Waldorf Kakuma Project/CBM/BMZ

Accessibility Audit of Inclusive Education in 116 ECDE Centres113 in the host and 3 in the Kalobeyei Refugee Camps and 1 EARC in Turkana West Sub-County, Turkana County, Kenya:

Report submitted by
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Peron Agencies, May 2024

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Peron Agencies extends its appreciation to the Waldorf Kakuma Project (WKP) teams in Nairobi and Kakuma for their technical and administrative support. The Turkana project team is acknowledged for their effective coordination in supporting the data collection exercise through mobilization of key informants, key stakeholders and data collectors.

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ACRONYMS AND ABBREVIATIONS

BoM	: Board of Management
CHVs	: Community Health Volunteers
CWD	: Children with Disabilities
EARC	: Education Assessment Resource Centre
ECDE	: Early Childhood Development Education
KISE	: Kenya Institute of Special Education
MMR	: Mixed Methods Research
OPLDs	: Organization of People Living with Disabilities
PP1	: Pre-Primary 1
PP2	: Pre-Primary 2
SPSS	: Statistical Package for Social Sciences
SWs	: Social workers
UN	: United Nations
UNCRPD	: United Nations Convention on the Rights of Persons with Disabilities
UNESCO	: United Nations Education, Scientific and Cultural Organization
WKP	: Waldorf Kakuma Project
WRC	: Women's Refugee Commission
CBM	: Child Blind Mission
BMZ	: The Federal Ministry of Economic Cooperation and Development

EXECUTIVE SUMMARY

This assessment audit outlines a multifaceted strategy for improving Early Childhood Development and Education (ECDE) Centres in Turkana West Sub County. It addresses crucial aspects from infrastructure to support services. The key recommendations are structured across ten pivotal domains:

Infrastructure Improvement

Enhance safety in ECDE Centres by addressing hazards, upgrading perimeter fences, marking car parks, ensuring safe and friendly instead of proper classrooms for PP1 and PP2, making doors accessible for children with disabilities, and upgrading ramps. Adequate lighting and removal of protruding objects are imperative, alongside providing specialized furniture and enhancing safety features in playgrounds.

Amenities and Facilities

Install grab rails, dedicate gender sensitive washrooms, and improve informative signage. Mitigate the gap in building separate toilet facilities for children with disabilities, ensure equitable access to clean water, scrutinize nutrition standards, and optimize meal provision for improved health and higher quality standards.

Sanitary Conditions

Improve toilet accessibility, add more taps for water accessibility, ensure accessible playing fields, and introduce braille, sign language resources, and electricity installation for audio-visual challenges. Training personnel for constructing disability-friendly infrastructure and establishing a permanent committee for advocacy and funding are crucial for continuous improvement.

Community-Based Measures

Prioritize safety by removing hazards, propose shade initiatives, promote integrated classes, clear playfields, construct disability-friendly toilets with community involvement, and identification of community based/owned initiatives embedded in day-to-day existing structures within communities for appropriate furniture, fundraising, and skilled personnel. Proposing fundraising initiatives is recommended to garner support for comprehensive improvements.

Teacher Training and Support

Provide specialized training in special/inclusive education for ECDE teachers, offer motivation and support through incentives, in-service training, and professional development. Ensure the availability of teaching materials and organize seasonal therapy, counselling, and spiritual support for teachers dealing with children with disabilities.

Enhancing Stakeholder Engagement

Improve communication strategies among stakeholders and encourage collaborative approaches for more impactful interventions that lead to holistic betterment of children with disabilities.

Support Services and Inclusivity

Advocate for diverse play materials, access to instructional materials, and assistive devices for children with disabilities. Support proper school placement, ensure collaborative teacher forums in Inclusive Education, emphasize the importance of supportive parental involvement, and enhance resource availability and technological integration for a sustainable, inclusive, and enriching educational environment.

Integration Challenges in ECDE Centres

Address barriers to integration, including the absence of sensitization groups, shortage of skilled personnel, and inadequate instructional equipment. Implement awareness campaigns, accessibility improvements, and anti-bullying programs. Collaborate with healthcare agencies to support more inclusive educational environment for children with disabilities in schools and communities.

Support Services Evaluation

Improve services rated as fair or poor, including needs assessments for provision of audio-visual and other learning aids, and feedback to sub-county education officers on Special Needs Education (SNE).

Identification of Support Procedures

Strengthen attributes rated as fair or poor, such as parental involvement in the assessment process, implementation of intervention measures by teachers, and collaboration with social workers and philanthropic organizations.

This strategic framework aims to foster a comprehensive, accessible, and supportive ECDE environment for all children, ensuring a foundation for education for all.

1.0 INTRODUCTION

1.1 Waldorf Kakuma project

The Waldorf Kakuma Project (WKP) is a component of the broader Waldorf community, actively participating in emergency and regular education initiatives worldwide. Functioning as a locally registered non-governmental organization (NGO) in Kenya, WKP currently oversees projects in Turkana West Subcounty including the two refugee camps (Kakuma and Kalobeyei settlement) and Nairobi informal settlements. WKP places a primary focus on areas such as Early childhood education, child protection, emergency education, inclusive education and psychosocial support, particularly targeting catering children aged 5 to 17 years. With an operational presence in Kenya spanning the last 11 years, WKP has developed significant technical expertise, particularly in providing education for all children, undergoing trauma or challenging situations (children with disabilities) and those living in disadvantaged environments. One of the key focus areas for WKP is to bring about positive transformations in the lives of children and their caregivers by improving on quality, access, retention and transition in education for all children (with and without disabilities).

This audit survey is one of the activities under the CBM project (2022-2024) that is funded by CBM and BMZ. The project has a special focus on improved access to quality inclusive education for children with disabilities in both refugees and host communities. The audit includes an infrastructural assessment in all ECDE Centres that will inform infrastructural renovations, with a view to improve the accessibility of children with disabilities. These renovations will target a total of 26 educational institutions in the project. (22 ECDE Centres in the host community, 3 ECDE Centres managed by Finnish Church Aid at the Kalobeyei refugee settlement camp and one EARC (Education Assessment Resource centre) managed by LWF in Kakuma town.

1.2 Audit Purpose and Objectives

The primary objective of this assessment audit was to examine the current status of educational accessibility for both children with disabilities and those without disabilities in ECDE Centres within Turkana West Sub County. In particular, the audit concentrated on assessing the availability of classrooms, wash facilities, playgrounds and other infrastructure for both groups of children. The aim was to identify necessary interventions to improve educational and social inclusion for these children. The assessment also considered community-based suggestions aimed at enhancing the safety and inclusivity of ECDE Centres for children with disabilities. It explored both infrastructural and other obstacles affecting access, evaluated the adequacy of inclusive teaching and learning materials, and examined barriers to the integration of children with disabilities into regular classroom and school environments. Additionally, the audit assessed teachers' pedagogical competencies in promoting inclusive education, the sufficiency of resources in the EARC, referral processes for children with disabilities to rehabilitative facilities, and factors impeding their integration. Lastly, the evaluation scrutinized the availability of additional support services for children with disabilities and their families, as well as social norms contributing to the stigmatization and social exclusion of children with disabilities within ECDE Centres and the broader communities. Specifically, the assessment audit was guided by the following objectives:

1. Evaluate the current status of physical infrastructural facilities in ECDE Centres to assess accessibility for children with disabilities.
2. Assess the status of wash facilities to determine their accessibility for children with Disabilities.
3. a) Identify improvements needed in existing infrastructure to enhance inclusive environment that promote effective care for Children with disabilities.
   b) Develop cost-effective community-based and technical recommendations for creating a safe and friendly physical environment for Children with disabilities in schools.
4. a) Investigate infrastructural and other barriers that impede the access, retention, and transition of Children with disabilities in school.
   b) Evaluate the adequacy of inclusive learning and play materials for children with disabilities.

5. Examine the inclusive education pedagogical competencies of teachers concerning the needs of Children with disabilities and their effective inclusion in active schooling.
6. Assess the status of resource availability in EARCs for the effective identification and school placement and support for children with disabilities.
7. Investigate the existence and effectiveness of referral procedures to schools and medical rehabilitative facilities for Children with Disabilities.
8. Determine the level of integration of Children with Disabilities in regular classroom and school activities.
9. Identify the factors that serve as barriers to the integration of children with disabilities in regular classrooms.
10. Investigate the availability and scope of additional support services for children with disabilities and their families, with a focus on psycho-social services, physiotherapy support, and the involvement of Waldorf Kakuma Project (WKP) social workers.
11. Examine the extent of stigmatization and social exclusion experienced by children with disabilities in ECDE Centres in Turkana West Sub-County.

1.3 The context

The World Health Organization (WHO) approximates that around 15% of the global population, totalling over one billion individuals, live with some form of disability, and at least 200 million of them are children. Children with disabilities encounter obstacles like stigma, social isolation, and institutionalized barriers that hinder their access to education, especially in ECDE Centres. Notably, there is inadequate or no assessment audits examining the marginalization, neglect, and social isolation faced by children with disabilities in ECDE Centres. Additionally, crucial aspects such as appropriate teachers' pedagogical skills, the availability of educational and play materials, infrastructure and wash facilities, support for inclusive practices, and educational opportunities for Children with disabilities are often inadequately addressed. The primary objective of this audit is to identify these gaps and positively impact a significant number of children, with secondary benefits extending to a substantial community population.

2.0 METHODOLOGY

2.1. Scope

The assessment audit was conducted in Turkana West Sub-County of Turkana County. The sub county consists of seven wards, namely, Kakuma, Lopur, Letea, Songot, Kalobeyei, Lokichogio, and Nanaam which were all included in the audit.

2.2 Data Collection and Management

The data collection process for this project was a collaborative effort involving the WKP staff and a team of enumerators drawn from the local communities. This approach was effective as it facilitated seamless communication and engagement with the respondents in their native dialects. Peron Agencies assumed a crucial role in training the data collectors, equipping them with the necessary technical skills for various data collection methods, such as focus group discussions, questionnaire administration, and scoring the observation guide. Furthermore, Peron Agencies took charge of determining the sample size and designing the sampling procedures. In addition, Peron Agencies piloted the research tools to ensure their reliability and presented them to Karatina University for validation. The tools were them presented to an Ethical Review Board at Pan Africa Christian University and clearance was obtained. The WKP staff provided valuable support in the coordination of field logistics, including obtaining local authorizations and scheduling data collection appointments with the targeted individuals and ECDE centres. The lead consultant maintained an oversight role throughout the data collection process, closely monitoring progress, data analysis and report writing. This comprehensive and well-structured approach to the accessibility audit data collection and

analysis highlights the commitment to robust research practices and ethical considerations in this project.

2.2.1 Quantitative Data

The quantitative data obtained through the administration of questionnaires underwent a systematic process to ensure accuracy and reliability. The collected data were cleaned, coded, and uploaded into a computer. Analysis was conducted using descriptive statistics. The statistical software SPSS version 25.0 was employed for this purpose. To oversee the data quality and integrity, a dedicated data manager was assigned to address any issues or concerns that emerged during the data collection process.

The findings of the analysis were presented comprehensively, utilizing various visualizations such as graphs, tables, and figures as deemed necessary to effectively communicate the findings of the assessment audit. This approach not only facilitated a thorough presentation of the quantitative data but also enhanced the overall rigor and credibility of the audit outcomes. The combination of systematic data processing, rigorous analysis, and clear presentation methods contributed to a well-documented and reliable portrayal of the research findings.

2.2.2 Qualitative Data

Qualitative data in this audit underwent a rigorous analysis process employing thematic analysis techniques. The outcomes of this qualitative analysis were subsequently integrated with the quantitative findings, aligning with the predefined objectives of the audit assessment. To facilitate this analysis, Focused Group Discussions (FGDs) and photography, with participants' consent, were recorded and transcribed. These records were then systematically organized and analyzed in a thematic manner, aligning closely with the overarching objectives of the audit. A crucial aspect of the analysis methodology involved data triangulation, wherein multiple sources of data were cross-referenced and compared to ensure their reliability and the accurate representation of the audit's intended objectives. This comprehensive approach enhances the credibility and robustness of the findings, contributing to a more comprehensive and meaningful assessment.

2.2.3 Desk Review

During the preparatory phase, Peron Agencies conducted a comprehensive desk review as part of the process of developing study tools, including questionnaires, guides for Focus Group Discussions (FGDs), and observation schedules. This review involved a thorough examination of the existing literature and experiences related to similar studies conducted in Kenya and in other countries. Reports, methodologies, and questionnaires used in these comparable international studies were carefully scrutinized for valuable insights. Additionally, materials and research outputs specific to the study subject within the context of Turkana West Sub County were also considered. Subsequent to the desk review, the study tools were subjected to a pilot phase to assess their reliability and validity. This critical step ensured that the tools were well-suited to the local context and capable of producing accurate and dependable data for the research. The preparatory process, which encompassed both international and local perspectives, reflects a diligent approach to tool development and a commitment to conducting a robust and valid study.

