



REPUBLIC OF KENYA

REPORT
of the
Committee for the Care and Rehabilitation
of the
Disabled in Kenya

PREPARED BY THE MINISTRY OF LABOUR AND SOCIAL SERVICES

CHAIRMAN

The Minister for Labour and Social Services

The Hon. E. N. MWENDWA

PARLIAMENT
OF KENYA
LIBRARY

362.4

KENYA NATIONAL ARCHIVES
CENTRAL GOVERNMENT LIBRARY
82-142 K.362.4

MEMBERSHIP OF THE COMMITTEE:

PARLIAMENT
OF KENYA
LIBRARY

- The Hon. E.N. Mwendwa, M.P. - Minister for Labour and Social Services.
Chairman.

- Alex. Mackay - Kenya Advisory Council on Social Affairs.
Deputy Chairman.

- V. de V. Allen - Kenya Advisory Council on Social Affairs.

- Miss K. Amar - Ministry of Commerce and Industry.

- Alderman M.W. Kaigwa - Nairobi City Council.

- The Hon. J.D. Kali, M.P. - Chief Whip, House of Representatives.

- J.G. Kibe - Ministry of Finance and Economic Planning.

- E.M. Linyonyi - Ministry of Labour and Social Services.

- Charles G. Maina - Ministry of Education.

- Dr. A.S. Mbutia - Ministry of Health and Housing.

- R.S. Sehmi - Ministry of Justice and Constitutional Affairs.

- J.P. Moffett, C.M.G. - Deputy Director, Royal Commonwealth Society for the Blind, London.
Consultant.

=====

SUMMARY OF RECOMMENDATIONS:

The Committee RECOMMENDS that:

Paragraph

A simple return should be made by Sub-Chiefs of all disabled persons in their areas.	27
A Prevention of Disablement Campaign should be mounted by the Government to draw attention to the causes of the various kinds of disablement and the practical steps which can be taken to prevent them or to reduce their effects.	29
The public should be enlightened, as part of this campaign, about the implications of disablement for the disabled themselves.	36
In the course of the campaign, a special effort should be made to persuade the public to use the vaccine against polio.	32
The Mobile Clinic at present operated by the Kenya Society for the Blind and the African Medical and Research Foundation should later be taken over by the Government and further clinics should be put in the field.	30
The open system of education, whereby blind children are educated in ordinary primary schools, should be adopted and extended.	58-59
The same system, already in use for deaf children, should be further extended.	60-61
Transport should be provided to enable crippled children to get to school.	62
The Government should examine the experiment to be made at the Coast School for the Physically Handicapped in order to establish further Special Schools of this kind for crippled children.	62
In the larger towns the experiment should be made of attaching a special unit for the mentally handicapped to an ordinary school.	63
All existing and future schools for the blind, deaf, crippled and mentally handicapped should be treated as "Special Schools" and given financial support accordingly.	64
No fees should be charged at any Special School.	65
Training in better farming methods should be given to the blind and the crippled in special units attached to existing Agricultural Training Centres.	70-74
Special Farms should be established for mentally handicapped adolescents leaving Special Schools.	75

A Physiotherapy Tutor should be appointed without delay and the Chartered Society of Physiotherapists in the United Kingdom should be asked to assist with the establishment of a course, possibly on an inter-territorial basis, to turn out fully qualified Physiotherapists. 78

The following centres should be established:

a) A Rehabilitation and Vocational Training Centre. 80 - 82

b) A Sheltered Workshop. 86

c) A Home for the Aged Infirm. 87

Trade Tests should be taken by trained, disabled persons. 84

A Placement Officer should be appointed. 85

No "Quota" of disabled employees should be imposed on employers. 89

The needs of the disabled should be borne in mind when new factories are being designed. 91

Orthopaedic Workshops should be established on a regional basis, starting at Mombasa and Kisumu. 93

Further study should be given to the problem of beggars, in the light of experience gained elsewhere. 95

A Statutory Board should be appointed to control services for the disabled. 97

A Director of Rehabilitation should be appointed as its executive officer. 99

The provision and maintenance of services for the disabled should be the responsibility of the Central Government and not of the Regional Authorities. 98

While the work of voluntary organisations should receive increased financial support, their formation and the siting of their centres of activity should be controlled. 100

An Inspector of Special Schools should be appointed. 101

The aid of tribal societies should be enlisted, secretarial and other help being given them to make this possible. 102

REPORT OF THE COMMITTEE FOR THE CARE
AND REHABILITATION OF THE DISABLED

To the Hon. Jomo Kenyatta, M.P.,
Prime Minister of Kenya.

1. INTRODUCTORY

(a) Appointment of the Committee

1. The Committee was appointed in May, 1964, by direction of the Cabinet, with the following terms of reference :-
 - (i) to make an assessment of the numbers and types of disabled persons in Kenya;
 - (ii) to investigate existing facilities for the education, training, settlement/employment of the disabled;
 - (iii) to formulate a broad programme of training and placement of the disabled involving community care and designed to assist the economic independence of as many disabled persons as possible;
 - (iv) to examine and make a report on the existing machinery for the co-ordination of services to disabled persons.

2. The first meeting of the Committee was held on 4th June and altogether fourteen meetings were held. When the Committee was appointed a notice to that effect was published in the Kenya Gazette and in the local press, interested organisations and individuals wishing to appear before the Committee being invited to submit a resume of their evidence beforehand. The response to this invitation was poor, possibly because it had escaped the notice of those concerned, so it was decided to prepare a special questionnaire (Appendix I) and send this to a selected list of such organisations and individuals.

Sixteen replies were received and, in addition, eleven organisations submitted memoranda (Appendix II)

3. The Committee visited those organisations in or near Nairobi which are actively engaged in work for the disabled, and Mr. Mackay and Mr. Moffett went to Nyanza, Western and Coast Regions to discuss the Committee's terms of reference with governmental, municipal and other authorities on the spot and to visit local centres engaged in work for the disabled. Mr. Moffett paid a brief visit to Kampala with the same object in view.

Sixty-five persons either gave evidence before the Committee or discussed various aspects of its terms of reference with the Deputy Chairman or Consultant.

4. A select list of printed reports consulted is given in Appendix III, and of those received in manuscript or typescript in Appendix IV.

11. OBJECTIVES

5. In our deliberations we have taken it for granted that the Government would not have appointed the Committee if it had not been prepared to give special consideration to the needs of the disabled. We have therefore disregarded the view of those who, in giving evidence before us, called in question the wisdom of providing education and training for the disabled when there are not enough school places for the able-bodied and unemployment is such a pressing problem. That they were thereby treating the disabled as in effect "second-class citizens" had not apparently occurred to them. Certainly we can accept no such contention and have, on the contrary, gone on the assumption that the disabled, by virtue of their handicap are, in fact, entitled to receive such help as they may require to enable them to lead lives which are as nearly normal, and as full of interest and satisfaction, as their disablement permits. Thus we have considered a disabled person to be one who, by reason of physical or mental impairment, is unable to lead a full life without assistance. The object of our recommendations is to show how such assistance can best be given.
6. We would, however, point out to those for whom the humanitarian argument has no appeal that the training of the disabled can be justified on economic grounds alone. If the cost of providing food, clothes and shelter for an untrained disabled person comes to only five shillings a week, then the total annual cost to Kenya of such maintenance is about £3,250,000. A trained disabled person is turned from a liability into an asset. From being a drain on the country's economy he becomes a wage-earner and can play his part - even if only a humble one - in helping to build the nation.
7. Nor should the benefits of such training to the individual be forgotten. It gives a disabled person a new self-confidence, a feeling of independence, and a sense of "belonging" and of being valued which perhaps only those themselves who have been disabled can appreciate to the full but which we feel are worth going to considerable trouble to provide. The objective of training is to make the fullest use of such abilities and faculties as remain.
8. We have also taken as one of our objectives that the disabled should be educated and trained alongside the able-bodied to the fullest extent possible and should not be segregated in "institutions" unless there are special reasons for doing so. This is in line with modern practice in other parts of the world, where the general policy is that the disabled are not treated in isolation but together with their fellows and in the local environment. Acceptance of this policy has led to our recommendations regarding open education and rural training. (see Sections IX and X).
9. Finally, although we have also assumed that the Government would not have appointed the Committee if it had not been prepared to spend money on such of our recommendations as may be accepted, we have taken as another objective that the fullest use should be made of existing facilities and that elaborate and expensive plans for development should be eschewed. Where we have recommended the establishment of new centres we have had it in mind that a pilot scheme should first be carried out, both to test the feasibility of the idea and to avoid unnecessary expense should it prove unsuccessful.

111. TYPES

10. The Committee reviewed the various classes of the disabled and decided that, for practical purposes, they could conveniently be divided into four main types, based on the nature of the disability and the different methods of rehabilitation and training required. These are :-
- the blind
the deaf
the crippled and the
mentally handicapped
11. It will be noted from a perusal of the rest of the report that this four-fold division is fundamental to the Committee's thinking and underlies most of our recommendations.
12. Amongst the "blind" are included all those who are partially sighted to the extent that they are unable to do work for which eyesight is necessary. As a rough guide, these are usually those who cannot count fingers at arms length.
13. Amongst the "deaf" are included those so hard of hearing that they cannot hear speech without a hearing aid.
14. Amongst the "crippled" are classed all those who do not fall into one of the other three types, including those disabled by tuberculosis and leprosy, whether active or cured.
15. Amongst the "mentally handicapped" are included all those whose mental disablement is not such as to make them "certifiable" for confinement under the law.
16. No more exact definitions have been attempted, nor are they considered necessary in present circumstances. They will, however, be required later should it be considered necessary to compile a register of the disabled or to impose a "quota" on employers (see para. 89). They will not be difficult to draw up; a definition of blindness, for example, is already available in Act No. 51 of 1956.

