FACTORS INFLUENCING PROVISION OF COMMUNITY–BASED REHABILITATION SERVICES TO CHILDREN WITH DISABILITIES IN KENYA. A CASE OF DISABILITY COMMUNITY CENTRE IN MAUA, MERU COUNTY

BY

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DECLARATION

This research project is my original work and has not been presented for examination to any other institution.

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This research project has been submitted for examination with my approval as the University supervisor.

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DEDICATION

This work is dedicated to all the children living with disabilities. Special dedication goes to my family who believed in me and gave the support and unselfish love needed to make my goals their goals.

ACKNOWLEDGEMENTS

This research project would not have been possible without blessings of health, ambition and the opportunity to pursue this goal. I would like to express my sincere gratitude to my supervisor Dr. Mercy Mugambi for her support, patience and time in producing this research project. I thank the University of Nairobi for the opportunity to study the Master of Arts in Project Planning and Management. I thank my lecturers, classmates, readers and peers for their constructive criticism in the completion of this research project. Of course, nothing bald has been accomplished without the genuine participation of all the respondents that made this work a reality much appreciation goes to them all.

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ABBREVIATIONS AND ACRONYMS

ADL	-	Activities of Daily Living
APDK	-	Association of the Physically Disabled of Kenya
CBR	-	Community Based Rehabilitation
DCC	-	Disability Community Centre
GOK	-	Government of Kenya
MOH	-	Ministry of Health
NGO	-	Non-Governmental Organization
PWDs	-	Persons with Disability
SPSS	-	Statistical Package of Social Science
UDPK	-	United Disabled Persons of Kenya
UN	-	United Nations
UNESCO	-	United Nations Educational and Scientific Cultural Organization
UNICEF	-	United nations Children Education Fund
WHO	-	World Health Organization

ABSTRACT

The purpose of this study was to establish the factors that influence the provision of community based rehabilitation to children with disabilities in Meru County, Kenya. The specific objectives of the study were to establish how availability of funds, stakeholder's participation, the physical environment and the attitude of the service provider's influence provision of community–based rehabilitation services to children with disabilities in Meru County. The study adopted a descriptive survey as the research design. The study focused on 191 children with disabilities, 1 adminstrator, 9 personnel and 7 volunteers in the DCC CBR centre. The researcher used census sampling as the target population was small and the study information was gathered from all the study respondents. Data was collected using structured questionnaires, focus group discussions and interviews. The collected data was analyzed by use of descriptive, inferential statistics using the Statistical Package for Social Sciences. The results were presented in tables and figures. The results of the study established that most parents and guardians are highly dependent on the availability of funding to be able to access the services offered at the rehabilitation centres. The study also established that increased stakeholders participation is fundamental to successful provision of service delivery by the CBR centre. Furthermore the study found out that the physical environment influenced the provision of community based rehabilitation services to a moderate extent and finally that the attitude of caregivers greatly affects accessibility of community based rehabilitation services for children with disabilities. Therefore the factors of availability of funds, stakeholder's participation, the physical environment and the attitude of the service provider's influence the provision of community based rehabilitation. The study recommended to increase the number of community based rehabilitation centres that offer services to children with disabilities in all parts of the country. It is also recommended that the CBR centres strengthen partnerships with the different stakeholders such that they can be relied upon to assist programs consistently and to needed make the rehabilitation services free and compulsory to provide rehabilitation to the children with disabilities.

CHAPTER ONE: INTRODUCTION

1.1 Background to the Study

Disabilities are impairments that interfere with an individual's mobility, coordination and communication, learning and personal adjustment. The primary distinguishing characteristics of children with disabilities are medical conditions, health problems or limitations which necessitate multidisciplinary cooperation in the provision of appropriate intervention strategies to enhance the child's participation in day-to-day activities. According to Hallahan et al. (2009) children with disabilities are those whose limitations interfere with school attendance or learning to such an extent that special services, training equipment, materials or facilities are required. This calls for the provision of intervention strategies by professionals from different fields to promote their academic participation and socialization. A cost-effective strategy that makes use of existing community services and promotes inclusion in place of exclusion is needed to reach persons with disabilities within their communities.

One of these intervention strategies is through community based rehabilitation (CBR). Community-based rehabilitation (CBR) was initiated by the World Health Organization (WHO) following the Declaration of Alma-Ata in 1978. It was promoted as a strategy to improve access to rehabilitation services for people with disabilities in low-income and middle-income countries, by making optimum use of local resources. Through the collaboration with other UN organizations, nongovernmental organizations and disabled people's organizations, CBR has evolved into a multi-sectoral strategy to address the broader needs of people with disabilities, ensuring their participation and inclusion in society and enhancing their quality of life. The CBR guidelines as stipulated by WHO promote the implementation of the convention on the rights of persons with disabilities as well as ensuring inclusive community based development and legislation. The CBR guidelines provide managers of CBR centres with lessons on how to develop and strengthen CBR programs ensuring that PWDs and their family members are able to access health, education, and social components of CBR. These guidelines have a strong focus on empowerment of PWDs through facilitation of the inclusion and participation of PWDs, their family and community in all development and decision making processes.

Since inception of CBR, WHO has over the years led a campaign for the adoption of CBR by countries all over the world more so the low income and developing countries. Following this many countries in Africa including Kenya set up CBR centres in the country. According to KNBS report (2012), 3.5% of the Kenyan population are those with a disability (KNBS, 2012). This translates to 1.6 million people in the country. In 1953 through an act of parliament the Kenyan government set up several centres including the Association of Persons with Disabilities in Kenya (APDK) which was established in 1958 and the National Rehabilitation Committee formed in 1968 through the Sessional paper no. 5 of the Kenyan parliament. By 1989 there were 30 CBR centres in the country. Together with their parent organizations they formed The United Disabled Persons of Kenya (UDPK).

It was through the efforts of UDPK that in 1989, the government established a taskforce to look into the laws pertaining to persons with disabilities. The report of the taskforce led to the persons with disabilities act of 2003 (Ministry of Education, 2003). This is an Act of Parliament to provide for the rights and rehabilitation of persons with disabilities; to achieve equalisation of opportunities for persons with disabilities; to establish the National Council for Persons with Disabilities; and for connected purposes. Since the inception of the persons with disabilities act of parliament, there has been great advance in improving the life of PWDs. Kenya also ratified the Convention on the Rights of Persons with Disabilities (CRPD). The CRPD is the first comprehensive human rights treaty that is intended to protect the rights and dignity of persons with disabilities. The Kenyan constitution also explicitly protects the rights of all its citizens without discrimination on disability.

In Meru County CBR is practiced at the Disability Community Centre (DCC). This centre is located in Maua Town and serves the Meru North region. DCC was started in 1997 as a disabled children's centre and grew over the years to serve both children and adults with disabilities. The centre embraced the CBR concept since 2008 and has been practicing it as an effective way in rehabilitation of persons with disabilities in the community. In the provision of CBR, it is recommended that children with disabilities should receive rehabilitation as often as possible whether at home or at rehabilitation

centres. However there are many that receive no rehabilitation at all. There has been several studies on rehabilitation of children in an education setting, however not many have been conducted in a rehabilitation centre in Meru. It is for this reason that the researcher sought to investigate factors that influenced community based rehabilitation of children in Meru County. The factors studied were Stakeholder's participation; Attitudes of service provider's; Availability of adequate funds; and the Physical environment. The study sought to understand how these factors affect the provision of CBR services with the focus on DCC in Maua.

1.2 Statement of the Problem

One of the primary goals of CBR as stipulated by WHO is to support stakeholders to meet the basic needs and enhance the quality of life of people with disabilities and their families by facilitating access to the health, education, livelihood and social sectors (WHO, 2010). There is an estimated 47,000 persons with disabilities in Meru County (KNBS, 2012). There are 280 registered CBR centres in Africa of which half of them are run by non-governmental organizations. One of these centres is The Disability Community Centre (DCC) located in Maua town. The centre was founded in 1997 as a centre to cater for the needs of children with disabilities. The centre grew to offer community based rehabilitation with emphasis on children with physical disabilities. The intended purpose of the rehabilitation centre is to provide vocational skills, educational programs, and social and health services to enable children with disabilities to develop self-esteem, and become well integrated into the community. The community based rehabilitation services are highly limited in Meru and out of the reach of many persons with disabilities especially children. This creates a serious gap between the demands for the rehabilitation services with those available. Therefore this study sought to investigate factors that influence the provision of CBR services to children with disabilities in Meru County.

1.3 Purpose of the Study

The purpose of the study was to investigate the factors influencing the provision of Community Based Rehabilitation services to children with disabilities in Meru County, Kenya.