2.3 Population and Sample

2.3.1 Population

The target population of the assessment audit comprised of the following: -

a) All the 113 ECDE Centres in Turkana West Sub County.
b) According to a WKP (2023) the number of Children with disabilities who are enrolled in the project host Government ECDE Centres in Turkana West Sub County are 337.
c) 113 ECDE lead teachers (one lead teacher from each ECDE centre)
d) WKP project staff and trainers

e) 113 BoM chairpersons in ECDE Centres
f) Three (3) Ward Education officers
g) One (1) Sub County Education Officer
h) Three (3) Educational Assessment Resource Centres (EARC) officers
i) Parents of Children with disabilities (to be determined from the data of the exclusion/inclusion criteria)
j) Four (4) Community Health Volunteers (CHVs) (one from each ward)
k) Representative of Organization of People with Disabilities (OPDs)
l) Four (4) Local Social workers

2.3.2 Sampling Procedures and Sample Size for the target groups and ECDE Centres

The audit employed various sampling techniques comprising of stratified random sampling, census inquiry and purposive sampling techniques for the various survey target groups.

2.3.2.1 ECDE Centres in Turkana West Sub County

Kothari (2014) advocates that when dealing with a small and manageable target population, the use of a census inquiry, encompassing all subjects in the study is commendable. Boeing (2019) shares a similar perspective, defining a census as a comprehensive gathering of data from all units in a population or a thorough enumeration of all subjects, emphasizing that it ensures maximum accuracy as there is no element of chance involved. With regard to this approach, and considering the manageable size of the population (113 ECDE Centres) in this audit, a census inquiry was employed. This meant that all 113 ECDE Centres were included in the assessment audit, leaving no room for chance. To collect data on various aspects such as the status of physical infrastructure, accessibility to wash facilities, barriers to access for Children with disabilities, adequacy of inclusive learning and play materials, retention and transition for children with Children with disabilities, and the education pedagogical competencies among teachers, an observation guide was utilized. This thorough method ensures a comprehensive and accurate assessment of the targeted population

2.3.2.2 Children with Disabilities and Children Without Disabilities Enrolled in the ECDE Centres

According to data collected conducted by WKP (2023) there were 337 children with disabilities who were enrolled in the host ECDE Centres in Turkana West Sub County. Gay (2000) sampling principal postulates that in social sciences a sample should consist of at least 10-30% of the population depending on the population size. In this regard the lower threshold of 10% was used to determine the sample of Children with disabilities, to be included in the assessment audit. This is because a population of 337 is considered “large” in social science surveys. Thus, stratified random sampling was used to select 34 Children with disabilities for the assessment audit. In addition, in order to establish the differential stigma and social exclusion experienced by Children with disabilities in comparison to children without disabilities was necessary. To address this simple random sampling was used to select an equal number (34) of children without disabilities and included them in the audit. Consequently, 68 ECDE children with and without disabilities participated in the assessment audit. A questionnaire was administered to the children that sought their opinions pertaining; stigma in schools, social exclusion and availability of general resources. The children were guided by local enumerators who assisted in interpretation of the questionnaire items and filling the questionnaire. The enumerators had been sensitized in child friendly techniques and handling children with and without disabilities. The tool sought to explore the perceptions of the children on stigmatisation and social exclusion in the ECDE Centres.

2.3.2.3 ECDE Lead Teachers

There were 113 ECDE lead teachers in Turkana West Sub County, Gay’s sampling principle (10-30% depending on the population size) was used to select 30% of target population, this is because a population of 113 is considered “small”. This yielded a sample of 35(30%) teacher respondents.

Stratified random sampling was used to proportionately distribute the sample in accordance with its representation in the seven (7) administrative wards in the sub county.

2.3.2.4 WKP project staff and WKP trainers

The assessment audit perceived the WKP project staff as privileged in possession of information that was of value in guiding the audit progress and access to persons in the locale. In this regard, WKP staff were incorporated in specific facets of the assessment audit and in conducting the FGDs.

2.3.2.5 BoM chairpersons

There are at least 113 BoM chairpersons in the sub county, Gay's sampling principle will be used to select (40) 30% of target population, using stratified random sampling, which yields 40 a sample of respondents. The population will be stratified in terms of wards and a proportionate sample selected.

2.3.2.6 Ward Education officers

All the four (4) ward education officers in the sub county were purposively selected and included in the study.

2.3.2.7 Sub County Education Officer

There is one (1) sub county education officer, who was purposively included in the study.

2.3.2.8 Educational Assessment Resource Centres (EARC) Officers

There are four (4) EARC officials in the sub county, purposively included in the study.

2.3.2.9 Parents of Children with disabilities

The number of parents of children with disabilities were determined after administration of the inclusive/exclusion criteria to all the children in ECDE Centres.

2.3.2.10 Community Health Volunteers/Promoters (CHV/Ps)

Community Health Volunteers (CHVs) comprised of persons who were registered in a government or government agent and had been active in dealing with issues touching on children with disabilities. A representative from this group was purposively sampled to provide valuable information on the status of access, support, challenges and possible mitigating measures that can be implemented to improve the opportunities of Children with disabilities.

2.3.2.11 Organization of People Living with Disabilities (OPLDs)

The assessment audit purposively sampled a representative of Organization of People Living with Disabilities (OPLDs) provide valuable input on community perceptions towards Children with disabilities and the status of education access, support and challenges faced by these children. They also provided responses on possible mitigating measures that can be implemented to address issues affecting children with disabilities in ECDE Centres.

2.3.2.12 Social workers

The WKP social workers provided information pertaining to Children with disabilities as they had worked with communities to identify Children with disabilities at the household level and placed them in the nearest ECDE Centres. They also conducted regular visits to the centres and homes of Children with disabilities to follow up on their progress.

2.3.2.13 Sub County Civil Engineer

The sub county civil engineer provided technical expertise on infrastructure and constructions, bill of quantities and architectural designs for the classrooms and wash facilities.

Table 1. Sampling Distribution in the Host Community

	Target Group	Target Population	Sample Size	Sampling Procedures	Justification
1.	113 ECDE Centres	113 ECDE Centres	113	Census Technique	Target Population Small and Manageable
2.	Pupils with Disabilities	337 Children with disabilities	34	Stratified Random Sampling (10%)	Ensure that Children with disabilities are adequately represented in the sample
3.	Children without Disabilities	Total pupil enrollment	34	Stratified Random Sampling (equal to sample of Children with disabilities)	Ensure that children without disabilities adequately represented in the sample
4.	ECDE lead Teachers	113	40	Stratified Random Sampling (30%)	Ensure that ECDE lead Teachers are adequately represented in the sample
5.	ECDE BoM chairpersons	113	40	Stratified Random Sampling (30%)	Ensures that ECDE BoM chairpersons are adequately represented in the sample
6.	Ward ECDE education officers	4	4	Purposive sampling technique	Ensure identification and selection of information-rich cases are included in the audit are captured
7.	Sub County ECDE officer	1	1	Purposive sampling technique	Ensure identification and selection of information-rich cases are included in the audit are captured
8.	All EARC officials	4	4	Purposive sampling technique	Ensure identification and selection of information-rich cases are included in the audit are captured
9.	WKP project staff and WKP trainers		1	Purposive sampling (depending with audit parameters)	Ensure identification and selection of information-rich cases are included in the audit are captured
10.	Representative of Parents of Children with disabilities		1	Purposive sampling	Ensure identification and selection of information-rich cases are included in the audit are captured
11.	Representative of Community Health Volunteers (CHVs)		1	Purposive sampling	Ensure identification and selection of information-rich cases are included in the audit are captured
12.	Representative of Social workers (SWs)		1	Purposive sampling	Ensure identification and selection of information-rich cases are included in the audit are captured
13.	Representative of Organization of		1	Purposive sampling	Ensure identification and selection of information-rich cases are included in the audit are captured

	People Living with Disabilities (OPLDs)				
14.	Sub County Civil Engineer		1	Purposive sampling	Ensure identification and selection of information-rich cases are included in the audit are captured

2.4.0 TOOLS USED IN THE ASSESSMENT AUDIT

2.4.1 Focus Group Discussions

Focus group discussions were conducted to complement quantitative data for objectives, 3, 4, 5, 7, 8, 9, 10 and 11. A total of 10 FGDs were conducted for the assessment audit. The assessment audit identified the organizations and individuals who were in one way or another involved in provision of services/advocacy of the of children with disabilities in Turkana West Subcounty. A total of 10 institutions/groups were identified as follows:

1. Community Health Promoters/Volunteers (CHVs)
2. Education, Assessment Resources Centres officers (EARC officers)
3. ECDE Board of Management chairpersons (BoM Chairpersons)
4. ECDE lead Teachers
5. Organization of People Living with Disabilities (OPLDs)
6. Parents of Children with disabilities.
7. Local WKP Social Workers (SWs)
8. Sub County ECDE officer
9. Ward ECDE education officers
10. WKP project staff and WKP trainers.

Purposeful sampling was employed to select information-rich cases from each identified target group for the audit. Specifically, chairpersons or head individuals were chosen and included in the Focus Group Discussions (FGDs). The FGDs comprised a minimum of seven (7) participants and a maximum of ten (10). From each of the identified target groups purposeful sampling was used in for the identification and selection of information-rich cases related to the audit; in particular the chairpersons/head persons were selected and included in the FGDs. The maximum number of individuals in the FGDs was ten (10) while the minimum was seven (7). There were 10 categories of individuals who participated in the FGDs and each category was represented by one person as follows: Community Health Volunteers (1), EARC officers (1), ECDE BoM chairpersons (1), ECDE.
Table 2 provides a summary of the individuals who participated in each FGD.

Table 2. Targeted Individual for each Focus Group Discussion by Objective

		Objective and Category of Participants in FGD									
	Category of Participants in FGD	**3(a**	**3(b**	**4(a**	**4(**	**5**	**7**	**8**	**9**	**10**	**11**
1.	Community Health Volunteers	✓	✓	✓	✓	**X**	✓	**X**	**X**	✓	✓
2.	EARC officers	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3.	ECDE BoM chairperson	✓	✓	✓	✓	**X**	✓	**X**	**X**	✓	✓
4.	ECDE lead Teachers	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5.	People Living with Disabilities	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6.	Parents of CWDs	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
7.	Social workers	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
8.	Sub County civil engineer	✓	✓	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**
9.	Ward ECDE education officer	✓	✓	**X**	✓	✓	✓	✓	✓	✓	✓
10.	WKP project staff	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Total No. of Participants in each FGD	**10**	**10**	**9**	**10**	**7**	**9**	**7**	**7**	**9**	**9**

✓ Key, means one person from the indicated category**, X** means none.

2.4.2 Questionnaires

The audit administered three sets of questionnaires to the following respondents ECDE lead teachers, EARC officers, Children with disabilities and children without disabilities.

a) Questionnaire for ECDE Lead Teachers, sub county education officer, ward education officer, WKP staff, BoM chairpersons (Annex 2) gathered data on inclusive pedagogical competencies, identification and referral for Children with disabilities school factors hindering integration of Children with disabilities and additional support services for Children with disabilities and their families.
b) EARC officers' questionnaire (Annex 3) collected data on the status of provision of resources and services to support inclusive education in schools.
c) Children with disabilities' questionnaire (Annex 4) gathered data pertaining to Children with disabilities perceptions of stigma and social exclusion.

2.4.3 Observation Guide

An observation guide (Annex, 1) was used to gather data on infrastructural resources, in the ECDE Centres, namely; classes, wash facilities, toilets, playground, signage, ramps water points etc. among other amenities in the schools. In addition, the assessment audit also sought to establish the needs of Children with disabilities in the schools in terms of provision of educational services and products including appropriate assistive devices.

2.4.4 Piloting of the Research Tools

The tools were piloted at Kajiado West Sub County using a sample of 20 respondents. Kajiado West Sub County was selected for the pilot study because it has similar population characteristics with Turkana West Sub County which is characterized by a nomadic lifestyle of a pastoral community of Nilotic extraction. In this regard the two communities share a lot of similarities in education trends which are heavily influenced by cultural community practices.

2.4.5 Reliability and Validity of the Research Tools

The data collected from the pilot study was used to compute the reliability of the research tools using Cronbach Coefficient alpha. Table 3 presents the coefficients obtained for each tool.

Table 3. Reliability Statistics for Data Collection Tools

	Questionnaire	Cronbach's Coefficient Alpha
1.	Perceived Stigma in School of Children with Disabilities	.841
2.	Perceived Social Exclusion in School of Children with Disabilities	.751
3.	Teacher Inclusive Pedagogical Competencies to meet Children' Diverse Needs in Inclusive Classes	.832
4.	Identification and Referral for Children with disabilities in ECDE Centres in Turkana West Sub County	.880
5.	School Factors Hindering Integration of Children with disabilities in Regular Classrooms	.850
6.	Support Services for Children with Disabilities and their Families	.891

The computed reliability coefficients of data collection tools indicated that all the tools met the required threshold (.70) of reliability for descriptive studies.

Expert opinion was employed to ascertain the validity of the data collection tools at Karatina University. The tools were confirmed to capture the fields represented in the objectives and thus affirmed as valid for data collection in the assessment audit (see attachment).

2.4.6 Ethical Review of Research Tools

The tools were presented to Ethical Review Board at Pan Africa Christian University, where they were confirmed and a certificate issued to that effect (see attachment).

