

**UNIVERSITY OF NAIROBI  
DEPARTMENT OF SOCIOLOGY AND SOCIAL WORK  
FACULTY OF ARTS**

**INSTITUTIONAL PROVISIONS AND PRACTICES FACILITATING DISABILITY  
INCLUSION: A CASE STUDY OF THE UNIVERSITY OF NAIROBI.**

**BY  
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## DECLARATION


This is my original work and it has not been presented for an award in any other University.

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This is to declare that this proposal has been submitted for examination with my approval as the university supervisor.

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Signature:  ..... Date: 16/11/2010

## DEDICATION

This study is dedicated to my parents, Mr. Ahmed and Mrs. Diyara and my great friend Zamzam Hilloo

This work is also dedicated to all those in pursuit of academic excellence in the field of disability and disability rights activists.

## ACKNOWLEDGEMENT

Special thanks go to my supervisor, Dr Kiemo for his encouragement, guidance and invaluable support throughout this period.

My special attribute goes to my parents, Mr. Ahmed and Mrs. Diyara for their prayers, faith in me and their unconditional love and support throughout my life. I am also indebted to my great friend, Zamzam Hilloo for her encouragement, inspiration and giving me the invaluable support to concentrate on this research. My special thanks also go to the University of Nairobi for co-opting me to the Disability Mainstreaming Committee which gave me an opportunity to add more value to this study.

Lastly I thank my siblings and friends whom I cannot mention here for their constant encouragement.

## **ABBREVIATIONS AND ACRONYMS**

<b>AUB</b>	<b>African Union of the Blind</b>
<b>CAF</b>	<b>College of Architecture and Engineering</b>
<b>CAVS</b>	<b>College of Agriculture and Veterinary Sciences</b>
<b>CBPS</b>	<b>College of Biological and Physical Sciences</b>
<b>CEES</b>	<b>College of Education</b>
<b>CHS</b>	<b>College of Health Sciences</b>
<b>CHSS</b>	<b>College of Humanities and Social Sciences</b>
<b>DPO</b>	<b>Disabled Persons Organizations</b>
<b>FPE</b>	<b>Free Primary Education</b>
<b>ICRPD</b>	<b>International Convention on the Rights of Persons with Disabilities</b>
<b>KNSPWD</b>	<b>Kenya National Survey for Persons with Disabilities</b>
<b>MGSCSS</b>	<b>Ministry of Gender, Sports, Culture and Social Services</b>
<b>MOE</b>	<b>Ministry of Education</b>
<b>NCAPD</b>	<b>National Coordinating Agency for Population and Development</b>
<b>PDA</b>	<b>Persons with Disabilities Act</b>
<b>PWD</b>	<b>Person with Disability</b>
<b>SNF</b>	<b>Special Needs Education</b>
<b>SPSS</b>	<b>Statistical Package for Social Studies</b>
<b>UN</b>	<b>United Nations</b>
<b>UNCIPWD</b>	<b>United Nations Convention on the Rights of Persons with Disabilities</b>
<b>UNESCO</b>	<b>United Nations Educational, Scientific and Cultural Organization</b>
<b>UON</b>	<b>University of Nairobi</b>
<b>UPIAS</b>	<b>Union of the Physically Impaired Against Segregation</b>
<b>WHO</b>	<b>World Health Organization</b>

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## ABSTRACT

Disability issues are often absent and not adequately addressed within the education system. Learners with disabilities have not been actively involved in sporting, cultural and recreational activities. Consequently persons with disabilities hardly benefit from the solidarity and team building benefits derived from sports, culture and recreational activities (MDESCSS, 2006)

An inclusive system and supportive environment at the University is important for the participation and development of students and staff with disabilities. It will also create an enabling academic environment that promotes recognition of the skills, merits, abilities and contributions of persons with disabilities and allows them live independently and participate fully in various university activities.

This was an exploratory study which adopted both qualitative and quantitative approaches to collect data. Data collection methods used included administering questionnaires, key informants interviews, case studies, direct observations and review of secondary data. The study used snowballing sampling techniques as there was no formal system to identify persons with disabilities in the university. The sample of the study consisted of forty students and employees with disabilities and ten key informants who were university administration and other service providers in the university.

This study yielded interesting results regarding environmental inaccessibility, communication barrier, negative attitude and lack of learning facilities which limit the participation and potentials of students and staff with disabilities. However, the university has made some attempts to accommodate students and staff with disabilities although they are inadequate in terms of addressing various disability needs due to minimal implementation.

The university administration should implement the disability policy, provisions in the students' handbook and adopt full action plan on programs to improve all services and facilities to suit the needs of persons with disabilities.

## CHAPTER ONE:

### 1.0 Introduction: Background of the Study

The World Health Organization (WHO) estimated that persons with disabilities represent about 10% of the world's population, which translates to about 650 million. Of these, 80% live in developing countries where most essential social services are inadequate (World Bank, 2007).

Globally, persons with disabilities are often marginalized and face difficulties as a result of their disability. Most have no access to education, health, employment or rehabilitation. Majority experience hardships as a result of widespread social, cultural and economic prejudices, stigmatization, and, often, abuse and violence, and as a result, persons with disabilities are usually among the poorest of the poor. They are also likely to remain poor because of environmental, social and economic barriers that prevent them from attaining an acceptable quality of life. Attitudes and practices embedded in cultural beliefs, taboos and religion create obstacles to the participation of persons with disabilities in both social and cultural activities. Additionally, women and girls with disabilities suffer double discrimination because of their gender and impairment and, are more likely to be victims of physical and sexual abuse (AUB, 2007).

People with disabilities (PWDs) have been perceived as 'different' human beings in need of special attention and separate programmes." This thinking has continued to reinforce the stigma attached to disability. What hinders the participation of PWDs in development is *not* their impairments, but social and physical barriers created by society through acts of omission or commission. For most of the twentieth century, people with disabilities were regarded as "victims" of their condition and as a "burden" on society (Barnes and Mercer, 2003).

Persons with disabilities are expected not to perform or perform lower especially in sports, marriage, employment and even holding political positions. Their potential to contribute and add value to the society is under-estimated. Disability is seen as something invoking pity or in need of a cure, and many times viewed as a burden.

The society plays a key role in categorizing disabled people as different and determining societal responses towards them. Persons with disabilities have historically been excluded from mainstream society and can continue to face discrimination and prejudice leading to disadvantages and exclusion. Systemic barriers, negative attitudes and exclusion by society are the ultimate factors defining who is disabled and who is not in a particular society. Disabilism is therefore a form of oppression in the same way as is sexism, racism and homophobia.

Disability means several restrictions of participation in activities and the social constructions as a result of society and institutions not making adequate provisions for persons with disabilities. People with impairments are disabled by the fact that they are excluded from participation within the mainstream of society as a result of physical, organizational and attitudinal barriers. The denial of opportunities, restriction of choice and self-determination and lack of control over the support systems in their lives prevent them from gaining equal access to information, education, employment, public transport, housing, social and recreational opportunities. Disability is understood as a social and political issue thus, attempts to social and political solutions are sought, to challenge disabling discrimination.

Anti-discrimination legislation, equal-opportunity policies and programmes of positive action have arisen because it is now more widely recognized that persons with disabilities are unnecessarily and unjustly restricted in or prevented from taking part in a whole range of social activities. Supportive social environment that will enhance motivation, knowledge, skills and employment should be promoted at all levels to encourage persons with disabilities live independent lives and enable them to participate fully in society. It also offers persons with disabilities the opportunity to transform their own lives and in so doing to transform the society in which they live into one in which their contributions are recognized and valued.

The nature of the disability experienced by the individual can be moderated when environments and practices are designed to be inclusive. For example, a person who uses a wheelchair will be independent in a well-designed and accessible building, but is completely disabled in a poorly designed one. To create an inclusive environment, the university should make adjustments and provide empowering support to students and employees with

disabilities. It should be committed to developing a barrier free and fully accessible environment for all persons with disabilities. If the university does not have effective policies to address the needs of students and employees with disabilities, it is likely that they would continue to be subjected to potential discrimination.

Despite the problems that persons with disabilities experience, research has shown that there is also positive side of disability. The world's most famous and successful persons with disabilities like Albert Einstein, Alexander Graham Bell, Christopher Reeve, David Blunkett, Franklin D. Roosevelt, George Washington, Helen Keller, Ian Dury, John Milton, Lord Byron, Lord Nelson, Ludwig van Beethoven, Marla Runyan, Marlee Matlin, Michael Oliver, Fanni Grey-Thompson and Woodrow Wilson have contributed to society and have made a difference to the world. These include celebrities, writers, scholars, world leaders and many other famous people who had special underlying abilities, skills and talents as proved by some of their inventions and achievements.

In Kenya, we have Josephine Sinyo, Salome Mungai, Phitalis Were, Issack Mwaura, Dr. Teroroi, Com. Lawrence Mute, Henry Wanyoike among others who have contributed to the disability fraternity and the society at large. We also have Prof Macharia, Dr. Ndurumo, Dr. Musingi and Mr. Reginald Oduor (lecturers) and Ms Abigail Olimbo, Ms Evelyne and Ms Dorothy (staff) of the University of Nairobi. Of course there are also millions of people worldwide who may not be famous in the sense society deems famous, but still live with, battle, and overcome their disabilities every single day of their lives and indeed, proved that it is possible to overcome disability barriers.

This study was motivated by the researcher's personal experience as a student at the university and involvement in disability activism. Of more concern for the researcher was the little attention given to the needs of persons with disabilities in a world class institution of excellence.

## **1.2 Problem Statement**

Disability issues are often absent and not adequately addressed within the education system. Learners with disabilities have not been actively involved in sporting, cultural and

recreational activities. Consequently persons with disabilities hardly benefit from the solidarity and team building benefits derived from sports, culture and recreational activities. Various barriers ranging from environmental, communication, social to economic prevent persons with disabilities from attaining acceptable quality of life. Existing information and communication services remain largely inaccessible and unaffordable to persons with disabilities (MDSO'SS, 2006).

Discriminatory practices that negatively affect equality of opportunity exist in organizations whether they are direct or indirect. Within a university setting, direct discrimination occurs through treating an individual differently or less favourably; an example of this would be refusing to enroll a student in a course because of their disability. Indirect discrimination, occurs when individuals are treated the same as others; the impact of the treatment disadvantages them. An example of this would be the presentation of materials to a student with vision impairment in a format which is not accessible.