1.4 Objectives of the Study

The specific objectives of the study are as follows:-

i) To establish how availability of funds influence provision of community–based rehabilitation services to children with disabilities in Meru County.
ii) To establish ways in which stakeholder's influence provision of community–based rehabilitation services to children with disabilities in Meru County.
iii) To determine how the physical environment influence provision of community-based rehabilitation services to children with disabilities in Meru County.
iv) To examine how the attitude of the service provider's influence provision of community–based rehabilitation services to children with disabilities in Meru County.

1.5 Research Questions

The study sought to answer the following questions:

i) How does lack of sufficient funds influence the provision of community–based rehabilitation services to children with disabilities in Meru County?
ii) How does the participation of stakeholder's influence provision of community–based rehabilitation services to children with disabilities in Meru County?
iii) How does the physical environment influence provision of community-based rehabilitation services to children with disabilities in Meru County?
iv) How does the attitude of the service provider's influence provision of community-based rehabilitation services to children with disabilities in Meru County?

1.6 Significance of the Study

The practical significance of the study was to generate information that may be useful to the service provider's and stakeholders of CBR programmes in making better plans and considerations to improve service provision. It is expected that the study will result to findings that may provide recommendations to the National and County government as well as non-governmental organizations on potential ways and procedures in which short

and long-term strategies for community-based rehabilitation programmes could be designed to cater for children with disabilities living in rural areas who have limited access to rehabilitation services. Policy makers may be made aware of the existing gaps between the need for the rehabilitation of children with disabilities and the type of the services given to meet their needs.

1.7 Delimitation of the Study

The study was confined to Meru County where it focused on one community-based rehabilitation centre called Disability Community Centre (DCC) in Maua. It was limited to children with disabilities, parents of the children attending rehabilitation at the centre, staff, teachers and administrators as well as stakeholder's for the programme.

1.8 Limitation of the Study

The study was limited by fear of victimization by some of the parents of children with disabilities. To counter this problem, the researcher assured the respondents that confidentiality of their identity would be observed and the questionnaires used did not have their names or any other personal details.

1.9 Assumptions of the Study

The study was based on the following assumptions:-

i. The CBR centre has personnel trained on the rehabilitation of children with disabilities.
ii. The CBR centre is well equipped with the appropriate facilities and equipment required for rehabilitation.
iii. There is a working coordination between the relevant government authorities and the CBR centre administrators in the facilitation and provision of services at the centre.

1.10 Definition of Significant Terms Used In the Study

Community: This is a group of people living in the same geographical area or having a particular common characteristic.

Community-Based Rehabilitation: This is a strategy within general community development for rehabilitation, equalization of opportunities, and social inclusion of all people with disabilities. It is implemented through the combined efforts of people with disabilities themselves, their families and communities, and the appropriate health, education, vocational, and social services.

Disability: This is a deprivation in terms of capabilities, that is, a lack of opportunity to be or to do, that results from a person's characteristics, resources and the environment. It is a physical or mental condition that limits a person's movements, senses, or activities.

Human Resource: It refers to personnel in an organization such as a CBR centre who are required to offer professional and/ or support services to children with physical disabilities.

Independent Living: This refers to the activities that a person is able to do on his/her own especially activities of daily living (ADL) such as feeding, dressing etc.

Intervention: This is the action taken to improve the life of children with disabilities and their parents.

Material Resources: This includes tangible facilities, machines and equipment, adaptive devices and funds.

Physical Environment: These are all the factors of nature including trees, mountains as well as the manmade features such as stairs and buildings that surround a person.

Physical disability: This is a limitation on a person's physical functioning, mobility, dexterity or stamina. This includes impairments which limit other facets of daily living.

Physiotherapy: This is the treatment of disability or deformity by physical methods such as massage, heat treatment, and exercise rather.

Rehabilitation: This is the action of reducing the impact of disability for an individual; enabling him or her to achieve independence, social integration, a better quality of life and self-actualization.

Rehabilitation services: These refer to special healthcare services that facilitate a person to regain physical, mental, and/or cognitive (thinking and learning) abilities that have been lost or impaired due to disability. Rehabilitation services assist people to return to daily life and live in a ‘normal’ or ‘near-normal’ way.

1.11 Organization of the Study

This study is organized into five chapters; Chapter one is the introduction dealing with the background of the study, problem statement, purpose of the study, objectives of the study, research questions, significance of the study, limitation of the study, delimitation of the study, assumption of the study, definition of significant terms. Chapter two contains literature review based on the research objectives including the Theoretical and conceptual framework. Chapter three covers research methodology, target population, sample size to be used, sampling procedures, research instruments and their validity, data collection procedures, techniques of analyzing data, ethical considerations and operational definition of variables. Chapter four covers data presentation and interpretation. Chapter five focuses on summary of study, discussion, conclusion, recommendations and suggestions for further research.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

This section offers a review of literature and the key areas covered include empirical reviews, theoretical review, conceptual framework, critical review and summary of existing research gaps to be filled by this study.

2.2 Availability of Funds and Provision of Community–Based Rehabilitation Services to Children with Disabilities.

A study by Eidi (2015), on the barriers to accessing health services by persons with disabilities in sub-Saharan Africa reports 4 major barriers influencing accessibility to health services to persons with disabilities. The study shows that lack of transport, availability of services, inadequate drugs or equipment, and costs of the visit are the four major barriers for access. Funding is a major resource as it provides a means through which the persons with a disability can access the CBR services. Funds are required in transport, payment of applicable charges of CBR services, purchase of assistive devices required to provide the services and so forth. There is a direct link between disability and poverty, so if the funds are not available it would be difficult for the persons with a disability to access health services. The findings of the study by Eidi, (2015) are in line with the results reported by van Rooy (2009) and Trani et al. (2010) regarding main barriers for access to health service. Trani et al. (2010) noted that vulnerable groups faced more difficulties while using health centres, hospitals as well as private providers and their out-of-pocket expenditure was higher than other groups. In addition, van Rooy (2009) showed PWD find it difficult to access health centres due to among others lack of transport and money to pay for treatment. He proposed that there is a need to consider the unique issues that are affecting access to healthcare for people living with disabilities to achieve equitable access to healthcare services.

A World Report on disability and Health by UNICEF(2016), reveals that many people with disabilities do not have equal access to healthcare and having insufficient funds is the biggest issue in gaining equal access to this and many other vital services. WHO (2016) reports that health promotion and prevention activities seldom target people with

disabilities. The report gives the example that women with disabilities receive less screening for breast and cervical cancer. Adolescents and young adults with disabilities are less likely to be included in sex education programmes. The report further illustrates that affordability of health care and transportation are the two major reasons why people with disabilities do not receive necessary healthcare in developing countries- 32%-33% of people without disabilities are able to afford healthcare compared to 51%-53% of people with disabilities.

2.3 Stakeholder's Influence on the Provision of Community–Based Rehabilitation Services to Children with Disabilities

Different CBR programs may not necessarily practise the same type of CBR intervention but one of the key threads running through most of the CBR programs is the participation of key stakeholders. One of these key stakeholders' are the persons' with disabilities themselves and their families who are actively involved in all the stages of the intervention strategy. A report by Lancaster (2002) postulates that the participation of the stakeholders in the programs ensures that the programme responds to the needs of the community as well as ensuring ownership and the long term sustainability of the program as they learn how to accept and adapt to changes in the project. The stakeholders may provide valuable inputs by sharing their observations, experiences and recommendations. Helander (1995) also reports that disability imposes a considerable social, economic and emotional burden on persons with disabilities, their families and the wider community and that without effective rehabilitation measures being carried out, persons with disabilities particularly children may lead unhappy dependent lives and become eventually arduous to the society. Brian (1989) puts forward that the success of CBR is measured by the active involvement of the stakeholders.

A study by the WHO (1996) reports that it is imperative for the community to realise it has the capacity to improve the lives of the children with disabilities. The report adds that persons with disabilities or groups may be enough to be noticed by the community. The participation of politicians and government as stakeholders in community based

organisations is also of importance as denoted by Imathiu (2016). Her study explains that non-profit organizations especially in Africa lack support from political leaders for their community projects. In a similar study in Nigeria Ozor and Nwankwo (2008) indicates that organisations in Nigeria face unbending opposition from political leaders because they want the development at the local level to be associated with them rather than the organisations. This is echoed by Udensi et al., (2012) who observes that many of the projects in Nigeria are at a risk of failure at the community level due to the lack of support by the local leadership. An additional study by Muavha (2008) reports that local political leaders do not support initiatives by organisations addressing plights of vulnerable groups as this unhelpfully affects their political influence.