3.0 FINDINGS OF THE ASSESSMENT AUDIT

This section presents the findings of the accessibility audit conducted in Early Childhood Development and Education (ECDE) Centres located within Turkana West Sub County. These findings were systematically aligned with the objectives of the audit. Data was collected by the administration of observation schedules, questionnaires, and Focus Group Discussions (FGDs). The stakeholders involved in the data collection process encompassed a range of ECDE stakeholders from the 7 administrative wards including Kakuma, Kalobeyei, Letea, Lokichogio, Lopur, Nanaam, and Songot within the Turkana West Sub County. These findings provided valuable insights into the accessibility aspects for both Children with disabilities and their counterparts without disabilities within the examined ECDE Centres.

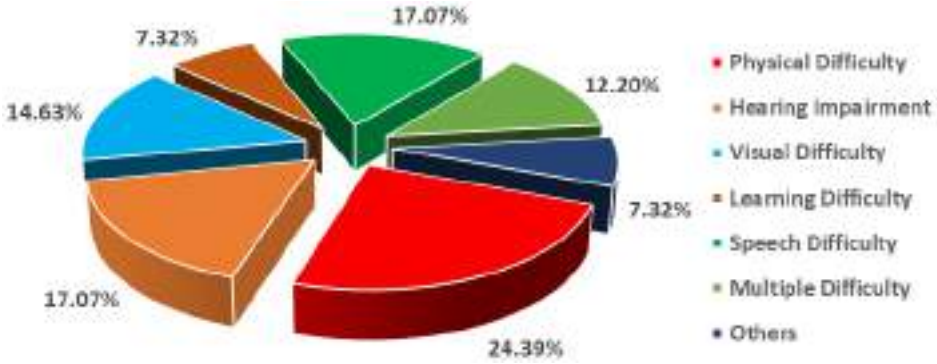
3.1 Demographic Context of the Assessment Audit

This section, explores the demographic context of the assessment audit, providing insights into the profiles of the respondents who played a crucial role in the audit process.

3.1.1 Distribution of Types of Disability that Among Children in ECDE Centres

The audit sought to ascertain the distribution of various forms of disabilities among pupils classified as Children with Disabilities attending ECDE Centres within Turkana West Sub County. The audit findings revealed that the most commonly reported type of disability among Children with disabilities was physical disability, representing 24.39% of the cases. Following closely were hearing impairment and speech difficulty, each reported at 17.07%. Visual difficulty constituted 14.36% of cases, while multiple difficulties were reported by 12.20% of the participants. Additionally, learning/cognitive difficulties were identified in 7.32% of cases, with other categories of disabilities collectively accounting for another 7.32%. These findings provide a comprehensive understanding of the prevalence and distribution of various disabilities among Children with disabilities within the ECDE Centres in Turkana West Sub County (Figure 1).

Figure 1. Distribution of Forms of Disability Among the Pupils in ECDE Centres

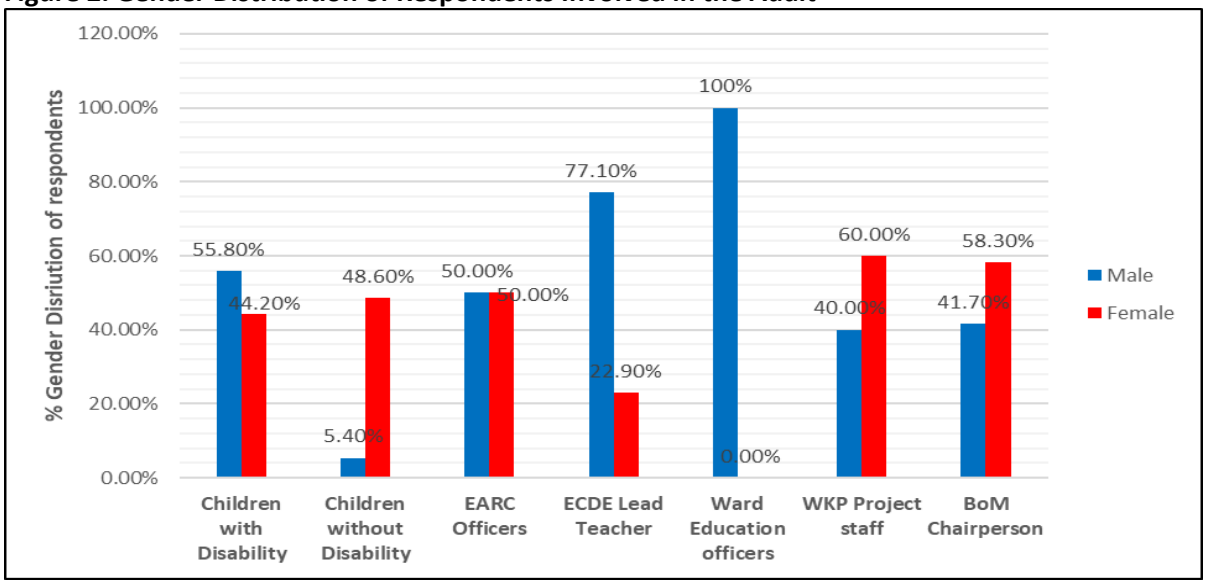


3.1.2 Gender Distribution of Respondents involved in the Audit

The audit conducted an assessment of the gender distribution among various key stakeholders, including Children with Disabilities (Children with disabilities), children without disabilities, Education Assessment and Resource Centre (EARC) officers, lead ECDE teachers, ward education officers, WKP staff, and Board of Management (BoM) chairpersons who participated in the audit process. The survey data revealed that among Children with disabilities, 55.80% were male, while 44.20% were female. In contrast, among children without disabilities, 51.6% were male, and 48.6% were female. A notable observation emerged concerning the gender distribution among ECDE lead teachers, with 77.10% being male and 22.90% being female. This trend suggests that males were more prominently represented among the ECDE Government stakeholders in Turkana West Sub County. These findings underscore the gender/cultural dynamics within the context of Turkana West Sub County where the audit was conducted, highlighting the large variation in number of male teachers as opposed to female teachers. A direct pointer to the fact that few girls access secondary and tertiary education in the

Turkana community probably due to the low value for girls' education due to early marriages that fetch dowry for the families. representation among different stakeholder groups (Figure 2).

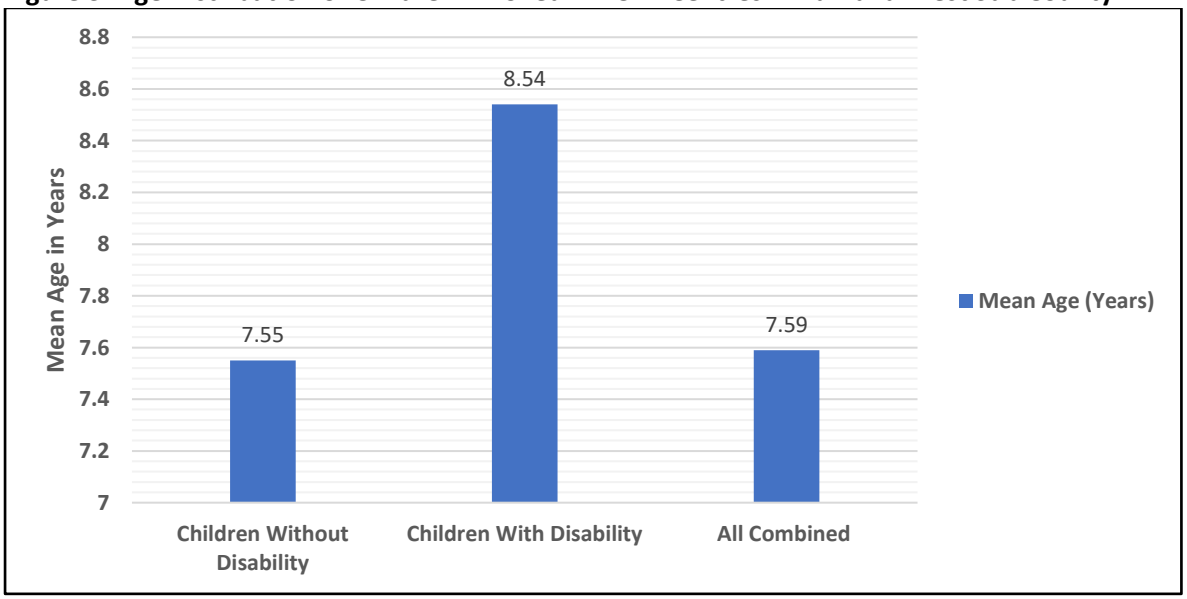
Figure 2. Gender Distribution of Respondents Involved in the Audit



3.1.3 Age of the Children Enrolled in ECDE Centres in Turkana West Sub County

The assessment audit conducted a comparative analysis of the mean age of Children with disabilities and children without disabilities who were enrolled in ECDE Centres within Turkana West Sub County.

Figure 3. Age Distribution of Children Enrolled in ECDE Centres in Turkana West Sub County



The results of the analysis presented in Figure 3 above revealed that the mean age of Children with disabilities was 8.54 years, whereas children without disabilities had a mean age of 7.55 years. When considering all children collectively, regardless of disability status, the overall mean age was calculated to be 7.59 years. This analysis clearly demonstrates that, on average, Children with disabilities were approximately one year older than their peers without disabilities who were enrolled in ECDE Centres. This disparity in mean age raises concerns regarding the accessibility of education for Children with disabilities, suggesting that they may be facing challenges in accessing ECDE Centres due to various

factors that might touch on walking for long distances to school, lack of assistive devices to enable them go to school or general lack of goodwill by the family to take them to school as compared to children without disabilities.

3.1.4 Age EARC Officers

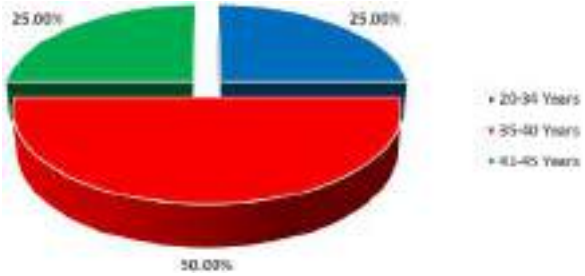


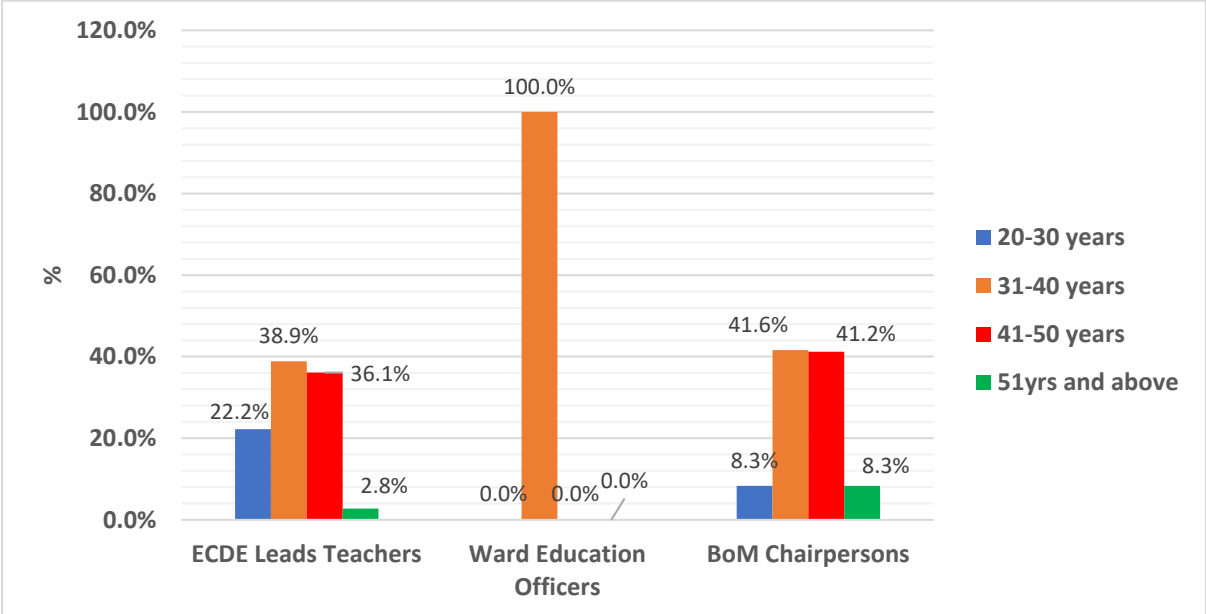
Figure 4. Age EARC Officers

The data analysis revealed that among the EARC officers, half of them (50%) fell within the 35-40 years age bracket. Furthermore, the 41-45 years and 20-34 years age brackets each represented 25.0% of the EARC officers. These findings collectively indicate that a significant majority of EARC officers in the assessed group were in the middle-aged category, demonstrating a concentration of professionals in this age range within this particular role.

3.2.5 Age of ECDE Lead Teachers, Ward education Officers and BoM chairpersons in Years

The assessment audit sought to establish the age distribution of Lead ECDE teachers, ward education officers, and BoM chairpersons. Figure 4 presents a summary of the findings.