IV. NUMBERS

17. In being required to make an assessment of the numbers of disabled in the country, the Committee has been set a task which is virtually impossible for us to carry out in view of the very limited amount of information available. We have assumed, therefore, that what is expected of us is an informed guess and that the Government shares our opinion that a detailed knowledge of the incidence of the various forms of disablement is not necessary before attempting to develop services for the tiny fraction it will be possible to help for some time to come. We know enough to be able to get on and do something for those most in need, and we have recommended in paragraph 27 a count by sub-chiefs and others which should provide adequate information on which to base future plans. But since we have been asked to make an assessment we shall endeavour to do so.
18. In this the 1962 census report is of little help since it does not give any information about the disabled. But at least it gives us an indication of the present total population. In 1962, this was 8,636,000 and we are informed that it has been increasing at nearly 3% since then. The present figure must, therefore, be something slightly over 9,000,000 and we have taken this as the basis of our calculations. Other concrete information is sadly lacking; but we have obtained some help from a survey of blindness made in 1955/6 by Dr. Calcott, from a count of the crippled in the Taita and Kwale districts last year and from figures just received of registration of the disabled in Ghana.
19. Dr. Calcott operated a mobile clinic for two years, visiting virtually all parts of Kenya and recording every case of blindness he came across. In his report, "Blindness in Kenya", he says:-

"From these few figures it is impossible, of course, to get an exact estimate of the blind population of Kenya, but by the process of comparison with the United Kingdom and comparing the percentage of population analyses and using the figures known in the United Kingdom for comparison, I would estimate that there are between 65,000 and 70,000 blind in Kenya. This includes both totally blind and partially blind."

That assessment was made some eight years ago, since when the population has increased about a third. Although some people thought at the time that it was perhaps an over-estimate, few would do so now, and both the present Government Ophthalmologist and another medical expert with a life-time's experience in Kenya have given it as their opinion that it is probably accurate. If it is, it shows an incidence of blindness in Kenya of 780 per 100,000. This compares favourably with the figure of 900 per 100,000 in those parts of Southern Rhodesia where an exact survey has been made, and with the opinion of the Professor of Ophthalmology at Ibadan University in Nigeria that the incidence in that country is probably 1,000 per 100,000, if not more. We feel, therefore, that we can accept the figure of 70,000 blind persons as being a reasonably accurate estimate for Kenya.

5.

20. As regards the deaf, the only indication we have been able to find is that provided by Professor Ormerod, who records that in 1961 the then Chief Medical Officer of Health estimated that of the whole population there were about three per thousand who were deaf to a degree of incapacitation. On this basis there would be some 27,000 deaf persons in Kenya.
21. As regards the crippled, there is a singular lack of information, although the Association for the Physically Handicapped has guessed that it might be in the region of 80,000. The survey made last year in the Taita and Kwale districts produced a figure of 1,200 crippled persons below the age of 20 in a population of 250,000. On this basis, and assuming that there are as many adult cripples as children, and that these districts are typical of the country as a whole, the figure for the country would work out at about 90,000. This is probably a considerable under-estimate, as is indicated by the fact that in the same survey only 27 blind persons were recorded. Others who have given thought to the question have stated that they think there are at least twice as many crippled persons as blind, and from our investigations we are inclined to agree with them. We consider, therefore, that there may well be 140,000 crippled persons in the country.
22. For the mentally handicapped, we have been unable to obtain any assessment except that there are probably as many in this category as there are deaf. The authorities in charge of St. Nicholas' School in Nairobi think that the figure may be as high as 1%, but we have preferred to accept the figure of 27,000, being the same as the estimate for the deaf.

23. The totals, therefore, work out as follows :-

Blind	70,000
Deaf	27,000
Crippled	140,000
Mentally Handicapped	27,000

TOTAL	264,000
-------	---------

24. This means in effect that there are probably about a quarter of a million disabled persons in Kenya. As this figure seemed much larger than we had ourselves anticipated, we were at some pains to compare it with figures from other countries where registration had been effected. In the United Kingdom we found that there were some 100,000 blind persons, that registered deaf persons amount to two-fifths of this number, and that there are three and a half times as many crippled as blind. In Ghana, the deaf number is two-thirds of the blind and the crippled nearly twice as many. The following table sets out the figures :-

	<u>Blind</u>	<u>Deaf</u>	<u>Crippled</u>	<u>Mental</u>	<u>Total</u>
U.K. (Actuals)	100,000	40,000	350,000	150,000	640,000
Ghana " x	(2,800)	(1,800)	(4,700)	(no fig. available)	-
Ghana (supposing total blind were same as in Kenya)	70,000	45,000	117,500	-	-
Kenya	70,000	27,000	140,000	27,000	264,000

No direct comparison is, of course, possible between U.K. and Kenya figures, since conditions in the two countries are so diverse, but the U.K. totals are included to indicate the relative proportions in that country between the different types. It will be noted that the crippled far outnumber any of the other three classes. We realise that the reasons for this state of affairs are rooted in a highly industrialised way of living, with excellent medical services and a high expectation of life; that more babies will survive and more old people reach or surpass their allotted span. But there are other factors in Kenya - absent in the U.K. - which have the same effect in swelling the numbers; for example, leprosy, TB of the joints, and polio (which now has negligible effects in the U.K. but is probably the main crippling disease in Kenya). The Ghana figures are more relevant and support our belief that the number of the crippled is large.

However, we would emphasise that, as indicated at the beginning of this section, a calculation of this kind is merely an informed guess and is very much subject to correction in the light of any surveys that may later be made; for example, the Sub-Chief's count advocated in paragraph 27.

x Excluding the Upper Region, where the incidence of onchocerciasis is exceptional and not typical of the country as a whole.

V. REGISTRATION

25. The Committee considered very carefully the advisability of recommending that a survey should be made of the incidence of disablement in Kenya with a view to obtaining a clearer picture of the size of the problem, pin-pointing the areas of greatest need and compiling a register. We took note of the fact that this had been a recommendation of the Ghana Committee, and that a "Handicapped Citizens' Week" had been held, using all available means of propaganda, in order to get the process of registration started. We were also aware that a similar attempt at the compilation of a register is being made in Uganda, where preliminary returns by headmen are being followed up by the completion of a detailed questionnaire by school teachers, clerks and others.
26. Nevertheless we are not convinced that such attempts at a full count are an essential need in present circumstances in Kenya, nor that the trouble and expense involved would be justified. We have been interested to see that, after two years of effort, only some 13,300 of Ghana's estimated 100,000 disabled have in fact been registered. Our attention has also been drawn to the fact that, no matter what is said at the time of making a full count, those counted will inevitably expect something of benefit to themselves to follow from it. Since only a fraction

/fraction can in fact possibly benefit within a reasonable period, there will inevitably be widespread disappointment, with feelings of frustration which may prejudice later attempts at rehabilitation or training.

27. We, therefore, consider that the needs for a better assessment of the incidence of disablement will be sufficiently met, if a simple return is compiled by Sub-Chiefs and others in a similar position. This can be done from their own knowledge of their people and without the necessity of a personal interview with the disabled persons concerned. The name, address, age, sex and nature of disability (i.e. whether blind, deaf, crippled or mentally handicapped) would be recorded on a simple form. We are assured that this would not present difficulty and could be done very quickly through the Administration. (Any count made in urban areas would have to be made on a different basis, but these contain only some 7% of the population).
28. The Committee RECOMMENDS that a simple return be made by Sub-Chiefs of all disabled persons in their areas.

VI. PREVENTION

29. Although not within our terms of reference, we feel we cannot make recommendations concerning the disabled without drawing attention to the urgent need for steps to be taken to prevent disablement occurring. That prevention is better than cure is nowhere more apparent than in this field. For example, a child's sight might well be saved by the use of a tube of ointment at the right time. Yet there is a widespread ignorance, not only of the causes of disablement, but of the measures - often quite simple ones - which can be taken to deal with them. In view of the importance of the subject the Committee considers that it should now receive the close attention of the Government and that a campaign or campaigns should be mounted, preferably on a national scale, to bring about a greater public awareness both of the dangers and of the practical steps which can be taken to minimise their effects. This should be done as part of the process of enlightenment recommended in the next section of the report and should include a special effort to popularise the polio vaccine (see paragraph 32 below).

Blindness:

30. The main causes are trachoma, conjunctivitis, cataract, injuries and onchocerciasis (more commonly known as "River Blindness"). The amount of onchocerciasis has been considerably reduced and the means for its total eradication - by spraying the rivers where the vector breeds - are readily available, so that this does not any longer present a serious problem. Trachoma, on the other hand, does constitute a very serious problem. But with the isolation of the virus and the imminent possibility of a vaccine being made available, new prospects are opened up for its eradication also. In the meantime, much can be done by taking the medicine to the people by means of mobile clinics. The Kenya Society for the Blind, in collaboration with the Royal Commonwealth Society for the Blind and the African Medical and Research Foundation, has already shown dramatically how effective such mobile clinics can be. We recommend that, at the conclusion of the present experiment, the clinic should be taken over by the Government and that further clinics should be put in the field.

Deafness:

31. Although there are perhaps few preventive measures which can be taken, it is important that the public should be aware of some of the common causes of deafness and, even more important, of the need to take a child whose hearing seems defective to be medically examined at as early an age as possible. "Stone" deafness is rare in infants and if hearing loss is diagnosed early much can be done to develop what residual hearing there is. The danger of meningitis should be known; of measles during pregnancy and of inter-marriage (affecting especially some of the Asian community).

32. Crippling:

Again, although there is little that can be done by way of preventing some of the common causes of crippling, such as congenital defects and palsy, there is a great deal that can be done to prevent disablement from tuberculosis, leprosy and poliomyelitis. Measures to deal with T.B. and leprosy seem to be well in hand, but in the Committee's view much more should now be done to prevent polio. In fact, since it is probably one of the main causes of crippling in Kenya to-day, a campaign is required, on a national scale, to bring home to the people the need to use the vaccine which is available. At the same time, Government's support should be given to such organisations as are already operating in this field, for example, the Kenya Association for the Prevention of Tuberculosis.

Mental Deficiency:

33. It should be made known that mental deficiency is often the result of brain injury at birth, especially in the case of many spastics, and that the best way to avoid such a possibility is to make full use of the clinics and pre-natal facilities available.