Many students with disabilities have dreams to join institutions of higher learning just like other students but a few manage to gain admission. However, even when persons with disabilities overcome barriers to enrollment in higher education, they face many challenges including inaccessibility, lack of special facilities, unreadiness and reluctance to receive them and thus, experience difficulties completing their programs of study. Failure for students with disabilities to obtain appropriate academic services, supports and programs may cause them to achieve lower grades or lower academic standing that may, in turn, hasten their withdrawal from the University settings

Inaccessibility and unsuitability of the University facilities may limit participation of students and staff with disabilities. Poor physical access in lecture halls, departments and computer laboratory, lack of ramps and lifts to buildings create barriers for some persons with disabilities, while others can be excluded by inaccessible communication facilities such as lack of sign language interpreter, braille, computers, and access to information on the Web or in libraries. The unfriendliness or inaccessibility of the university facilities and services can lead to lack of enabling environment which can greatly hinder a significant number of

potential students with disabilities from seeking higher education or limit their level of participation in university programs.

The Persons with Disabilities Act, 2003 prohibits discrimination on the basis of disability, promotes equality and accessibility to all public services. It specifies that all learning institutions must take into account the special needs of persons with disabilities with respect to the entry requirements, pass marks, curriculum, examinations, auxiliary services, use of school facilities, class schedules, physical education requirements and other similar considerations. In addition, Kenya is a signatory to UN Convention on the Rights of Persons with Disabilities (UNC'PWD, 2007) which places an obligation on governments to ensure an inclusive system (Article 24). Despite these laws in place, the university has not yet fully complied with them.

### **1.3 Research Questions**

The following are the research questions that shaped the objectives of this study:

1. What disability provisions are available in the university and how effective are they in addressing the needs of students and employees with disabilities?
2. How accessible are the university facilities and services to students and employees with disabilities?
3. What are the experiences, needs and coping mechanisms of students and employees with disabilities within the university?
4. What are the best policies and practices to address disability issues in the university?

### **1.4 Goal and objectives of the study**

#### **1.4.1 General objective of the study**

The general objective of this study was to identify and examine university provisions and practices facilitating disability inclusion in the various university programs.

#### **1.4.2 Specific objectives of the study were;**

1. To identify and assess the effectiveness of disability provisions and practices in the university.
2. To assess the accessibility of university facilities and services to persons with disabilities.
3. To identify the experiences, needs and coping mechanisms of students and employees with disabilities.
4. To suggest the best policies and practices to address disability issues in the university

#### **1.5 Justification of the Study**

There is a need for a supportive and enabling environment that promotes the participation and development of persons with disabilities of their personality, talents, productivity and creativity as well as their mental and physical abilities to their fullest potential. Effective participation is a function of both how higher education makes provisions for inclusion and how it encourages people to develop and enhance their skills and strategies for minimizing the impact of disability.

By formulating policies to address disability issues and implementing the available disability laws, the university can minimize the extent to which university disables persons with disabilities. Ensuring that persons with disabilities do not experience discrimination means that their needs must be anticipated in policies, procedures and information provided to them.

Research in disability inclusion is inadequate particularly in organizations and institutions of higher learning. Kenya has also been slow in generating knowledge and taking advantage of new and emerging innovations in the field of disability (MOE 2008). Disability inclusion through policy, provisions and practices for persons with disabilities in the university is relatively a new concept and one of the least researched fields, therefore, this study will fill in knowledge gap. It is expected that the acquired knowledge will inspire further research in related areas hence contribution in the field of knowledge.

The study is designed in a way to generate findings that will potentially be essential to students and staff with disabilities, the university and disability field at large. The findings of this research project are expected to be crucial and of great importance to the university in



formulating disability policies and action plan, as well as sensitizing the university community

### **1.6 Scope and Limitation of the Study**

The scope of this study was limited to University of Nairobi's provisions and practices facilitating disability inclusion. It focused on three areas namely, disability provisions and practices, accessibility of university facilities and services and experiences of students and employees with disabilities within the university. The findings of this research pertain to the university of Nairobi context and therefore, are not generalizable to cover the entire Kenyan universities but the literature clearly suggests that many of the aspects may be of relevance in other institutions working toward the inclusion of persons with disabilities.

### **1.7 Definition of key Terms:**

**Academic programs, services, and activities** are those related to the curricular, co-curricular, or extra-curricular activities for students, faculty, staff and general public participating in campus functions.

**Academic accommodation:** It is a modification of an instructor's normal procedure for teaching and students in a given course. The intent of the accommodation is to allow students with special needs to be evaluated fairly without compromising academic standards.

**Adjustment:** An adjustment is a measure or action taken to assist a person with disability to participate in programs and activities on the same basis as other persons.

**Assistive Devices:** These are instruments and tools that are used to increase functionality for persons with disabilities in such areas as mobility, communication, hearing and seeing.

**Disability:** The disadvantage or restriction of activity caused by a contemporary social organization which takes little or no account of people who have impairments and thus excludes them from participation in the mainstream of social activities.

**Disability mainstreaming:** Is a method to promote inclusion and address the barriers that exclude disabled persons from full and equal participation in society

**Impairment:** lacking part or all of a limb, or having a defective limb, organ or mechanism of the body.

**Inclusion:** It refers to changing of attitudes and environments to meet the diverse needs to facilitate participation of persons with disabilities on equal basis with others in society.

**Inclusive Practice:** An inclusive practice means that everyone is able to participate in all activities and programs; it makes provision for a wide range of people, not necessarily with disability.

**Institution:** Is a large and important organization such as a university.

**Model:** A model is a framework for understanding information.

**Persons with disabilities:** Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with attitudinal and environmental barriers may hinder their full and effective participation in society on an equal basis with others.

**Policy:** Policy is a decision-making framework or course of action to achieve a desired effect or change.

**Support services:** These are those activities and programs that help persons with disabilities succeed at their experience at Campus.

**Reasonable accommodation:** It refers to a support provision or strategy which, when put in place, aims to minimize any disadvantage due to the impact of a disability. It is not the intention to advantage any one person over another, but rather to ensure students and staff with disabilities are placed on a more equitable level with others.

**Sign Language:** This is a visual language that uses manual signs that has structure and meaning like the ordinary language

**University Policy:** It is a decision-making framework or course of action with broad application throughout the University to achieve a desired effect or change that helps ensure coordinated compliance with applicable laws and regulations, promotes operational efficiencies, enhances the University's mission or reduces institutional risk.

## CHAPTER TWO: LITERATURE REVIEW

### 2.0 Introduction

This chapter presents a critical review of the available literature on disability inclusions. The chapter also reviews theories that are relevant to the study. This study has made use of a number of literature sources including pertinent books, journals, reports, studies and government publications. It also reviews theories that are relevant to the study. The chapter is categorized into seven themes namely; Conceptualization of disability, disability provisions and practices, accessibility, experiences of persons with disabilities, best policies and practices to address disability issues, theoretical framework and conceptual framework.

Specifically, within the context of disability inclusion, the objectives of this research were to:

1. To identify and assess the effectiveness of disability provisions and practices in the university
2. To assess the accessibility of the university facilities and services to persons with disabilities
3. To identify the experiences, needs and coping mechanisms of students and employees with disabilities.
4. To suggest the best policies and practices to address disability issues in the university.

#### 2.1.0 Conceptualization of Disability

According to the Kenya Persons with Disabilities Act (2003), disability is defined as "physical, sensory, mental or other impairments including any visual, hearing, learning or physical incapacity which impacts adversely on social, economic or environmental participation" (GOK, 2003).

In 1976, a group of activists known as the Union of Physically Impaired Against Segregation (UPIAS) introduced a set of terms intended to counter medicalized definitions of disability. While the medicalized definitions previously articulated were ultimately reducible to individual pathology, the UPIAS definitions locate the "causes" of disability within society and social organization. The UPIAS defined disability in this way:

*Disability is something imposed on top of our impairments by the way we are unnecessarily isolated and excluded from full participation in society. Disabled people are therefore an oppressed group in society. To understand this it is necessary to grasp the distinction between the physical impairment and the social situation, called 'disability' of people with such impairment. Thus we define impairment as lacking part of or all of a limb, or having a defective limb, organ or mechanism of the body; and disability as the disadvantage or restriction of activity caused by a contemporary social organization which takes no or little account of people who have physical impairments and thus excludes them from participation in the mainstream of social activities. Physical disability is therefore a particular form of social oppression (UPIAS, 1976).*

This definition was later broadened to accommodate all impairments -physical, sensory, and intellectual - by other organisations of disabled (Driedger, 1989).

Different disability policy scholars describe different historical and social models of disability. These are five perspectives of disability namely; a) moral model; b) medical model; c) rehabilitation model; d) social model and e) human rights or equality model. Each perspective generates different understandings and political/policy responses.

### **2.1.1 The Moral Model**

This is the oldest model which regards disability as the result of sin. Many cultures associate disability with sin and shame. Disability is often associated with feelings of guilt, even if such feelings are not overtly based on religious doctrine. For the individual with a disability, this model is particularly burdensome. This model has been associated with shame on the entire family where there is a member with a disability. Families have hidden away the disabled family member, keeping them out of school and excluded from any chance of having a meaningful role in society. Even in less extreme circumstances, this model has resulted in general social ostracism and self-hatred for the disabled person.

### **2.1.2 The Medical Model**

This model emerged from the development of "modern" medicine in the 19<sup>th</sup> Century, along with the enhanced role of the physicians in society. Under this model, the problems that are

associated with disability are deemed to reside within the individual and therefore, the individual with a disability is a sick person. When people are sick, they are exempted from the normal obligations of society such as going to school, getting a job or taking on family responsibilities. They are also expected to come under the authority of the medical profession in order to get better. Thus, until recently, most disability policy issues have been regarded as health issues, and physicians have been regarded as the primary authorities regarding policy on the matter. Society has no underlying responsibility to make a "place" for persons with disabilities, since they live in an outsider role waiting to be cured.

### **2.1.3 The Rehabilitation Model**

This model is similar to the medical model; it regards the person with a disability as in need of services from a rehabilitation professional who can provide training, therapy, counselling or other services to make up for the deficiency caused by the disability. Historically, it gained acceptance after World War II when many disabled veterans needed to be re-introduced into society.