2.4 Physical Environment's and Provision of Community–Based Rehabilitation Services to Children with Disabilities.

Answers.com defines the physical environment as all the factors of nature including trees, mountains as well as the manmade features such as steps, ramps and buildings that surround a person. Many of us take for granted getting around in the physical environment. Physical barriers are structural obstacles in natural or manmade environments that prevent mobility (moving around in the environment) or access. Stairs, sidewalks, narrow passages are all barriers that we walk over, jump or go around every day. However for those with some physical difficulties, staircase or a curb can be large barriers. Loudspeaker announcements are difficult to understand for people with good hearing, for those who are deaf or hard of hearing the announcements may as well not exist. Posters and other signs no matter what vital information they carry are useless to a person who is visually impaired unless they are placed in areas that can be read through Braille. In other words, the physical features that people without physical disabilities take for granted can present serious hindrance for those with physical disabilities. More so in the rural areas where there are rough roads, rocks, mountains and narrow passages that one has to go through such as to access services like those being offered in the CBR centre.

A study by Sagahutu (2008) revealed that long distance and isolation from schools are the main barriers to school attendance. An additional study by Sagahutu (2013), reports that physical environmental factors mainly affect children with mobility difficulties. The results of the study indicated it took 20 to 40 minutes more for the children with disabilities to walk from home to the nearest school. Therefore the school-home distance might be the reason for dropping out of school among children with mobility difficulties. The report further revealed that distance may be one of the barriers to learning by children with disabilities. In a different study by Drainoni et al., (2006) reports that people with disabilities experience multiple barriers to obtaining healthcare, and that these barriers include inaccessible environments for those with disabilities. This is echoed by a study in Afghanistan by Trani (2010) unveiling that time to travel reduces the likelihood for all Afghans choosing health centres and hospitals. He suggests that to overcome the structural barriers, there is a need in reinforcing processes of participation, accountability and transparency. Furthermore van Rooy (2009) states in his study that people living with disabilities (PWD) face unique problems in dealing with conventional healthcare facilities. The study showed that PWD find it difficult to walk to health centers for treatment due to among others the distance being too far for people with lower-limb disabilities. These studies give the opinion that distance and physical environment may be a cause to prevent accessibility to vital services for persons with physical disabilities.

2.5 CBR Service Provider's Attitude and Provision of Community–Based Rehabilitation Services to Children with Disabilities.

Attitude is defined as complex set of beliefs, feelings, values and dispositions which characterise the way we think or feel about certain people or situations. These attitudes are natured according to people's experiences, including the relationships we build with those around us. Attitudes are transient and change from person to person. A review of literature reveals that no one likes people with disabilities. According to Ingstad, ((2001) every major religion, every culture with a few exceptions, every ethnic group, and every nationality views disability and people with disabilities in the most pejorative way possible. Many of these illustrations can be found in literature reviews and bibliographies of Pine (1992), Pfeiffer (2002), and Leong (1986).

Disability is severally viewed as shameful, a disgrace, a tragedy, the result of sin and retribution from God. People with disabilities are viewed with pity which generates guilt in their family members and friends. They are often seen as a burden to themselves, their family and to the community. They are continually seen as useless and perceived to behave in improper ways. This is even worse if the person with a disability is female. Different people may have varied attitude towards children with a disability compared to adults. For example, a service provider may view a woman with a disability differently if she is pregnant. Here the perception may be that a disabled woman shouldn't get pregnant. It is possible that religious, cultural and ethnic views exert an influence to a person's attitude both positively and negatively towards persons with a disability. To explore this proposition, it is necessary to study the influence of these perspectives on CBR professionals as they provide services to children with disabilities.

2.6Theoretical Framework

The capability theory and stakeholders' theory were applied to provide grounding in the development of this study.

2.6.1 Capability Theory

This theory was articulated by Indian economist and philosopher (Amartya Sen 1992). The capability approach comprises two core normative claims: first, the claim that the freedom to achieve well-being is of primary moral significance, and secondly, that freedom to achieve well-being is to be understood in terms of people's basic capabilities, that is, their real opportunities to do and be what they deem worthy.

A basic capability is "the ability to satisfy certain elementary and crucially important functioning up to certain levels" (Sen 1992: 45 n. 19). Basic capabilities refer to the independence to do numerous basic things considered crucial for survival and to escape or avoid deprivations. The capability theory puts emphasis on people's opportunities to make use of resources to achieve independence and self-esteem of well-being. When applied to persons with disabilities it seeks for unrestricted access to capabilities as long as an appropriate intervention arrangement can be provided.

Amartya Sen came up with five constructs in this theory; the first one is "exchange entitlement" which identifies persons who can support PWDs with functional independence such as physiotherapists. It recognizes services that are useful to PWDs such as interventions in health services, education and vocational skills training. The second construct is "characteristics" which include the values that a person with a disability may find essential. For example a wheelchair is valued for the mobility assistance it gives and for the comfort.

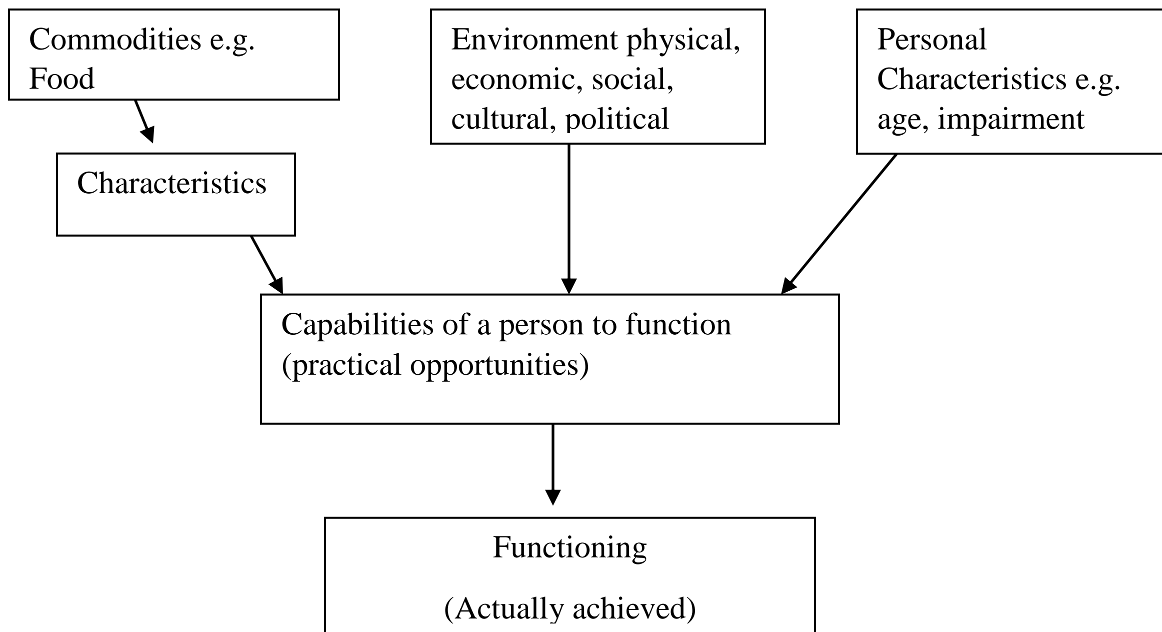

Figure 1: Capability Theory Model

The third construct is "capabilities" and entails things which PWDs can attain for instance the potential to raise a family, freedom to pursue education and quality health. PWDs are often hindered in their abilities. The fourth one is "functioning" and includes various actions that are performed in order to achieve the things we desire. For PWDs functioning can be measured through carrying out activities of daily living (ADL), pursuing careers of preference and providing for one's family. The fifth construct is "well-being" and involves individual welfare. PWDs will be contented when one's disability is reduced through empowerment to achieve and be self-reliant.

The capability theory highlights policies, social arrangement, institutions and programmes that eliminate restrictions on the capabilities of humans. Therefore in this study the capability theory will be used to explain the importance of various services offered at the community rehabilitation centre which are essential to children with disabilities for the reason that they boost psychological and physical needs, self respect and upholding social aspects that are important in integration in today's society.

2.6.2 Stakeholders Theory

In the traditional view of the organisation, only the owners of the project or organisation are important and their interests and needs are of priority (Miles, 2011). However according to Freeman, et al., (2008) the stakeholder theory views the organisation as having more parties playing a role in its operation. It views employees, communities, governmental bodies, customers, suppliers, financiers, political groups and even competitors as essential stakeholders. In the adoption of this theory in this study the researcher observes that it is important to understand the role the stakeholders play in the implementation of CBR projects. They have an influence in the internal and external environment of the CBR projects and a reliable relationship that takes into consideration each of the stakeholder's assertions is important, ensuring a balance between the objectives of the CBR projects and the needs of the stakeholders.

Freeman et al., (2008) notes that, it is important for an organization's leadership to classify its stakeholders as primary and secondary stakeholders, where more precedence is given to the primary stakeholders. The primary stakeholders of CBR projects include; the CWDs it serves; the surrounding community; donor agencies; and employees. It is important that CBR managers prioritize the influence of these stakeholders on the objectives of the CBR projects. The secondary stakeholders may include; the media, government and other special interests groups. This theory will be used to explain the effects of community participation as well as involvement of other stakeholders and service providers in the performance of the CBR projects.

