs access education services and care while at home.

The National Economic Survey of 2019 documents that most households with persons with disabilities live in poverty, with limited ability to finance school related expenditure (KNBS, 2019). In this regard, children with disabilities from poor background are not able to access technology mediated teaching and learning via radio, television and internet hence, widening inequality gap, in equity, access and quality of education. This hinders achievement of the sustainable development goal-4 (SGD-4) on inclusive and equitable quality education and promotion of lifelong learning opportunities for all (United Nations, 2015).

Though government acted quite fast in providing the *Kenya Basic Education Covid-19 Emergency Response Plan* (MoE, 2020). Given the details of adaptation, modification and monitoring of academic progression of children with disabilities, one would want to explore the extent of their participation in the continued learning process in Kenya in the COVID era.

Statement of the Problem

The closure of institutions of learning by the Kenyan Government due to corona virus outbreak on March 16th, 2020 interrupted programmes countrywide. Consequently, several intervention measures were put in place to ensure that learners could access learning remotely from their homes using computers, radios, televisions and mobile phones. The availability of these gadgets and internet access is key to success of these intervention measures. The national ICT survey by the Communication Authority of Kenya (CA,) established that 79.5 per cent of the population had access to a radio terminal, 59.8 % had access to mobile phones, two people out of every five with access to TV while 9.1% had access to internet and computers (Communications Authority of Kenya, 2010). In addition, the Energy Progress Report by World Bank found that electricity



access rate in Kenya stood at 56% (World Bank, 2016). This shows that a significant proportion of the population do not have access to devices for remote learning. Children whose caregivers have socio-economic capacity to meet the cost of technology mediated learning could have access to educational materials. This implies that learning remains out of reach for many vulnerable and disadvantaged groups such as refugees, and children with disabilities and special needs. There is no doubt that school closure has made worse the already existing inequalities in education for learners with disabilities and special needs in education who account for at least 11.4% of the total population of children in Kenya's (KISE, 2018). It is against this background that Kenya Institute of Special Education sought to evaluate the current status of children with disabilities and special needs in education in Kenya in the COVID era.

Objectives of the Study

The study was guided by the following objectives:

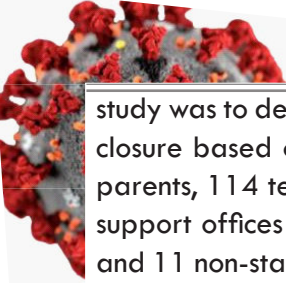
- To ascertain the state of children with disabilities and special needs with reference to progress in learning and health since closure of schools due to Covid-19.
- To assess intervention measures available to enhance education for children with disabilities and special needs in education.
- To explore type of services and approaches available to improve access to quality education for children with disabilities and special needs in education.

Scope of the Study

This study investigated the countrywide status of children with disabilities and special needs in education in the era of covid-19. The focus was on learners with disabilities and special needs who were in schools before Covid-19 where information was collected from their teachers, parents, state actors, non-state actors and the Curriculum support officers. It assessed the available intervention measures for children with disabilities and special needs in education.

Methodology

This study adopted a cross-sectional survey design. The purpose of the



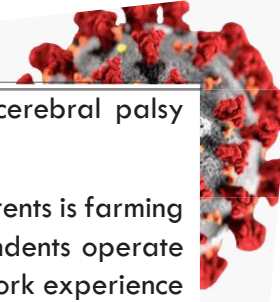
study was to describe present state of children with disabilities after school closure based on a set of different respondents. The study involved 188 parents, 114 teachers (18% secondary and 82% primary), 44 curriculum support offices (CSOs) mostly for special needs education, 5 state actors and 11 non-state actors who are stakeholders in the education and service provision for children with disabilities and special needs in education across the country.