Figure 5. Age Distribution of Lead ECDE Teachers, Ward Education Officers, and BoM Chairpersons



As depicted in Figure 4, the data analysis reveals that the majority of the respondents fell within the 31-40 years age bracket. This observation can be regarded as advantageous, as individuals in this age group typically possess substantial experience and energy, and have experience in handling young children as most are young parents. Furthermore, this age bracket offers the potential for further career development and in service training and the provision of valuable services within the ECDE Centres.

3.2.7 Training in Inclusive Education Among Stakeholders in ECDE

The assessment audit sought to establish the level of training in inclusive education among various stakeholders in ECDE. The findings are presented on Table 5.

Table 5. Teacher Training and Inclusive Education Training among Stakeholders in ECDE

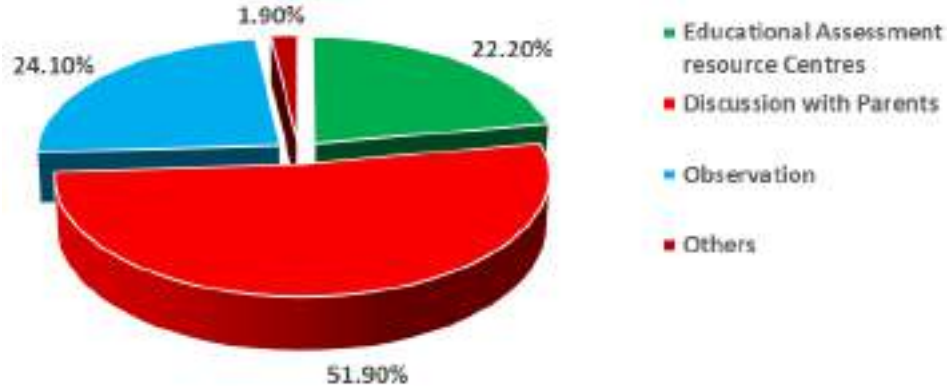
	Respondent's Category	Certificate in SNE	Diploma in SNE	B. Ed ECDE	M. Ed ECDE	Certificate in ECDE	Diploma ECDE	None
1.	ECDE Lead Teacher	2.9%	8.8%	5.9%	2.9%	32.4%	29.4%	17.6%
2.	Ward Education officers	0.0%	0.0%	33.3%	0.0%	0.0%	66.7%	0.0%

Table 5 provides insights into the training in inclusive education among lead ECDE teachers and other key stakeholders within the educational framework. Among ECDE lead teachers, the data reveals varying levels of training in inclusive education. Specifically, 32.4% held certificates in ECDE, 29.4% possessed ECDE diplomas, 5.9% had Bachelor of Education (B. Ed) degrees in ECDE, 2.9% had Master of Education (M. Ed) degrees in ECDE, 2.9% held certificates in Special Needs Education (SNE), 8.8% possessed diplomas in SNE, and 17.6% had no formal training in inclusive education. For Ward Education Officers, 66.7% held diplomas in ECDE, while 33.3% held B. Ed degrees in ECDE. These findings collectively suggest that a significant proportion of stakeholders had received training in inclusive education, indicating a strong foundation in understanding and implementing inclusive education practices in the sub county. However, it is important to note that the 17.6% of ECDE teachers who lacked training in inclusive education is a notable concern, given the pivotal role teachers play in daily interactions with learners, emphasizing the need for further training and development in this area.

3.2.9 How Learners with Special Needs are Identified in ECDE Centres

The audit examined the methods employed within ECDE Centres to identify children with special needs. The findings indicated that the most commonly utilized method for identifying children with special needs in ECDE Centres was through discussions with parents, with 51.90% of Centres employing this approach. Following closely, 24.1% of Centres relied on observation as their method of identification, while 22.20% utilized EARC assessments for this purpose. Other methods not specified in the survey accounted for 1.90% of the identification methods employed. These findings underscore the prominence of parental discussions as a primary means of identifying children with special needs in ECDE Centres, highlighting the importance of involving parents in the early identification process.
(Figure 7).

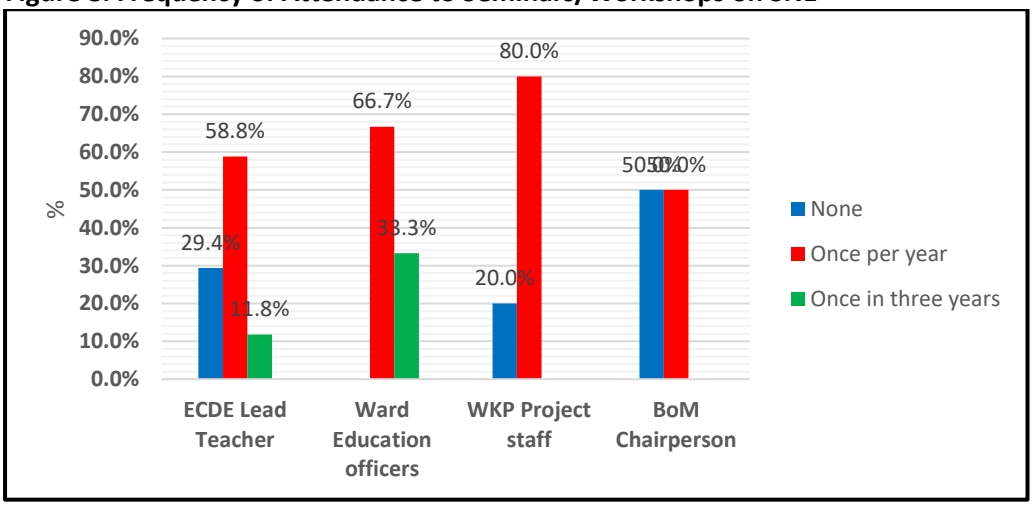
Figure 7. How Learners with Special Needs are Identified



3.2.10 Frequency of Attendance to Seminars/Workshops on SNE

The audit's inquiry into the frequency of attendance at seminars and workshops on Special Needs Education (SNE) yielded valuable insights into the teachers' professional development of stakeholders within ECDE Centres. These findings underscored the significance of such events as a means to keep stakeholders updated with current global pedagogical trends and innovations in SNE. developments and refresh their expertise in their respective roles. The assessment audit revealed that a significant majority of stakeholders, including ECDE lead teachers (58.5%), ward education officers (80.0%), WKP staff (80.0%), and Board of Management (BoM) chairpersons (50.0%), attended seminars and workshops on SNE at least once per year. These findings highlight the relevance of workshops and seminars for all stakeholders, as they provide a platform for advocacy, sharing of experiences, establishment and improvement of support structures for children with disability in schools and communities. They also acquire knowledge and skills in handling the needs for children with disabilities. Such initiatives play a pivotal role in transforming the lives of children with disabilities, emphasizing the importance of ongoing professional development and knowledge dissemination in the field of SNE (Figure 8)

Figure 8. Frequency of Attendance to Seminars/Workshops on SNE



4.0 PHYSICAL INFRASTRUCTURE IN ECDE CENTRES IN RELATION TO ACCESSIBILITY AND INCLUSION

To comprehensively assess the state of physical infrastructure within ECDE Centres, particularly in relation to the accessibility and inclusion of both children with and without disabilities, a comprehensive checklist was employed. This checklist facilitated the systematic collection of data concerning the condition and suitability of various physical infrastructural elements across all 113 ECDE Centres in Turkana West Sub County. The data collection process was designed to evaluate the availability and usability of several key components, including pathways, ramps, steps, car parks,

classroom conditions (roof, floor, walls), accessibility of classrooms for Children with Disabilities (Children with disabilities), ventilation and lighting, identification of general obstructions, gate and door conditions, status of windows, conditions of corridors and verandas, the state of kitchen and dining areas, the presence of fencing, and access to administrative facilities. This meticulous approach to data collection ensured a thorough examination of the physical infrastructure in the ECDE Centres, with a particular focus on its capacity to support the accessibility and inclusion of children with and without disabilities.

Figure 9 a. A Stone and Concrete ECDE Centre in Turkana West Sub County

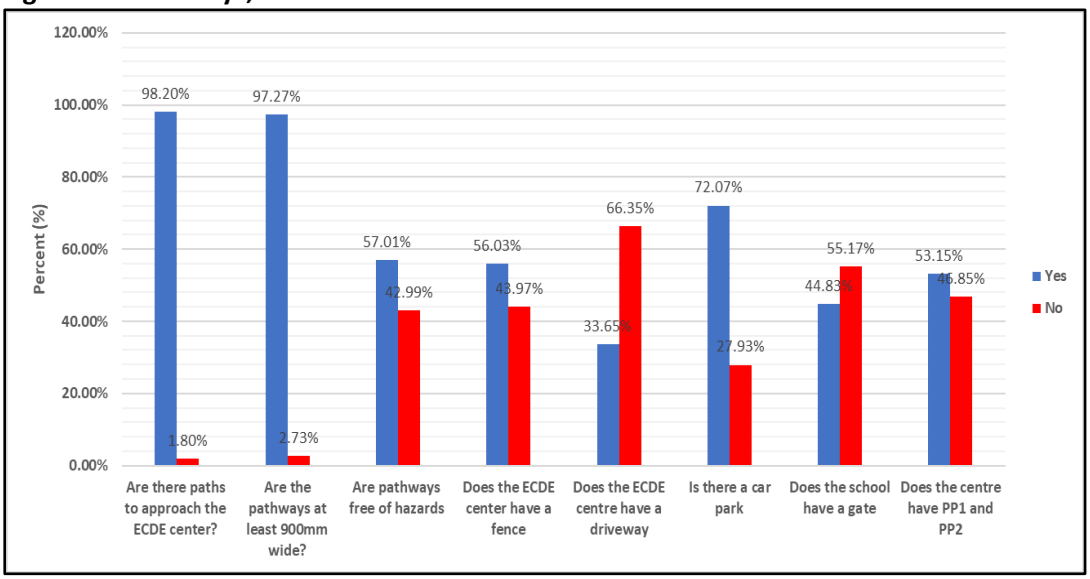
Figure 9 a. An ECDE Centre constructed by Iron sheets

Figure 9C: A classroom constructed with locally available tree poles.

4.1.1 Approach Pathways, Car Parks and Classrooms in the ECDE Centres

The audit examined the status of approach pathways, car parks and classrooms in all the ECDE Centres in Turkana West Sub County.

Figure 10. Pathways, Car Parks and Classrooms in the ECDE Centres



The audit's assessment revealed that a substantial majority, specifically 98.20%, of the ECDE Centres had approach paths. Among these pathways, 97.27% were at least 900mm wide, indicating a favorable width to accommodate accessibility needs. However, a significant concern emerged as 42.99% of these pathways were found not to be free of hazards. This finding underscores the importance of addressing potential dangers and obstructions along these paths, as ensuring their safety is essential for facilitating the accessibility and inclusion of all individuals, including children with disabilities who could be using wheel chairs and other assistive devices (Figure. 10)

4.1.2 Nature of the Paths

The audit also provided insights into the nature of the pathways within the ECDE Centres. These pathways were found to exhibit various characteristics, with the following distribution:

- Sandy/dusty pathways were the most common, accounting for 55.75%.
- Dry thorns were present in 25.66% of the pathways.
- Rocky and uneven pathways were observed in 15.04% of cases.
- Leveled murram pathways represented a smaller proportion, at 3.54%.

These findings underscore the diverse conditions of the pathways within ECDE Centres, which can have safety implications and affect ease of movement and accessibility, particularly for Children with disabilities (Figure 11).

Figure 11. Nature of the Paths

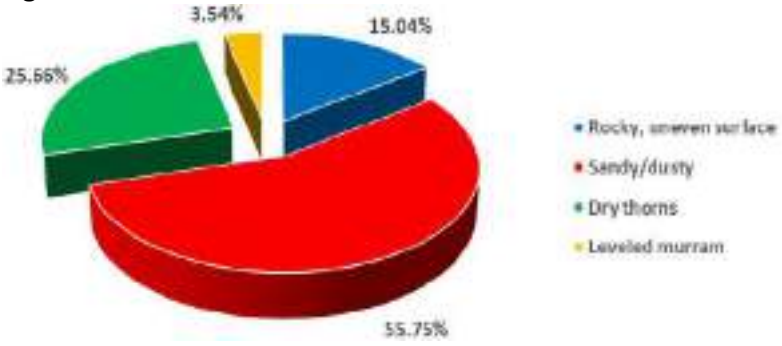
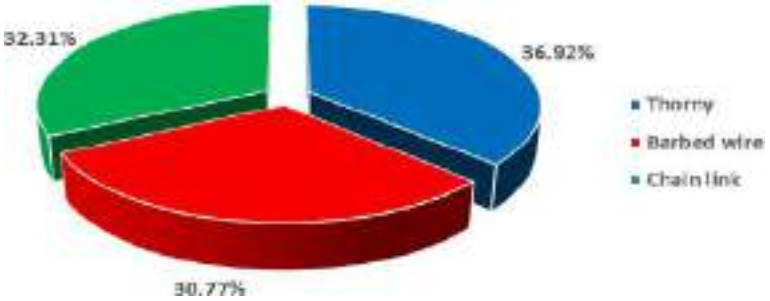


Figure 12. Approach Pathway to an ECDE Centre

4.1.3 Perimeter Fencing Around the ECDE Centres

The assessment of the ECDE Centres, revealed that 56.03% of these Centres had established perimeter fences, while the remaining 43.97% did not possess such fencing. Further examination of the nature of the fences in place revealed that 36.92% of the ECDE Centres had thorny fences, 32.31% utilized chain-link fencing, and 30.77% employed barbed wire fencing. These findings underscore the diversity of the approaches taken by ECDE Centres in securing their premises, with a significant proportion of them opting for protective measures, such as thorny, chain-link, or barbed wire fencing, to ensure the safety and security of their facilities (Figure, 13). Some of the fencing measures compromise safety of the children who at times play near the fences.