2.7 Conceptual Framework

The conceptual framework in this study will show the relationship between independent variables and dependent variables. The independent variables are stakeholders' participation, attitude of service provider's, availability of funding and the physical environment. Effective and adequate independent variables will determine the outcome of the dependent variable of provision of community based rehabilitation services in CBR centres'.

The availability of funds, participation of the stakeholders, the condition of the physical environment and attitude of service providers are expected to have a great influence in the accessibility and quality in improving and expanding the rehabilitation services, as they undertake to enhance to improve the life of children with physical disabilities. The dependent variable is the provision of community based rehabilitation services to children with physical disabilities. The contribution of CBR is expected to contribute to the children with physical disabilities being self-reliant, improve their confidence and self-esteem.

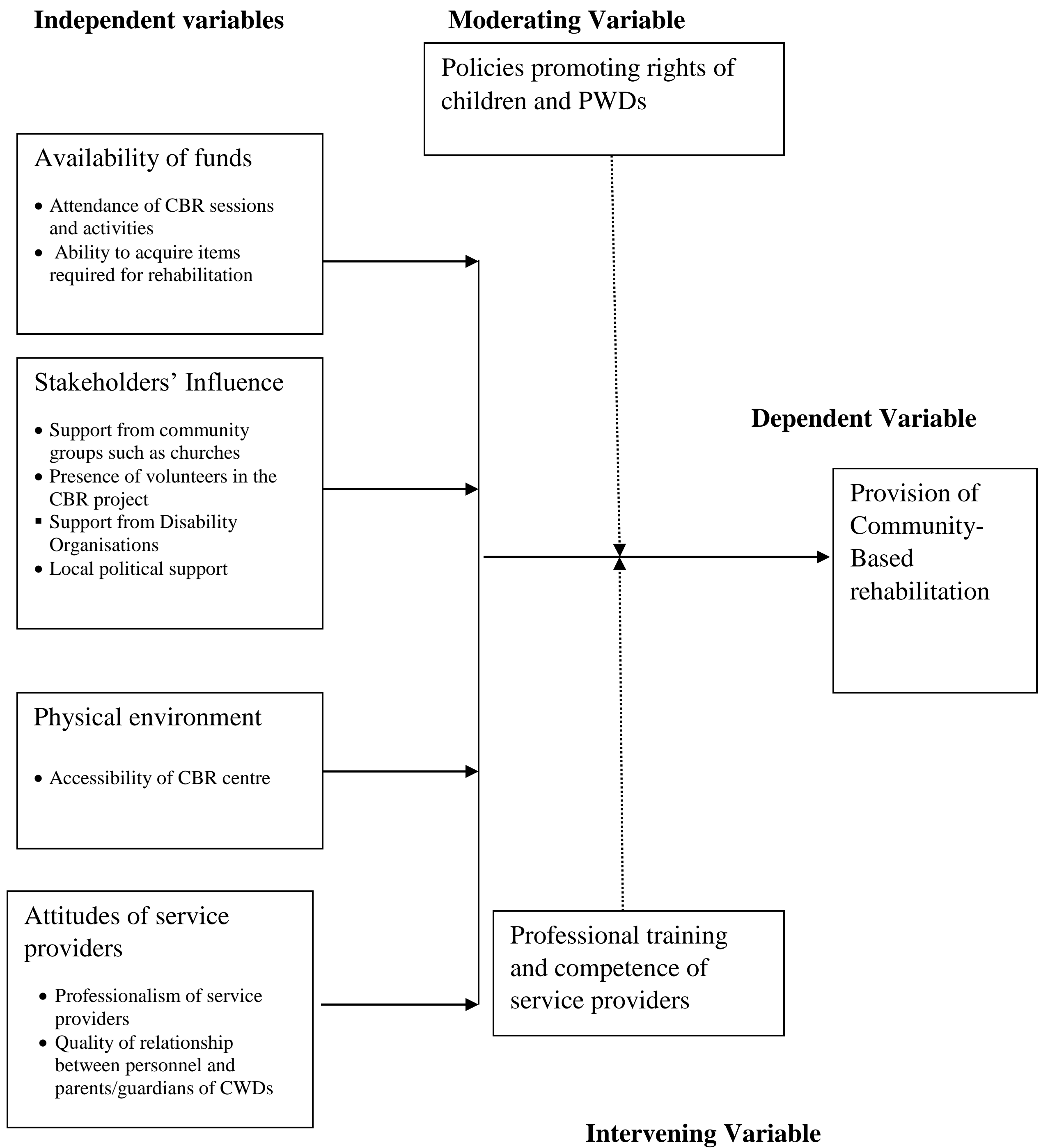

Figure 2: Relationship between the Independent and dependent variables in the provision of CBR in Meru County.

2.8 Summary of Literature Review

The basis of the literature review includes four independent variables and one dependent variable. There exists relevant literature to the provision of community based rehabilitation for persons with disabilities. A study by Marete (2012) explores the services provided in community rehabilitation centres, vocational skills, community awareness and the enrolment and completion of the CBR programs by children. Another study by Wanjiru (2016) examines the influence of early intervention services on the development of children with disabilities through parental involvement as well as the involvement of other service providers.

2.9 Research Gaps

Muavha (2008) emphasises how local political leaders do not support initiatives by organisations addressing plights of vulnerable groups as this unhelpfully affects their political influence. He however does not explore a specific intervention strategy in the rehabilitation of the children with disabilities. Karori (2014), Buddy (2012) all explore the factors that hinder access to education by persons with disabilities. The studies fail to factor in the influence of attitudes of personnel on the provision of CBR services which this study seeks to address. Therefore there exists less literature on factors that influence the provision of community based rehabilitation services to children with disabilities in Kenya and it is for this reason that the researcher seeks to study this variables on how they influence provision of CBR. In addition most of these studies have been done in far off countries and regions; through this study the researcher seeks to fill a research study gap on the factors that influence provision of community based rehabilitation to children with disabilities in Kenya, a case of Disability Community Centre in Maua, Meru County.

CHAPTER THREE: RESEACH METHODOLOGY

3.1 Introduction

This chapter presents the various methods that were used in conducting the study. It outlines the type of research design, sample size and sampling procedures, target population, data collection procedures, research instrument, validity and reliability of the instruments, data collection procedures, and data analysis procedures, ethical considerations and operational definition of variables.

3.2 Research Design

Research design is a strategy for collecting and analyzing data to answer the research questions or test the hypothesis (Mugenda and Mugenda, 2003). A case study descriptive research design was used in the study because it is practical in describing characteristics of the population studied. This design was considered appropriate for this study because its concerned with describing, recording, analyzing, and reporting conditions that exist as they existed (Kothari, 2004). Mugenda and Mugenda, (2003) states that descriptive statistics minimizes bias, saves time, provides insight and information and compares conceptual framework with actual information.

3.3 Target Population

According to Oso and Onen(2011), the target population is the total number of subjects or the total environment of interest to the study. In this study the target population was 191 children with disabilities, 1 adminstrator, 9 personnel and 7 volunteers in the DCC CBR centre.

3.4 Sample and Sampling Procedure

According to Mugenda and Mugenda (2003), sampling involves the researcher securing a representative group that will enable him/her to gain information about the population. However for this study, the researcher used census sampling. Census sampling refers to a technique that is used when the target population is small and hence study information is

gathered from all the study respondents. According to Kothari (2004), when the universe is a small one, there is no need to resort to a sample survey. The children with disabilities registered at the DCC CBR centre are only 191, thus eliminating the need for a sample survey. The respondnets also included 1 adminstrator, 9 staff members and 7 volunteers at the centre.

3.5 Data Collection Instruments

Questionnaires, interview guides and focus group discussions were the primary data collection instruments used in this research. The questionaires are a set of printed or written questions with a choice of answers, devised for the purposes of the study. Mugenda and Mugenda (2003) assert that a questionnaire is a preferred method of data collection as it is easy to administer to a good number of the respondents who answer to the items privately. The questionnaires are also not expensive and help to collect numerous information over a short duration. Kothari (2004) points out that questionnaires are suitable for studies because they gather data that is directly visible as they inquire about attitude, feelings, motivation, accomplishments and the experience of the individuals. Interview guides were used to get in-depth information on enrollment, attendance and completion rates from the children with disabilities. It contained open ended questions. Focus group discussions were used with the guidance of the researcher. The focus group discussions consisted of interviewing a group of persons with similar backgrounds where herebey in the study was the child with a disability and their access of the CBR activities.

3.6 Validity of the Instruments

The validity of data refers to the degree in which the results derived from the data analysis actually represent phenomenon being studied (Mugenda and Mugenda 2003). In order to ensure the validity of the research instrument the researcher sought the opinion of the supervisor as well as collegues in regards to the formulated questionaire. The researcher ensured the questions are brief and to the point to enable the respondent to provide timely and adequate feedback.