At least every sub-county in Kenya has a designate CSO who works with both teachers and parents.. In this study,CSOs were reached out for interview, and in turn they randomly selected teachers and parents of children with disabilities to participate in the study. Data was also collected through a webinar that drew participants from mainly CSOs, and state actors. A mixed methods approach in which statistical and thematic analysis methods were used to analyse quantitative and qualitative datasets respectively. Continuous triangulation of data from a spectrum of respondents was conducted during preparation of this report.

Results and Discussion

A total of 103 teachers from 44 counties participated in this study where 68% taught in primary, 17% in secondary school and 15% in pre-primary. 88.3% of teachers had some training in SNE while 11.7% did not have basic training in SNE. The teachers were aged between 24 and 56 years with teaching experienced of 6 to 35 years. Mental disability and hearing impairment were taught by majority of teachers at 42% and 40% respectively.

A total of 113 parents of learners with disabilities were interviewed for the study where 53.2% were males and 46.8% were females; majority aged between 41 and 50 years at 36.7%. On the highest level of education of the parents, a majority, 30%, had primary school level , 29.4% had secondary school education, 22.9% tertiary education, 11.9% university level and 5.5% of the parent had no formal education. A majority had learners in primary school with 67%, 27.5% with learners in pre-primary and 5.5% with learners in secondary schools. On types of disability of their children, a majority of the parents had children with hearing impairment at 27.5% followed with intellectual disabilities at 25.7%,



visual impairment at 17.4%, physical disabilities 8.3%, cerebral palsy 7.3% and parents of children with autism at 5.5%.

It was found that the source of livelihood for majority of parents is farming at 20%, followed by teaching at 16%, 9% of the respondents operate their own businesses. Majority (52.5%) of CSO-SNE had work experience of over 30 years. On the CSO's areas of specialization; 25% were trained in Physical and Multiple Disabilities (PMD), 22.5% Hearing Impairment (HI), 20% Visual Impairment (VI).

The State of Children with Disabilities and Special Needs

Sixty five percent of teachers reported that COVID-19 had negatively affected the health and education of children with disabilities and special needs in Education to a great extent.

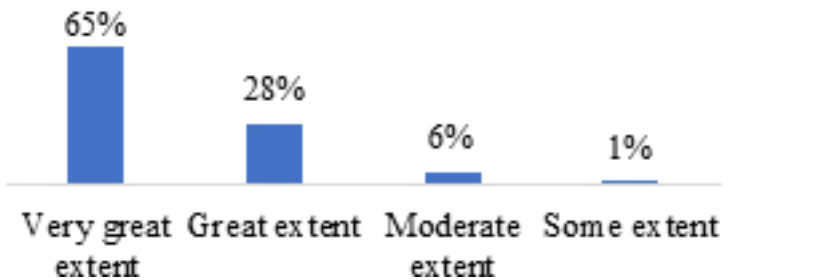
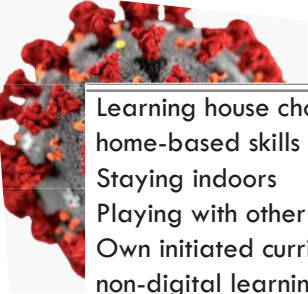


Figure 2: Perceived Negative Impact of COVID-19 in Health and Education of CWDs

The survey data shows that 63.1% of teachers had attempted to reach out to CWDs. It was further established that teachers who taught in pre-school had the highest follow-up rate at 87% followed by those in secondary schools at 78% while those teaching primary schools had the minimal follow up at 56%. Teachers supported the learners with foodstuff, money, guidance and counselling, awareness creation on Covid-19, and academic work. Teachers reported challenges including inaccessibility of the learners, poverty as well as high expectations from parents. A majority (46%) of the parents responded that their children have been learning house chores and home-based skills; 21% of the children mainly stayed indoors; 7.3% spent their time playing with other children/siblings; 5.5% of the parents supported curriculum based non-digital learning while 2.8% involved their children in organized technology-based learning.

