

Community-based Rehabilitation Support Programmes and Social Inclusion of Persons with Disabilities in Tigania East, Kenya

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ABSTRACT

Community-based rehabilitation programmes (CBR) are considered fundamental in improving the well-being of persons with disabilities by facilitating access to basic services like healthcare, education, housing, and employment and fostering their participation in the community through the transfer of knowledge and skills concerning disability and rehabilitation to people with disabilities, their families and the community at large to enhance social inclusion. However, despite the existence of the Disability Community programmes, it is not clear how community-based rehabilitation support has fostered the social inclusion of persons with disabilities in Kenya. Based on the data from Tigania East, Meru County, Kenya, this paper explores the impact of community-based programmes on the social inclusion of persons with disabilities with a view to influencing policy formulation to foster livelihood and inclusion of the disability in the community agenda.

Submitted: July 07, 2024

Published: August 13, 2024

 10.24018/ejsocial.2024.4.4.559

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Keywords: Community-based rehabilitation programmes, disability, social inclusion.

1. INTRODUCTION

Improving the quality of life and the welfare of the citizenry are top priorities for governments and developed societies (Parker *et al.*, 2019). Nevertheless, some more groups remain at risk of exclusion, such as immigrants, people with disabilities, ethnic minorities and the elderly World Health Organization (2011). Persons with disabilities in developing and post-conflict nations are invariably among the most poor (Mitra *et al.*, 2013). The 2011 World Disability Report, jointly published by the WHO and World Bank, claims that over 15% of the world's population is made up of disabled people, with a disproportionately high number of them living in poverty (Parker *et al.*, 2019). One of the reasons that so many disabled people are living in poverty is the difficulties that they face in earning a living, due not only to particular impairments that they may have but also to a wide range of barriers that exist within society and effectively bar them from opportunities to participate as productive citizens.

The estimate illustrates the scale of this problem that 80% of disabled people living in developing countries are unemployed International Labour Organization (ILO, 2012). Enabling one disabled person to contribute to the production of goods and services not only increases the net economic benefit of that individual to society but may also release family members from at least some of their caring responsibilities, thus enabling them to engage in productive activities themselves (Bekteshi, 2015). The challenges facing people with disabilities are believed to be addressed by community-based rehabilitation (CBR).

Community-based rehabilitation entails a community action aimed at improving the well-being of people with disabilities by facilitating access to basic services, thus fostering their active participation in the community (Hoppestad, 2013). Community-based rehabilitation (CBR) was initiated by the World Health Organization (WHO) in 1978 to access rehabilitation services for persons with disabilities in developing and low-income countries. However, its scope has considerably broadened over the past years and has since evolved from a concept to a policy and, presently, as a programme. According



to WHO, rehabilitation services in developing countries were practically non-existent or inadequate. They faced several challenges, such as a lack of national planning and coordination of services, medical rehabilitation services usually concentrated on institutional care and discouraging or failed results where advanced rehabilitation services have been introduced (Parker *et al.*, 2019). This called for several technical changes to better suit the developing regions' cultural, educational, social and health realities. Thus, community involvement was a fundamental component. WHO guidelines explain that CBR is multi-sectoral. That is, it is implemented through the combined efforts of people with disabilities themselves, their families, organizations and communities, and the relevant governmental and non-governmental organizations, health, education, vocational and social services.

Community-based rehabilitation as a strategy promotes the rights of people with disabilities to live as equal citizens within the community, to enjoy health and well-being, and to participate fully in educational, social, cultural, religious, economic and political activities (Hoppestad, 2013). According to Hasan and Syed Junid (2019), under certain conditions, it is estimated that 80% of rehabilitation needs could be met through the use of CBR programmes as they are also considered, in theory, to be the most cost-effective approach to improve the well-being of persons with disabilities, in comparison with care in hospitals or rehabilitation centres (Islam, 2015).