Figure 13. Nature of fence



In a more detailed examination of the condition of the perimeter fences in the sub county, respondents provided the following categorizations:

- Approximately 55.10% of the fences were reported to be in good condition.
- About 34.69% of the fences were perceived to be in poor condition.
- A smaller proportion, approximately 10.20%, were considered to be in a passable condition.

These findings suggest that a significant portion of the perimeter fences at the ECDE Centres were in relatively good shape, while a noteworthy segment was identified as being in poor condition. Addressing the condition of these fences may be necessary to ensure the security and safety of learners and infrastructure at the ECDE Centres (Figure 14).

Figure 14. Condition of Fence

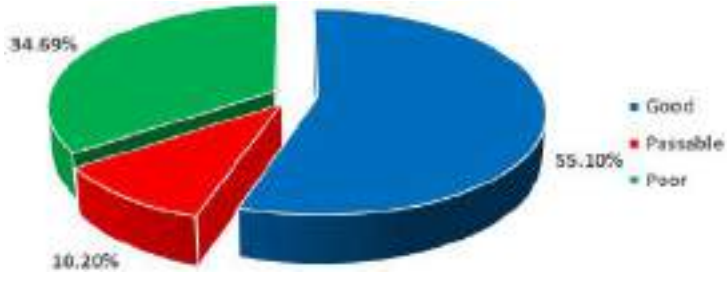
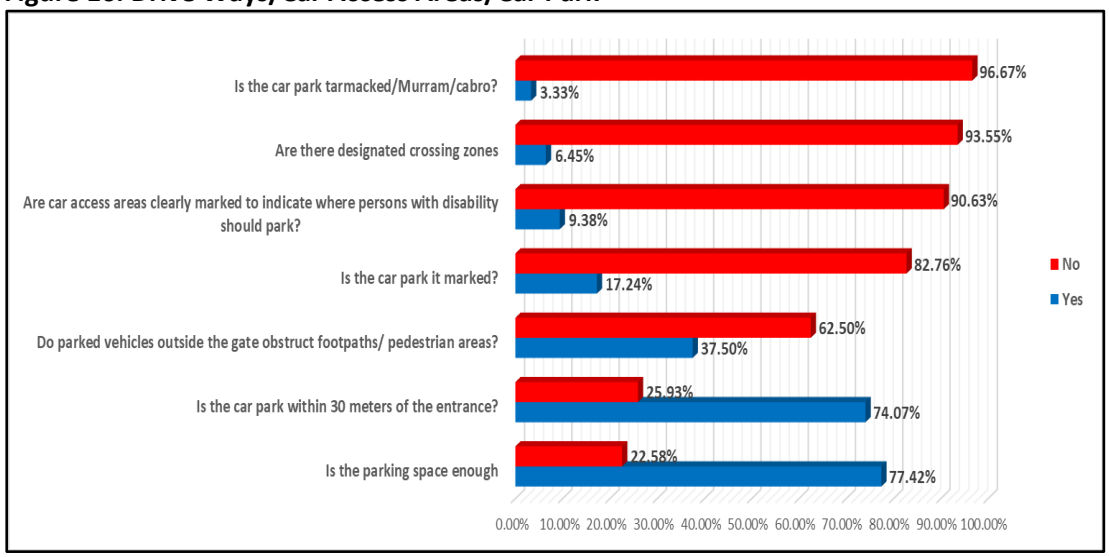


Figure 15. Chain Link Perimeter Fencing Around an ECDE Centre

4.1.4 Drive Ways/Car Access Areas/Car Park in ECDE Centres

The audit sought to find out the nature of drive ways/car access areas/car park (Figure 16).

Figure 16. Drive Ways/Car Access Areas/Car Park



As illustrated in Figure 16 above majority (72.07%) of the ECDE Centres had car parks, however 96.67% of the car parks did not have tarmac, murrram or cabbro. The carparks were found to be; lacking in designated crossing zones (93.55%), car access areas were not marked to indicate where persons with disability should park (90.63%), and in 62.50% of the centre's cars were parked outside the gate and thus obstructed foot paths and pedestrian areas. Lastly, 74.07% of car parks were in close proximity to the entrance and 77.42% of the car parks had adequate space.

4.1.5 Status of Main Gates in ECDE Centres

Majority (91.42%) of the ECDE Centres had one gate and (8.57%) had two gates, of these 91.12% had the gates located in the front and 8.82% had a side entry. With regard to safety, the respondents rated 75.76% of the gates as safe and 78.79% served their intended purpose (Figure 17).

Figure 17. Nature of the Gate in ECDE Centre

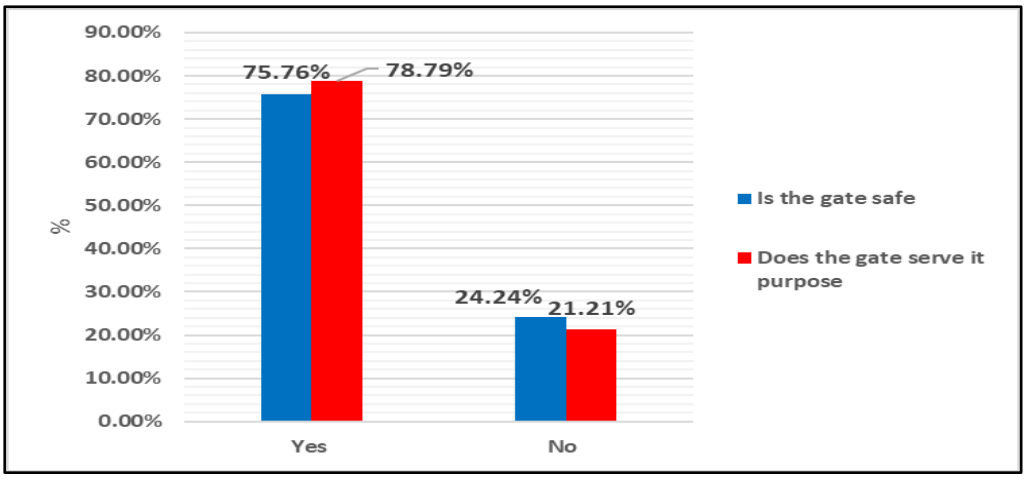


Figure 18. Dangerous Main Gate to an ECDE Centre

4.1.6 Availability of Classrooms in ECDE Centres

Regarding the availability of classrooms in the surveyed ECDE Centres, the following observations were made:

- Approximately 56.03% of the ECDE Centres possessed dedicated classrooms for Pre-primary 1 (PP1) and Pre-primary 2 (PP2) children.

However, 43.7% of the ECDE Centres did not have classrooms, in these Centres, the learning environment was characterized as follows:

- In 61.29% of the cases, learning activities were conducted outdoors under trees.
- About 25.81% of the Centres conducted learning on verandas or covered open spaces.
- A smaller percentage, approximately 6.45%, held classes in open, sun-exposed areas.
- A very limited proportion, roughly 3.23%, conducted classes near riverbanks, referred to as "laga."

These findings underscore the diversity of learning environments within the surveyed ECDE Centres, with a significant portion lacking dedicated classrooms. The prevalence of outdoor and unconventional learning spaces in some Centres highlights the need for infrastructure improvements to ensure more suitable and conducive educational settings for early learners. (Figure 19).

Figure 19. Areas where Learning Takes place in ECDE Centres Without classrooms

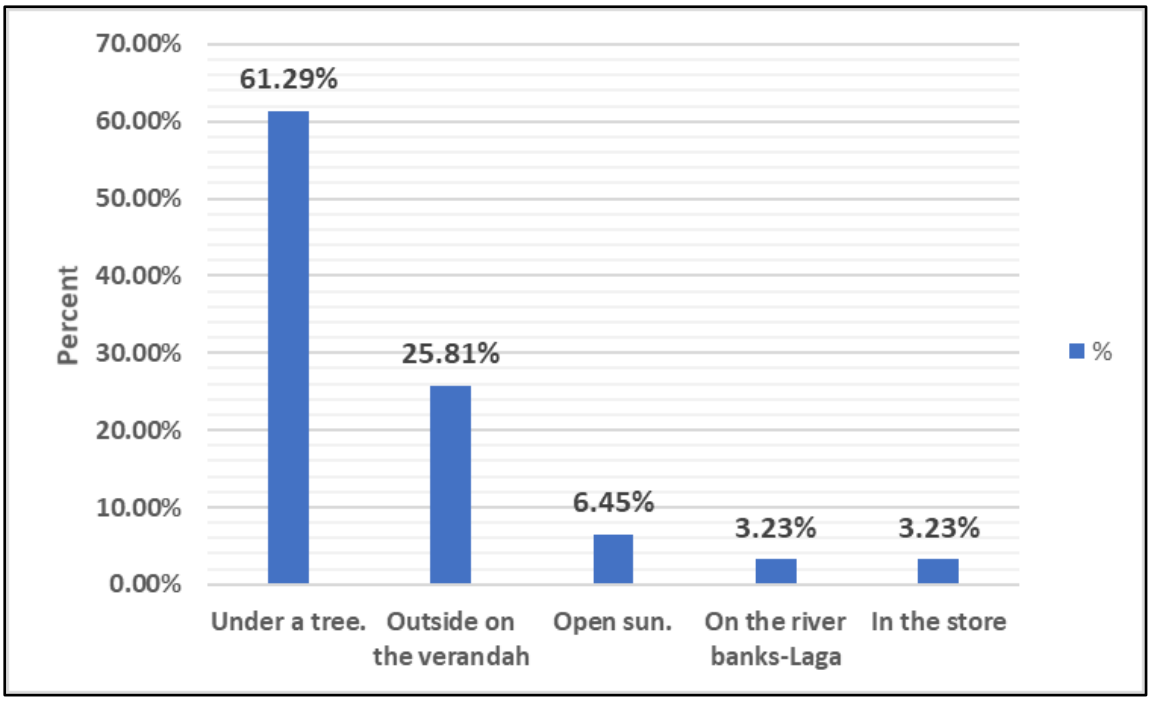


Figure 20. An ECDE teacher conducts a class in the open Sun

4.1.7 Availability and Nature of Classroom Walls in ECDE Centres

The assessment of ECDE Centres revealed the following insights regarding the presence and construction of classroom walls:

- In the majority of ECDE Centres, specifically 72.38% of them, classrooms were equipped with walls, providing structural enclosure while 27.62% did not.

For the Centres with walled classrooms, the composition of these walls was further categorized as follows:

- Approximately 79.37% of the walled classrooms were constructed using durable materials such as stone and concrete.
- A smaller proportion, roughly 15.87%, utilized iron sheets for wall construction.
- A minority, constituting around 4.76%, had classrooms with walls made of thatched materials.

These findings demonstrate that a significant portion of ECDE Centres had enclosed classrooms, with the majority constructed using robust materials like stone and concrete. However, it is worth noting

that a significant portion (27.62%) of the Centres still had classrooms without walls, which may warrant consideration for improvements in infrastructure and learning environments (Figure 21).

Figure 21. Nature of Classroom Walls

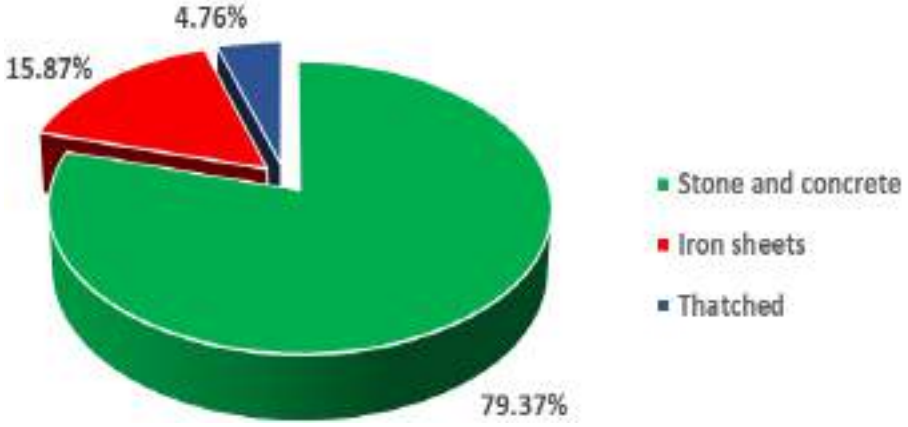


Figure 22 a. An ECDE Classroom with Thatched Walls and Roof

Figure 22 b. An ECDE Classroom with damaged iron sheets walls

4.1.8 Nature of Classroom Roofs in ECDE Centres

The examination of ECDE Centres revealed the following findings regarding the presence and composition of classroom roofs:

- In a majority of ECDE Centres, specifically 72.38% of them, classrooms were equipped with roofs, providing protection from the elements.