General:

34. The prevention of disablement is, however, very largely a social problem and is best dealt with as such. It should be part of the process of nation-building to educate the general public in the causes of disablement and how best to prevent them. This should be done, not in general terms but by giving specific instances (for example, the importance of face-washing in areas where trachoma is rife). The part which malnutrition plays as an underlying cause of disablement, especially of blindness, should be emphasised. In connection with the campaign advocated in paragraph 29 above, full use should be made of all modern means of propaganda, particularly the radio and television. A special series might usefully be devoted to this subject. Examination should be made of the best way to provide information on this subject in schools, teacher training colleges and other training centres. Women's Clubs would have a particularly important role to play in any such campaign.

35. The Committee RECOMMENDS that:

A Prevention of Disablement Campaign should be mounted by the Government to draw attention to the causes of the various kinds of disablement and the practical steps which can be taken to prevent them or to reduce their effects. In the course of this campaign a special

/special effort should be made to persuade the public to use the vaccine against polio.

The Mobile Clinic at present operated by the Kenya Society for the Blind and the African Medical and Research Foundation should later be taken over by the Government and further clinics should be put in the field.

VII. PUBLICITY

36. During the course of its investigations the Committee was impressed with the lack of knowledge on the part of the public of the extent of the problem of the disabled, of what the various forms of disablement involve to those concerned and what can be done for them in the way of rehabilitation and training. We recommend that, as part of the campaign of prevention suggested in the previous section, an attempt should also be made to enlighten the public about the implications of disablement, the following matters in particular being brought to their attention :-
- (i) That blind people are in no way different from sighted people, except that they cannot see. This may sound trite and obvious, but most sighted persons regard the blind as in some indefinable way different from themselves and tend to treat them accordingly and not, for example, in the same way as they would treat a sighted friend whose eyes were temporarily bandaged.
 - (ii) That deaf and dumb persons are not as a rule mentally deficient because they cannot hear or speak. The Committee have been greatly impressed by the need for a better understanding of the plight of the deaf. Without education or training they live in isolation, in the world but not of it, seeing what goes on but unable to take part except to a limited extent, cut off by a barrier of silence, frustrated, ignored, neglected. Whereas the plight of the blind evokes immediate sympathy, the deaf are often looked upon as a nuisance. School children in particular should be taught to realise the unfortunate situation in which most deaf people find themselves.
 - (iii) That a crippled person, even if severely crippled, can still be trained to do a job. It is far from being generally appreciated that a man needs only those limbs and faculties necessary for the performance of the work he is doing; he does not need legs to make shoes, nor hearing to operate a capstan lathe, nor two arms to be a spraypainter.
 - (iv) That with patience and expert care many mentally handicapped persons can be brought to a state where they can take their place in Society as ordinary citizens.
 - (v) That trained disabled workers are good workers and, just because of their disability, are usually more determined than the able-bodied to make a success of the work they are given to do.

37. The Committee RECOMMENDS that:

The public should be enlightened, by means of a special campaign, about the implications of disablement for the disabled themselves.

VIII. EXISTING FACILITIES

For the Blind.

38. The Kenya Society for the Blind was established under Act No. 51 of 1956 and took over the work of the Kenya Branch of the Royal Commonwealth Society for the Blind which had been formed in 1952. One of its first activities was to arrange for a survey of blindness to be made by a Mobile Eye Unit. This took two years and, as noted in paragraph 18, Dr. Calcott, who was in charge of the Unit, estimated that Kenya's blind population was in the region of 65,000 - 70,000, and that 50% of this blindness was either curable or preventable.
39. The work of such mobile units has been continued, although on a smaller scale. A trained hospital assistant has done outstanding preventive work in the Machakos District, using a motor-bicycle to visit schools, and a Mobile Clinic (a Land-Rover) is at present operating in Masailand and other districts under the control of the Government Ophthalmologist.
40. There are four blind schools, and one Blind Trade Training Centre for young men. All are residential and all receive financial assistance from the Ministry of Education. No fees are charged. Recently, under the new Constitution, the four schools and the Trade Training Centre became Regional commitments. The Constitution states, however, that schools or other Training Centres for the disabled which may be established in the future shall be National commitments. It is the opinion of the Committee that, at this stage in Kenya's development, the provision and maintenance of these services should be a commitment of Central Government.

The schools are as follows :-

The Thika Blind School, Central Region, administered by the Salvation Army. Accommodation: 200 boys and girls. (A few senior boys are taught pottery, mat-making, or basket-making; others telephone operating).

St. Oda's School for the Blind, Aluor, Nyanza Region, administered by the Mill Hill Catholic Mission. Accommodation: 60 boys and girls.

St. Lucy's School for the Blind, Egoji, Eastern Region, administered by the Consolata Catholic Mission. Accommodation: 55 boys and girls.

Kibos Primary School, Nyanza Region. This school was recently opened by the Salvation Army and at present has accommodation for some 50 children, boys and girls.

Machakos Blind Trade Training Centre, Eastern Region. This is the only Trade Training Centre for adult blind in the country and has accommodation for forty-five.

It was built and equipped in 1958 at a cost of £10,000 by the Kenya Society for the Blind with assistance from the Ministry of Education on a "pound for pound" basis. From 1958 until the 30th June, 1963, the Society met all recurrent costs (some £3,500 per annum). Thereafter it became the responsibility of the Ministry of Education and later of the Eastern Region. Instruction is given in tanning and carpentry and two experimental settlements of trained blind tanners have been established.

The Salvation Army is planning to open another school at Mombasa.

41. It will be seen from the above that around 360 blind children are now receiving some form of education and only 45 male adults can be offered Trade Training. At present, except for a small number of teenage girls at the Thika Blind School, there are no facilities for training blind women.
42. It is the aim of the four schools to provide education up to intermediate standard. There are no Secondary Schools for the blind but two pupils from the Thika Blind School were recently admitted to Thika Secondary School, to study along with the sighted pupils. This experiment, if successful, will be repeated.

For the Deaf:

43. The Society for Deaf and Dumb Children was established in 1959 and has given assistance to, or been instrumental in, the establishment of three of the five schools for the deaf. These are :-

H.H. the Aga Khan Primary School, Nairobi.
English language, one class.

St. Mary's Catholic Mission, Nyalima, Nyanza Region.
Luc language. Three classes with two qualified teachers.

Ursuline Convent, Mumias, near Kakamega, Western Region.
Luluhya language. Three classes taught by qualified teachers two of whom are African nuns and the first Kenya Africans to be trained in this work.

H.H. the Aga Khan Special School, Mombasa.
English language, one qualified teacher.

Dagoretti Children's Centre, near Nairobi.
Kikuyu language, one qualified teacher.

44. Some 400 deaf children have received instruction in these schools, all of which are grant-aided. Twice weekly clinics are held at the Bohra Road Centre and once weekly at the Kenyatta National Hospital. The Society provides hearing aids to children at a special price. A fully qualified tutor runs a course for teachers of the deaf at the Central Teachers Training College, Nairobi, (part of her salary being met by the Ministry of Education). Two teachers of the deaf have been trained in the United Kingdom. One is assisting at the college course, the other at the Aga Khan school in Nairobi. Two more teachers are in training in the U.K.

45. The Society is planning for deaf units to be attached to existing primary schools in the following areas :-
Kiambu, Nakuru, Fort Hall, Taita, Nyeri, Nandi, Machakos.

37. The Committee RECOMMENDS that:

The public should be enlightened, by means of a special campaign, about the implications of disablement for the disabled themselves.

VIII. EXISTING FACILITIES

For the Blind.

38. The Kenya Society for the Blind was established under Act No. 51 of 1956 and took over the work of the Kenya Branch of the Royal Commonwealth Society for the Blind which had been formed in 1952. One of its first activities was to arrange for a survey of blindness to be made by a Mobile Eye Unit. This took two years and, as noted in paragraph 18, Dr. Calcott, who was in charge of the Unit, estimated that Kenya's blind population was in the region of 65,000 - 70,000, and that 50% of this blindness was either curable or preventable.
39. The work of such mobile units has been continued, although on a smaller scale. A trained hospital assistant has done outstanding preventive work in the Machakos District, using a motor-bicycle to visit schools, and a Mobile Clinic (a Land-Rover) is at present operating in Masailand and other districts under the control of the Government Ophthalmologist.
40. There are four blind schools, and one Blind Trade Training Centre for young men. All are residential and all receive financial assistance from the Ministry of Education. No fees are charged. Recently, under the new Constitution, the four schools and the Trade Training Centre became Regional commitments. The Constitution states, however, that schools or other Training Centres for the disabled which may be established in the future shall be National commitments. It is the opinion of the Committee that, at this stage in Kenya's development, the provision and maintenance of these services should be a commitment of Central Government.

The schools are as follows :-

The Thika Blind School, Central Region, administered by the Salvation Army. Accommodation: 200 boys and girls. (A few senior boys are taught pottery, mat-making, or basket-making; others telephone operating).

St. Oda's School for the Blind, Aluor, Nyanza Region, administered by the Mill Hill Catholic Mission. Accommodation: 60 boys and girls.

St. Lucy's School for the Blind, Egoji, Eastern Region, administered by the Consolata Catholic Mission. Accommodation: 55 boys and girls.

Kibos Primary School, Nyanza Region. This school was recently opened by the Salvation Army and at present has accommodation for some 50 children, boys and girls.

Machakos Blind Trade Training Centre, Eastern Region. This is the only Trade Training Centre for adult blind in the country and has accommodation for forty-five.

It was built and equipped in 1958 at a cost of £10,000 by the Kenya Society for the Blind with assistance from the Ministry of Education on a "pound for pound" basis. From 1958 until the 30th June, 1963, the Society met all recurrent costs (some £3,500 per annum). Thereafter it became the responsibility of the Ministry of Education and later of the Eastern Region. Instruction is given in tanning and carpentry and two experimental settlements of trained blind tanners have been established.

The Salvation Army is planning to open another school at Mombasa.