3.7 Reliability of the Instruments

Reliability is the overall consistency in the results of data after repeated trials. Reliability of the questionnaires for this study was established using the split half methodology. The questionaires were divided randomy into two halves and administered to test subjects for piloting who did not participate in the main study. The responses from the questions were analysed manually and a comparison made from the answers obtained from the two halves by calculating the correlation coefficient using The Pearson Product Moment correlation coefficient. The following formula was employed.

$$r = N\Sigma XY - (\Sigma X)(\Sigma Y)$$

Where; X = score on test 1

Y = scores on test 2

ΣX = Sum of X Scores.

ΣY = Sum of Y Scores.

$\Sigma X2$= Sum of Squares of X Scores

$\Sigma Y2$= Sum of Squares of Y Scores

ΣXY = Sums of Product X and Y scores

N = Sum of paired scores

r = Correlation co efficient

After the calculation, the results obtained had a correlation of 0.75 for the questionaires. According to Orodho (2008), a coefficient correlation (r) of about 0.75 and above is considered high enough to judge an instrument as reliable. Hence the instruments were considered reliable.

3.8 Data Collection Procedure

The researcher visited the study site one week prior to the study for the purpose of introduction, familiarisation and planning the dates for data collection. The researcher spent two weeks collecting data at the center from Monday to Friday. He handed the questionaires to the children with a disability, their parents or caregiver, adminstrator and personnel of DCC, volunteers and key stakeholders of the program. Prior to the study the researcher applied for permission from the Disability Community Centre (DCC) to conduct the study. The researcher made prior arrangements with the DCC to ascertain the best time to personally adminster the questionaires during data collection phase of the research. The researcher also offered guidance to the respondents on the way to fill in the questionnaire before administering them. The researcher guided the parents on the focus group discussions and took notes of the responses.

3.9 Data Analysis Techniques

The data generated from the study was organized and analyzed through the Statistical Package for Social Sciences (SPSS) which is commended for its accuracy and speed in processing data.

Both quantitative and qualitative data analysis techniques were used to analyze the data. Thematic analysis techniques were used to analyze qualitative data that was collected in the open-ended questions, while quantitative data which was collected was analyzed, presented and interpreted using descriptive statistics. Descriptive data analysis techniques such as means, frequencies and percentages of demographic characteristics was used to describe the data. The analyzed data was presented in form of tables and chats.

3.10 Ethical Considerations

Consultation with the Institution's managers and heads to confirm the dates for the data collection and get the consent to carry the research in their area of administration will be done. This was to eliminate any conflicts which could arise between the management and respondents in the project. A research clearance permit and letter of authorization from the Meru County government was sought and used for data collection. This was to clarify the aim of the research and the nature of the study thus improving co-operation from the

respondents during data collection. The Names of the respondents were optional and were not disclosed to maintain their confidentiality. The researcher also assured the respondents that the information they gave was treated as confidential.

3.11 Operationalization of Variables

The operational definition of a variable is the actual method, tool, or technique that indicates how the concept is to be measured (Denscombe, 2007). The variables are defined as shown on Table 3.1

Table 3.1 Operational of variables

Objectives	Variable	Indicators	Measurement	Measurement Scale	Data Analysis
To establish ways in which stakeholder's influence provision of community–based rehabilitation services to children with disabilities in Meru County.	Stakeholders' participation	Support from community groups such as churches	Number of CBR officials reporting that there are sustainable support initiatives by the community groups.	Nominal	Descriptive statistics
		Presence of volunteers in the CBR project	Number of respondents reporting that failure to involve volunteers makes the projects less sustainable	Nominal	Descriptive statistics
		Support from Disability Organisations	Number of personnel reporting that the CBR project receives support from the Disability organisations	Nominal	Descriptive statistics
		Local political support	Number of personnel reporting that the CBR project receives support from the local political leaders	Nominal	Descriptive statistics
To examine how the attitude of the service provider's influence provision of community–based rehabilitation services to children with disabilities in Meru County.	Service provider's attitudes	Professionalism of service providers	Number of behaviour occurrences	Nominal	Descriptive statistics
		Quality of relationship between personnel and parents/guardians of CWDs	Number of parents/ guardians reporting that they relate well with the CBR personnel	Nominal	Descriptive statistics
To establish how availability of funds influence provision of community–based rehabilitation services to children with disabilities in Meru County.	Availability of funds	Attendance of CBR sessions and activities	Number of CWDs that are able to attend regular CBR sessions/activities.	Nominal	Descriptive statistics
		Ability to acquire items required for rehabilitation	Number of parents/ guardians having equipments required for therapy	Interval	Inferential statistics
To determine how the physical environment influence provision of community- based rehabilitation services to children with disabilities in Meru County	Physical environment	Accessibility of CBR centre	Number of CWDs that are able to attend regular rehabilitation sessions compared to the distance from their home	Nominal	Descriptive statistics and inferential statistics

CHAPTER FOUR: DATA ANALYSIS AND INTERPRETATION

4.1 Introduction

The main objective of the study was to establish factors that influence the provision of community based rehabilitation in Kenya. This section therefore contains the data analysis, interpretation and discussion of data that was collected in the study regarding how availability of funds, stakeholders influence, physical environment and attitude of service providers influence community based rehabilitation in Kenya, the study, focused on the Disability Community Centre (DCC) in Igembe South Sub-County in Meru County. Quantitative analysis was adopted in the study; findings were presented using percentages (%), frequencies, and tables.

4.2 Questionnaire Return Rate

Table 4.1 displays the questionnaire return rate. This was considered important as an indicator of the number of participants in the study.

	Questionnaires issued	**Return Percentage**
Retuned	208	100%
Not Returned	0	0%
Total	208	100%

Table 4.1 Questionnaire return rate

The target respondents for the study were 208; 208 respondents answered and returned complete questionnaires. This constituted a response rate of 100%. This response rates were sufficient and representative and conforms to Mugenda and Mugenda (1999) stipulation that a response rate of 50% is adequate for analysis and reporting; a rate of 60% is good and a response rate of 70% and over is excellent. This commendable response rate was due to extra efforts that were made in following up with the respondents to fill-in and return the questionnaires. A response rate of 100% was therefore highly acceptable. This commendable response rate was due to the validity of the research instrument and the extra efforts that were made via personal phone calls and several visits to remind the respondent to fill-in and return the questionnaires as complete as possible.

4.3 Demographic Characteristics of the Respondents

The study targeted parents of children with disabilities, administrator and staff of the DCC rehabilitation program and volunteers in the organisation. The study sought to know the gender of these respondents, age of the respondents, and the level of education of the respondents.

4.3.1 Gender of Respondents

The responder was requested to indicate their gender category. This was done in view of establishing the level of fairness in terms of gender engagement. Table 4.2 shows the distribution of respondents in terms of their gender.

Variable		Frequency	Percentage
Gender	Male	81	38.94%
	Female	127	61.06%
Total		208	100.0%

Table 4.2: Gender of respondents

From the findings on Table 4.2, most of the respondents, 45.20% indicated that they were aged between 18-30 years old, 33.65% were between 31-40 years of age, and 13.46% of the respondents were aged between 41-50 years while 7.69% were aged 51 years and above. This implied that respondents from diverse age groups were incorporated in the study and the younger and active generations were the ones taking their children to the rehabilitation program. The study results imply that majority of the respondents were aged below 30 years of age. Demographic information on age showed that the majority of attendance to the community rehabilitation programs is the younger populations. As shown on the table, over 78% were aged below 40 years, a clear indication that they are interested in the rehabilitation of their children and their challenges.

4.3.2 Age Distribution of Respondents

Various age groups hold different opinions relating to various subjects. In this understanding, engaging respondents of various age groups deemed fundamental in quest to establish how stakeholder's involvement influences provision of CBR services in Meru County. Table 4.3 shows the distribution of respondents in terms of their own age category.

Variable		Frequency	Percentage
Age	18-30 Years	94	45.20%
	31-40 Years	70	33.65%
	41-50 Years	28	13.46%
	51 and Above	16	7.69%
Total		208	100.00%

Table 4.3: Age distribution of respondents

From Table 4.3, the study findings, majority of the respondents at 61.06% were female while 38.94% were male. This implied that information was collected from both male and female respondents from the area covered by the Disability Community Centre program and majority of the respondents are female. This is an indication that the attendance to the community rehabilitation centres is dominated by women. However, it's important to note that the gender ratio as per government regulations has been surpassed. This should be evident in the quality of decisions made to support the influence of these programs.

4.3.3 Level of Education of Respondents

The level of education determines ones' perception, understanding and uptake of deferent issues. In this line of understand respondents were requested to indicated their highest level of education. Table 4.4 show results on the respondent's highest level of education achieved.