CBR is being implemented in over ninety countries through the Convention on the Rights of Persons with Disabilities (CRPD) guidelines to ensure a common understanding and approach across the globe (Parker *et al.*, 2019). In the 1990s, community-based rehabilitation programmes provided medical and social rehabilitation in China through home-based training, resulting in improved physical functioning and school integration (Luruli *et al.*, 2016). In Egypt, the CBR programmes developed organized clubs where parents come with their children living with disabilities to participate in various organized activities. The parents can talk and share their experiences and undertake training sessions. In European countries such as Ireland, there is a principle on mainstreaming transport and infrastructure accessibility for persons with disabilities (Ownsworth *et al.*, 2020).

In Kenya, CBR programmes are implemented by either the government, non-governmental organizations or civil society organizations. These include, for instance, the Gifted Community Centre based in Kibera Nairobi, Cheshire Disability Services Kenya based in Homabay, Kiambu, Nairobi and Makueni, Umoja Disability Centre in Nairobi, Human and Inclusion (formerly the Handicap International) and the Jesuit Refugee services in Kakuma and Kaloboyei (Luruli *et al.*, 2016). In Meru County, Community based rehabilitation (CBR) is practised at the Disability Community Centre (DCC) located in Maua, which covers the Meru North region of Meru County. The centre is a community-based organization started in 1997 by the Methodist Church in Kenya (MCK) as an assessment centre for children with disabilities. However, it has since expanded its programmes to provide advocacy and create awareness among persons with disabilities, their caregivers and the larger community on issues of disabilities (Ownsworth *et al.*, 2020).

Despite existing data demonstrating that Persons with Disabilities face incredible societal barriers, little research has been done to understand their situation in developing and post-conflict nations, as they are excluded from many development policies and practices (Parker *et al.*, 2019; World Health Organization, 2011). Currently, very scarce documented information exists on how community-based Rehabilitation programmes have impacted social inclusion. This study, therefore, sought to investigate the impact of community support on the social inclusion of persons with disabilities in Tigania East, Meru County, Kenya.

2. METHOD

The study adopted a mixed methods research design. This design is ideal for this study because it gathers quantitative and qualitative information to answer research questions. This design offers a detailed understanding of a problem and allows for a broad and in-depth investigation.

This study was conducted in Tigania East Sub-County, Meru County, Kenya, a section of the Meru North region that hosts the Disability Community Center (DCC). This region is partially covered by semi-arid areas, which makes it highly prone to poverty and other natural disasters. Meru County has a total number of 49,815 persons with disabilities, and 803 of these are from Tigania East, according to the Kenya National Bureau of Statistics (2019), while only 221 of the population are well organized into the disabled people groups that are the direct focus of the community-based rehabilitation programmes.

The study focused on adults with disabilities who are beneficiaries of the Disability Community Center (DCC) and the Community-Based Rehabilitation (CBR) Programme are organized in groups in Tigania East Sub-County. Approximately 221 adults with disabilities who are beneficiaries of the program were targeted: one administrator, five staff members at the Disability Community Center, and one social development officer in charge of disability groups. Using Slovincs' (1960) sample determination formula and simple random sampling procedure, the study selected a sample of 148. In

addition, a purposive sampling technique was used to select key informants for interviews to cross-check information collected from respondents.

The data collection methods in this study were in-depth interviews and key informant interviews. Collected data was analyzed using qualitative and quantitative methods. Qualitatively, the data was analyzed using the thematic analysis technique since it is more suitable for analyzing patterns of meaning within data and exploring factors influencing particular phenomena. The qualitative data was then coded using ATLAS.ti, data analysis software. Analyzed qualitative data was presented in the form of quotes and verbatims. On the other hand, quantitative data analysis entails descriptive statistics.

Approvals from the relevant bodies were sought before starting the research. The purpose of the study was defined and clearly explained to the respondents, that is, the study's duration and the use of the findings from the study. Participation in the study was voluntary, and responses were kept confidential. Participants were also notified that there was no direct benefit to participating in the research. However, future benefits would be more accommodating policies addressing all their issues due to the research conducted.