41. It will be seen from the above that around 360 blind children are now receiving some form of education and only 45 male adults can be offered Trade Training. At present, except for a small number of teenage girls at the Thika Blind School, there are no facilities for training blind women.
42. It is the aim of the four schools to provide education up to intermediate standard. There are no Secondary Schools for the blind but two pupils from the Thika Blind School were recently admitted to Thika Secondary School, to study along with the sighted pupils. This experiment, if successful, will be repeated.

For the Deaf:

43. The Society for Deaf and Dumb Children was established in 1959 and has given assistance to, or been instrumental in, the establishment of three of the five schools for the deaf. These are :-

H.H. the Aga Khan Primary School, Nairobi.
English language, one class.

St. Mary's Catholic Mission, Nyalima, Nyanza Region.
Luc language. Three classes with two qualified teachers.

Ursuline Convent, Mumias, near Kakamega, Western Region.
Luluhya language. Three classes taught by qualified teachers two of whom are African nuns and the first Kenya Africans to be trained in this work.

H.H. the Aga Khan Special School, Mombasa.
English language, one qualified teacher.

Dagoretti Children's Centre, near Nairobi.
Kikuyu language, one qualified teacher.

44. Some 400 deaf children have received instruction in these schools, all of which are grant-aided. Twice weekly clinics are held at the Bohra Road Centre and once weekly at the Kenyatta National Hospital. The Society provides hearing aids to children at a special price. A fully qualified tutor runs a course for teachers of the deaf at the Central Teachers Training College, Nairobi, (part of her salary being met by the Ministry of Education). Two teachers of the deaf have been trained in the United Kingdom. One is assisting at the college course, the other at the Aga Khan school in Nairobi. Two more teachers are in training in the U.K.

45. The Society is planning for deaf units to be attached to existing primary schools in the following areas :-
Kiambu, Nakuru, Fort Hall, Taita, Nyeri, Nandi, Machakos.

Meru/Embu, Coast, Kisii, Nairobi. It also plans to use the Dagoretti Children's Centre as a pre-school unit as soon as the proposed unit at Kiambu is functioning.

For the crippled

46. Most of the treatment and rehabilitation work is carried out in hospitals, especially in the orthopaedic unit at the Kenyatta National Hospital in Nairobi.
47. The Association for the Physically Disabled of Kenya was established in 1958 and has been responsible, with help from the Nairobi City Council, the General public and a number of public-spirited voluntary workers, in setting up the children's Orthopaedic Clinic at Bohra Road in Nairobi. This deals with the needs of about 120 children a month. Cases requiring surgical treatment are accommodated at the Mater Misericordiae Hospital. There is a schoolroom run by voluntary teachers and occupational therapists.
48. In addition, the Association runs a training centre for adults in premises made available by the Red Cross Society. Shoe-making, sewing and machine-knitting are taught, while increasing use is being made of outside training establishments to teach typing and book-keeping. Some 100 crippled persons have been trained in this way.
49. The Dagoretti Children's Centre near Nairobi was established by the Kenya Red Cross Society in 1960. Up to about sixty physically handicapped children (including about a dozen deaf children) are cared for at any one time, in addition to a much larger number suffering from the effects of malnutrition. As many as possible of the crippled children are taken to Nairobi for treatment three times a week but lack of transport is a limiting factor. A student physiotherapist visits the centre three times weekly. Much help is given by voluntary workers.
50. The Salvation Army has recently opened a centre, "Joytown", near their school for the blind at Thika, where another sixty crippled children are receiving treatment and schooling. Here also much help is given by voluntary workers but, as at the Dagoretti Centre, the lack of a resident physiotherapist is a severe limitation.
51. There has recently been opened a "Home for the Crippled" at a Roman Catholic Mission at Nyabondo in the Nyanza Region.
52. A "Coast School" for physically handicapped children is being planned by the Methodist Church in Kenya and the Christian Churches' Educational Association. These organisations consider that "there is a great need for a centre where such children could obtain both medical and educational help, since there are many sufferers from crippling deformities, some of whose disabilities could have been lessened by early treatment and many of whom, with some training, could become at least partially self-supporting".
53. The "African Society for the Disabled" was established in 1961 but has not yet embarked on any training schemes.

For the Mentally Handicapped

54. The St. Nicholas' School for Mentally Handicapped Children in Nairobi has facilities for twenty boarders and ten day children. Because of the high cost of running such a school with properly qualified staff, fees amounting to some £150 a year have to be charged, even although financial assistance is received from Government and the Nairobi City Council. Some 150 children have been educated at the school but, because of the high fees charged, it is not full, only fifteen boarders and 9 day children attending at the time of the Committee's visit.
55. There are Aga Khan Special Schools, run by the Ismaili Community but with children from all races attending, at Nairobi and Mombasa. Both are day schools. In Nairobi fifty children are catered for and in Mombasa thirty. Fees are charged as follows :-

Nairobi	Shs. 76/- a month
Mombasa	Ismailis
	Shs. 25/- a month
	Non-Ismailis
	Shs. 40/- a month.

A grant-in-aid in respect of teachers' salaries is paid by the Ministry of Education to the School in Nairobi. No support is received from the Municipal Council in Mombasa and the grant-in-aid from the Regional Assembly has recently been halved.

For the Aged and Infirm

56. In Nairobi the "Amani Homes", run by a local committee, and another Home at Bahati, run by the City Council, have been established. In Mombasa there is an Alms House run by the Municipal Council and the establishment of a Cheshire Home is planned. In Kisumu the Municipal Council has established a hostel for the aged and infirm.

IX. EDUCATION

57. In considering the problem of the education of disabled children, we have borne in mind the situation which at present exists in Kenya, with such a comparatively small percentage of the child population at primary school and with the possibility that some 90,000 school-leavers may find themselves unable to obtain a job on leaving school this year. We are also aware of the attitude towards the problem of many members of the general public, of parents of disabled children and of some of these children themselves. Nevertheless, we hold that disablement is no reason for withholding education from a child but rather for making a special effort to provide it.

The Blind:

58. The "Open Education" system provides a means of giving education to a vastly greater number than is possible in residential schools of the traditional type. Indeed, it is true to say that this system provides a real break-through in the education of the blind. It is now wide-spread in the United States. It was tried out on an experimental basis by the Royal Commonwealth Society for the Blind in Nigeria some four years ago.

Since then it has been adopted in other parts of West Africa, in Central Africa and, nearer still, in both Uganda and Tanganyika. It is also now commonly being used in Asia. Briefly, this system involves the education of a blind child in the ordinary primary school serving the area where the child lives. If there are enough blind children (as usually happens only in the larger towns), a separate classroom is built on to the primary school. Here a trained teacher of the blind gives instruction in braille, in the use of the special apparatus required for arithmetic and, generally, in how to deal with any problems which a blind child is likely to encounter at school. Where there are not enough blind children in the neighbourhood to justify the building of a separate classroom, the same results can be achieved by using an itinerant teacher who visits a small number of schools in turn over a given period.

59. Clearly a scheme such as this will only function well if local and educational authorities, teachers and parents and the general public all understand and approve of it. Before any attempt to introduce the system is made, the most careful preparations and much time and thought must be given to explain its nature to all concerned. Primary school teachers who will have one or two children in their classes are naturally key figures in the system and for this reason it is essential to conduct a special course of training for them beforehand. This course usually lasts for about a month and the Committee understands that the first such course will be run in Kenya before the end of the year by an expert provided by the Royal Commonwealth Society for the Blind. We also understand that the same Society proposes to give further assistance by stationing a member of its overseas staff, who is experienced in this kind of work, in Uganda, with a view to his being able to run courses not only in that country but in Kenya and Tanganyika as well. He would also be responsible for supervising and establishing new schemes, helping them, on the spot, to get going.

The Deaf:

60. We have found a divergence of view as to the best means of providing education for deaf children. One view is that this can only be provided satisfactorily in a separate residential establishment, where fully trained teachers can give that degree of attention to the children which is considered essential. Those who hold this view point out that the main aim of such education is to enable a deaf child to communicate easily with its fellows. This involves the teaching both of lip-reading and of speech, for which very specialised equipment is necessary. The point is made that, if this kind of work is to be done at all, it should be done well. Other points which are made are that if a teacher is on his own in a unit merely attached to another school he will feel himself too isolated and will have no one with whom to discuss the various problems which inevitably arise in teaching deaf children. Further, he will find it impossible in such a situation to give the individual speech lessons required. And, finally, the point is made that such a teacher must move up with his class, since he has got to know them and they him; so that after four years there would have to be four teachers in such a unit and it would soon become larger than the primary school to which it was attached.

...that it has been adopted in other parts of West Africa in Central Africa and, nearer still, in both Kenya and Tanganyika. It is also now commonly being used in India. Briefly, this system involves the education of a blind child in the ordinary primary school setting the area where the child lives. Where there are enough blind children (as usually happens only in the larger towns), a separate classroom is built on to the primary school. Here a trained teacher of the blind gives instruction in braille, in the use of the special apparatus required for arithmetic and, generally, in how to deal with any problems which a blind child is likely to encounter at school. Where there are not enough blind children in the neighbourhood to justify the building of a separate classroom, the same results can be achieved by using an itinerant teacher who visits a small number of schools in turn over a given period.

Clearly a scheme such as this will only function well if local and educational authorities, teachers and parents and the general public all understand and approve of it. Before any attempt to introduce the system is made, the most careful preparations and much time and thought must be given to explain its nature to all concerned. Primary school teachers who will have one or two children in their classes are naturally key figures in the system and for this reason it is essential to conduct a special course of training for them beforehand. This course usually lasts for about a month and the Committee understands that the first such course will be run in Kenya before the end of the year by an expert provided by the Royal Commonwealth Society for the Blind. We also understand that the same Society proposes to give further assistance by stationing a member of its overseas staff, who is experienced in this kind of work, in Uganda, with a view to his being able to run courses not only in that country but in Kenya and Tanganyika as well. He would also be responsible for supervising and establishing new schemes, helping them, on the spot, to get going.