### **2.1.4 The Social model**

This model regards disability as a normal aspect of life, not as a deviance and rejects the notion that persons with disabilities are in some inherent way "defective". Most people will experience some form of disability, either permanent or temporary, over the course of their lives. Given this reality, if disability were more commonly recognized and perceived in the way that environments or our systems are designed, it would not seem so abnormal. Additionally, the disability model recognizes social discrimination as the most significant problem experienced by persons with disabilities and as the cause of many of the problems. Further the disability model holds that other problems include the dominating attitude by professionals, inadequate support services, as well as attitudinal, sensory, cognitive, and economic barriers and the strong tendency for people to generalize about all persons with disabilities overlooking the large variations within the disability community.

### **2.1.5 Human Rights or Equality Model**

A human rights perspective highlights government responsibility to ensure that all citizens equally enjoy their freedoms and rights, and have the opportunity to participate fully in

society. International human rights treaties, as well as human rights laws, established over the last few decades, contain principles of non-discrimination and equality which may be used to both promote and protect the rights of people with disabilities. People with disabilities are entitled to the same freedoms and rights as every other person.

## 2.2 Disability provisions and practices

The PDA includes provisions to prohibit discrimination on the basis of disabilities in various sectors including education, employment, health, and provision of services in both the public and private sectors among others.

PDA Section 15 (1) provides that no employer shall discriminate against a person with disabilities in relation to the provision of facilities related to or connected with employment. Section 21 dealing with accessibility and mobility, states that *"persons with disabilities are entitled to have a barrier free environment to enable them to have access to buildings, road and other social amenities, and assistive devices and other equipment to promote their mobility"* and under Section 22 (1) public buildings, proprietors shall adapt them to suit persons with disabilities in such a manner as may be specified by the Council. Further, Section 23 imposes an obligation upon public service vehicles providers to adopt them to suit persons with disabilities in such manner as may be specified by the Council. A two-year time frame is provided for compliance with this Section. The enforcement of these sections is effected through the Council. Under Section 19 of PDA, the Council is under obligation to work *"in consultation with the relevant agencies of government to make provisions in all districts for an integrated system of special and non-formal education for persons with all forms of disabilities and the establishment where possible of Braille and recorded libraries for persons with visual disabilities"* (AUB, 2007).

Further, under Section 39 provides that all television stations shall provide a sign language inset or subtitles in all newscast and educational programmes and in all programmes covering event of national significance. In addition to that, Section 40 Provides that *"all persons providing public telephone services shall as far as possible install and maintain telephone*

*devices or units for persons with hearing disabilities and tactile marks on telephone sets to enable persons with visual disabilities to communicate through the telephone system "*

No person shall, on the ground of disability alone, deny a person with disability.

Section 25(1) of the PDA states that *"Admission into any premises to which member of the public are ordinarily admitted or The provision of any services or amenities to which member of the public are entitled unless such denial is motivated by a genuine concern for the safety of such a person "* Further section 28 (1) provides that all persons with disabilities shall be entitled, free of charge, to the use of recreational or sport facilities owned or operated by the Government during social, sporting or recreational activities (AUB, 2007).

The legislative framework of the PDA sets out a number of conditions that affect issues of access for persons with disabilities in Kenya, however, to most effectively carry out the legislative efforts of the PDA at addressing issues of access, the provisions made should have outlined alongside their section notation, structures on how the provisions were to be implemented. Despite the mandatory language of the Sections, there is no penalty for noncompliance. The PDA does not clearly or expressly provide incentives to media actors or institutions to encourage them to ensure that the information they provide is accessible to people with disabilities (*ibid*).

In addition, the PDA is a fairly new Act and it has not been subjected to interpretation in any courts of law in Kenya. This has slowed the level of implementation.

Kenya has ratified the UN Convention Rights of Persons with Disabilities (UNCRPD). The Convention states that measures should be undertaken to eliminate obstacles and barriers to indoor and outdoor facilities including schools, medical facilities and workplaces. These would include not only buildings, but also footpaths, curb cuts, and obstacles that block the flow of pedestrian traffic (AUB, 2007).

However, the provisions in the convention have not been fully domesticated. Kenya has not reported to the international treaty monitoring bodies.

MOE (2008) Special Needs Education Policy states that the government is placing emphasis on inclusive education through regular schools for SNF learners. With the increase in demand for special needs education and in line with the international development, the government has adopted Inclusive Education. Inclusive education calls for restructuring of the education system in terms of physical facilities, curriculum, instruction and other aspects to children joining schools of their choice and convenience. In order to achieve an inclusive education system, the government is implementing measures to increase participation of learners with special needs. The government under the IPE programme is facilitating provision of additional capitation grants to facilitate implementation of inclusive education (MOE, 2008).

This provision is mainly based on primary and partly to secondary levels of education. It has not been extended to college and university levels.

The UON states that the office of dean of students, is fully engaged in the task of helping transform the university environment into one in which gifted and deserving students with disabilities will have an equal opportunity to acquire an education and as much as possible participate in the various aspects of university life. This includes facilitating access to university buildings, providing services, awareness activities and advocating for accommodating university policies and procedures. The following support services are available (UON, 2009).

- Advocacy and advices on issues related to disability.
- Suitable accommodation for students with disability.
- Provision of disability aids such as hearing aids.
- Repair and maintenance of mobility, visual and auditory aids.
- Sign language training and interpreter services for the hearing impaired
- Braille services and printed material in alternative formats for the visually impaired
- Consultative and counselling support for the students with disabilities
- Transport within and outside of the university for students with disabilities.

Despite having these provisions in the student's handbook, the level of implementation has been minimal. Not many students are aware of them and their accessibility or disability



friendliness has been questioned, hence, many are not inspired to seek them. They are also not applied to staff with disabilities. They are therefore, inadequate in terms of addressing various types of disability needs.

The gap between these provisions and practice is evident, with most students with disabilities struggling to achieve ad hoc support. The message received by many persons with disabilities is that their presence within the university is conditional on them adapting to the demands of the institution, rather than institution seeking to adapt to the needs of persons with disabilities within the university.

The information, resources and knowledge on disability within the university is clearly not widespread. There might be resources available for students with disabilities but this is not communicated across the university e.g. they are never talked about during admission and orientation. However, with the new disability policy in place, there are future opportunities for disability awareness and inclusion.

### **2.3 Accessibility**

Accessibility is about giving equal access to everyone. An accessible physical environment benefits everyone, not just persons with disabilities. Without being able to access the facilities and services found in the community, persons with disabilities will never be fully included. In most societies, however, there are innumerable obstacles and barriers that hinder persons with disabilities. These include such things as stairs, lack of information in accessible formats such as Braille and sign language, and community services provided in a form which persons with disabilities are not able to understand (UN, 2007).

According to Kenya National Survey for Persons with Disabilities 2007, 64% of PWDs indicated that access to transport is a big problem (NCAPD, 2008).

Although inclusion of students with disabilities has been advocated for years, the construction and architectural design of most school buildings is still aimed to fit the population of students without disabilities. Physical barriers most often noted include distances; heavy doors; steep

ramps; and rough surfaces, such as uncut curbs and thresholds (Hemmingsson and Borell, 2000).

In Section 2.1 of the National Disability Policy highlights barriers preventing persons with disabilities from attaining acceptable quality of life.

Various barriers ranging from environmental, communication, social to economic, prevent persons with disabilities from attaining acceptable quality of life. For instance, the construction and building environment pose many difficulties in physically accessing public buildings, roads and other infrastructure to persons with physical impairment. Electronic, print media and other modes of communication are generally inaccessible to people with visual, hearing or intellectual disabilities. Attitudes and practices embedded in cultural beliefs, taboos, rites of passage, and religion create near insurmountable obstacles to the participation of persons with disabilities in social and cultural activities. Economic barriers prevent persons with disabilities from fully participating in employment, commerce and credit. Poverty alleviation programmes normally fail to specifically identify persons with disabilities as a target group and even when identified, such persons still face many obstacles. Many are condemned to live in extreme poverty (MDESCSS, 2006)

Measures should be undertaken to develop guidelines to eliminate obstacles and barriers and make all public facilities and services accessible for persons with disabilities. Government should amend building codes, physical planning, transport and communication laws to ensure the full participation of persons with disabilities in society. This may include the provision of ramps into buildings, brailing of printed information, large font prints, signage in braille, sign language interpretation and closed captioning on public television. This should be conducted with involvement of persons with disabilities throughout the entire process and be delivered in both public and private settings. It is necessary therefore to overcome these barriers through aggressive and effective public education and rehabilitation programmes.

#### **2.4 Experiences of Persons with Disabilities**

This section offers insights into the experience of living, working and studying with disability. Often other people's attitudes and behaviours are significant barriers. Persons with disabilities are marginalized and excluded from socio-economic development and political spheres. The

marginalization is largely founded on misconceptions and mistaken beliefs, cultural practices and attitudes, which have led to prejudice, paternalistic treatment and at times, discrimination. As result, the majority of learners with disabilities have limited access to education due to lack of public awareness that would otherwise address these issues (AUB, 2007).

Exclusion from meaningful participation in the economic, social, political and cultural life of communities is one of the greatest problems facing individuals in our society today. Such societies are neither efficient nor desirable. Current strategies and programmes have not been sufficient to meet the needs of children and youth who are vulnerable to marginalization or exclusion. In the past, efforts have consisted of specialized programmes, institutions and specialist educators. The unfortunate consequence of such differentiation, although well intended, has often been further exclusion (UNESCO, 2005).

In one of the FGDs conducted during the Kenya National Survey for Persons with Disabilities, a participant reported that "PWDs are greatly discriminated against. Most people feel like it is a curse to have a PWD in the family. To most people in the area PWDs are a burden to them in that they cannot do anything on their own without assistance" (NCAPD, 2008)

AUB 2007 reports that the lives of people with disabilities in Kenya are marked by experiences of discrimination, prejudice and inequality. A research undertaken by AUB in 2007 indicates that people living with disabilities face barriers ranging from discriminatory attitudes, abuse and violence and barriers to access that lead to segregation and exclusion in the family context, at work, at school and in society, where disability is often seen as a burden and shameful.

The AUB 2007 report also indicates positive experiences including the willingness of family to provide adequate education and health care to the person with the disability and her or his children. It also included being fully involved in family decision-making and activities, or being helped by neighbours in a variety of difficult situations (AUB, 2007)

Having faced repeated discrimination, sometimes even abuse, persons with disabilities responded in different ways. Some have chosen to distance themselves from the contexts in which they have faced discrimination in order to avoid further discrimination; others have resisted by trying to change the situations and contexts in which they have experienced discrimination, and finally others have reported or taken legal action (*ibid*).