3. RESULTS

3.1. Effects of Community-based Rehabilitation Support on Social Inclusion of Persons with Disabilities in the Study Area

This was the first objective of the study. This section is divided into two sub-sections: the common type of community-based rehabilitation support for persons with disabilities and the effect of community-based rehabilitation support on social inclusion.

3.1.1. Common Community-based Rehabilitation Support for Persons with Disabilities in the Study Area

The study sought to investigate the type of community-based rehabilitation support given to the disabled. Responses are given in Fig. 1.

As shown in Fig. 1, 19% of respondents reported that the common community-based rehabilitation support for the persons living with disability in the study area is health support, 17% argued that physical mobility support is the community-based rehabilitation support given to the disabled, 24% opined that educational support is a community-based rehabilitation support for the disabled, 13% said that clothing support and 12% mentioned that food support is the community support for the persons with disability in the study area.

From the data, it can be deduced that educational support (24%) is the common community-based rehabilitation support for the disabled. The study established that the people living with disability receive much support on education matters. Through community-based rehabilitation support, the disabled are helped to access education in special schools. The study found out that the disabled get support in terms of school fees, bursaries, uniforms, reading aids, and other education essentials. The finding emerged in the key informant interviews held in which informants argued that learners with disabilities in the study area get mammoth support from community-based rehabilitation to help them acquire education. The support has tremendously fostered education among persons with disability in the study area. During a key informant interview, it was reported that:

“The area in which community-based rehabilitation has supported persons living with a disability is in education. The community supports them in accessing education by providing them with

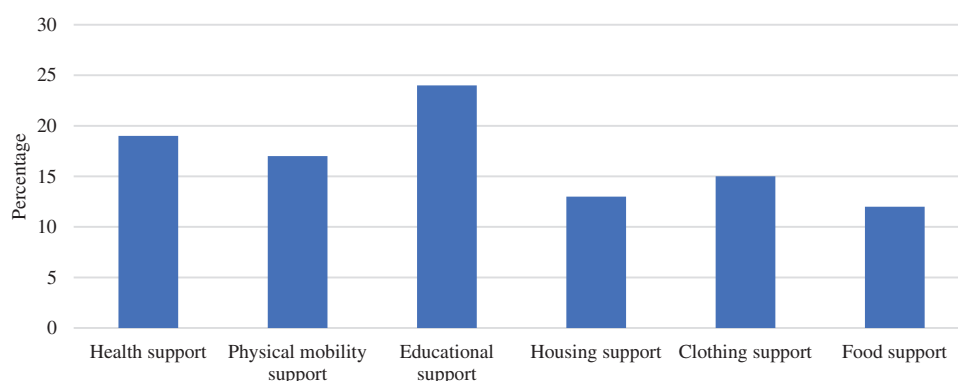


Fig. 1. Common community-based rehabilitation supports for persons with disabilities.

education bursaries, uniforms, and learning aids, among other educational support. This has helped to enhance literacy levels among persons with disability in Tigania East.” (Female, 34 years)

The sentiment of the key informant is a clear illustration of the support given to persons with disabilities in the study area. Through community-based rehabilitation support, learners with a disability can access education since school fees, uniforms, and learning aids are provided for them. This finding concurs with [Chinyere and Nneka \(2021\)](#), who argue that disability support enables persons with disabilities to access social services, including education.

In addition, the study revealed that persons living with disabilities received health support from community-based rehabilitation programmes. According to the study, health support has greatly helped persons with disabilities from poor backgrounds to receive medical attention, as it emerged during some key informant interviews. During a key informant interview, it was reported that:

“The persons with disabilities in this community usually get medical attention support. Those from poor families have been assisted to meet their medical needs; thus, Community Support has truly assisted persons with disabilities in Tigania East.” (Female, 43 years)

From the narration of the key informant, it is evident that medical support for persons living with a disability is a major support accorded by community-based rehabilitation programmes in the study area. The act of paying for sick persons with disabilities to access medical care has been hailed as a positive community support to people with disabilities in the study area.