The Deaf:

We have found a divergence of view as to the best means of providing education for deaf children. One view is that this can only be provided satisfactorily in a separate residential establishment, where fully trained teachers can give that degree of attention to the children which is considered essential. Those who hold this view point out that the main aim of such education is to enable a deaf child to communicate easily with its fellows. This involves the teaching both of lip-reading and of speech, for which very specialised equipment is necessary. The point is made that, if this kind of work is to be done at all, it should be done well. Other points which are made are that if a teacher is on his own in a unit merely attached to another school he will feel himself too isolated and will have no one with whom to discuss the various problems which inevitably arise in teaching deaf children. Further, he will find it impossible in such a situation to give the individual speech lessons required. And, finally, the point is made that such a teacher must grow up with his class, since he has got to know them and they him, so that after four years there would have to be four teachers in such a unit and it would soon become larger than the primary school to which it was attached.

1. Those who take the opposite view consider that too much importance should not be attached to the production of perfect speech by deaf children and that the main objective should be to enable them to communicate satisfactorily with their fellows. The isolation of a teacher is exaggerated in their opinion and, in any case, they think that such a teacher should mix as much as possible with his fellow-teachers. Since there will never be a very large number of deaf children in a unit attached to a primary school, there should, in practice, be little difficulty in arranging for individual speech lessons. As regards a teacher's moving up with his class, the view taken is that this is not advisable since it tends to produce a kind of father-figure and too much protection is given to deaf children. Those who hold these opinions consider that the cardinal principle in the education of deaf children should be that they should be helped to be rehabilitated into their own society. The Committee has been impressed by these views and we recommend, therefore, that a similar system to that recommended for blind children should also be adopted for the deaf. It will be seen from paragraph 45 above that this is the view of the Society for Deaf and Dumb Children, which has plans to extend very considerably the number of units where deaf children can at present be taught.

The crippled:

2. As regards the education of crippled children, here also we have met a divergence of view. Some consider that the main problem is to provide transport to get these children to school and that no special schools for them are required. They should go to the ordinary primary school near where they live, but should be given help to get there. Others, however, consider that many crippled children have special needs and that these can only be met in a special school, and with this view we are inclined to agree. As we have noted in paragraph 52 above, there is a proposal that a residential "Coast School" should be established at or near Mombasa in order to provide a place where both medical attention (especially physiotherapy treatment) and schooling can be given. The Committee recommends that the progress of this School, when it becomes established, should be examined closely with a view to the establishment of further centres of this kind in places where it proves impossible to provide transport for crippled children to enable them to get to school.

The Mentally Handicapped:

3. By the very nature of their handicap, these disabled children cannot join in classroom work, nor would it be possible for them to attend an ordinary school in the same way as has been recommended for both the blind and the deaf. However, in the larger towns it should be possible to attach a special school unit, under a trained teacher, to an ordinary school. The object of so doing, despite the fact that the children cannot join in the usual classroom work, is to enable them nevertheless to join in other aspects of school life, particularly in such activities as physical training or games and, generally, to form part of the school. Those who cannot take advantage of the existence of a day school of this nature in a town will have to be educated in residential schools such as St. Nicholas' School in Nairobi.

61. Those who take the opposite view consider that too much importance should not be attached to the production of perfect speech by deaf children and that the main objective should be to enable them to communicate satisfactorily with their fellows. The isolation of a teacher is exaggerated in their opinion and, in any case, they think that such a teacher should mix as much as possible with his fellow-teachers. Since there will never be a very large number of deaf children in a unit attached to a primary school, there should, in practice, be little difficulty in arranging for individual speech lessons. As regards a teacher's moving up with his class, the view taken is that this is not advisable since it tends to produce a kind of father-figure and too much protection is given to deaf children. Those who hold these opinions consider that the cardinal principle in the education of deaf children should be that they should be helped to be rehabilitated into their own society. The Committee has been impressed by these views and we recommend, therefore, that a similar system to that recommended for blind children should also be adopted for the deaf. It will be seen from paragraph 45 above that this is the view of the Society for Deaf and Dumb Children, which has plans to extend very considerably the number of units where deaf children can at present be taught.

The crippled:

62. As regards the education of crippled children, here also we have met a divergence of view. Some consider that the main problem is to provide transport to get these children to school and that no special schools for them are required. They should go to the ordinary primary school near where they live, but should be given help to get there. Others, however, consider that many crippled children have special needs and that these can only be met in a special school, and with this view we are inclined to agree. As we have noted in paragraph 52 above, there is a proposal that a residential "Coast School" should be established at or near Mombasa in order to provide a place where both medical attention (especially physiotherapy treatment) and schooling can be given. The Committee recommends that the progress of this School, when it becomes established, should be examined closely with a view to the establishment of further centres of this kind in places where it proves impossible to provide transport for crippled children to enable them to get to school.

The Mentally Handicapped:

63. By the very nature of their handicap, these disabled children cannot join in classroom work, nor would it be possible for them to attend an ordinary school in the same way as has been recommended for both the blind and the deaf. However, in the larger towns it should be possible to attach a special school unit, under a trained teacher, to an ordinary school. The object of so doing, despite the fact that the children cannot join in the usual classroom work, is to enable them nevertheless to join in other aspects of school life, particularly in such activities as physical training or games and, generally, to form part of the school. Those who cannot take advantage of the existence of a day school of this nature in a town will have to be educated in residential schools such as St. Nicholas' School in Nairobi.

Special Schools:

64. In view of the invaluable work they are doing and of the fact that the Government would almost certainly be morally bound to continue this work itself should the organisations responsible for it lay down their burden, we recommend that all existing and future schools for the blind, the deaf, the crippled and the mentally handicapped should be treated as "Special Schools" for purposes of grant-in-aid and that, where they are residential, they should receive the same amount of support as is at present given to ordinary boarding schools.

Fees:

65. We have carefully considered the problem of fees at these Special Schools and have come to the conclusion that they should be remitted in all cases. We make this recommendation knowing that there may occur cases where remission of fees will be given to someone who can well afford to pay, nevertheless we consider that it is of paramount importance that it should be made as easy as possible for disabled children to go to school.
66. The Committee therefore RECOMMENDS
1. For the Blind : That the open system of education whereby blind children are educated in ordinary primary schools be adopted and extended.
 2. For the Deaf : That the same system, already in use for deaf children, be further extended.
 3. For the Crippled :
That transport should be provided to enable crippled children to get to school.

That Government should examine the experiment to be made at the Coast School for the Physically Handicapped in order to establish further special schools of this kind for crippled children.
 4. For the Mentally Handicapped : In the larger towns the experiment should be made of attaching to an ordinary school a special unit for the mentally handicapped.
 5. General : That all existing and future Schools for the blind, deaf, crippled and mentally handicapped should be treated as "Special Schools" and given financial support accordingly.

That no fees should be charged at any Special School.

X. AGRICULTURAL TRAINING

Natural Division between Rural and Urban.

67. In considering what form of training should be given to the disabled as a whole, the Committee has borne in mind the fact that Kenya's economy is predominantly agricultural, with over 90% of its inhabitants living in rural areas, and that only 7% are wage-earners. Thus all but a very small number are living in peasant-farming communities and a natural distinction can be made between them and those living in towns. Training for the adult disabled will thus be considered under these two headings: rural and urban.

Better Farming:

68. For those in rural areas the Committee considers that in present circumstances it is inescapable that they should be taught farming and our recommendations are based on this assumption. We are, nonetheless, aware of the tendency amongst school-leavers to despise agriculture and of their desire, instead, to become karanis (clerks) or fundis (artisans). But we consider that one of the main reasons for this attitude is that a young man does not very often see his father making a profit out of his shamba, or at any rate not enough profit to induce him to follow in his father's foot-steps. We consider that this is no justification for abandoning the attempt to teach farming but rather a good reason why the standard of farming should be raised and modern scientific methods taught. In considering how such instruction should be given we have reviewed the differing needs of the four main types.

Types:

69. We have thought it most unlikely that a mentally handicapped adult would wish to take a course of training in agriculture, would be able to understand the instruction given or would be amenable to the disciplines and restraints involved; although this opinion does not apply in the same way to a mentally handicapped young man who has received training in a Special School- (see para 75 below). Similarly we have thought that a deaf man or woman would have little difficulty in picking up a knowledge of such an essentially practical subject as agriculture and that special arrangements are not therefore necessary in their case. But they are necessary in the case of the blind, and possibly in the case of the crippled also. The Committee has noted that a separate training centre to teach agriculture to cripples is planned in Uganda and we suggest that the experience gained from running it will be valuable for a future assessment of the necessity for a separate centre of this kind. But in the meantime we consider that the needs of the crippled for training in agriculture can be met either at an ordinary agricultural training centre or at a special centre for the blind.

The Blind:

70. It is the blind who are most in need of special training of this kind. Fortunately, however, considerable experience has now been gained, in various parts of the world, in the best way to teach them farming. Five years ago the Royal Commonwealth Society for the Blind conducted an experiment in Nigeria. It was very successful and the lessons gained have now been applied in other countries. In both Uganda and Tanganyika similar centres are now turning out about 100 trained blind farmers a year.

Ctd.

70. Two attempts made in Kenya have not been successful, largely because of a lack of fully qualified supervision. Indeed, the reasons for failure were not such as to make it inadvisable to try again, and the Kenya Society for the Blind is anxious to demonstrate that blind farmers can be trained here as well as in other countries. But if another attempt is made, it should be in an area where the local farmers are forward-looking and are keen on using better farming methods. Similarly, those selected for training should want to learn farming and not to become white-collared workers. They should preferably be sponsored by their own local authorities.

Blind Training Unit.

71. Following the principle that the fullest possible use should be made of existing facilities, we recommend that an agricultural training centre for the blind should be established as a small unit attached to an existing Agricultural Training Centre. We have discussed this proposal with agricultural authorities not only in Kenya but in Uganda and Tanganyika as well. All have agreed that the idea is sound in principle and, although there may be some administrative difficulties, due largely to the fact that ordinary courses at the main centre usually last for about a week or ten days whereas the course for the blind would cover the agricultural year, none of these difficulties is thought to be insurmountable. It is proposed that a unit to accommodate ten trainees should be attached to the main centre. It would be in charge of a specially selected and trained instructor but come under the overall control of the Principal. Blind trainees would use the existing facilities for feeding, teaching, recreation, etc. and would enter into the life of the main centre to the fullest extent possible. As in all such rehabilitation and training work with the disabled, the objective would be not to treat them as an isolated and segregated group but as part of the normal organisation. The advantages of such a scheme on purely economic grounds will be apparent; there will be considerable saving in overheads; full use will be made of existing facilities and, if a pilot scheme proves successful and further such units are established, a far greater number can be trained for the same amount of money as would be expended on a separate and independent centre.