These are clear indications that experiences of oppression, discrimination and violation of basic human rights impart the lives of many people with disabilities in Kenya. They are viewed as a burden and a curse to their families and treated unequally and with disrespect. Persons with disabilities therefore remain socially isolated and unable to access the necessary conditions to live a life with dignity due to all these barriers.

## **2.5 Best policies and practices to address disability issues.**

Internationally, the number of students with disabilities entering higher education institutions is on the rise. Research estimates that 8–10% of students attending higher education are registered with disability, with learning difficulties being the most commonly reported disability. Widening participation in higher education has been supported by legislative changes, inclusive education practices, the use of ICT and accessible facilities and programs and, ultimately, an increasing belief among students with disabilities that higher education maximizes their opportunities for employment and independent living (Hadjikakou and Hartas, 2007).

Inclusion is seen as a process of addressing and responding to the diversity of needs of all learners through increasing participation in learning, cultures and communities, and reducing exclusion within and from education. It involves changes and modifications in content, approaches, structures and strategies, with a common vision which covers all persons and a conviction that it is the responsibility of the regular system to educate all children. This is a conception which implies a shift from seeing the person as a problem to seeing the education system as a problem that can be solved through inclusive approaches ((UNI-SCO, 2005).

*"All children and young people of the world, with their individual strengths and weaknesses, with their hopes and expectations, have the right to education. It is not our education systems*

*that have a right to certain types of children. Therefore, it is the school system of a country that must be adjusted to meet the needs of all children.”* (B. Lindqvist, UN-Rapporteur, 1994) (UNESCO, 2005).

This is a conception which implies a shift from seeing the person as a problem to seeing the education system as a problem that can be solved through inclusive approaches.

Initial views which emphasized that the source of difficulties in learning came from within the learner ignored the environmental influences on learning. It is now being strongly argued that reorganizing ordinary schools within the community, through school improvement and a focus on quality, ensures that all learners can learn effectively, including those categorized as having special needs (*ibid*).

The *Persons with Disability Act 2003* (PDA) needs to be amended so that it is no longer anchored on the Standard Rules of Equalization of Opportunities for Persons with Disabilities but on current international and regional human rights conventions. The penalties in the act should be more severe in order to prevent disability discrimination. The PDA needs to be harmonized with other laws so that it becomes operational. Disabled people, their organizations and human rights groups should lobby the relevant government departments for the ratification and domestication of the International Convention on the Rights of Persons with Disabilities (ICRPD) (AUB, 2007)

There is need to promote equal enjoyment of human rights for disabled persons and to respond to their economic, socio-cultural and political needs through various mechanisms. These include the mainstreaming of disabled people rights concerns in public programmes, promoting the equal participation of disabled people and development of national legislation and policy, legal support and arbitration, and advocacy (*ibid*).

Encourage educators and employers to provide assistive communication equipment, such as talking computers and tape recorders, to learners and employees with special needs and disabilities according to their needs. Facilitate access to public communication and information service points by persons with special needs and disabilities. Sensitize entire communities within learning institutions and the general public on the need to learn communication techniques used by learners with special communication needs (MOE, 2008).

Systematic and explicit inclusion of disability in the priority programs of the University notably physical environment, teaching, employment, commercial, sports and recreational structures should be enhanced.

## **2.6 Theoretical Framework**

Four theoretical positions central to the study are discussed in this section. The first theory is labeling theory which concerns disability viewed as a different thing. The second theory which is medical model is about disability seen as a sickness. The third theory is social model of disability that is based on disability viewed as a normal aspect of life and the last theory is Affirmative action theory based on addressing discrimination in regard to disability.

### **2.6.1 Labeling Theory**

Labeling theory (also known as social reaction theory) was developed by sociologist Becker. The theory is concerned with how the self-identity and behavior of individuals may be determined or influenced by the terms used to describe or classify them, and is associated with the concept of a self-fulfilling prophecy and stereotyping. Unwanted descriptors or categorizations (including terms related to deviance, disability or a diagnosis of mental illness) may be rejected on the basis that they are merely "labels", often with attempts to adopt a more constructive language in its place. The labeling theory suggests that people obtain labels from how others view their tendencies or behaviors (Mead, 1934).

Labels attached to persons with disabilities function as a form of social stigma. They are marked different from others and are seen as less human and reliable. These labels are the sources of negative stereotypes, which tend to support society's disapproval of their place in society.

Robert Murphy utilises Victor Turner's (1967) concept of 'liminality' to explain the position of people with impairments in all societies. Hence, they live in a constant state of social suspension neither: 'sick' nor 'well', 'dead' nor 'alive', 'out of society nor wholly in it .... they exist in partial isolation from society as undefined, ambiguous people' (Murphy, 1987).

AUB (2007) report indicates that largely people with disabilities in Kenyan society are treated differently and in demeaning ways. People with disabilities are often labeled on the grounds of their disability and had been given a negative nickname based on their disability. Labeling of people with disabilities seemed to be a very common experience for people with disabilities in Kenya. Disrespectful ways of addressing people with disabilities such as "kipofu" (blind person), "bubu" (deaf person) represented for the people labeled as such, a serious violation of human dignity. In Kenya these labels were used with a lot of contempt. Some even labeled the children of disabled parents by calling them "mtoto wa yule kipofu" (son or daughter of the blind man). Using such nicknames made the respondent feel invisible behind the label and a loss of their individuality. Individually as well as collectively, people with disabilities were set apart from the rest of society as less worthy or something less than human beings. This in turn, legitimized their oppression, segregation and discrimination. Stigma is associated with diminished motivation and ability to "make it in mainstream society" and with "a state of social and psychological vulnerability to prolonged and recurrent problems". Sometimes an identity as a low self-esteem minority in society can be accepted (AUB, 2007).

### **2.6.2 The Medical Model**

This model is also known as "The Personal Tragedy" model. It came about as "modern" medicine began to develop in the 19th Century, along with the enhanced role of the physician in society. Since many disabilities have medical origins, people with disabilities were expected to benefit from coming under the direction of the medical profession. Under this model, the problems that are associated with disability are deemed to reside within the individual. In other words, if the individual is "cured" then these problems will not exist. Society has no underlying responsibility to make a "place" for persons with disabilities, since they live in an outsider role waiting to be cured.

The individual with disability is in the sick role under the medical model. When people are sick they are excused from the normal obligations of society such as going to school, getting a job or taking on family responsibilities. They are also expected to come under the authority of the medical profession in order to get better. Thus, until recently, most disability policy

issues have been regarded as health issues, and physicians have been regarded as the primary authorities in this policy area.

While medical intervention can be required by the individual at times, it is naïve and simplistic to regard the medical system as the appropriate locus for disability related policy matters. Many disabilities and chronic medical conditions will never be cured. By emphasizing deficiency and dependency, doctors tend to reinforce these ideologies that perpetuate practical barriers and exclusions. To have impairments is not necessarily unhealthy; disabled people are not actually ill. Persons with disabilities are quite capable of participating in society, and the practices of confinement and institutionalization that accompany the sick role are simply not acceptable.

### 2.6.3 The Social Disability Model

This model regards disability as a normal aspect of life, not as a deviance and rejects the notion that persons with disabilities are in some inherent way "defective". As Professor David Pfeiffer has put it, "...paralyzed limbs may not particularly limit a person's mobility as much as attitudinal and physical barriers. Its philosophy originates in US civil rights movement and has been championed by The British Council of Organizations of Disabled People.

The disability model recognizes social discrimination as the most significant problem experienced by persons with disabilities and as the cause of many of the problems that are regarded as intrinsic to the disability under the other models. The cultural habit of regarding the condition of the person, not the built environment or the social organization of activities, as the source of the problem, runs deep. Disability is not so much an attribute of the individual as of the social and physical environment in which he or she lives. Impairments are variously disabling depending on the extent to which society and the university makes provisions for their inclusion.

The Social Model posits societal, attitudinal and physical barriers as being disabling of people. It reflects the idea that to a large extent, disability is a social construct. Socially, some impairment creates great disadvantage or social stigma for the individual, while others do not. The social model has raised political awareness, helped with the collective empowerment of persons with disabilities and publicized their critical views on inclusive education that



suggests a more appropriate societal framework for providing educational services for persons with disabilities.

In its application to Higher Education the model identifies barriers which may include poor access to buildings, teaching methods that do not take account of differing needs, or information available only in a limited range of formats. The nature of the disability experienced by the individual can be moderated when environments and practices are designed to be inclusive. For example, a person who uses a wheelchair will be independent in a well-designed and accessible building, but is completely disabled in a poorly designed one.

To create an inclusive environment, the university should make adjustments and provide empowering support to students and employees with disabilities. It should be committed to developing a barrier free and fully accessible physical environment for all persons with disabilities. If the university does not have effective policies to address the needs of students and employees with disabilities, it is likely that they would continue to be subjected to potential discrimination.

#### **2.6.4 Affirmative Action Theory**

"Affirmative action" means positive steps taken to increase the representation of women and minorities in areas of employment, education, and business from which they have been historically excluded. The theory of affirmative action is generally aimed at profiting, benefiting, promoting disadvantaged groups to increase their level of participation to procure equal involvement in programs, (Stanford Encyclopedia Philosophy, 2009).

The brief history of affirmative action begins March 6, 1961 with Executive Order 10925. It was first introduced by President Kennedy as a way to address persistent discrimination despite civil rights laws and constitutional rights, (Anderson, 2004). Affirmative action is an attempt to address existing discrimination and promote equal opportunity. It is often instituted in government and educational settings to ensure that minority groups within a society are included in all programs and practices. Affirmative action means inclusion, not exclusion.

International efforts towards alleviating the plight of PWDs have gone on for close to three decades now. The first UN declaration denouncing discrimination of people with mental handicaps came into effect in 1971. This was followed by the UN Year of the Disabled in 1981 and the UN Decade on the Disabled 1982-1992. Stemming from the decade was the UN World Programme of Action for Disabled Persons. This programme called for a world free from discrimination arising from disability. The UN Standard Rules on the Equalization of Opportunities for Persons with Disabilities came in (1993). These Rules were statements of intent outlining not only preconditions for equalizing opportunities, but also actual areas that needed to be focused on including health, education, accessibility, awareness raising, to mention but a few. The Vienna Declaration and Programme of Action (1993) took cognizance of this and stressed that, "special attention needs to be paid to ensure non-discrimination and equal enjoyment of all human rights and fundamental freedoms by disabled persons, including their active participation in all aspects of society."

As a result of intense pressure, some governments acceded to the UN Convention on the Rights of Persons with Disabilities (2007). The convention encompasses both the human rights and development dimensions at both local and international levels. It recognises the right of PWDs to effectively participate in the national and international development processes.