The study also established that community-based rehabilitation support has fostered the physical mobility of persons with disabilities in the study area (19%). The study revealed that the community-based rehabilitation programme has been at the forefront of providing assistive devices, including clutches and wheelchairs, to persons living with disability to enhance their mobility. Such mobility support has helped them move from one point to another to conduct their day-to-day activities. During a key informant interview, it was argued that:

“The community-based rehabilitation programme has, over time, assisted the physically challenged with mobility support, including clutches, wheels, chairs, and transport for the disabled who are going to school. This has helped them conduct their day-to-day businesses.” (Male, 47 years)

The argument by the 47 key informants supported the finding that the community-based rehabilitation programme provides assistive devices which enhance mobility support to persons with disability in the study area.

On the clothing (17%) as a community-based rehabilitation support to persons with disabilities, the study established that some received clothing support, for instance, protective gear for persons with albinism. Persons with albinism topped the list of persons with disabilities who receive clothing, followed by the mentally ill. This was confirmed by the key informant interviews, who argued that clothing support is given to persons with disability in the area but rarely.

Food support (12%) also featured among the persons with disabilities, with the study revealing that persons with disability get food aid but on a small scale. This is because most households produce little food on their farms and resort to purchasing from the market once the one from the farms is over. During a key informant interview, it was reported that:

“Food support for the persons with disability in this area is not common. Households engage in farming to produce their food and resort to market once the food from the farm is over.” (Female, 45 years)

The narration by the 45 key informants shows that food insecurity is not a major problem afflicting the persons with disability in the study area. This is because households grow their food for consumption; hence, food support is minimal.

TABLE I: EFFECT OF COMMUNITY-BASED REHABILITATION SUPPORT ON SOCIAL INCLUSION OF PERSONS WITH DISABILITIES

Effect of community-based rehabilitation support on social inclusion of persons with disabilities	Frequency	Percentage
Creation of social networks	30	21
Awareness creation about disability issues	48	33
Provision of policy framework	17	12
Creation of links with other agencies	13	9
Access to social welfare services	36	25
Total	144	100

3.1.2. Effect of Community-based Rehabilitation Support on Social Inclusion of Persons with Disabilities in the Study Area

The study asked the respondents to describe how community-based rehabilitation support has affected social inclusion in the study area. Table I demonstrates the responses.

As shown in Table I, 21% argued that community-based rehabilitation support has helped to create social networks, 33% reported that community support has resulted in the creation of awareness about disability issues, 5% argued that community-based rehabilitation support has led to the provision of policy framework to address the issues of people with disabilities, 9% said that community-based rehabilitation support has led to the creation of links with other agencies. In comparison, 32% argued that community-based rehabilitation support has led to access to social welfare services.

From the analyzed data, community support has mostly resulted in the creation of awareness of disability issues (33%). The study revealed that community-based rehabilitation support has streamlined disability issues, resulting in less or no discrimination, segregation and unfair treatment. Persons with disability people are human beings who need to be respected and involved in community activities and social interactions. This has been achieved through awareness creation in various social forums. This finding emerged during key informant interviews in which informants reported that awareness creation on disability issues has completely changed the perceptions and opinions towards people living with a disability, and sociocultural factors have always influenced it. This has resulted in the inclusion of persons with disability in communal activities. During a key informant interview, an informant argued that:

“Creation of awareness on disability issues has enhanced social inclusion for persons with disability in community matters. Through community-based rehabilitation support, persons with disability nowadays feel part and parcel of the community because the sociocultural issues that negatively affected them have been addressed by awareness creation in various community forums, thus changing the perception of the members of the community.” (Female, 39 years)

The narration by the key informant shows that through community-based rehabilitation support, community members have become aware of issues surrounding persons with disability and the role they can play in society. Through such awareness efforts, persons with disabilities feel part of society because the negative perception brought about by social and cultural factors has been addressed through community-based rehabilitation support. This aligns with Chinyere and Nneka (2021), who argued that community support enables, connects, and leverages accessibility and inclusion efforts by bridging the gap between general services and facilities and individual requirements.