Instruction.

72. The agricultural instructor for the pilot scheme we propose could be trained either in Uganda or Tanganyika, but it should be noted that he must be of a calibre enabling him to train others after he has himself gained experience. Since the instruction will cover the agricultural year, i.e. about nine months, there will be time available at the end of that period for him to re-settle his trainees himself. The importance of re-settlement cannot be exaggerated. In fact it is true to say that the work of rehabilitation and training at such a centre will be almost entirely wasted if the most careful arrangements for resettlement are not made. In Kenya and Tanganyika it has been found necessary to appoint specially selected and trained Recruitment and Resettlement Teams for this work. At a small unit of the kind proposed a separate team will not be necessary and the instructor can do this work himself. But it will involve his accompanying each trainee to his home, seeing that he is provided with land, that a named local person is responsible for giving him help and that the local authority accepts responsibility for him. The acceptance of such responsibility is more likely if the authority has first sponsored the man for training.

The Crippled.

73. The Committee sees no reason why the crippled should not be given training along with the blind at centres such as this. We also consider that, once the proposed scheme has proved successful, the needs of blind and crippled women for training should be borne in mind in planning further units.

Expert Assistance.

74. The Committee understands that the Royal Commonwealth Society for the Blind is prepared to help with the scheme by seconding to Kenya the member of its staff who has been in charge of the successful rural training centre at Salama in Uganda and has very considerable experience in this field.

Mentally Handicapped Adolescents.

75. A special problem arises in the case of those adolescents who have received schooling in a Special School for the mentally handicapped but are unable to take up work on their own. It has been found in other countries that one of the best ways in which they may be given employment is at a Special Farm. This is in fact "Sheltered" employment, and it may well be uneconomic, but it enables trained mentally handicapped persons to lead an active life, become self-supporting to a large degree, and productive members of society instead of a drain upon it. It may be that after a few years training at such a Special Farm a mentally handicapped person may be found capable of working on an ordinary farm and he should then be encouraged to do so.

76. The Committee RECOMMENDS that

Training in better farming methods should be given to blind and crippled persons in special units attached to existing Agricultural Training Centres.

Special Farms should be established for mentally handicapped adolescents leaving Special Schools.

XI. INDUSTRIAL TRAINING.

Employment in Open Industry.

77. In the more highly industrialised countries there has been a noticeable change of policy in recent years in the training of the disabled. More and more are being trained to take up positions in open industry and there are fewer than ever sheltered workshops. The latter are now in practice only used for those who are "so permanently and substantially disabled" as to be unable to compete on equal terms with the able-bodied. With the objective of limiting the number to the absolute minimum much careful thought has been given to the best methods of rehabilitation and training, and in some countries quite an elaborate - costly - system has been evolved so as to ensure that everything possible is done to enable a disabled person to use his remaining abilities to the full.

Hospital Treatment.

78. Rehabilitation, especially in the case of those recovering from illness, disease or accident, usually starts in hospital; and, indeed, any consideration of the subject must begin there. In Kenya there is a marked shortage of orthopaedic units and a chronic short of trained physiotherapists. Without them, talk of extending rehabilitation facilities is meaningless. The Committee understands that the Medical Department has been trying for some time, but without success, to obtain the services of a fully-qualified physiotherapy tutor who would train local students to a standard enabling them to be recognised by the Chartered Society of Physiotherapists in the United Kingdom. The Committee has been impressed by the vital need for fully-trained physiotherapists and would strongly urge that special steps be now taken to fill this key post (for which, we understand, the necessary financial provision has already been made). At the same time, a renewed appeal should be made to the Chartered Society for a representative to come to Kenya, to examine the facilities available locally with a view to recognition of the proposed course of training, and at the same time to consider what modifications might be made in the syllabus of training so as to adapt it to local conditions. We can think of few more important projects in the field of rehabilitation and training than this. We would also draw attention to the fact that there is a similar dire shortage of physiotherapists in Uganda and Tanganyika, and would invite consideration of the possibility of establishing an inter-territorial training centre in Nairobi. Finally, we would point out that physiotherapy is an occupation at which blind persons excel.

"Re-Conditioning".

79. The next step in rehabilitation, after a disabled person has left hospital, is often to undergo a "re-conditioning" process in a special centre. In the United Kingdom this is an "Industrial Rehabilitation Unit", the aim of which is to restore a worker's employment capacity, give him an opportunity to adjust himself to working conditions and to assess his suitability for particular types of work. Having recovered his capacity to work (and often, faith in himself as a worker) and found the kind of work which suits him best, he moves on to a vocational training centre for more intensive training.

Rehabilitation and Vocational Training Centre.

80. The Committee has considered whether both types of centre - one for rehabilitation and the other for training - are required in Kenya at its present stage of development and has come to the conclusion that they might well be combined, especially since much of the training in a vocational training unit would tend to be in the nature of rehabilitation at the beginning of the course. But there will be an undoubted need for a special centre of this kind for the disabled, and we consider that the Government should accept responsibility for its establishment and maintenance. At the same time, for those disabled who are in a position to attend them, full use should be made of existing vocational training centres such as Trade Schools.

the authority has also sponsored the man for training.

81. Admission to the Rehabilitation and Vocational Training Centre should be carefully controlled so as to avoid wasting time and money on those who are really untrainable; in fact, an apparently "tough" policy will have to be followed in the interests of the disabled themselves, since, especially in the early stages, it is essential that they should gain a reputation for being well-trained, competent and reliable workers. A panel of experts will thus be required: composed of a medical officer (preferably an orthopaedic surgeon), the training staff of the centre, the Placement Officer (see para 85 below) and such others - perhaps representatives of employers and labour organisations - as may be required to achieve the object in view.
82. The centre should be capable of dealing with all types of the disabled. (There will probably not be many mentally handicapped, but we have it in mind that there will probably always be one or two of those trained at a Special School who will be able to benefit).
83. We think the centre should be planned for an initial intake of 50 but be capable of considerable expansion. It will have to be residential, as courses will vary in length and some may take a year or more. Its lay-out, staffing and equipment will be matters on which expert advice should be sought. Much will naturally depend on the trades and occupations to be taught, and here the assistance of the proposed Placement Officer will be required.

Trade Tests.

84. The disabled trainees should take the normal Trade Tests at the conclusion of their training, and the syllabi should be designed with this in view. We have discussed this suggestion with the officer in charge of trade testing and he can see no reason why disabled persons should not, after training, pass the tests for those trades listed in Appendix V. We suggest that telephone switch-board operating be added to the list, as well as such other occupations as may be found suitable for disabled people, so that all are put on the same basis, as certificated workers. The Committee attaches considerable importance to this proof of a disabled person's ability. With it, the hands of a Placement Officer are greatly strengthened in obtaining a job for him, without it, one is virtually asking an employer to take on a disabled person out of charity.

The Placement Officer.

85. This man will occupy a key position in the system. He should have had considerable experience in placement work, be capable of training local men and be competent to make surveys of openings and opportunities in industry on which the programme at the proposed rehabilitation and vocational training centre can be based. His services would be required for at least two years, in order to allow him to make the survey, help to establish the centre, train local men "on the job" and arrange for the first placements. During the course of his investigations he could look into the possibility of establishing Home Workers Schemes for the disabled, ascertaining the varieties of work in which they could engage.

The Sheltered Workshop

86. He would also be available to assist with the establishment of another centre which will be required: a sheltered workshop for those too severely disabled to enter open industry. There will always be a considerable number of these and provision must be made for them. They cannot be just disregarded and left to fend for themselves (which so often means that they take to begging in the streets). Further, it is a corollary to the "tough" policy advocated in selection for training that those rejected should be offered some alternative means of earning a living. In a sheltered workshop they find a place where their remaining abilities can be put to use, in conditions and at a tempo adjusted to their needs. It will be run at a loss, but it will provide work and thus hope and encouragement to many who sometimes regard themselves as the outcasts of society. At the same time it must be borne in mind that such a centre may well be regarded by some of the disabled as a sort of "rest home", where they can reside in comfort and idleness. This is not, of course, its function, and admission and continued employment in it must be strictly controlled. Here again expert advice should be sought on its lay-out, staffing, equipment, etc., and on the possibility of its being run on the lines of the "Re-employ" system which has proved so successful in the United Kingdom.

The Home for Aged Infirm.

87. Finally, a third type of centre will be required for those disabled who are incapable, either through age or incapacity, of doing any work at all, even in sheltered workshops and who have no homes of their own. Although responsibility for the provision of a "Home" of this kind cannot be shelved, it may well be that the local authority will be able to enlist the aid of an organisation such as the Salvation Army in running it. It could well form part of the kind of centre required for those found begging in the streets (see paragraph 95 below), but the two types -- beggars and the homeless aged and infirm - should not as a rule be mixed, since beggars should be required to do work of some kind in the centre, unless it so happens that a beggar is genuinely unable to do work of any kind and should therefore be admitted to the Home.

Sites.

88. We have dealt in general terms with the need for three types of centre - a rehabilitation and vocational training centre, a sheltered workshop and a Home - and do not feel competent to say how many of each kind will be required and where they should be sited; although we suggest that the pilot scheme to implement our recommendations should be carried out in the neighbourhood of Nairobi, also that it is likely that centres of all three types will be required on a regional basis. A rough estimate of costs is given in Appendix VI.

Quota.

89. Representations were made to us that legislation should be passed requiring employers to employ a percentage of disabled workmen. It was pointed out that in the United Kingdom an employer of twenty or more must have 3% disabled amongst his employees and that in Ghana the corresponding figures are 2% and fifty employees.