For the Centres with roofed classrooms, the types of roofing materials used were further categorized as follows:

- Approximately 68.57% of the roofed classrooms had roofs constructed using iron sheets, a durable and weather-resistant material.
- A very minimal percentage, approximately 0.01%, employed polythene as a roofing material.
- A small proportion, constituting around 3.81%, had classrooms with thatched roofs, which are typically less durable and weather-resistant.

These findings indicate that a significant portion of ECDE Centres had classrooms with roofs, with the majority using iron sheets for roofing, ensuring a more conducive learning environment. However, it's important to note that some Centres did not have roofs over their classrooms, which could impact the quality of education and the comfort of children and teachers, particularly during adverse weather conditions. The region encounters intense sunlight throughout much of the year. Consequently, many classes are conducted beneath trees to offer protection from the sun's heat.
(Figure 23).

Figure 23. Classroom Roofs

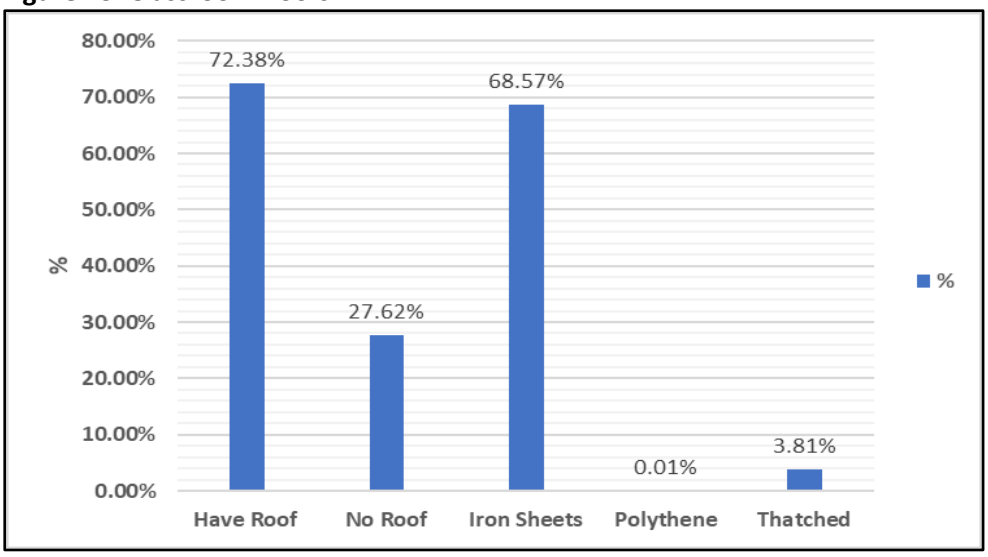


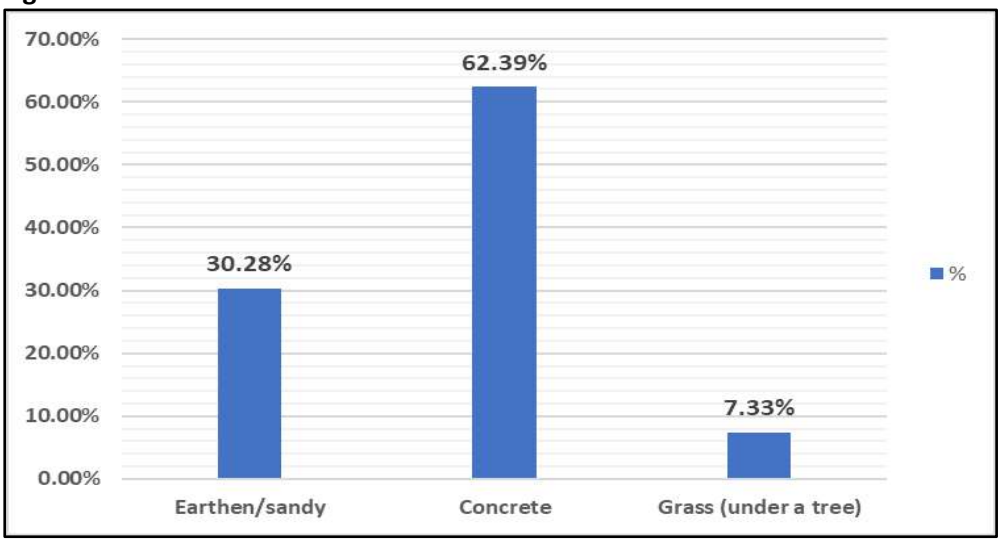
Figure 24 a. Dangerous Roof of a classroom in use that is partly blown away by the Wind

Figure 2.4 b A classroom roof that had been completely blown away by the strong winds.

4.1.9 Nature of Classrooms Floor

The audit of ECDE Centres assessed the construction regarding the composition of classroom floors.

Figure 25. Classrooms Floor



A floor made of small stones and sand in an ECDE center

The audit of ECDE Centres established the following findings regarding the composition of classroom floors:

- In the majority of ECDE Centres, specifically 62.39% had classroom floors constructed using concrete, providing a solid and durable surface for learning. These surfaces can be either swept or mopped, thereby improving cleanliness standards.

However, for the remaining 37.61% of ECDE Centres, the composition of classroom floors was categorized as follows:

- Approximately 30.28% of the Centres had earthen floors, indicating a more natural and sandy soil flooring.
- A smaller proportion, roughly 7.33%, had grass or sandy earthen flooring material since they conducted classes outdoors under a tree.

These findings highlight the diversity in flooring materials employed by ECDE Centres, with a significant portion having concrete floors for their classrooms, ensuring a stable and suitable learning environment. Nevertheless, it's worth noting that a portion of the Centres still relied on earthen or grass floors, suggesting potential considerations for infrastructure improvements to enhance the accessibility and safety of all children and particularly of children with disability as well as their learning experiences (Figure 25).

4.1.10 Nature of Classrooms Doors

The assessment of ECDE Centres yielded the following observations concerning the presence and composition of classroom doors:

- In the majority of ECDE Centres, specifically 61.82%, classrooms were equipped with doors, contributing to the physical enclosure of learning spaces.

Among the ECDE Centres that had classroom doors, the types of doors used were further categorized as follows:

- A substantial majority, approximately 93.55%, had doors made of metallic materials, which are typically durable and secure.
- A smaller proportion, constituting around 6.45%, utilized wooden doors for classroom entrances.

These findings emphasize that a significant portion of ECDE Centres had classrooms with doors, with the majority opting for metallic doors to ensure security and accessibility. However, it's notable that some Centres did not have doors for their classrooms, suggesting potential considerations for improvements in infrastructure to enhance classroom environments and safety (Figure 26).

Figure 26. Nature of Doors in ECDE Centres

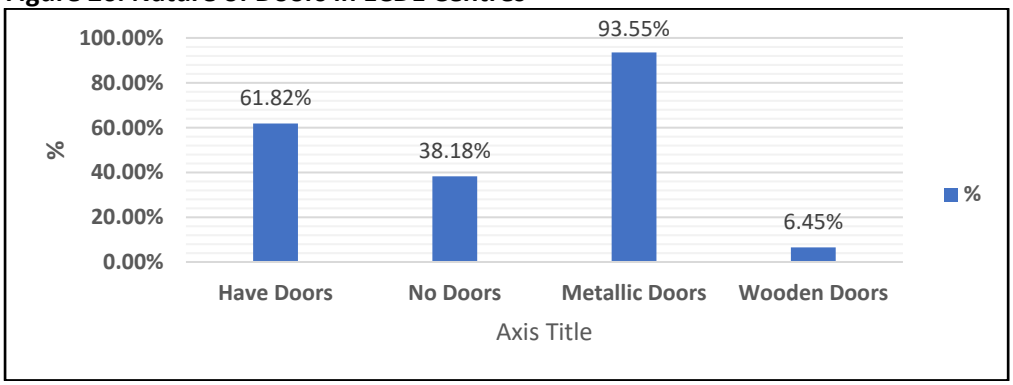


Figure 27. Dilapidated Classrooms with Doors, windows

4.1.11 Description of Doors Accessories, Accessibility, Painting, Safety, etc

The audit findings regarding the condition and safety of doors ECDE Centres revealed several significant observations:

- A considerable portion, approximately 41.79%, of the doors within ECDE Centres were identified as unsafe.

The lack of safety was characterized by various factors, including:

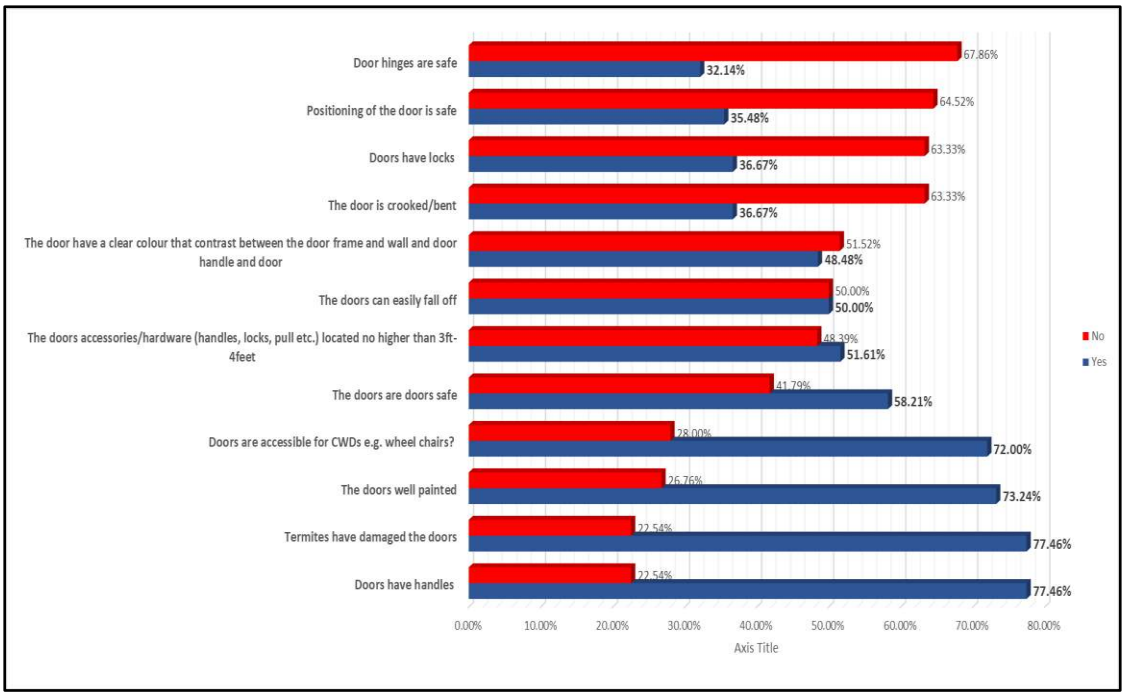
- Poor positioning of the door in 64.52% of cases, indicating issues related to door placement.
- Unsafe door hinges in 67.86% of instances, suggesting problems with the door's structural integrity.
- Crooked or bent doors in 63.33% of cases, potentially compromising door functionality.
- Doors that could easily fall in 50.00% of situations, posing hazards to learners and users.
- Doors damaged by termites in 22.54% of cases, indicating issues with door material durability.

Concerning fittings and accessories, additional findings included:

- Approximately 63.33% of the doors lacked locks, potentially impacting on security at night and when schools are closed.
- In 51.25% of instances, handles and locks were positioned higher than 3-4 feet, rendering them inaccessible to Children with disabilities.
- In 28.00% of cases, doors were not accessible by Children with disabilities using wheelchairs, raising concerns about inclusivity and accessibility.
- Approximately 51.25% of the doors were painted with colors that provided clear contrast between the door frame and the wall, facilitating clarity for individuals with visual challenges.

These findings collectively underscore the need for attention to safety and accessibility considerations in ECDE Centres, including addressing issues related to door positioning, structural integrity, accessibility for Children with disabilities, and visual contrast. Addressing these concerns can contribute to safer and more inclusive learning environments for all students (Figure 29).

Figure 29. Doors Accessories, Accessibility, Painting, Safety



4..1.12 Classroom Accessibility, for Learners with Disabilities in ECDE Centres

The assessment audit looked at accessibility to classrooms by Children with disabilities with regard to classroom entry where ramps and (or) steps were provided.

4.1.13 Classroom Access Where Ramps are Provided

The audit of classrooms in ECDE Centres revealed several notable findings concerning the availability and safety of ramps:

- A significant portion, specifically 40.00%, of the classrooms did not have ramps, potentially limiting accessibility for individuals with mobility challenges.