In addition, the study revealed that access to social welfare services (32%) has influenced social inclusion among persons with disabilities in the study area. The study revealed that the provision of social services to people with disabilities, including education, health care, and physical mobility support, has changed the attitudes of the persons with disabilities towards the community and vice versa. Access to the various services has made persons with disabilities active members of ety, leading productive lives and fostering interaction with other community members. This has led to strong social inclusion. During a key informant interview, it was reported that:

“Community-based rehabilitation support has helped to address the historical issues associated with disability, most of them informed by sociocultural factors. Therefore, persons with disabilities mingle well with other members of the community, leading to strong social inclusion.” (Male, 58 years)

From the sentiments of the key informants, it is evident that access to social welfare services has enhanced social cohesion. This is because persons with disabilities are accessing social welfare services as any other members of society. This phenomenon has changed the social relations between them and the general community. This is in line with [Hunt and Bradshaw \(2022\)](#), who argue that creating awareness of disability issues is vital in the creation of social networks, awareness creation, providing input in policies, and forming a link between persons with disabilities and other relevant stakeholders.

Furthermore, the study revealed that creating social networks (21%) has fostered the social inclusion of persons with disabilities in community affairs. The study attributed the creation of social networks to the awareness of disability in the community. Through awareness creation, the members of the community have come to realize that persons with disabilities are equal human beings and can equally contribute to the development and welfare of society. The good relations have fostered social cohesion and inclusion of persons with disabilities in societal affairs. This finding featured in key informant interviews where it was reported that the creation of awareness has fostered social networks in society in which the community has become aware of the aspects surrounding persons with disability, thus inclusion in societal matters. During a key informant interview, an informant opined that:

“Social networks have been created in society because of the creation of awareness on disability issues. This has had a positive impact on social inclusion of the persons with disability in societal affairs.” (Male, 37 years)

The key informant's sentiments demonstrate what community-based rehabilitation support has done to the social relations between the community, persons with disabilities and their families. The social interactions have translated to increased interactions, leading to strong social inclusion in societal affairs. The finding agrees with [Mugambi \(2012\)](#), who argued that informal support in terms of a partner and a were seen as the most useful source of support to foster social inclusion.

The study also established that community support has influenced the determination of policy framework (12%). The study established that community-based rehabilitation support programme has, in most instances, petitioned the policy-making institutions at the county and national government to make policies to address the plight of persons living with a disability. Through such initiatives, issues of persons living with disability have been effectively handled, and this has fostered their inclusion in community affairs. This finding was confirmed by key informants involved in this study.

Lastly, the study revealed that community-based rehabilitation support has influenced the social inclusion of persons with disabilities in societal affairs by linking them to various agencies for support (9%). The study revealed that through community-based rehabilitation support programmes, other agencies working on disability have been drawn into the issues surrounding persons with disabilities in the study, leading to the mobilization of resources to support them. The study established that the agencies have greatly assisted in initiating projects that have greatly enhanced the inclusion of persons with disabilities in community matters. The finding was also confirmed by the key informants, who argued that community-based rehabilitation support has motivated other organizations working on disability issues to extend their support to persons with disabilities in the study area, strengthening the social fabric.

4. CONCLUSION

Educational support is the common community-based rehabilitation support for persons with disability. Through community-based rehabilitation support, persons with disabilities are helped to access education in special schools regarding school fees, uniforms, reading aids, assistive devices to aid mobility, and other essential education. Educational support has tremendously fostered education among persons with disabilities. Community support has mostly resulted in the creation of awareness of disability issues. Community-based rehabilitation support has changed the perceptions held by members of the community, which often led to discrimination, segregation, and unfair treatment. Thus, through such awareness efforts, persons with disabilities feel part of society because the negative coronations about disability brought by social and cultural factors have been addressed through community-based rehabilitation support.

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

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