89. Contd.

We have considered this matter carefully, and have come to the conclusion that it would not be appropriate in present circumstances to recommend the imposition of a quota in Kenya. The number of certificated disabled workmen is unlikely to be large for some time; nor do we anticipate that a Placement Officer will have difficulty in finding jobs for them. Should a situation arise later, however, in which a Placement Officer, despite his best efforts, finds it impossible to place a considerable number of such trained disabled persons, then we suggest that the matter should be referred to the employers' organisations. Only if these were unco-operative (which we think unlikely) should legislative action be contemplated.

Reserved Occupations.

90. While the Committee was in session circular letter No. D/P.52/103 of the 9th July, 1964, was issued, drawing attention to the availability of blind telephone switch-board operators and recommending their employment. We welcome this lead on the part of the Government and suggest that similar action should be taken in respect of other occupations particularly suited to the disabled. What these might be is one of the matters which should be examined by the Placement Officer in making the survey suggested in paragraph 85 above. Elsewhere, lift operating and car park attending are listed as "reserved" occupations of this kind, but in view of the fact that most lifts are now automatic and that car parks are becoming increasingly "metered" these may not be as promising outlets as might be expected.

Factory Design.

91. We recommend that the needs of the disabled worker be borne in mind in designing the lay-out of factories. This can be done without increasing the cost - it is largely a matter of re-designing means of access by ramps (for wheel-chairs) instead of stairs, ensuring that passages are wide enough and unimpeded, and that the positioning of equipment suits the needs of the disabled as well as the able-bodied. Architects these days are well accustomed to making such provision in their designs, but we recommend that the need should be brought to the attention of all municipal and other authorities empowered to approve plans for building factories, etc.

The Committee RECOMMENDS:

92. That a Physiotherapy Tutor should be appointed without delay and the Chartered Society of Physiotherapists in the United Kingdom should be asked to assist with the establishment of a course, possibly on an inter-territorial basis, to turn out fully qualified physiotherapists.

That the following centres should be established:

- (a) a Rehabilitation and Vocational Training Centre;
- (b) a Sheltered Workshop;
- (c) a Home for the Aged Infirm.

92. Contd.

That Trade Tests should be taken by trained disabled persons.

That a Placement Officer should be appointed.

That no "Quota" of disabled employees should be imposed on employers.

That the needs of the disabled should be borne in mind when new factories are being designed.

SPECIAL EQUIPMENT AND AIDS.

93. A growing need is for calipers, artificial limbs and special boots and other appliances. The workshops at the Orthopaedic Unit attached to the Kenyatta National Hospital in Nairobi do their best to cope with the demand, but even if all orders could be filled without delay (which would, of course, be impossible because most aids have to be hand-made), one workshop cannot serve the needs of the whole country. Nor indeed should it attempt to do so, since this is clearly uneconomic and unnecessary. The Committee was surprised to find that those who live in Kisumu or Mombasa and wish to be fitted with artificial limbs must travel all the way to Nairobi for the purpose, often spending a period of weeks in the capital while the limb is being manufactured and fitted, experiencing difficulty in accommodation or, not infrequently, occupying much needed beds in the Orthopaedic Unit, if they have nowhere else to go. Clearly, further units are required, preferably on a regional basis, but immediately at Kisumu and Mombasa. It may well be that the large unit at Kampala may be able to help with the training of staff.
94. The Committee RECOMMENDS that Orthopaedic Workshops should be established on a regional basis, starting at Mombasa and Kisumu.

XIII. BEGGARS

95. The subject of beggars cropped up with some frequency during interviews, and we were left in no doubt as to the serious problem which they present in some towns. Since most of those who are found begging in the streets are disabled, it might be considered that the Committee should have gone fully into the problem. We understand, however, that a separate enquiry has been made and that special legislation to deal with the problem has been drafted. We, therefore, confine our remarks to saying that, first, we think that no system of providing "places of detention" is likely to prove effective unless work of various simple kinds is available there and those capable of working (the majority of beggars) are required to remain there and work for periods of up to a year; and secondly, that even then begging will continue unless there is a deliberate and continuing campaign to persuade the public to give alms, not direct to the beggars, but to the organisation responsible for running these places of detention. Since people will not willingly give to an impersonal body such as a municipal or other Council, such organisation should preferably be a voluntary society. This was the pattern which was evolved some years ago in Zanzibar, and while the system was in operation no beggars were seen in the

/the streets. A welfare society, partially grant-aided by the Government, accepted responsibility for running three "homes" where work was available making prayer mats and other articles readily saleable locally. On sale, a considerable percentage of the cash proceeds was credited to those who had made the articles. Steps were taken, by announcements in the mosques, over the radio and in the press, to bring to the public's attention the existence of these arrangements and to persuade them to place alms, not in the hands of beggars, but in collecting boxes in the mosques and other places. The ingredients of success were thus the existence of "homes" where food, shelter, clothing and work were available, a public prepared to co-operate because they knew of these arrangements, and legislation which both police and magistracy had no hesitation in enforcing for the same reasons.

96. The Committee RECOMMENDS that:

Further study should be given to the problem of beggars, in the light of experience gained elsewhere.

XIV. ADMINISTRATION

Statutory Board.

97. The Committee considers that the present system, under which work for the disabled is the concern of several Ministries, is unsatisfactory, liable to cause unnecessary delays and ill-designed to meet future needs. If this work is to be carried out efficiently and expeditiously, and to receive the attention it merits, a separate organisation must be set up. We consider that this should be a Board - preferably a Statutory Board - on which those Ministries at present concerned with these matters, or which will in future be concerned with them, should be represented at a high level, together with a number of non-official members having special knowledge or experience, some of whom should themselves be disabled persons. It should have a majority of non-officials, one of whom should be the Chairman. Its main functions should be to advise the Government on matters of policy concerning the disabled, including the allocation of grants-in-aid and other financial assistance to non-governmental organisations. In practice it would address its recommendations to the Minister responsible to Parliament for such matters, who would be expected to provide the Board, in writing, with a statement of his reasons for rejecting the Board's advice whenever he did so.

98. Here we would like also to recall the remark made in paragraph 40 above about Regional responsibilities and to emphasise that it is our considered opinion that the provision and maintenance of services for the disabled should be the responsibility of the Central Government.

Director of Rehabilitation.

99. The Board's recommendations, after acceptance by the Minister, would be implemented by its executive officer. This official will thus occupy a key position and an entirely new post will have to be made. He might be given the title "Director of Rehabilitation" to indicate his status and the nature of the most important part of his work. He should be attached to whatever

/whatever Ministry is responsible for these matters, a separate section in the Ministry being created. He will require the usual clerical and other office staff. Placement Officers, Principals and Instructors at Training Centres and other such Government-paid employees will also be members of his staff. In addition to implementing such of the recommendations of this Committee as may be accepted by the Government he would act as a co-ordinating link between the various Ministries involved, especially those dealing with education, agriculture and health. The general public, and in particular the voluntary organisations, would know that there was thus one person in a position of authority who could be consulted on all matters concerning the disabled.

Voluntary Organisations.

100. These would continue to play a most important part in the development of services for the disabled and, in accordance with the principle that the fullest use should be made of existing facilities, we hope that their work will be expanded and developed. Their function as training centres of special teachers is particularly important. But we have noted a tendency - perhaps very natural in a developing country - for both their formation and the siting of their centres of activity to be somewhat haphazard and not always planned to the best advantage or with due regard to other work in the same field. While in no way wishing to inhibit the spirit of voluntary service - indeed we pay tribute to the splendid work done over the years by many of the welfare organisations in Kenya - we think that the best interests of the disabled themselves will be served if some means be found to ensure rationalisation of effort, co-ordination wherever advisable and the prevention of overlapping and thus waste of resources. With the appointment of a Statutory Board we should like to see it made obligatory that no new society or other organisation for helping the disabled should be established without the Board's recommendation.

Inspector of Special Schools.

101. With the same objectives in view we think that greater interest in, and control over, the activities of existing voluntary organisations should be taken by the Government; and as one practical means of effecting this we recommend that an Inspector of Special Schools should be appointed. We consider such an appointment all the more necessary in view of our recommendation in paragraph 64 that greater financial support should now be given to these Schools by the Government. Since he will almost certainly need to undertake a special course of training overseas, his appointment should be made as early as possible. In selecting the man for the job it should be remembered that an important function of some Schools will be to train Specialists Teachers.

Tribal Societies.

102. In line with the Committee's recommendation that the fullest use should be made of voluntary organisations is the suggestion that the attempt be also made to enlist the aid of tribal societies. We understand that there are about one thousand of these societies in Kenya, that many of them are small and relatively ineffective, and that they tend to be mutually exclusive. Nevertheless, if practical steps be taken to induce some degree of co-operation, for example, by the provision of office facilities, secretarial and accountancy staff, as we understand is contemplated, then the possibility of enlisting their aid is more likely to change from a pious hope into a practical proposition. We, therefore, support the proposal that help of this kind be provided and recommend that, when some co-ordination has been brought about, the possibility of representation on the proposed Board should be considered.
103. The Committee RECOMMENDS that:
- A Statutory Board should be appointed to control services for the disabled.
 - The provision and maintenance of services for the disabled should be the responsibility of the Central Government and not of Regional Authorities.
 - A Director of Rehabilitation should be appointed as the Board's executive officer.
 - While the work of voluntary organisations should receive increased financial support, their formation and the siting of their centres of activity should be controlled.
 - An Inspector of Special Schools should be appointed.
 - The aid of tribal societies should be enlisted, secretarial and other help being given to them to make this possible.

XV. IN CONCLUSION:

104. The Committee has sought to make this Report a workman-like document and in making recommendations we have tried to indicate practical ways in which they may be carried out. A rough estimate of the cost of implementing our proposals is given in Appendix VI. In considering costs we would again point out that these can be justified, not only on humanitarian grounds, but for economic reasons. Most disabled persons are capable of being trained to do work of one kind or another. They are potentially a national asset, but without training they remain a liability. It is in the country's best interests to see that such training is made available for them. Nor should it be forgotten that they too, like the rest of Kenya's citizens, have a claim to that increase in human dignity which Independence brings.