| Activities | Frequency | Percent |
|------------|-----------|---------|
|------------|-----------|---------|



| | | |
|---|------------|-------------|
| Learning house chores and home-based skills | 53 | 42% |
| Staying indoors | 31 | 25% |
| Playing with other children/siblings | 16 | 13% |
| Own initiated curriculum based non-digital learning | 6 | 5% |
| Supported curriculum based non-digital learning | 6 | 5% |
| I keep the child occupied with smart phone/tablet | 4 | 3% |
| Organized technology-based learning | 3 | 2% |
| Watching TV and listening to music | 3 | 2% |
| Farming for instance picking tea leaves | 2 | 2% |
| Engaged in artworks | 1 | 1% |
| Going for tuition | 1 | 1% |
| Total | 126 | 100% |

Table 1: Activities by the child since the closure of schools

They further reported that 30% of their children had been receiving services such as therapy before covid-19 where only 5.3% continued receiving the services after school closure. Lack of finances, unemployment, lack of government support, communication challenges, unavailability of caretakers and poverty were reported by parents as their major challenges.

Majority of CSO's reported that children with disabilities and special needs in education were facing difficulties because of poverty and lack of basic needs. There was minimal learning going on for children with disabilities. Further, both parents and teachers concurred that CWDs were not happy at home as they felt neglected and they preferred being in school. Parents were also concerned that their children were not able to access therapy services and medicines, especially for epilepsy.

A majority 91% of the non-state actors confirmed that they were in contact with families of CWDs during this period of Covid-19 where 45.5% offered support in the form of food items , 20% supported digital learning , while 10%. Offered counselling to families.

State actor observed that a majority of the children with disability were

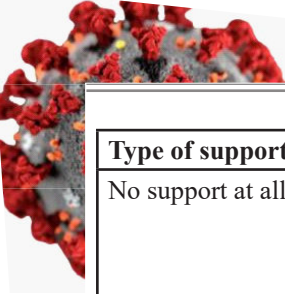


suffering; unlike their counterparts they are not able to access resources and tutorials, that are being offered in the various mediums. It was reported that the on going stem initiative lacks any adaptation to cater for special needs learners. Further, it was noted that when these children are at home most of them need a lot of physical care; care but most of parents leave them at home to go to look for food. The ministry of education reported that a majority of children with disabilities were not learning as digitally accessible materials for CWD, specifically HI and VI were still being developed.

Intervention Measures Available

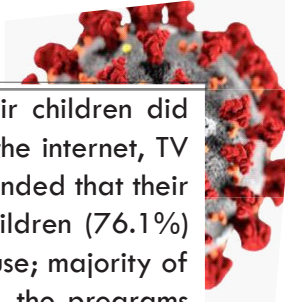
To facilitate continued learning in the covid-19 pandemic, the ministry adopted curriculum delivery through four different platforms; radio, TV, Kenya education cloud and YouTube (MoE, 2020). Evidence from the study show that 18.4% of teachers are aware of the intervention programs. It was reported that only 15 counties have programs set up by the school to help learners with disabilities cope and manage the covid-19 (34% of the Kenya) with majority being in Nairobi and Laikipia counties.

From the study, 75% of teachers indicated that there were no specific program(s) aimed at enhancing participation in home-based learning for children with disabilities. It was established that the design of majority of the available programs were mainly psychosocial rather than academic. They included provision of foodstuff for hand washing, awareness creation about Covid-19, encouraging parents and their children, and guidance and counselling. Further, it was observed that most of these programs had been initiated by civil society organizations such as VSO-Kenya, Kilimanjaro blind trust, Kenya society for the blind, LVCT. Nonetheless, it was observed that a negligible proportion (about 1%) of teachers were running online learning through zoom and WhatsApp for children with disabilities with the help of their parents or caregivers. These programs were meant candidates only. Further, 86.4% of teachers interviewed in this study said that the intervention programs by the ministry of education through KICD to offer home-based learning are not accessible by children with disabilities. High poverty levels in majority of households of children with disabilities and non-responsive home-based learning programs were frequently cited as major barriers to access to government initiated online educational programs.