Variable		Frequency	Percentage
Education	Post Graduate	1	0.48%
	Graduate	4	1.92%
	College	11	5.29%
	Secondary	31	14.90%
	Primary	82	39.42%
	Others	79	37.99%
Total		**208**	**100%**

Table 4.4 Level of education of respondents

From Table 4.4, the study revealed that most of respondents, 39.42%, indicated that they had attained primary school certificates, 14.90% had attained secondary school certificates, and 5.29% had attained college diplomas with less than 2% being in possession of university degrees. 37.99% of the respondents indicated that they were not able to complete their primary education. This information signified that most of the respondents had basic education and could therefore understand the questions in the questionnaires and during the group interviews. This also indicated that the respondents understood the ethics of research and thus were expected to give honest and informative responses which would add to the credibility of the final research findings and report.

4.4. Availability of funds and provision of community–based rehabilitation services to children with disabilities in Meru County.

From Table 4.5, the respondents were asked to specify the degree to which funding influence accessibility of social services for children with disability in Meru County. Most of the respondents (50.5%) indicated that funding influence provision of community–based rehabilitation services for children with disability to a great extent, 40.4% indicated it affects to a very great extent, 2.9 to a moderate extent whereas only 1.9 % said it affects to a low extent. The Table 4.5 outlines the outcome.

Rating	Frequency	% Frequency
Very great extent	84	40.4
Great extent	105	50.5
Moderate extent	6	2.9
Low extent	4	1.9
No extent at all	7	3.4
Total	208	100.0

Table 4.5: Influence of funding and provision of community–based rehabilitation services to children with disabilities in Meru County

In the interview, the administrator indicated that without adequate funding they are not able to provide quality services at the centre. He also indicated that children from poor households attendance the sessions irregular and more so for those that have to travel

long distances. During the focus group discussions with the parents of children with disabilities, they echoed the sentiments from the administrator where many cited that if they didn't have money available they would abandon the program until they could get money for transport.

The personnel of the CBR centre made responses in the questionnaire that indicated that obtaining money for transport on a regular basis was one of the major contributors to drop out rates of children accessing the centre. Table 4.6 compares the responses on the different contributors to drop out from the program.

Variable	Respondents	Percentage %
Availability of funding	6	66%
Physical environment	1	12%
Parents interest in Rehabilitation	2	22%
Total	9	100

Table 4.6 Major contributors to inaccessibility of CBR program

From Table 4.6 majority of the respondents at 67% indicated funding is the major contributor over the interest of the parents at 22% and physical environment at 11%.

4.5. Stakeholder's and provision of community–based rehabilitation services to children with disabilities in Meru County.

The study sought to find out how stakeholders influence CBR program and how it affects the provision of the service. The information was gathered by examining the influence of stakeholder participation, the effect of stakeholder participation and how the parents of the children with disabilities were involved in the rehabilitation of their children.

4.5.1 Influence of stakeholder participation.

The study pursued to find out whether the respondents are conversant with how stakeholders influence accessibility of social benefits for children with various disabilities. The findings are presented in Table 4.7.

Stakeholder participation	Frequency	% Frequency
Yes	141	67.8
No	67	32.2
Total	208	100.0

Table 4.7 Influence of stakeholder participation

From the result majority (67.8%) of the respondent settled with the statement that participation of stakeholders influence provision of community based rehabilitation services to children with disabilities in Meru County.

4.5.2 Effect of stakeholder participation on provision of community based rehabilitation services to children with disabilities.

The study required to find out whether the respondents are conversant with the effects of the stakeholders participation on provision of community based rehabilitation services to children with disabilities. The results are exhibited in Table 4.8.

Statements	Strongly disagree	Disagree	Moderate	Agree	Strongly agree	Mean
Stakeholder's involvement and participation is crucial to successful and lasting change in rehabilitation.	5	8	32	79	84	4.10
Effective stakeholder management can help resolve many types of stakeholder problems.	8	2	42	92	74	4.02
All successful change engages a wide network of stakeholders, including other health and social care organizations	0	4	29	74	101	4.31
The early identification of children with disabilities will enhance the survival of children.	1	3	28	87	89	4.25

Table 4.8 Stakeholder participation and provision of community based rehabilitation

From Table 4.8, the study sought to prove the degree to which respondents agreed with the above statements relating to the effect of stakeholder participation on accessibility of rehabilitation services for children with disability. From the study results, majority of the respondents agreed with statement that Stakeholder's involvement and participation is essential to fruitful and lasting change in rehabilitation as shown by mean of 4.10, they also agreed that effective stakeholder administration can help managers make a decision on many types of stakeholder problems as shown by a mean of 4.02. The respondents also agreed that all successful change engages a wide network of stakeholders, including other health and social care organizations as shown by a mean of 4.31 and finally many of respondent also agreed with the statement that early identification of children with disabilities enhance the survival of children as shown by a mean of 4.25. The results of this scholarly work correspond with those of (Bandura, 1977) who suggest Stakeholders contribution and participation is fundamental to flourishing and enduring change in societal care.

4.5.3 Parental involvement in community based rehabilitation intervention services of children with physical disabilities

A qualitative analysis conducted to establish how the administrators involved the parents of the children in the programs and services revealed that they involved parents by inviting them to guidance and counselling sessions as well as sharing reports by several other professionals with them. In addition, the administrators recorded the interaction that existed between them and the children as good as shown in the Table 4.9.

Rating	Percentage
Good	74%
Fair	26%
Total	100%

Table 4.9: Parents participation in Community Based Rehabilitation services

4.6 Physical environment and provision of community-based rehabilitation services to children with disabilities in Meru County.

The respondents were asked how the physical environment influences the provision of community based rehabilitation to children with disabilities in Meru County. The results are presented in Table 4.10.

Rating	**Frequency**	**% Frequency**
Very great extent	8	3.8
Great extent	47	22.6
Moderate extent	99	47.6
Low extent	36	17.3
No extent at all	18	8.7
Total	208	100.0

Table 4.10 Influence of the physical environment and provision of CBR

From Table 4.10 shows that most of the respondents 47.6% indicated it affected them to a moderate extent, 22.6% indicated to a very great extent. Only 8.7% of the respondents indicated that it did not affect them at all.

The staff of the CBR centre we asked whether the children experienced difficulties accessing the centre due to the physical environment. The results are as shown in Table 4.11.

	Response	Frequency	% Rate
Do the children experience difficulties accessing the CBR centre due to the physical environment	Many difficulties	7	77.78
	Average difficulties	2	22.22
	Few difficulties	0	0
Total		9	100.00

Table 4.11: CWDs and access to the CBR centre due to the physical environment

From Table 4.11 77.78% of the respondents expressed that the children experience many difficulties, while 22.22% expressed the children experienced average difficulties. None of the respondents indicated that the children did not experience difficulties.

The researcher sought to find out the response of children to the CBR services offered at the community based rehabilitation centre. The results are as shown in Table 4.12

	Response	Frequency	%Rate
How do the children response to the CBR services offered	Very well	2	22.22
	Fairly well	7	77.78
	Bad	0	0
Total		9	100.00

Table 4.12 Children with disabilities and response to CBR services offered

From Table 4.12, 77.78% indicated that they responded fairly well while 22.22% indicated they responded very well. None of the respondents indicated that the response was bad.

The researcher sought to find out the completion rate of children enrolled in the community based rehabilitation centre program. The results are as shown in Table 4.13

	Response	Frequency	%Rate
What is the completion rate of children enrolled in the program	Below 5%	0	0
	10%	1	11.11
	50%	7	77.78
	Above 60%	1	11.11
Total		9	100.00

Table 4.13 Children with disabilities and completion rate of CBR services

As per Table 4.13, majority of the respondents at 77.78 indicated that 50% completed the program, 11.11% indicated above 60% and another 11.11% indicated that only 10% completed the program. None of the respondents indicated the completion rate was below 5%.

4.7 Attitude of the service provider's and provision of community–based rehabilitation services to children with disabilities in Meru County.

The researcher sought to find out how the attitude of the service providers affected the provision of community based rehabilitation. This was examined through getting to know what the beneficiaries of the CBR service thought about the effect of the service providers attitude and how it affected provision of community based rehabilitation services as well as getting to understand what hinders the performance of the staff in service provision and also how often they underwent training in their field of expertise.

4.7.1 The effect of attitude of caregivers on accessibility of social services for children with disability

The respondents were asked whether the attitude of the service provider's influence provision of community–based rehabilitation services to children with disabilities in Meru County. The Table 4.14 summarizes the result.

Response	Percentage
Yes	74%
No	26%
	100%

Figure 4.14: Service providers attitude and provision of CBR services

The results show that majority (74%) of the respondent agreed whereas 26% disagreed that the attitude of the service provider's influence provision of community–based rehabilitation services to children with disabilities in Meru County

4.7.2 Hindrance to performance of personnel in provision of community based rehabilitation

The researched inquired on what hindered the work of the personnel of the CBR centre. The results are presented in Table 4.15.