Among the classrooms that had ramps, further observations included:

- In approximately 92.98% of cases, the ramps lacked handrails on either side, which are crucial for providing support and stability.
- About 83.61% of the ramps did not have edge protection on either side, posing potential safety hazards.
- Approximately 46.88% of the ramps were not designed with anti-slip surfaces, potentially increasing the risk of slips and falls.
- In 45.00% of instances, the ramps did not meet the stipulated minimum width of 1130mm, potentially hindering the ease of movement for users.
- Around 45.16% of the ramps were steeper than the recommended gradient of 1:12, potentially making them difficult to navigate for individuals with mobility impairments.

These findings emphasize the importance of addressing accessibility and safety concerns related to ramps in ECDE Centres. Ensuring the provision of well-designed ramps with appropriate handrails, edge protection, anti-slip surfaces, width, and gradient can enhance inclusivity and accessibility for all learners including those using wheel chairs and other mobility assistive devices. individuals, including those with mobility challenges (Figure 30).

Figure 30. Classroom Access where Ramps were Provided

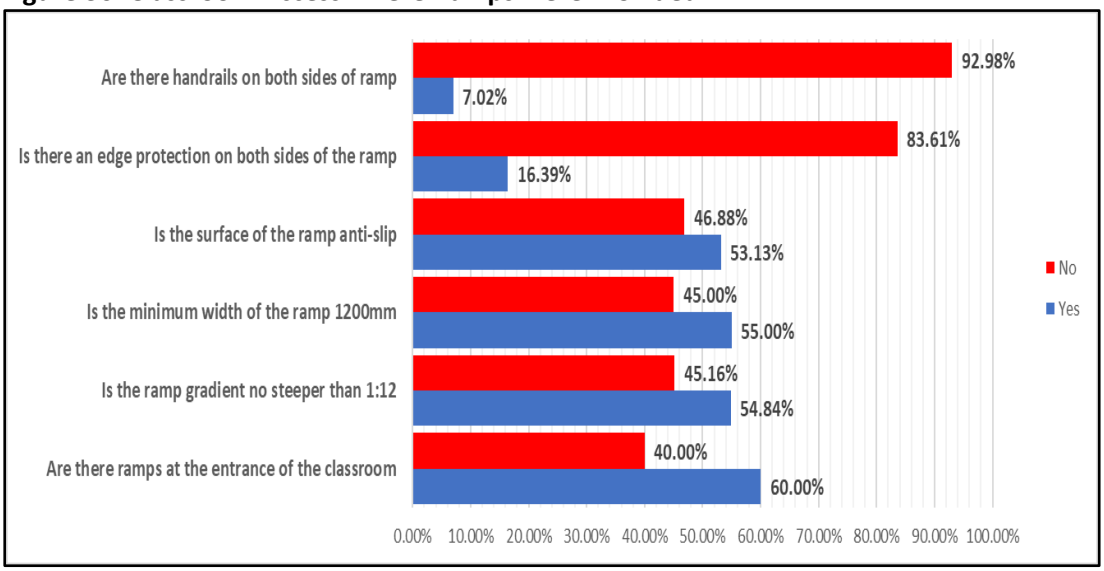


Figure 31. Poorly Constructed Ramp for Classroom Access

4.1.14 Classroom Access Where Steps were Provided

Figure 32 highlights key findings related to the provision of steps for access to classrooms in ECDE Centres:

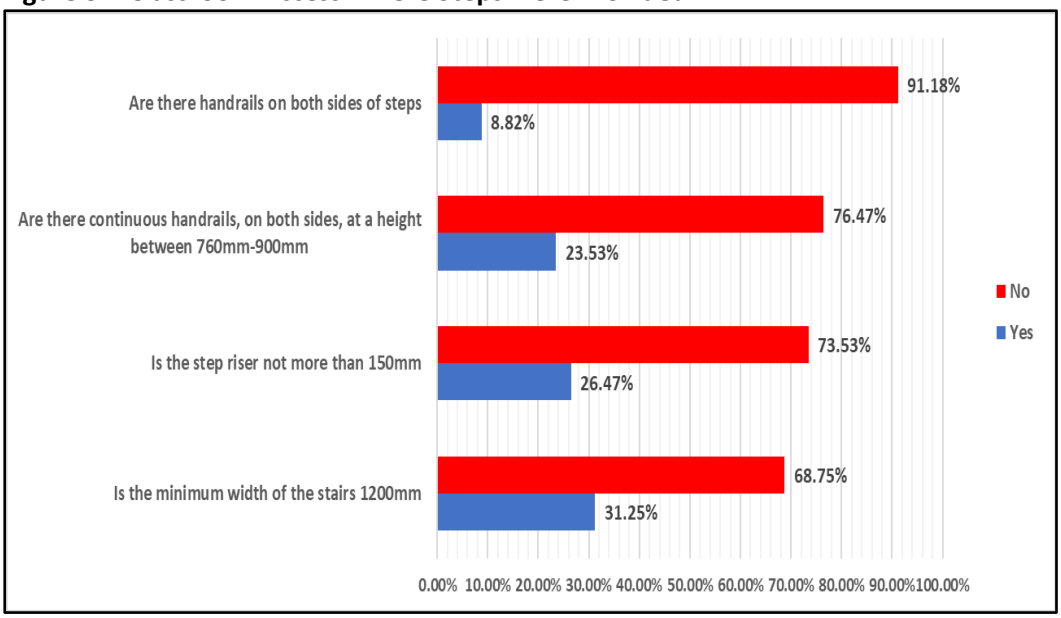
- In ECDE Centres that offered steps for access to classrooms, a substantial majority, approximately 91.18%, did not have handrails on both sides of the steps, which are essential for providing support and stability.

Additionally:

- About 76.47% of these Centres did not have handrails at the recommended height range of 760-900mm, potentially impacting learners' user safety and ease of use.
- Approximately 73.53% of the ECDE Centres had step risers exceeding the recommended height of 150mm, which could pose challenges for learners especially those with forms of disability users when ascending or descending.
- Around 68.75% of the Centres had steps with widths less than the recommended minimum of 1130mm, potentially affecting the accessibility and comfort of users.

These findings underscore the need for improvements in the design and construction of steps in ECDE Centres to enhance safety, accessibility, and overall usability. Ensuring the installation of handrails at appropriate heights, maintaining step risers within recommended limits, and meeting minimum width requirements can contribute to a more inclusive and user-friendly learning environment more so for learners with disability. (Figure 32).

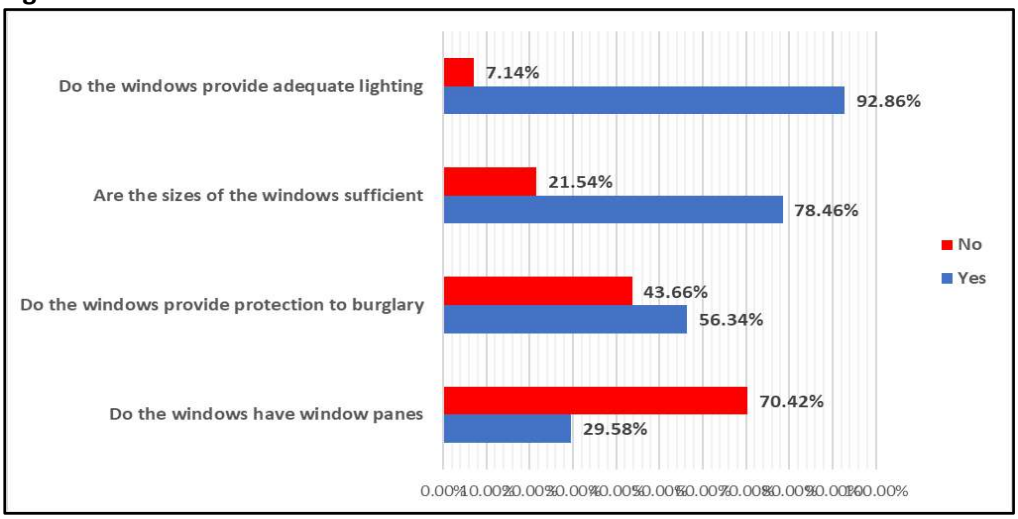
Figure 32. Classroom Access Where Steps were Provided



4.1.15 Classrooms Safety, Lighting and Ventilation where Windows are Provided

The audit conducted an assessment of classroom windows in ECDE centres, with a focus on their characteristics related to lighting, security against burglary, window pane presence, and protection against adverse weather conditions.

Figure 33. Classrooms Ventilation Where Windows are Provided



The key findings are as follows:

- Adequate Lighting: In a significant majority, approximately 92.86%, of the ECDE Centres, the windows were found to provide adequate natural lighting to support the learning environment, contributing to a well-illuminated and conducive space.
- Appropriate Window Sizes: In approximately 78.46% of the Centres, the sizes of the windows were deemed appropriate, ensuring proper ventilation and lighting without compromising structural integrity.
- Protection Against Burglary: In around 56.34% of the Centres, the windows were equipped to provide protection against potential burglary, enhancing the security of the premises.
- Window Panes: However, in a small percentage, specifically 7.42% of the Centres, the windows were found to lack window panes, potentially exposing the interior to external elements and safety concerns like bats/birds at night, strong dusty winds and windy rains.

These findings emphasize the importance of well-designed classroom windows that offer a balance between adequate lighting, security, and protection against weather conditions. Ensuring appropriate window sizes, the presence of window panes, and security measures can contribute to a safer and comfortable and inclusive learning environment for young children in ECDE Centres. (Figure 22).

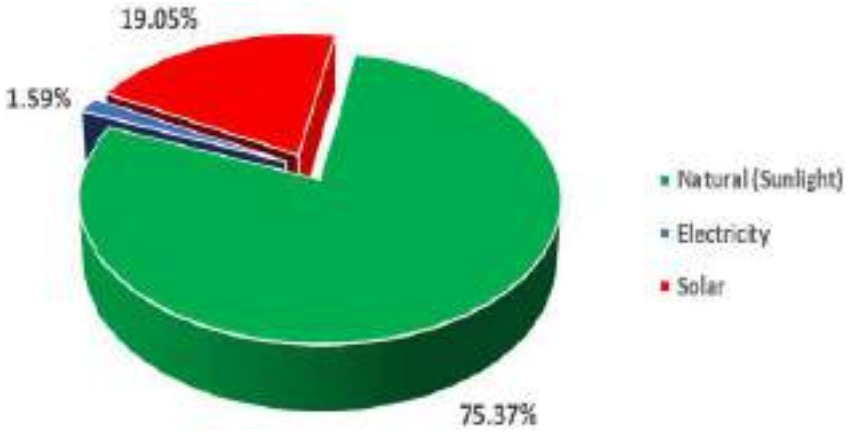
4.1.16 Classrooms Lighting in ECDE Centres

The audit of ECDE Centres revealed the following distribution of lighting sources:

- A significant majority, approximately 75.37% of the ECDE Centres, relied on natural sunlight as their primary source of illumination, harnessing the benefits of natural light for the learning environment.
- In approximately 19.05% of the Centres, provisions were made for solar lighting systems, which offer a sustainable and environmentally-friendly alternative to conventional energy sources.
- A smaller percentage, specifically 1.59% of the Centres, had provisions for electricity, indicating the availability of electrical lighting infrastructure.

These findings emphasize the diverse approaches taken by ECDE Centres to provide adequate lighting, with the majority utilizing natural sunlight. The inclusion of solar lighting systems and electricity in a subset of Centres reflects efforts to enhance lighting and create a conducive learning atmosphere. The choice of lighting source can significantly impact the learning environment's quality and sustainability. (Figure 34).

Figure 34. Classrooms Lighting

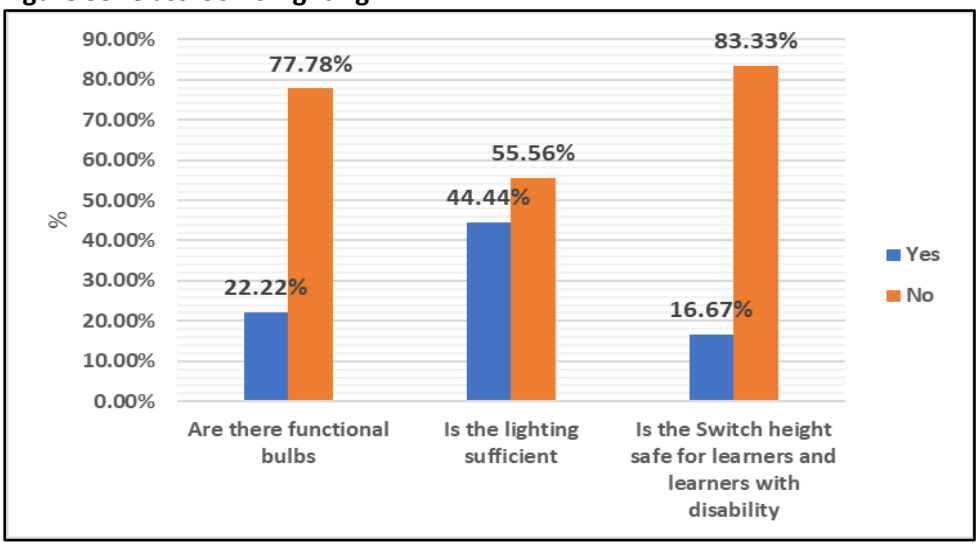


Regarding classroom lighting where solar or electricity were provided, the study revealed several key findings:

- In approximately 77.78% of these Centres, functional bulbs were not available, indicating issues with the maintenance or functionality of lighting fixtures.
- In approximately 55.56% of the Centres, the existing lighting systems did not produce sufficient light, potentially leading to inadequate illumination for learning activities.
- In a significant majority, specifically 83.33% of the Centres, the switches to control the lighting were positioned above the reach of children with disabilities (Children with disabilities), which may hinder their ability to independently control their learning environment.