The Government of Kenya (GOK) has paid serious attention on the needs of people with disability (PWD). Recent efforts by the GOK to address the needs of PWD include: The enactment of the Persons with Disabilities Act in 2003 and the development of a draft National Policy on Disability in 2006 (NCAPD, 2008).

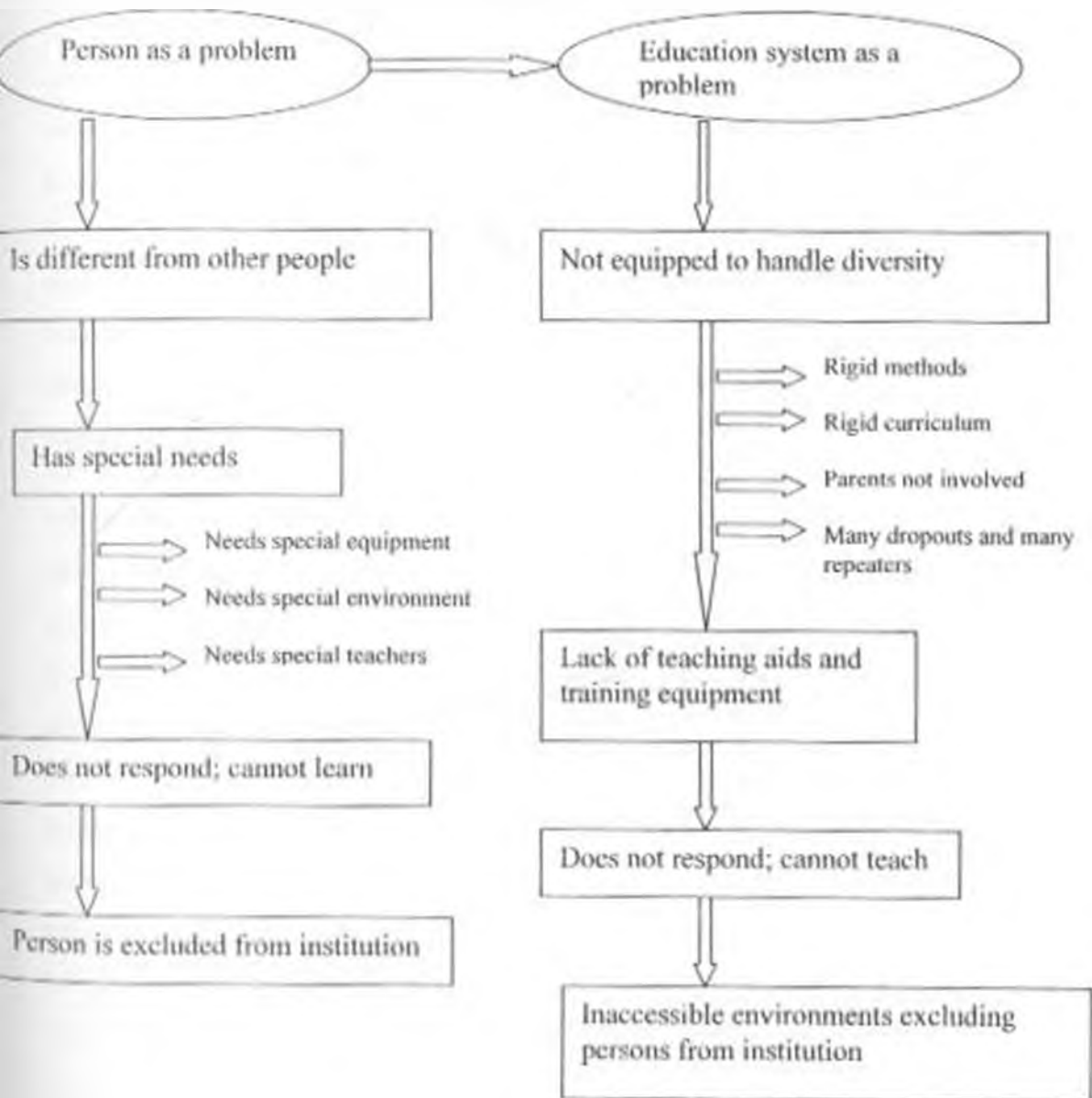
Disability mainstreaming has become a key performance indicator in government. Accordingly, all government ministries, departments, institutions and corporations are required to mainstream disability in their operations. This is meant to tremendously improve accessibility to public services by PWD.

## **2.7 Conceptual Framework: Education through the Inclusion Lens.**

The below conceptual model diagram implies a shift from seeing the person as a problem to seeing the education system as a problem that can be solved through inclusive approaches.

Initial views which emphasized that the source of difficulties in learning came from within the learner ignored the environmental influences on learning. It is now being strongly argued that reorganizing ordinary schools within the community, through school improvement and a focus on quality, ensures that all learners can learn effectively, including those categorized as having special needs.

**Figure 1: Conceptual Framework diagram: Shifting from exclusion to inclusion.**



Adopted with modification from UNESCO (2005, p.27).

## **CHAPTER THREE: METHODOLOGY**

### **3.0 Introduction**

This chapter describes the methodological approaches used in the study. It presents and explains the description of the study site, study population, study design and methods of data collection and data analysis.

### **3.1 Site selection and description**

University of Nairobi was purposively selected for two reasons. University of Nairobi being a world class university of excellence, a public and the premier institution of higher learning in Kenya and having the highest number of population of students, there was need to scrutinize its level of disability friendliness and compliance with disability laws. The researcher is a student with disability and therefore familiar with the university environment. University of Nairobi was established by the University of Nairobi Act in 1970. It is one of the seven public universities in Kenya and located in Nairobi town. It has six colleges and a population of 4200 staff and over 35,000 students.

### **3.2 Study Population**

The population of the study consisted of students and employees with disabilities and key informants who were university administration and other service providers who were drawn from the six colleges of the University. The students and employees with disabilities were selected as the primary respondents to generate primary data since they have special needs and are the beneficiaries of disability provisions. The university administration and key service providers were interviewed due to their positions as potential resource persons for the study as they are responsible for altering the environment, formulating and implementing policies and improving service provisions in the university. As implementers and beneficiaries, the targets are better placed to disseminate adequate information pertaining to the objectives of the study.

### **3.3 Sampling design**

This study used snowballing sampling technique as there was no formal system to identify persons with disabilities in the university. All the available students and employees with disabilities were interviewed. Only 40 respondents were available for interview.

### **3.4 Unit of Observation**

The unit of observation for this study was the students and employees with disabilities and key informants.

### **3.5 Unit of Analysis**

The unit of analysis in this study was University of Nairobi.

### **3.6 Types and sources of data:**

This study used both primary and secondary data. Primary data basically concentrated on respondents' opinions and experiences concerning the study objectives. On the other hand, relevant secondary data such as related books, journals reports, studies, government documents and policies were also used

### **3.7 Methods and tool of data collection:**

A combination of data collection methods and tools were utilized in this study. Data collection methods used included administering questionnaires, key informants interviews, case studies, direct observations and review of secondary data. The tools of data collection used were self administered questionnaires and interview guides. The questionnaire instrument comprised mainly of closed and open-ended questions. The self-administered questionnaire and the interview guide in both cases captured both qualitative and quantitative data relevant to the study. Open-ended questions were mainly used to enable the respondents give more descriptive data while close-ended questions mainly led to quantitative data.

Direct observations involved observing the respondent's appearance and behaviours during the interviews so as to capture information that was relevant to the study. The behaviour of the respondents was monitored throughout the interview, for example, a checklist of the behaviours such as non-verbal behaviour e.g. body language and facial expressions were observed. It also included direct quotations from the respondents.

Two case studies were used from individuals with disabilities, one from a student and the other from a staff to give in-depth information. Relevant literature and data was also reviewed and incorporated to supplement data and information obtained from respondents. The researcher conducted interviews face to face and where respondents were not easily accessible, they filled in questionnaires. The questionnaire contained questions with similar themes as those used in the interview guide. This was to ensure uniformity, reliability and validity of data collected.

### **3.8 Data analysis**

From the interviews, themes and categories were identified in relation to the objectives of the research. The collected data was thoroughly examined and processed prior to drawing inferences through a series of operations involving editing to eliminate inconsistencies, classification on the basis of themes and similarities to relate variables. After coding the data, the refined and organized data were coded and analyzed using statistical software (SPSS). The findings were then interpreted and recommendations were made.

## **CHAPTER FOUR: FINDINGS AND DATA ANALYSIS**

### **4.0 Introduction**

This chapter presents the data findings and analysis of the research. Forty students and staff with disabilities were interviewed. In-depth interviews were also conducted using two case studies and ten key informants. The respondents were drawn from the six colleges of the University. The results presented are pegged on the following research objectives.

1. To identify and assess the effectiveness of disability provisions and practices in the university.
2. To assess the accessibility of the university facilities and services to persons with disabilities.
3. To identify the experiences, needs and coping mechanisms of students and employees with disabilities.
4. To suggest the best policies and practices to address disability issues in the university.

### **4.1 Socio-demographic characteristics of the respondents**

This study attempted to measure the demographic attributes of the respondents including gender, age, disability, highest level of education, current status in the university, college, current level of study, programme of study, year of study and course of study. In this section, the research presents descriptive data on these attributes/variables.

#### **4.1.1 Gender of the respondents**

Overall, this study covered a total of 40 students and staff with disabilities out of whom 28 were male (70%) and 12 were female (30%). This gender variation was not achieved by design but by availability. The variation can be explained in terms of disability challenges affecting more female than male in accessing educational and employment opportunities. The girl child with disability has less educational opportunities compared to boy child with disability which will consequently limit her opportunities in accessing other opportunities in life. This is contributed by cultural factors such as negative cultural stereotyping, stigma and

attitude toward women particularly towards women with disabilities. In many African communities, women who are disabled are generally very miserable. Many are not considered worthy educating them or marrying them (McConkey & O'Toole, 1995).

Women with disabilities suffer double jeopardy. They are discriminated both as women and as persons with disabilities. This has resulted in extreme difficulties in their effort for self-realization (MGSCSS, 2006).