| Type of support | Source | Frequency | Percentage |
|--|--|------------|-------------|
| No support at all | Faith based organizations, community-based organizations and well wishers | 88 | 77% |
| Food (once in a while) | | 8 | 7% |
| Financial/money/ monthly stipend (not regular) | County government, faith-based organizations, national government | 6 | 5% |
| Learning materials and story books e.g. braille and braille papers | School and NGOs | 3 | 3% |
| Payment of fees and bursaries | National and County governments, Faith based organizations and community-based organizations | 3 | 3% |
| sanitizers | Face masks and hand Well-wishers, countygovernment and school | 2 | 2% |
| Home based services | CSO-SNE | 1 | 1% |
| Beddings; mattresses and blankets | Well-wishers and fait-based organizations | 1 | 1% |
| Psychological support | school | 1 | 1% |
| Personal items for example tissue papers, toothpaste, | Non-Governmental Organizations; Faith based organization; Community based organization; Church/mosque/temple; National government; County government | 1 | 1% |
| Totals | | 114 | 100% |

Table 2: Support services received



In addition, majority of parents (76.1%) noted that their children did not participate in the available digital learning through the internet, TV and radio programs and only 23.9% of the parents responded that their children participate in the programs. The majority of children (76.1%) were not able to participate in the remote learning because; majority of parents did not have digital devices and internet access, the programs broadcasted are not adapted to all disabilities; Some of the parents indicated that they were not aware of the programs; lack of skilled personnel in ICT to assist; and lack of power connectivity.

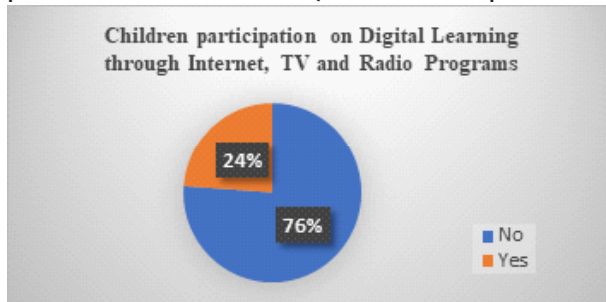
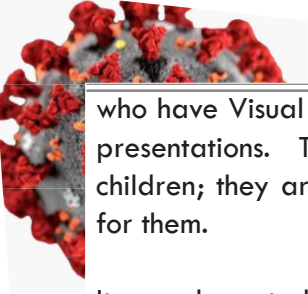


Figure 3: Child Participation on Digital Learning through Internet, TV and Radio Programs

Majority of the CSOs constituting 80%, said there were no support programs organized. Those that had something going on, mainly focused on provision of basic commodities like food, washing soap, masks and sanitizers in collaboration with either the county government or other organizations. In addition, 95% of the CSOs reported that children with disabilities were not benefiting from the online learning. Results indicates that (45.5%) of the non-state actors reported that they worked with teachers and government in the form of partnership and collaboration to provide learning material, finances and medication, 27.3% of the organizations intervene by producing teaching and learning resources, 18.1% provide medication and food.

The state actors responded that the protocols are in place but sufficient measures have not been taken to ensure they catered for diversity of the people. They further observed that CWDs have no sufficient guidance on the care and cleaning of their devices. Further, they noted that the challenge with the deaf learners was KSL variations while the children