The Hon. E.N. Mwendwa, M.P.
Chairman.

Alex. Mackay,
Deputy Chairman.

V. de V. Allen.

Miss K. Amar.

Alderman M.W. Kaigwa, M.P.

The Hon. J.D. Kali, M.P.

J.C. Kibe.

E.M. Linyonyi.

Charles. C. Maina.

Dr. A.S. Mbuthia.

R.S. Sehmi.

J.P. Moffett, C.M.G.

APPENDIX I.

Questionnaire for Voluntary Organisations:

I. The Committee's first term of reference is "to make an assessment of the number and types of disabled persons in Kenya."

- (a) How many and what types of disabled has your organisation dealt with:
 - (i) annually;
 - (ii) in total since its foundation.
- (b) What do you think, from these figures, the national totals might be?

II - III

The Committee's second and third terms of reference are "to investigate existing facilities for the education, training, settlement/employment of the disabled", and "to formulate a broad programme of training and placement of the disabled involving community care and designed to assist the economic independence of as many disabled persons as possible".

- (a) How does your organisation help the disabled? (If this is fully described in annual reports, please attach 12 for 1963).
- (b) What staff are employed, what are their qualifications, and what remuneration do they receive?
- (c) What accommodation is available?
- (d) What does the work cost and where does the money come from?
- (e) What are your most urgent present needs?
- (f) How would you like to see your work extended and expanded?
- (g) Do you think Government should accept more responsibility for the disabled? If so, how would this effect the work of your organisation and what do you consider its role should then be?

IV.

The Committee's fourth term of reference is "to examine and make a report on the existing machinery for the co-ordination of services to disabled persons".

- (a) How do you consider such co-ordination could best be achieved?

V.

Have you any further comments or suggestions which might help the Committee in its work?

Information, either in answer to the Committee's Questionnaire or otherwise, was received from the following :-

- Welfare Society for the Aged.
- African Society for the Disabled.
- Salvation Army.
- Kenya Union of the Blind.
- Dagoretti Children's Centre.
- Coast School for the Physically Handicapped.
- St. Nicholas School for Mentally Handicapped Children.
- Kenya Society for the Blind.
- Officer in Charge Army Pay and Records.
- St. John Ambulance Association.
- Association for Rehabilitation of the Disabled and Blind, Bulawayo.
- Uganda Foundation for the Blind.
- Round Table Polio Clinic, Kampala.
- Municipality of Kisumu.
- Starehe Boys' Centre, Nairobi.
- Director of Social Welfare and Community Development, Ghana.
- H.H. Aga Khan Special Schools, Nairobi and Mombasa.
- Ministry of Labour and Social Services.
- Ministry of Education.
- Ministry of Agriculture and Animal Husbandry.
- Ministry of Finance and Economic Planning.
- Ministry of Health and Housing.
- Ministry of Commerce and Industry.
- Director, National Youth Service.
- Federation of Kenya Employers.
- Kenya Association for the Prevention of Tuberculosis.
- Kenya Federation of Labour.
- The Society for Deaf and Dumb Children.
- Association for the Physically Disabled of Kenya.

APPENDIX III

Select List of Printed Reports, etc., Consulted.

Report of the Inter-Departmental Committee on the Rehabilitation and Resettlement of Disabled Persons (The Tomlinson Report). Cmd. 6415. H.M.S.O. 1943. Price 1/9.

Report of the Committee of Enquiry on the Rehabilitation and Resettlement of Disabled Persons (The Piercy Report). Cmd. 9883. H.M.S.O. 1956. Price 5/6.

Services for the Disabled. Ministry of Labour. H.M.S.O. 1961. Price 8/6.

Health and Welfare, The Development of Community Care. Cmd. 1973. H.M.S.O. 1963. Price £1. 4s. Od.

The Welfare of the Disabled. National Council of Social Service, 26 Bedford Square, London, W.C.1. Price 5/0d.

Rehabilitation - A Blueprint for the Future. British Council for Rehabilitation. Tavistock House South, Tavistock Square, London, W.C.1. Price 6/0d.

The Deaf in Britain. Royal National Institute for the Deaf, 105, Gower Street, London, W.C.1. 1961. Price 2/6d.

Report of the Committee (appointed by the Cabinet) on the Education, Rehabilitation and Employment of Disabled People in Ghana. (The Wilson Report). Government Printer, Accra, and Crown Agents for Overseas Governments and Administrations, 4, Millbank, London, S.W.1. Price 2/0d.

Blindness in Kenya. R.D. Calcott. 1956. Published by the Royal Commonwealth Society for the Blind, 46, Victoria Street, London, S.W.1.

Annual Reports.

Association for the Physically Disabled of Kenya.

Royal Commonwealth Society for the Blind, London.

Kenya Society for the Blind.

Kenya Ministry of Education.

Kenya Ministry of Health and Housing.

Kenya Labour Department.

Kenya Union of the Blind.

Salvation Army, Kenya.

Society for Deaf and Dumb Children, Kenya.

Kenya Red Cross.

Report on Beggars. Nairobi Round Table No. 1.

APPENDIX IV

Reports received in Manuscript or typescript.

Report on the Care and Rehabilitation of the Disabled in Nairobi. J.P. Mbogua, Director of Social Services and Housing, Nairobi City Council.

I.L.O. Regular Programme of Technical Assistance, Vocational Rehabilitation of the Disabled (in Kenya)
E. Marland.

Papers submitted to the Symposium on Rehabilitation of the Cripple in Africa. Held in Kampala in March, 1964.

Survey of Deafness in Africa, by Professor Ormerod, Director of Research, Institute of Laryngology and Mr. A.A. Shillingford, C.B.E., formerly Chief Adviser on Education to the Federal Government of Nigeria. August, 1961.

Survey of Handicapped Persons. Rotary Club of Nairobi South, Community Service Committee.

What is Open Education? Geoffrey Salisbury.
Royal Commonwealth Society for the Blind, London.

The Rehabilitation Service in Ghana. 1961 - 64.
Department of Social Welfare and Community Development.

APPENDIX V

List of Trades for which the Disabled may be Trained.

Cabinet Maker.
Carpenter.
Dressmaker (Bespoke).
Electrician - Vehicle.
Electrician - Wireman.
Fitter.
Joiner.
Machinist (Woodworking) (Tool setter/Saw Doctor).
Mason (Building).
Mason (Dressing)
Motor Vehicle Mechanic.
Moulder.
Painter (Decorator)
Panel Beater.
Plant Mechanic.
Plumber.
Polisher.
Shoemaker.
Signwriter.
Spray Painter. (Vehicle)
Tailor, Bespoke (Gents).
Terrazzo Worker.
Tinsmith.
Turner.
Welder (Electric).
Welder (Oxy-acetylene).

APPENDIX VI

<u>COSTS:</u>	<u>CAPITAL</u> £	<u>RECURRENT</u> £
(a) Special Unit for 10 blind children (non residential), to be attached an ordinary school.		
Classroom	600	
Furniture & Equipment	150	50
	750	50
	=====	
(b) Similar Unit for 10 Deaf Children.		
Classroom	600	
Furniture & Equipment	300	50
	900	50
	=====	
(c) Similar Unit for 10 mentally handicapped children.		
Classroom	600	
Furniture & Equipment	200	50
	800	50
	=====	
(d) Agricultural Training Unit for 10 adults (residential), to be attached to an existing Agricultural Training Centre.		
Dormitory	1,000	
Furniture & Equipment	200	20
Maintenance of Trainees		500
	1,200	520
	=====	
(e) Orthopaedic Workshop.		
Equipment	1,000	
Staff	200	
Other charges, including materials.		600
	1,200	400
		1,000
	=====	
(f) Rehabilitation & Vocational Training Centre for 50.		
Equipment	10,000	
Vehicle	2,000	200
Staff	1,000	
Other charges - Maintenance of trainees.		3,000
	13,000	1,000
		4,200
	=====	
C/F	17,850	5,870

	<u>CAPITAL</u>	<u>RECURRENT</u>
B/F	£	£
(g) Sheltered Workshop for 50	17,850	5,870
Equipment	10,000	
Staff	2,000	200
Vehicle	1,000	2,000
Other charges		1,000
	<u>13,000</u>	<u>3,200</u>
=====		
(h) Home for 25 aged and Infirm.	2,000	
Furniture and Equipment	500	
Staff		500
Other charges		500
	<u>2,500</u>	<u>1,000</u>
=====		
(i) Mobile Eye Clinic.		
Land Rover	1,000	
Equipment		
(Instruments, tentage etc).	450	50
Maintenance		500
	<u>1,450</u>	<u>550</u>
=====		
(j) Director of Rehabilitation.		2,000
Subordinate staff		750
Other charges		300
Placement Officer		<u>1,500</u>
		4,550
=====		
Total	<u>£34,800</u>	<u>£15,170</u>
=====		
Combined Total, Capital & Recurrent.	=	£49,970
		=====

NOTE ON COSTS.

CO. In making these very rough calculations of costs the
(a) Committee has assumed that the proposed Inspector of ^{Special} Schools,
as well as Teachers, Agricultural Instructors and Hospital
Assistants will be seconded by their Departments for the
special work proposed; also, that office accommodation will
(b) be found for the Director of Rehabilitation, the Placement
Officer, and the Director's subordinate staff.

We have not tried to assess exactly the amount which will
(c) be involved if increased grants-in-aid are paid to Special
Schools. Nor have we attempted any assessment of the cost
or running the suggested Prevention of Disablement Campaign.

(d) The capital cost will, of course, be very considerably
reduced if suitable buildings can be found, perhaps at the
Kahawa Camp, for the proposed Rehabilitation and Vocational
Training Centre, the Sheltered Workshop and the Home.

(e) We draw attention again to the fact that these estimates
are of the minimum amount required to implement our re-
commendations and are based on the establishment of one
(f) only of each kind of Centre. Although we suggest that
these should be pilot schemes in the first instance, they
will need to be greatly multiplied in due course, preferably
on a Regional basis, if anything effective is to be done
for the disabled.