	Number	Percentage
Poor attendance of children with disabilities	4	45%
Lack of support from parents of children with disabilities	3	33%
Lack of support from stakeholders	2	22%
Total	9	100

Table 4.15: Hinders to work performance and provision of CBR

In Table 4.15, 45% of the respondents thought that poor attendance of children with disabilities was the major cause, 33% thought it to be the lack of support from parents of children with disabilities and 22% said its lack of support from the stakeholders.

The researcher further sought to find out how the parents of children with disabilities felt about their relationship with the service providers of community based rehabilitation. Table 4.16 shows the results.

Response	Number	Percentage
Very well	6	67%
Passive	2	22%
Not friendly	1	11%
Total	9	100%

Table 4.16 Relationship between parents of children with disabilities and providers of CBR

Table 4.16, indicates that 67% of the respondents thought their relationship went on very well, 22% thought it was passive while 11% said it was not friendly.

4.7.3 Staff Training and provision of community based rehabilitation

The staffs of the CBR centre were asked how often they received training in their area of speciality. Table 4.17 shows this information.

	Number	Percentage
At least once in 3 Months	1	11%
At least once in 6 Months	1	11%
At least once in 12 Months	7	78%
Total	9	100%

Table 4.17: Staff training and time conducted in provision of community based rehabilitation

According to the responses only 11 % of the staff receives training at least once in 3 months and another 11% in 6 months while the majority of the staff at 78% received training at least once in a year.

4.7.4 Relationship between staff and stakeholders in provision of community based rehabilitation

During the focus group discussions with the stakeholders the question on how they felt their relationship with the staff of the CBR centre was asked. Table 4.18 indicates the results.

Response	Number	Percentage
Very well	5	32%
Fairly well	3	53%
Poorly	1	15%
Total	9	100%

Table 4.18: Relationship between staff and stakeholders

From the results, 53% of the respondents said that their relationship was fairly well, 32 percent indicated that it was very well while 15% said that it was poor. Figure 4.8 indicates the responses.

The staffs of the CBR centre were asked on how they felt their relationship with the administration of the centre was. Table 4.19 indicates the results.

Response	Number	Percentage
Very well	5	56%
Fairly well	3	33%
Poorly	1	11%
Total	9	100%

Table 4.19: Relationship between staff and administrator

In Table 4.18, 56% of the respondents indicated that it was very well, 33% indicated that it was fairly well and 11% said that their relationship was poor.

CHAPTER FIVE: SUMMARY OF FINDINGS, DISCUSSIONS, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

The chapter encompasses of the summary of the research findings, discussions, conclusions as per the objectives of the study, recommendations guided by the study's objectives, and suggestions for further studies.

5.2 Summary of the findings

This section summarises the findings from the data collected in the research. It explores each of the variables that is how availability of funds, stakeholder's participation, the physical environment and the attitude of the service provider's influence provision of community–based rehabilitation services to children with disabilities.

5.2.1 Availability of funds and provision of community–based rehabilitation services to children with disabilities

In an attempt to realize the first research objective, the research established that most parents and guardians are highly dependent on the availability of funding to be able to access the services offered at the rehabilitation centres. Many parents expressed that without money they would not be able to get their children to the centre as required on a regular basis. In the response to the interview questions it was clear that majority 50.5% and 40.4% expressed that the availability of funding has a significant influence in the provision of community based rehabilitation to a great extent and to a very great extent respectively. In comparison to the meagre response of 2.9% and 1.9% indicating it affected to a moderate extent and to a low extent respectively. From the information gathered from the focus group discussions it was clear that availability of funding was superior at 67% than the interests of parents and influence of the physical environment. The parents indicated that they would abandon the program in case they were unable to raise funds to continue attending the sessions at the rehabilitation centre.

5.2.2 Stakeholders participation and provision of community–based rehabilitation services to children with disabilities

In the second objective of the research the 67.8% of the respondents agreed that stakeholders influence the accessibility of community based rehabilitation services. This is a large number compared to 32.2% of the respondents that did not agree that stakeholders had influence on the program. The study established that increased stakeholders participation is fundamental to successful provision of service delivery by the CBR centre. Community-based rehabilitation better addresses the needs of each individual population and provides more effective care and support for its vulnerable children. Mobilization contributes to community ownership, builds advocacy and raises awareness of CWDs, all of which contribute to the sustainability of programs and continued care and support of CWDs. Majority of the respondents also agreed that 'All successful change engages a wide network of stakeholders, including other health and social care organizations' with a mean of 4.31. The administrators of the program indicated that the interaction with the parents through participation was good at 74% making the inference that a health relationship with the parents as stakeholders is needed for success of the rehabilitation program.

5.2.3 Physical environment and provision of community–based rehabilitation services to children with disabilities

In the third objective the researcher needed to find out the physical environment's influence on the provision of community based rehabilitation. It proved to be of significant consideration with 47.6% of respondents indicating that it affected them to a moderate extent and 22.6% demonstrating that it influenced to a very great extent with very few of the respondents indicating that it did not affect service provision. When asked whether the children experience difficulties accessing the CBR centre due to the physical environment, 77.78% of the personnel indicated that the children have many difficulties compared, while none said that they did not experience any difficulty. 77.78% of the personnel response showed that completion rate in CBR was at 50% with also indicating that 77.78 showing that the children responded fairly well to therapy. The study established that the physical environment influenced the provision of community based rehabilitation services to a moderate extent. It affected some more than others.

5.2.4 Attitude of service providers and provision of community–based rehabilitation services to children with disabilities

In the final objective 74% of respondents demonstrated that attitude of service provides affected the provision of Community Based Rehabilitation. Most of the service providers at 45% indicated that the CBR service provision was mostly affected by poor attendance of children with disabilities, closely trailed by lack of interest by the parents at 33%. Maintaining a good working relationship between the parents and service providers is essential in service provision. The figures from the research indicated that there was a good relationship between the service providers and parents with 67% of the respondents saying they had they related very well. According to Gaynor Kavanagh (2005) Staff training and ensuring professionalism is important in service provision, for this reason the researcher asked how often training of staff was conducted for the CBR professionals. Majority of the respondents (78%) had training at least once in a year while only one person (11%) had training within less than 6 months. In the relationship between the CBR personnel and the stakeholders 53 % had a fairly well relationship and 32% had a well relationship. When the researcher inquired about the management and staff relationship, 56 % of the staff indicated that they had a very well relationship with the administrator. The findings on attitude of service providers show that the attitude of caregivers greatly affects accessibility of community based rehabilitation services for children with disabilities. It is crucial in the development of program approaches and timely interventions. The partnership between service providers and beneficiaries is characterized by complementarities, mutual benefits, exchange, contribution, and sharing of information by both. The partnership is also based on recognition of the weaknesses, strengths and value of each which give place to a balanced partnership.

5.3 Discussion

According to WHO (2011), rehabilitation measures target body functions and structures, activities and participation, environmental factors, and personal factors. They contribute to a person achieving and maintaining optimal functioning in interaction with their environment, using the following broad outcomes: prevention of the loss of function; slowing the rate of loss of function; improvement or restoration of function; compensation for lost function maintenance of current function. Rehabilitation outcomes are the benefits and changes in the functioning of an individual over time that are

attributable to a single measure or set of measures (Luchette and Yelon, 2017). Therefore regular participation in rehabilitation is important to ensure timely rehabilitation.

5.3.1 Availability of funds and provision of community–based rehabilitation services to children with disabilities

The research found out that availability of funds affected the attendance to rehabilitation centres. Most of the people require a means of transport to get to the rehabilitation centre. This costs money and without the transport then they cannot be able to attend the sessions. Funds are also required in making adaptations in the home to accommodate the child with a disability. According to the responses from the research, it's clear that funding is a major need to access the rehabilitation centre and begin the process for the child with a disability.

The administrator of the rehabilitation centre expressed that the hindrance for many poor households was funding to access the centre as well as make provisions for the adaptations that they had been advised to make on their home. The findings are in line with the study by Eidi, (2015) as well as the results reported by van Rooy (2009) and Trani et al. (2010) regarding main barriers for access to health services.

5.3.2 Stakeholders participation and provision of community–based rehabilitation services to children with disabilities

Stakeholder's participation is important as the research found out. Majority of the respondents expressed that all successful change engages a wide network of stakeholders, including other health and social care organizations. Therefore we can deduce that stakeholder's participation ensures that the family voice is present at every level of decision making, thereby playing a central role in shaping the policies that directly affect them, their families, and communities. The involvement of stakeholders or those with "lived experience" is a critical part of the process as they have first-hand knowledge of the effectiveness of the programs and policies that directly affect them and their families. Stakeholder participation also ensures participatory planning which requires the involvement of concerned stakeholders. This includes identifying public concerns and values and developing a broad consensus on planned initiatives. This echoes a report by Lancaster (2002) who postulates that the participation of the stakeholders in the programs ensures that the programme responds to the needs of the community as well as ensuring ownership and the long term sustainability of the program as they learn how to accept

and adapt to changes in the project. It is also about utilising the vast amount of information and knowledge that stakeholders hold to find workable, efficient and sustainable solutions (CAP-NET 2008).