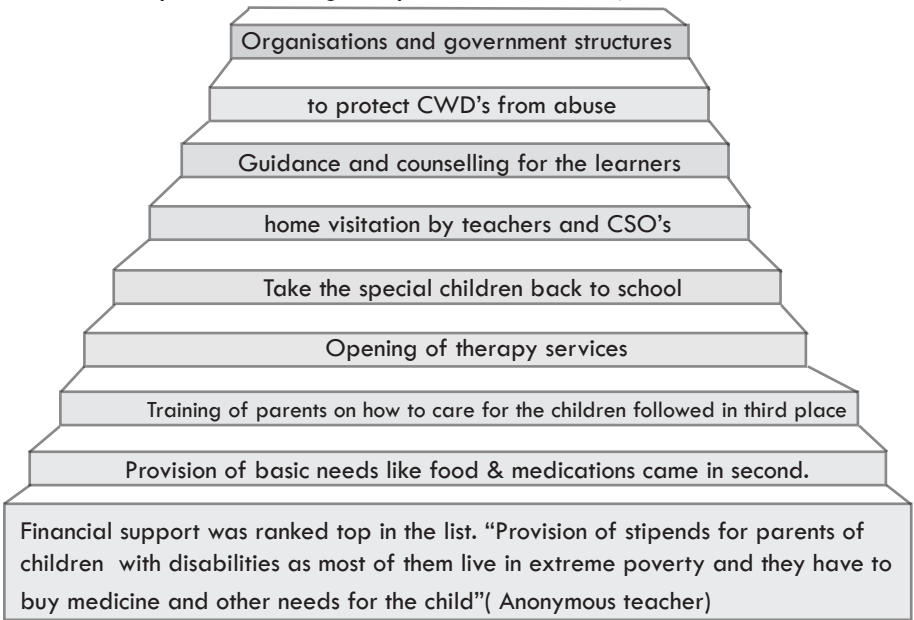
who have Visual Impairments are benefiting from the Audio in the online presentations. The programs left a gap with intellectually different children; they are not benefiting as there are no specific programmes for them.

It was also noted that there was negligence and abuse of CWDs ,some were locked up while others were found loitering unattended in the market places

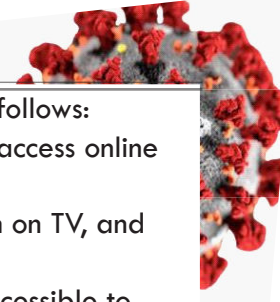
“the state of the children forced us to open the school and let it run especially for the safety of the children”(reported from Kajjado, Samburu, Mombasa and Kisii)

Services and Approaches to Improve Access to Quality Education by CWDs

The proposals to improve the lives of children with disabilities during the period of stay home during the pandemic include;



Majority of the respondents in this study reported that the existing alternative home-based education was not serving CWDs. Several proposals were made by the respondents to increase inclusivity of

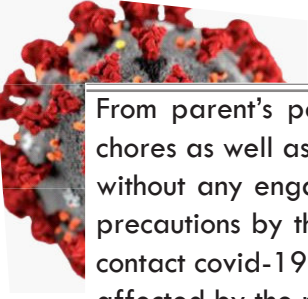


available online learning programs. The proposals are as follows:

- Explore and avail devices that can enable CWD's access online learning
- Diversify mode of communication during classes run on TV, and other digital platforms
- TV and radio programs to be tailor made to be accessible to children with disabilities
- To include TV programs which have pictures to cater for the mentally challenged
- Have children with disabilities back in school since they are not many and teachers would be able to demonstrate how-to put-on masks and wash hands social distance
- Provision of home-based learning and teachers to support the children.
- Use of itinerant teachers to support learners and parents
- Initiatives to reach out to learners with disabilities eg use of sign language interpreters
- Develop programs targeting specific disabilities by KICD so that the individual needs of learners that arise from the disability type could be taken care of.
- Empower parents, guardians and caregivers to support home-based learning
- Consider use of slow-moving adverts touching on covid-19 because of some of children with disabilities take time to read and comprehend
- Targeted reach out learning programs for specific disabilities

Conclusions

This rapid evaluation was to establish status of children with disabilities and special needs in education in the Era of Covid-19 in Kenya. From the analysis it can be concluded that COVID-19 has negatively affected these children to a very great extent. Minimal learning is going on for children with disabilities which is contrary to the objectives set forth in Covid-19 Education Response plan, 2020. CWDs are not happy, they are likely to be neglected and they preferred being in school . Poverty and accessibility of CWDs by teachers is the major challenges. CWDs have limited support from teachers and health stakeholders.