#### 4.1.2 Age of the respondents

**Table 1: Age of the respondents**

Age range	Frequency	Percent
20 to 29	12	30
30 to 39	14	35
40 to 49	12	30
50 to 59	1	2.5
Above 59	1	2.5
Total	40	100

The study also attempted to capture the ages of the respondents. Drawing from table 1, respondents aged 30-39 years were the majority with a 35% representation, followed by those aged 20-29 and 40-49 who comprised of 30% of the respondents in each case. In general, most of the respondents were aged between 20-49 years accounting for 95% of the respondents while, those aged above 49 constituted 5%. Majority of the population in this age group are in the labour force. This explains why 57.5% of the students indicated being in module II programme and 48% being at postgraduate level.



### 4.1.3: Types of disability

**Table 2: Types of disability**

Type of Disability	Frequency	Percent
Physical	29	72.5
Hearing impairment	6	15.0
Visual impairment	5	12.5
Total	40	100.0

According to Kenya National Survey for Persons with Disabilities 2007, physical and visual disabilities are most prevalent (10%) in each case followed by hearing (12%) and mental (11%) This study also attempted to capture the various types of disabilities the respondents had From table 2 above, it is evident that majority of the respondents had physical disability as shown by 72.5%, 15% had hearing impairment and 12.5% of the respondents had visual impairment. This can be connected to the various needs and challenges persons with different disabilities go through as they have different needs and encounter different barriers.

### 4.1.4: Highest level of education

**Table 3: Highest level of education**

Level of Education	Frequency	Percent
Below diploma	4	10.0
Diploma	3	7.5
Bachelors	26	65.0
Masters	7	17.5
Total	40	100.0

The study also attempted to capture the highest level of education of the respondents Generally, education plays an important role in empowering individuals to make informed decisions about themselves and the world around them. Table 3 shows that all the respondents attained some level of education, with 65% of the respondents having attained bachelors,

17.5% of the respondents attained masters, 10% had below diploma and 7.5% of the respondents had diploma

#### 4.1.5: Current status at the university

The study also attempted to capture the current status of the respondents at the university. The study revealed that 25 (62.5%) of all the respondents constituted students while 15 (37.5%) of the respondents were staff at the university. The following is the distribution of respondents by college; CHSS 24 (60%), CEES 5 (12.5%), CAE 4 (10%), CBPS 3 (7.5), CAVS 2 (5%) and CHS 2(5%).

#### 4.1.6: Programme of Study

**Table 4 Programme of Study**

Programme	Frequency	Percent
Diploma	1	4
Bachelors	12	48
Masters	12	48
Total	25	100

This study also attempted to capture the students' programme of study. Drawing from table 4 most of the respondents were studying bachelors (12) and masters (12) degrees as shown by 48% of the respondents in each case while those studying diploma accounted for (1) 4%. About (22) 55% of the students covered indicated that they were in module II programme, (16) 40% were in module I and the remaining (2) 5% were in module III. The following is the distribution of students by year of study; 1<sup>st</sup> years (6) 24 %, 2nd years (10) 40%, 3rd years (5) 20% and fourth years (4) 16%. The study also found that students were taking all the courses offered by the university colleges except the ones offered by College of Health Sciences. This can be explained in the sense that such courses or occupations are not designed for persons with disabilities.

## **4.2 Objective one: Disability provisions and practices**

### **4.2.1 Officially recognized disability policy**

This study sought to investigate the existence of a recognized disability policy. The study revealed that majority of the respondents believed that there was no disability policy within the university as shown by (27) 67.5% while, (13) 32.5% did not know the existence of such a policy at the university. On the other hand, there was no disability support desk at the university as indicated by majority of the respondents as shown by 50% . 47.5% of the respondents did not know the existence of such a help desk while 2.5% believed that there was such a help desk but was not active. However, the University of Nairobi disability mainstreaming committee which was constituted in January, 2010, has formulated a disability mainstreaming policy in July, 2010.

### **4.2.2 Disability provisions and practices**

The study sought to investigate the presence of disability provisions or practices taken by the university. The study found that there were no such provisions or practices as indicated by majority of the respondents shown by 40% while, 35% of the respondents reported that they do not know the existence of such provisions or practices and the other 25% of the respondents indicated that there were some disability provisions and practices in the students' handbook. However, majority of the respondents did not know the provisions stated in the students' handbook while others complained of lack of implementation or being given in unfriendly format, for example, building of ramps that are too steepy and do not have rails. However, the existence of these provisions in the students' handbook did not benefit majority of the respondents or assist them in addressing their needs. The study further revealed that in a few cases where these provisions and practices were given in a disability friendly way, they actually benefited the recipients in terms of addressing their needs, improving their lives and pursuing their goals at the university. Examples of these provisions included sign language interpreter (for one respondent), walking and hearing aids.

From the key informants; the study revealed that the university's action plan includes strategies to improve physical accessibility. Although, there was no budget allocated for

disability adjustments or a guiding policy, there was use of university fund whenever there was a need. Some of the measures, practices and provisions put in place by the university to address disability issues include; provisions in the students' handbook, open non-discriminatory policy to avail education to all, provision for easy access through putting up ramps, lifts in some buildings, reserved parking within the university premises, orthopaedic appliances, sign language interpreter, learning aids and one special vehicle for students with disabilities.

In cases where accessibility was reasonably difficult, the university has developed and implemented some adjustments as strategies for enabling alternative means of participation. These include lifts in Gandhi wing, ramps in some buildings, walking aids, sign language interpreter, ramps, parking bays and provision of transport from halls to class (special vehicle for students with disabilities).

Two in-depth case studies were conducted. They narrated their stories based on their experiences in the university. The first one represented a case who could not receive support from the university. She expressed frustration without a sign language interpreter.

*I am challenged because I do not have a sign language interpreter and my boss looks down upon me as incapable due to my disability. My former boss was sensitive to staff and students with disabilities and I enrolled for my masters during her tenure. However, when my current boss came in, the sign language interpreter left and I could neither complete my studies on time nor deal effectively with my job. I am no longer able to attend any meeting, seminar or workshop. I cannot complain to the VC because I have to go through my boss and I too need a sign language interpreter to get an appointment to the VC. I feel unrecognized, unappreciated and less valuable to the university.*

Communication is a particular difficult problem for persons with hearing impairments. Her goal of completing her master course was deferred. Her participation and contributions to the university are limited due to communication barrier. Even if she wanted to complain, communication was the barrier to make efforts to get justice. Her self esteem is lowered.

The second represented a case that illustrated university support.

*I was using an old, heavy calliper when I came to the university. The university environment was unfriendly to my disability and I thought I should get assistance from somewhere. So I shared the challenges I was going through with the dean of students' office. First they were a bit hesitant to help me since I was in module two but I kept on coming back until the university bought me a good calliper and a walking stick. Although the university environment is disability unfriendly, life became better for me. The devices are lighter, stronger, durable and very friendly. My mobility is much improved. I can move easily and walk faster within and outside the university. I developed more confidence and I could not miss lecturers. I can participate in a number of university activities. I completed my bachelor degree and am now studying my master degree and still using the calliper. The university helped me to pursue my goal by responding to my needs. I feel recognized and empowered. Thanks to the university.*

The university support increased her participation, improved her life and confidence and gave her an opportunity to realize her dream. Her self esteem is high.

These two cases were a clear illustration of how university support can influence one's confidence and participation in the university programs and activities.

#### **4.2.3 Effects of disability adjustments**

The study further sought to establish the effects of disability adjustments. The respondents stated that it will create an enabling environment that will:

- Limit disability challenges and improve life
- Improve class attendance, concentration in class and performance
- Promote achievement of academic goals and greater participation in university activities
- Increase motivation and feel appreciated, recognized and build confidence
- Increase enrolment of students with disabilities
- Save time
- Better outcome and outstanding job performance
- The great hidden potential of persons with disabilities will be realized and this will benefit them in self and career development and society at large.

#### **4.2.4 Students with disability obtaining housing**

The study sought to investigate whether students with disabilities obtain suitable housing on ground floor and revealed that students with disabilities do not obtain suitable housing on ground floor as shown by (32) 80% of the respondents, while (8) 20% of the respondents believed that students with disabilities obtain suitable housing on ground floor. Some of the explanations given by students with disabilities included that they are not given priority; they are housed on the higher floors like second, third or even fourth floors depending on availability of rooms. Others complained of being denied accommodation because of being in module two. There was one student who stated that he one time reported late because of the clashes at his home area and there was no accommodation available for him when he arrived. He complained to the university and nothing was done to assist him and he finally deterred. *"I had no choice but to defer for one year"*

The study also established that printed materials were not made available in alternative formats and that there was no staff responsible for training and supporting students with disabilities to develop their information and IT literacy. The study further revealed that there was only one employed sign language interpreter, however, note takers and braille machines were not provided for students with sensory disabilities. The study further established that there was no disabled students' organization at the university and persons with disabilities are not represented in the various university organizations.

#### **4.3 Objective two: Accessibility of the university facilities and services.**

This study acknowledged the importance of establishing the accessibility of the university facilities and services in order to determine the level of disability friendliness of the university to persons with disabilities. Drawing from the study, it was evident that the university environment such as lecture halls, residential halls, toilets, pavements, lifts and ramps, vehicle for students with disability and other university transport services were not accessible to persons with disabilities, particularly to the wheelchair users. There was no signage or information such as large print and braille notice and maps showing wheelchair routes.

The study also revealed that the university library facilities and services were not accessible to persons with disabilities as shown by (35) 87.5% of the respondents as it has no proper lift and brailled books, while (5) 12.5% of the respondents believed that it was accessible.

The study further revealed that information system, communication and online learning resources as well as the university website were not accessible to students and staff with sensory disabilities particularly to students with visual impairment.

The study further established that commercial, sporting, recreational and social activities were not accessible to persons with disabilities and that graduation ceremonies and other ceremonial events were held in inaccessible venues and did not provide enough information on notice and invitation for persons with disabilities. The respondents stated that the university environment and services were not designed to cater for the needs of persons with disabilities. *“The university environment and services were not designed for persons with disabilities”* *“The services are not responsive to our needs”*

Observation from the University of Nairobi shows that not much has been done.

Majority of the students with disabilities at the university face a number of challenges including inaccessibility and lack of learning facilities thus many cannot utilize their potentials well. Poor physical access in lecture halls, departments and computer laboratory, lack of ramps and lifts to buildings creates barriers for some students, while others can be excluded by inaccessible learning facilities like sign language interpreter, braille, computers, and access to information on the Web or in libraries

Even where the university has attempted to accommodate persons with disabilities, the provisions intended to address their needs are not inaccessible to them. For example, the vehicle for students with disabilities and ramps created in some buildings are not disability friendly.