5.3.3 Physical environment and provision of community–based rehabilitation services to children with disabilities

The physical environment affected majority of the respondents to a great extent. These were especially the respondents that had to travel for long distances to reach the rehabilitation centre. Hilly and rocky terrain makes it difficult for a person on a wheelchair to get across; muddy and slippery roads are difficult to walk through and more so for those with disabilities. The administrator at the CBR centre indicated that turn out for therapy would drop by 50% during the rainy season. This clearly indicates that rain and muddy roads make it difficult for the children with disabilities to access the rehabilitation that they need. The administrator added that those that live in the country side were more disadvantaged than those in the town areas. This is because of better paved roads in the towns than in the countryside. These findings are similar to those of a study by Sagahutu (2008) that revealed that long distance and isolation from schools are the main barriers to school attendance.

5.3.4 Attitude of service providers and provision of community–based rehabilitation services to children with disabilities

The research indicated that majority of the respondents thought that the attitude of service providers would affect the rehabilitation. The parents/guardians with the children with disabilities require morale support and encouragement to continue to participate (S. Klasen, 1997). It is important that the clients to the rehabilitation centre are treated well whether they are the first client or the last client of the day, they must feel that they are important for the institution and the employees should take the time to serve them with a smile and a positive attitude. This will make them remember the experience and want to come back. The customers are the reason for the existence of the program and without them there would be no business and therefore no work for the institution (B. Georg, 2011). Bad attitude towards the clients would chase them away and this would affect the rehabilitation process of the person requiring it. The relationship between the employees and management is also important to ensure that there is a favourable environment to

conduct work and eventual benefit to the beneficiaries of community based rehabilitation.

5.4 Conclusion

This study aimed to understand the factors that influence provision of community based rehabilitation to children with disabilities in Meru County, Kenya. The study concludes that most parents and guardians are highly dependent on the availability of funding to be able to access the services offered at the rehabilitation centres. That increased stakeholders participation is fundamental to successful provision of service delivery by the CBR centre. That the physical environment influenced the provision of community based rehabilitation services to a moderate extent and that the attitude of caregivers greatly affects accessibility of community based rehabilitation services for children with disabilities. Therefore the factors of availability of funds, stakeholder’s participation, the physical environment and the attitude of the service provider’s influence the provision of community based rehabilitation.

5.5 Recommendations

1. The study found that availability of funds highly affects the attendance of children with disabilities to the CBR services. Therefore the study recommends that the community rehabilitation programmes to seek ways to support the beneficiaries’ households with transport to the CBR premises.
2. The study found that the involvement of stakeholders is a critical part of the process as they have first-hand knowledge of the effectiveness of the programs and policies that directly affect them and their families. It is recommended that the CBR centres strengthen partnerships with the different stakeholders such that they can be relied upon to assist programs consistently when needed.

3. The physical environment affected majority of the respondents to a great extent especially the respondents that had to travel for long distances to reach the rehabilitation centre. Therefore it is recommended that the government and NGOs promoting CBR increase the number of community based rehabilitation centres that offer services to children with disabilities in all parts of the country.

4. The research indicated that majority of the respondents thought that the attitude of service providers would negatively affect the rehabilitation. It is therefore recommended that the personnel and caregivers be trained on good customer service skills and how to handle clients to the rehabilitation centre in order to maintain good relationships with beneficiaries.

5.6 Suggestions for further research

The study also makes the following recommendations for further research

1. It is evident that even after accessing the CBR services, some children could not improve. Therefore, a study should be conducted to establish the effectiveness and success of community based rehabilitation

2. The current study observed that funding is a challenge when it comes to getting transport to reach the CBR centre and making provisions in the home for managing children with disabilities by the parents. Therefore, a research study should be done to evaluate the relationship between families with high incomes and the low levels of interventions for children with disabilities.

3. A study should be conducted in any other part of the country to investigate the provision of services to children with disabilities in CBR centres.

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APPENDICES

APPENDIX I: LETTER OF TRANSMITTAL OF DATA COLLECTION INSTRUMENTS

Oliver Kirimi Kariji

P.O BOX 749- 60600,

Meru- Kenya.

Dear Sir /Madam,

RE: Letter To The respondents

I am currently a student at The University of Nairobi pursuing a Master of Arts degree in Project Planning and Management to meet the requirements of the programme I am undertaking a study on ***FACTORS INFLUENCING PROVISION OF COMMUNITY–BASED REHABILITATION SERVICES TO CHILDREN WITH DISABILITIES IN KENYA, A CASE OF DISABILITY COMMUNITY CENTRE IN MAUA, MERU COUNTY.***

Kindly provide data which I require for this study through the provided study instruments.

The data you provide will be used for research purpose only and your identity will be held confidential.

Thank you.

Yours Faithfully,

Oliver Kirimi Kariji

L50/85204/2016

APPENDIX II: INTERVIEW GUIDE FOR DCC ADMINISTRATOR

The researcher requests the following information which is important to this study. The information that you will provide will be treated as confidential and will only be used for the purpose of this study.

1. Gender: Male ____________ Female____________________

2. Professional Qualification (put a tick where appropriate)

   i) Certificate ____________________
   ii) Diploma ____________________
   iii) University degree ____________________
   iv) Specify any other qualification ____________________

3. How many children with disabilities visit the centre?

4. Who are your stakeholders in the CBR project at the centre?

5. How do you involve the stakeholders in the rehabilitation process at the centre?

6. How does the funding level affect the services provided at the CBR centre? Explain briefly

7. How does the physical environment affect accessibility by children with disabilities while seeking the rehabilitation services at the centre? Explain briefly

8. How does the attitude of personnel affect the relationship with the beneficiaries of the CBR services at the centre? Explain briefly

9. What problems do you experience while providing services to children with disabilities at the centre?

Thank you for your assistance.

APPENDIX III: FOCUS GROUP DISCUSSION GUIDE FOR PARENTS OF CHILDREN WITH DISABILITIES

Kindly provide the following information about yourselves and the CBR centre. All your responses will be confidential and will only be used for the purpose of this study.

1. Gender: Male ________________ Female_____________

2. Profession________________________________

3. In your view, do you think the personnel of the DCC are effectively rehabilitating children with disabilities?

4. In which ways do you contribute to the rehabilitation of your child at the CBR centre?

5. Do the personnel give you all the information regarding the progress of the child with disability in a courteous way?

6. When did you bring the child with a disability to the CBR centre?

7. Do you experience difficulties bringing your child to the CBR centre?

8. How do you as a parent create awareness among the members of your community on services offered at CBR centre?

Thank you for your time

APPENDIX IV: QUESTIONNAIRE FOR PERSONNEL AT THE DCC CBR CENTRE

Kindly provide the requested information regarding yourself and the CBR centre as accurately as possible. All provided information will be treated with confidence and will only be used for the purpose of this study.

1. Gender: Male ________________ Female_____________

2. Designation: ________________________

3. Professional Qualification: (put a tick where appropriate)

a) Physiotherapist ______________
b) Occupational Therapist_________
c) Orthopaedic technician___________
d) Special Education_________
e) Counselling____________
f) Psychologist___________
g) Social worker____________
h) Specify any other_________

4. Academic Qualifications (Tick where appropriate)

a) Certificate Level____________________

b) College Diploma____________________

c) Graduate__________________________

5. How do the parents of children with disabilities relate with you? (Tick where appropriate)

□ Very well

□ Passive

□ Not friendly

6. Do the children experience difficulties accessing the CBR centre due to the physical environment?

□ Many difficulties

□ Average difficulties

□ Few difficulties

7. In your opinion, what most affects the accessibility of the CBR centre as a result of the physical environment?

8. How do you relate with the stakeholders?

□ Very well

□ Fairly well

□ Poorly

9. How do you relate with the administrator?

□ Very well

□ Fair

□ Not sure

Specify any other_______________________________________

10. What hinders the performance of your work?

□ Poor attendance of children with disabilities

□ Lack of support from parents of children with disabilities

□ Lack of support from the stakeholders

Specify any other_______________________________________

11. How do the children respond to the CBR services offered?

□ Very well

□ Well

□ Fairly well

Specify any other____________________________________

12. On average, how would you rate the turn out rate of children with disabilities to the centre?

□ Below 5%

□ 10%

□ 50%

□ Above 60%

13. How often do you attend organized training workshops in your area of specialisation?

□ Once a year

□ After six months

□ Every 3 months

Specify any other ______________________________________

Thank you for your time