From parent's perspective, CWDs have been less occupied with house chores as well as learning home-based skills while a majority are just left without any engagement. In addition, parents are taking the prescribed precautions by the ministry of health to ensure that their children do not contact covid-19. Support services to CWDs like therapy were adversely affected by the pandemic. Parents are very apprehensive that previously gained milestones are getting lost .Some submitted that their children's health status and behaviours have deteriorated. The non-state actors are in contact with these children and are providing support to CWDs but they noted that majority of these learners are not able to access education.

The other key objective of the study was to assess intervention measures available to enhance education for children with disabilities and special needs

In conclusion and based on the analysis of objective two a majority of teachers and parents were not awareness of online programs for children with disability. Schools did not provide support programs to learners with disability. Additionally, CWDs do not receive adequate support from the government or any other non-state agency, only a negligible percentage received support.

In terms of the assessment to establish if CWDs participated in available digital learning through internet, TV and Radio programs. it can be concluded that most of CWDs do not participate in the programme. These children have no access to digital devices and the few that do find out that the programs are not adapted for diverse disabilities.



Recommendations

Based on the study findings and conclusions, the following policy recommendations are proposed to ensure well-being of children with disabilities and their inclusion in available online learning programs during the stay home period. They include.

- a) Financial support to families of children with disabilities: it was evident from the study findings that most children with disabilities across the country are living in poverty and that most of them are not able to afford basic needs such as food and medical care.
- b) Consider re-opening of special schools for purpose of social protection, continued medical health care where it has been provided through school, continued therapy to arrest loss of milestones gained and for learning. Children with severe and complex disabilities are likely to have better protection from abuse and neglect through the school set up/small homes.
- c) Empower parents, guardians and caregivers to support home-based learning and home-based therapy for their children with disabilities during the period of pandemic.
- d) Empower CWDs to access online learning as follows:
 - Explore devices that can enable CWD's access online learning
 - Diversify mode of communication during classes run on TV, and other digital platforms
 - TV and radio programs to be tailor made to be accessible to children with disabilities
 - Provision of home-based learning and teachers to support the children.
 - Use of itinerant teachers to support learners and parents among others

REFERENCES

Kenya National Bureau of Statistics (2019): National Economic Survey. KNBS, Nairobi.

Republic of Kenya [MoE] (2020): *Kenya Basic Education Covid-19 Emergency Response Plan*. Ministry of Education.

Republic of Kenya [MoE-KISE] (2018): *National Survey on Children with Disabilities in Education*. Kenya Institute of Special Education.

United Nations, (2015). *Transforming Our World: The 2030 Agenda for Sustainable Development*. New York: UN Publishing.

United Nations, (2018): *Disability and Development Report: Realizing the Sustainable Development Goals by, for and with persons with disabilities*. New York: UN Publishing.

World Health Organization, (2020): Key Messages and Actions for COVID-19 Prevention and Control in Schools. Available from: https://www.who.int/docs/default-source/coronaviruse/key-messages-and-actions-for-covid-19-prevention-and-control-in-schools-march-2020.pdf?sfvrsn=baf81d52_4. Accessed on 15th July 2020

Research Team

- Charles Omboto
- Samwel Wanyonyi Juma
- Fridah G. Kiambati
- Gedion Kibet
- Lydia W. Chege
- Mutiso.T.Wambua



KENYA INSTITUTE OF SPECIAL EDUCATION

Kasarani, Thika Super Highway, Exit 8 off Kasarani-Mwiki Road
P.O.BOX: 48413-00100 NAIROBI, KENYA
PHONE: 020 800 7977, MOBILE: +254 734 801 860
WEBSITE: www.kise.ac.ke, EMAIL: info@kise.ac.ke