From the key informants, the study revealed that there was lack of disability awareness and sensitization in the university thus response to the needs persons with disabilities has been slow and that students with disabilities have also not been coming forward to ask for the available services

#### **4.4 Objective three: Experience of persons with disabilities within the university**

The study further sought additional and comprehensive information about the experiences of students and staff with disabilities in order to contribute to understanding of their situation as well as realize their full potential and participation in the university. It could also be a powerful tool for promoting social change.

##### **4.4.1 Good and bad experiences encountered by persons with disabilities**

This study sought to find out both positive and negative experiences students and staff with disabilities had encountered since they joined the university. The study found that positive experiences were: Admission to the university, new exposure and a chance to acquire new knowledge, supportive classmates, some good lecturers who could change the lecture venue, allocation of a parking space, provisions of a sign language interpreter, walking aids and provision of an office despite shortage of office space and not being suspended after being sick for a long time. These positive experiences have encouraged the beneficiaries in terms of motivation, productivity and independence.

The negative experiences encountered were: Inaccessible and unfriendly environment such as inaccessible buildings, toilets, pathways, lecture halls (with no support services like lifts, ramps and rails), long distances between class and hostels and slippery floors that caused falling down and injuries and missing lectures. Another negative experience was communication barrier as a result of lack of sign language interpreters, braille information and books, note takers and guides.

Discrimination and stigmatization by some bosses and colleagues, being overworked and frustrated, seen as incapable and not listened to, being denied accommodation because of being in module two, sacrificing career line due to inaccessibility were encountered by some respondents. These challenges have limited participation and choices of persons with disabilities in the university.



#### 4.4.2 Main challenges persons with disability face

**Table 5: Main challenges persons with disability face**

Challenge	Frequency	Percent
Physical inaccessibility	32	60
Lack of learning facilities	24	80
Attitudinal barriers	24	60
Lack of support services	32	80

*Note: There were incidences of multiple answers*

As shown in table 5, physical inaccessibility and lack of support services were the main challenges encountered in the university as shown by 80% of the respondents in each case while attitudinal barriers and lack of learning facilities counted for 60% in each case. In most of the cases, respondents encountered all the above challenges. The challenges encountered were also dependant on one's disability. For example, persons with physical disabilities usually encounter environmental and attitudinal barriers.

#### 4.4.3 Specific support services the respondents would need within the university

In an attempt to establish the support services respondents needed within the university, the respondents stated that they needed braille machines, braille books, information in braille format, guide services, readership assistance, sign language interpreters, note takers, PowerPoint facilities, handouts in large prints, reserved seats, walking aids, financial support (bursary and scholarship), accessible environment, transport, friendly accommodation (being located rooms on ground floor), enough time to write their exams and proper representation in the various university organizations as well as acceptance, appreciation and recognition.

The study further revealed that the needs of persons with disabilities are not included or incorporated in the various university programs as shown by 92.5% of the respondents and that the university community was not knowledgeable and did not understand the common needs related to the respondents' disabilities as shown by 72.5%.

#### 4.4.4 Discrimination on grounds of disability

In an attempt to establish whether persons with disabilities were being discriminated on the grounds of their disability, the study revealed that majority of the respondents were not

discriminated on the basis of being disabled as shown by (22) 55%. The other (18) 45% of the respondents who believed that they were being discriminated on the grounds of being disabled stated that they were discriminated by their bosses, officers and colleagues and complained of being overworked and frustrated, treated as incapable and not listened to, being denied accommodation because of being in module two. They further stated that the university system itself was discriminatory and did not cater for needs of persons with disabilities and that these forms of discrimination have demoralized them and limited their performance, participation and choices in the university.

On the same note, the study further sought the existence of prejudicial practices in the university. The study found that majority of the respondents did not know of such practices as shown by (25) 62.5%, (10) 25% of the respondents indicated that there were no prejudicial practices in the university while the other (5) 12.5% of the respondents believed that there were prejudicial practices in the university.

#### **4.4.5 Coping mechanisms used by persons with disabilities**

Many people with disabilities have far greater coping mechanisms than others e.g. personal helpers, specialist equipment or software.

The study acknowledged the importance of establishing the coping mechanisms used by persons with disabilities in order to determine the level of challenges. Drawing from this research findings, it is evident that majority of students and staff with disabilities used personal arrangement as shown by (36) 90% of the respondents. These personal coping mechanisms included self determination, struggle on my own, keeping a positive attitude, personal sign language interpreters, relying on classmates for notes and reserved seats and technological aids such as callipers, prosthesis, crutches, walking stick, hearing aids and braille machines. The other (4) 10% of the respondents used university's alternative means of intervention such as using university house near their office, university vehicle, university sign language interpreter and callipers bought by the university.

#### **4.5 Objective four: Best policies and practices to address disability issues in the university.**

This study sought to find out the best policies and practices to address disability issues in the university, the respondents suggested the following.

The university should create an enabling environment for persons with disabilities as well as necessary support and guidance to develop their potentials as "Disability is not inability."

The university administration should formulate a comprehensive disability mainstreaming policy which will then be implemented. It should also implement disability laws in the country for example, comply with disability act 2003, UNCRPD and ISO requirement.

The university administration should also adopt and implement full action plan on programs to improve all services and facilities to suit the needs of persons with disabilities as well as allocate funds for disability adjustments. Such programs include provisions of services like braille, acoustic, sign language interpreters and guides as stated in the students' hand book, for example, availing sign language interpreters and guide services during orientation and registration process as well as catering for housing and transport services of staff with disabilities.

The university administration should include and involve persons with disabilities in decision making and establish a disability committee and an independent disability office with designated manager with disability to handle and ensure mainstreaming of disability issues guided by a disability slogan, "Nothing for us without us". This office should have a role to disseminate information particularly information services available to persons with disabilities.

The university should create awareness on disability issues by holding disability symposiums and public lectures in the university and training of university community on disability issues.

JAB (Joint Admission Board) should introduce affirmative actions on entry points for persons with disabilities and the curriculum should be designed in a way that caters for the needs of students with disabilities.

It was also proposed that persons with disabilities should come forward and champion for their rights. They can form an association or revive NUSAD (Nairobi University Student Association for Disabled) to advocate and raise issues affecting persons with disabilities and advise university management.

The university should also employ more persons with disabilities particularly at managerial positions as employing them not only taps into a rich pool of skills and experience in a tight labour market but also provides powerful role models for students.

## CHAPTER FIVE: SUMMARY OF KEY FINDINGS, CONCLUSION AND RECOMMENDATIONS

### 5.0 Introduction

This Chapter draws conclusions based on the findings and makes recommendations. It also outlines area of further research. The principal purpose of this study was to find out the provisions and practices to mainstream disability at the University of Nairobi. The study was based on the following research objectives;

1. To identify and assess the effectiveness of disability provisions and practices in the university
2. To assess the accessibility of university facilities and services to persons with disabilities.
3. To identify the experiences, needs and coping mechanisms of students and employees with disabilities.
4. To suggest the best policies and practices to address disability issues in the university.

### 5.1 Key Findings

Drawing from the study findings and analyses, the following key findings were made;

There is disability policy formulated in July, 2010 by University of Nairobi disability mainstreaming committee. However, this research was conducted before the formulation of that policy. On the other hand, there was no disability office or support desk at the university or budget allocated for disability adjustments.

The university has made some attempts to accommodate students and staff with disabilities. In this regard, it has put provisions such as provisions in the students' handbook, open non-discriminatory policy to avail education to all, provision for easy access through putting up ramps, lifts in some buildings, reserved parking within the university premises, orthopaedic appliances, sign language interpreter, learning aids and one special vehicle for students with disabilities. However, most of these provisions were either not known to the respondents or were given in unfriendly formats and therefore did not serve the intended purpose. These provisions were also inadequate in terms of addressing various disability needs due to low

level of implementation. In a few cases where these provisions were given in a disability friendly format, they actually benefited the recipients in terms of addressing their needs, improving their lives and pursuing their goals at the university.

Majority of the students and staff with disabilities at the university face a number of challenges including inaccessibility, communication barrier, negative attitude and lack of learning facilities thus many cannot utilize their potentials well. Poor physical access in hostels, lecture halls, departments and computer laboratory as well as lack of ramps and lifts to buildings create barriers for some students while others are excluded by inaccessible learning facilities such as lack of sign language interpreter, braille, computers and lack of access to information on the Web or in libraries. Similarly, inaccessible commercial, sporting, recreational and social activities limited the participation and choices of persons with disabilities in the university programs and services.

On the other hand, the university system itself was discriminatory in terms of catering for the needs of persons with disabilities. Response to the needs of persons with disabilities has been slow. The existence of these barriers introduces institutional weaknesses such as lack of disability awareness and sensitization as well as lack of full commitment, acceptance, appreciation and recognition of persons with disabilities in the university.

In spite of encountering negative attitudes, environmental and communication barriers, students and staff with disabilities appreciated the exposure to the university either to acquire new knowledge or serve the university. The positive experiences in the university have encouraged them in terms of motivation, productivity and independence. They therefore, developed various coping mechanisms in order to achieve their goals.

There is need to create an enabling environment for persons with disabilities as well as necessary support and guidance to develop their potentials. There is need to create awareness on disability issues by holding disability symposiums and public lectures in the university and training of university community on disability issues.

There is need to allocate funds for disability adjustments and establish an independent disability office that will ensure implementation of the just formulated university disability

policy as well as adopt and implement full action plan on programs to improve all services and facilities to suit the needs of persons with disabilities.

## **5.2 Conclusion**

In view of the key findings of the study discussed above, the university should in the first instance implement the university disability mainstreaming policy as it addresses the needs of persons with disabilities within the university.

## **5.3 Recommendations**

On the basis of the above findings of the study, the following recommendations can be made:

1. The university administration should implement the disability mainstreaming policy, provisions in the students' handbook and adopt full action plan on programs to improve all services and facilities to suit the needs of persons with disabilities. Such programs include provisions of services like braille, acoustic, sign language interpreters and guides as stated in the students' hand book, for example, availing sign language interpreters and guide services during orientation and registration process as well as catering for accessible housing and transport services of staff with disabilities.
2. The university should create an enabling environment that fosters development which creates opportunities for involvement of persons with disabilities as well as necessary support and guidance to develop their potentials, participate fully, contribute positively and live independently as "Disability is not inability "
3. The university administration should allocate funds for disability adjustments and establish an independent disability office with designated manager with disability to handle and ensure mainstreaming of disability issues guided by a disability slogan, "Nothing for us without us." This office should have a role to disseminate information particularly information on services available to persons with disabilities.
4. Use the UNC'RPD, PDA and other related frameworks to enhance visibility of disability issues as part of the University policy of mainstreaming disability and developing partnerships with disability organizations while upholding and promoting university quality assurance policy.

5. A strong awareness campaign should be mounted to sensitize the university community on disability issues through training of university community and holding disability symposiums and public lectures in the university.
6. Taking an inclusive and non-discriminative approach in every university program. In order to mainstream disability, the university needs to incorporate disability issues into all university programs and services to promote the equal participation of both students and staff with disabilities through representation and advocacy.
7. There is need for full inclusion and involvement of persons with disabilities in the university decision making. The university should employ more persons with disabilities particularly at the managerial positions. This will ensure representation of the interests of persons with disabilities. It will also provide powerful role models for students with disabilities and taps into a rich pool of skills and experience in a tight labour market.
8. It is also important that persons with disabilities come forward and champion for their rights. They can form an association or revive NUSAD (Nairobi University Student Association for Disabled) to advocate and raise issues affecting persons with disabilities.
9. As an institution of higher learning, the university should be legally obliged to develop career and professional services. The university should have clear policies to ensure that recruitment and selection processes are not discriminatory to persons with disabilities. It should make reasonable accommodations, provide a safe workplace that is free of harassment and discrimination which will enable all employees to maximize their productivity and job satisfaction. Furthermore, the university should as a matter of priority, consider persons with disabilities for any job opportunities that arise in the institution. It should also partner with potential employers particularly, with those that employ persons with disabilities such as safaricom and, link graduates with disabilities with various employers for internship, attachments and job placement.
10. There is no formal system of identifying persons with disabilities at the university. It is therefore very important that the university develops a formal system to identify persons with disabilities and keeps their database and contacts.



11. There is need for introduction of disability studies in the university. The university can introduce courses like sign language, history of disability and attitude change towards disability under its various departments. This will not only promote better understanding of disability, but will also advance new discoveries, change negative attitude and enhance effective communication between persons with disabilities and those without.
12. JAB (Joint Admission Board) should introduce affirmative actions on entry points for persons with disabilities and the curriculum should be designed in a way that caters for the needs of students with disabilities.

#### **5.4 Areas for further research.**

1. Replication of this study should be done after the implementation of the university of Nairobi disability mainstreaming policy.
2. Further studies should be undertaken to establish the role of the environment in determining one's performance.
3. Similar studies should be done in other organizations to establish disability situational analysis in light of disability mainstreaming

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## Appendices:

### Appendix 1: Questionnaire for students and staff with disabilities

My names are Rukia Ahmed Sheikh. I am a student of this university pursuing MA in sociology (Rural Sociology and Community Development). I am currently working on my MA project paper on disability inclusion in the University of Nairobi. You have been identified as one of the respondents in this study and therefore, kindly requested to complete the following questions. The information provided will only be used for the purpose of this study and confidentiality is highly assured.

#### Part I: Background information

1. Please indicate your gender. Male  Female
2. Age range. Below 20  20-29  30-39  40-49  50-59  Above 59
3. Please indicate your disability. Physical  Hearing Impairment  Visual impairment  Learning  Others (specify) : \_\_\_\_\_
4. Please indicate your highest level of education Below  
Diploma  Diploma  Bachelor  Master  PHD
5. Please indicate your current status in the University. Student  Staff
6. College/School/Department: \_\_\_\_\_
7. If student, Please indicate your current level of study.  
Below Diploma  Diploma  Bachelor  Master  PHD
8. Please indicate your programme of study. Module 1  Module 2  Module 3
9. What is your current level/year of study? \_\_\_\_\_
10. What course are you studying? \_\_\_\_\_

#### Part II: Disability provisions available to persons with disabilities.

11. Is there an officially recognized disability policy in this university? Yes   
No  Don't know

12. Is there a disability support desk/office? Yes  No  Don't know  If yes, did you ever visit it and how were you treated? \_\_\_\_\_

13. Are there disability provisions/practices/measures taken by the university to address disability challenges? Yes  No  Don't know

Explain \_\_\_\_\_

If yes, answer questions a- c (below)

a. Are these provisions or interventions given in a disability friendly way or format? Yes  No

b. Have you ever benefited from these provisions? Yes  No

Explain \_\_\_\_\_

c. Have these provisions assisted you in addressing your needs or improving your life and pursuing your goal in this university? Yes  No

Explain if yes \_\_\_\_\_

14. What effects will disability adjustments in the university have on your life, goal and participation in the university activities? \_\_\_\_\_

15. Do students with disabilities obtain suitable housing on ground floors?

Yes  No  Don't know

Explain \_\_\_\_\_

16. Is printed material available in alternative formats? Yes  No  Don't know

17. Is there a staff responsible for training and supporting students with disability to develop their information and IT literacy? Yes  No  Don't know

18. Are sign language interpreters, note takers and braille machine available to students with sensory impairment? Yes  No  Don't know

19. Is there a disabled students' organization within the university?

Yes  No  Don't know

20. Are persons with disabilities represented/ included in the various university organizations?

Yes  No  Don't know

**Part III: Accessibility of the University facilities and services.**

21. Are the university environment e.g lecture halls, residential halls, toilets, pavements, lifts and ramps accessible to persons with disabilities?

Yes  No

22. Is the vehicle for students with disability and other university transport accessible?

Yes  No  Don't know

23. Are there signage and information, such as large print and Braille notices and maps showing wheelchair-accessible routes? Yes  No  Don't know

24. Does the University library have accessible facilities and services for persons with disabilities? Yes  No  Don't know

25. Are information system, communication and online learning resources accessible to persons with sensory disabilities? Yes  No  Don't know

26. Is the university's website fully accessible to persons with visual impairment?

Yes  No  Don't know

27. Are commercial, sporting, recreational and social activities accessible to persons with disabilities and responsive to their needs? Yes  No  Don't know

Explain \_\_\_\_\_

28. Are the graduation ceremonies and other ceremonial events held in accessible venues and provide information about accessibility in notices and invitations?

Yes  No  Don't know

**Part IV: Experience of persons with disabilities**

29. What are the positive and negative experiences you have had as a person with disability since you joined this university? \_\_\_\_\_

30. What are the main challenges/problems that persons with disability face in this university?

Physical inaccessibility  Lack of learning facility  Attitudinal barriers  Lack of support services  Other: (Specify) \_\_\_\_\_

31. What specific support services do you need within the university?  
\_\_\_\_\_

32. Are the needs of persons with disability included/ incorporated in the various university programs? Yes  No
33. From your experience, is the university community knowledgeable and understanding about common needs related to your disability? Yes  No
34. From your experience, have you ever been discriminated on the ground of your disability within the university? Yes  No

If yes, by who? \_\_\_\_\_

35. Are there practices that are prejudicial within the university?
36. Yes  No  Don't know
37. What are the coping mechanisms you have been using in the university?
- University's alternative means of intervention  Personal arrangement  Other  Explain
- \_\_\_\_\_

**Part V: Best policies and practices to address disability issues in the university.**

38. What are your views on how to address disability issue in this university?
- \_\_\_\_\_
- \_\_\_\_\_

THANK YOU.

## Appendix 2: Interview guide for Key Informants

My names are Rukia Ahmed Sheikh. I am a student of this university pursuing MA in sociology (Rural Sociology and Community Development). I am currently working on my MA project paper on disability inclusion in the University of Nairobi. You have been identified as one of the respondents in this study and therefore, kindly requested to complete the following questions. The information provided will only be used for the purpose of this study and confidentiality is highly assured.

### Part I: Background information

1. Please indicate your gender Male  Female
2. Age range. Below 20  20-29  30-39  40-49  50-59  Above 59
3. Please indicate your highest level of education Below  
Diploma  Diploma  Bachelor  Master  PHD
4. College/School/ Department: \_\_\_\_\_

### Part II: Disability provisions available to persons with disabilities.

5. Is there an officially recognized disability policy in this university?  
Yes  No  Don't know   
If yes, how is it enforced? \_\_\_\_\_
6. Is there a disability support office/desk? Yes  No  Don't know
7. Does the University's action plan include strategies to improve physical accessibility?  
Yes  No
8. Does the university have a budget for disability adjustments? Yes  No  Don't know  Explain \_\_\_\_\_
9. What measures, practices or provisions has the university put in place to ensure its commitments to disability inclusion in its various programs? \_\_\_\_\_  
\_\_\_\_\_  
Yes  No  Don't know



10. Kindly give examples of adjustments and accommodations that have already been implemented. \_\_\_\_\_  
\_\_\_\_\_
11. Where physical or service accessibility is reasonably difficult, what strategies for enabling alternative means of participation are developed?  
\_\_\_\_\_  
\_\_\_\_\_
12. Are the needs of persons with disabilities fully included/ incorporated in the various university programs and activities? Yes  No  Don't know   
Explain \_\_\_\_\_
13. Are students with disabilities given suitable housing on ground floor?  
Yes  b) No  Don't know   
Explain \_\_\_\_\_
14. Are the needs of students with disability considered in developing the desktop computing environment, learning information systems and online learning resources accessible to students with disability? Yes  No  Don't know
15. Is there a staff responsible for training and supporting students with disability to develop their information and IT literacy? Yes  No  Don't know
16. Are sign language interpreters, note takers or braille machines available to students and employees with sensory impairment? Yes  No  Don't know
17. Is printed material available in alternative formats?  
Yes  No  Don't know
18. Are persons with disabilities represented/ included in the various university's organizations? Yes  No  Don't know
19. Are the graduation ceremonies and other ceremonial events held in accessible venues and provide information about accessibility in notices and invitations?  
Yes  No  Don't know   
Explain \_\_\_\_\_

**Part III: Accessibility of the University facilities.**

20. Are the university environment e.g lecture halls, residential halls, toilets, pavements, lifts and ramps accessible to persons with disabilities?

Yes [ ] No [ ]

21. Is the university's website fully accessible to persons with different disabilities?

Yes [ ] No [ ] Don't know [ ]

22. Are there signage and information, such as large print and braille notices, tactile maps and maps showing wheelchair-accessible routes? Yes [ ] No [ ] Don't know [ ]

23. Are services such as commercial, sporting, recreational and social activities fully accessible to persons with disability and responsive to their needs?

Yes [ ] No [ ] Don't know [ ]

Explain \_\_\_\_\_

**Part IV: Best policies and practices to address disability issues in the university.**

24. What are your views on how to address disability issue in this university?

\_\_\_\_\_  
\_\_\_\_\_

THANK YOU.