These findings underscore the importance of ensuring that lighting systems in ECDE Centres are not only functional but also capable of providing adequate illumination for effective learning. Additionally, positioning switches at accessible heights is crucial to promoting inclusivity and independence among Children with disabilities in managing their classroom environment.

Figure 35. Classrooms Lighting



Exposed electrical fittings in an ECDE centre

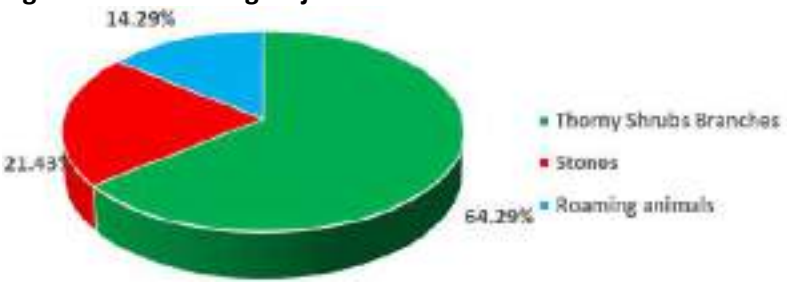
4.1.17 General Obstructions- Protruding Objects Within the Paths

The audit shed light on various issues related to protruding objects within the path of travel:

- Protruding Objects: The study found that within the path of travel in ECDE Centres, the following obstructions were identified:
    - Approximately 64.29% of the paths were obstructed by thorny shrub branches, highlighting potential safety hazards.
    - About 21.43% of the paths were obstructed by stones, which could pose tripping hazards.

Roughly 14.29% of the paths were obstructed by roaming animals, potentially affecting the safety and comfort of children.

Figure 36. Protruding Objects Within the Path of Travel

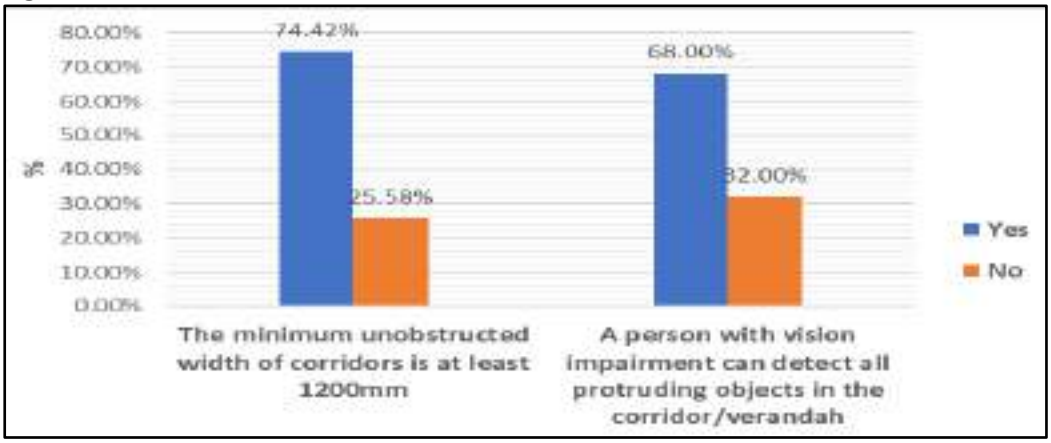


The audit further revealed that: -

- Detectability for Vision-Impaired Individuals: In 64.86% of the Centres, the protruding objects were detectable by individuals with vision impairments who use a white cane, ensuring a safer path for them. However, in 35.14% of cases, these obstructions could not be detected, indicating potential challenges for those with visual impairments.
- Accessibility for Wheelchairs: Approximately 66.7% of the Centres had protruding objects that could hinder the passage of wheelchairs, emphasizing the need for smoother and obstacle-free pathways to ensure inclusivity.
- Veranda Obstructions: In terms of verandas, approximately 74.4% of the Centres had obstructions that exceeded the recommended width of 1130mm, potentially limiting space and accessibility. Furthermore, 32.00% of these obstructions were undetectable by individuals with impairments, underscoring the importance of addressing these barriers to create more accessible environments.

These findings emphasize the significance of addressing safety and accessibility concerns related to protruding objects within ECDE Centres. Removing or modifying obstructions and ensuring detectability for individuals with impairments are essential steps in creating safer and more inclusive learning environments for all students.

Figure 37. Verandah Obstructions



4.1.18 Internal Environment

The audit conducted a comprehensive assessment of the provision of essential facilities within ECDE Centres to create a conducive internal environment for both children with and without disabilities. These facilities encompassed the availability and suitability of chairs, desks, adaptive classrooms, as well as teaching and learning materials.

The evaluation aimed to determine the accessibility, inclusivity, and overall quality of the internal environment within ECDE Centres, with a focus on meeting the diverse needs of all learners, including those with disabilities. The findings from this examination provided valuable insights into the readiness and capacity of these Centres to provide an inclusive and supportive educational environment experience for young learners.

4.1.19 Provision of Chairs and Desks

The audit assessed the condition and suitability of desks and chairs in ECDE Centres. This examination aimed to provide insights into the quality and adequacy of these fundamental pieces of furniture within the learning environment. The findings from this audit will help in understanding the infrastructure and resource readiness of ECDE Centres to support inclusive education.

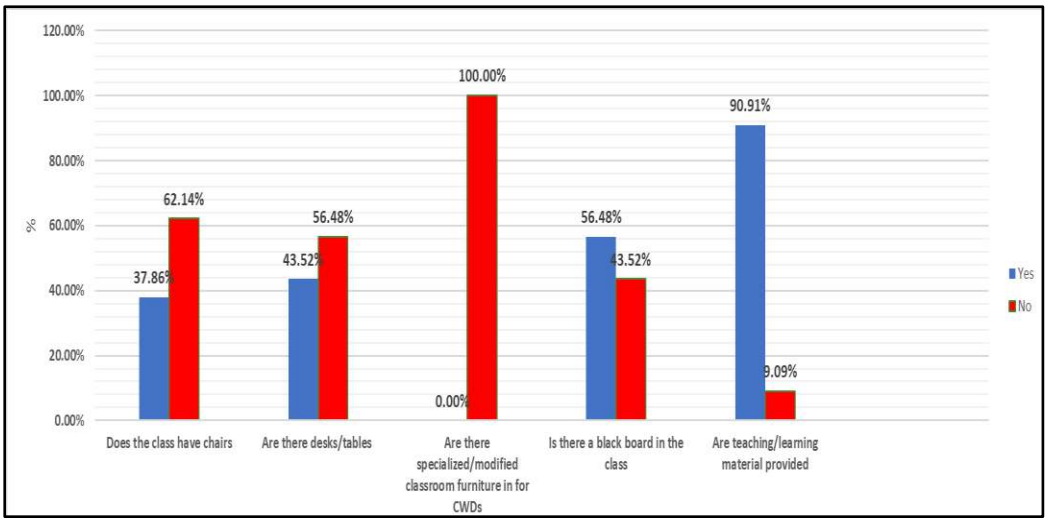
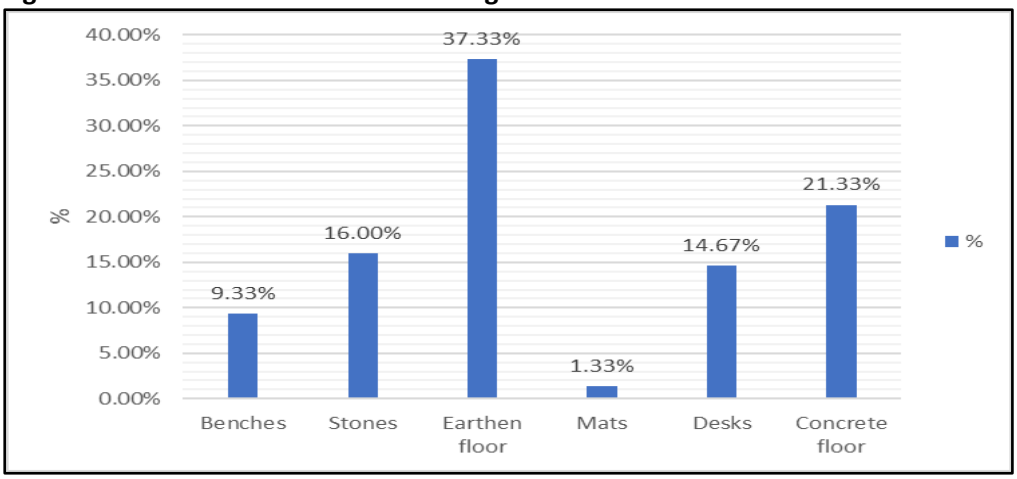


Figure 38. Provision of Chairs and Desks

4.1.20 Provision of Chairs

The audit of ECDE Centres revealed significant shortcomings in terms of seating and availability specialized furniture (Figure 39).

Figure 39. What do children sit on during lesson time in ECDE Centres That Don't Have Chairs



Firstly, a striking 62.14% of ECDE Centres did not have any chairs, indicating a significant deficit in basic seating infrastructure. Consequently, many learners within these Centres lacked proper seating during lessons, which can affect their comfort and concentration.

Even more concerning, the audit found that none of the ECDE Centres had specialized or modified furniture designed to accommodate the specific needs of Children with disabilities. This indicates a substantial gap in providing inclusive learning environments for students with disabilities.

In Centres without chairs, the situation was less than ideal. In approximately 37.33% of these Centres, children had to sit on the earthen floor during lessons. This may not provide a comfortable or conducive learning environment. About 21.33% of Centres had students sitting on hard concrete floors, which can be uncomfortable and potentially detrimental to their focus and well-being. Additionally, roughly 16.00% of Centres had children sitting on stones, which is far from an ideal seating arrangement due to both discomfort and safety concerns.

Only a small proportion, approximately 1.33%, provided mats for children to sit on during lessons, which is a more comfortable option compared to the other available choices but still not ideal.

These findings highlight the urgent need to address the shortage of chairs and to provide suitable seating options within ECDE Centres. Furthermore, ensuring the availability of specialized or modified

furniture for children with disabilities is essential for creating inclusive and supportive learning environments that cater to the diverse needs of all children (Figure 39).

Figure 40. Children sitting on a sandy floor in the classroom

4.1.21 Provision of Desks

The audit conducted an evaluation ECDE Centres, with a specific focus on the availability of desks for children to use while reading or writing. The findings revealed a notable deficiency in this crucial piece of furniture:

Surprisingly, approximately 54.48% of the ECDE Centres examined did not have desks for the children's use. This absence of desks raised concerns about the adequacy of learning environments within these Centres. In Centres without desks, the audit uncovered how children adapted to this shortage. In approximately 60.94% of these Centres, pupils resorted to placing their books on the floor while reading or writing, which may not provide an ideal or comfortable setting for effective learning.

A significant proportion, around 35.94%, had children placing their books on their laps, offering a somewhat more comfortable but still suboptimal solution for studying. In a smaller percentage, approximately 3.13%, logs were utilized as makeshift surfaces for children to place their books. While resourceful, this alternative still fell short of providing an ideal and conducive learning environment.

These findings underscore the pressing need to address the shortage of desks within ECDE Centres. Providing suitable desks is essential to ensure that children have appropriate surfaces to support their reading and writing activities effectively, thereby enhancing the quality of their learning experiences. (Figure 41).

Figure 41. Where Pupils Placed their Books While Writing in ECDE Centres without Desks

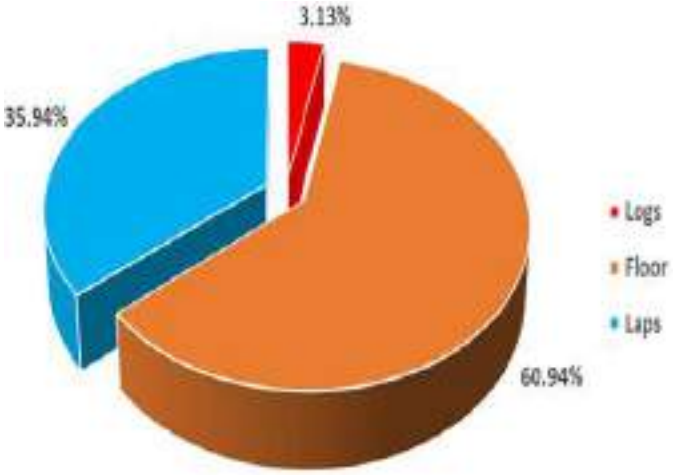


Figure 42 a. A thatched classroom with stones that children sit on as desks.

Figure 42 b. Adult Desks and Chairs in an ECDE Classroom. Note not Age Appropriate & Not Disability Friendly

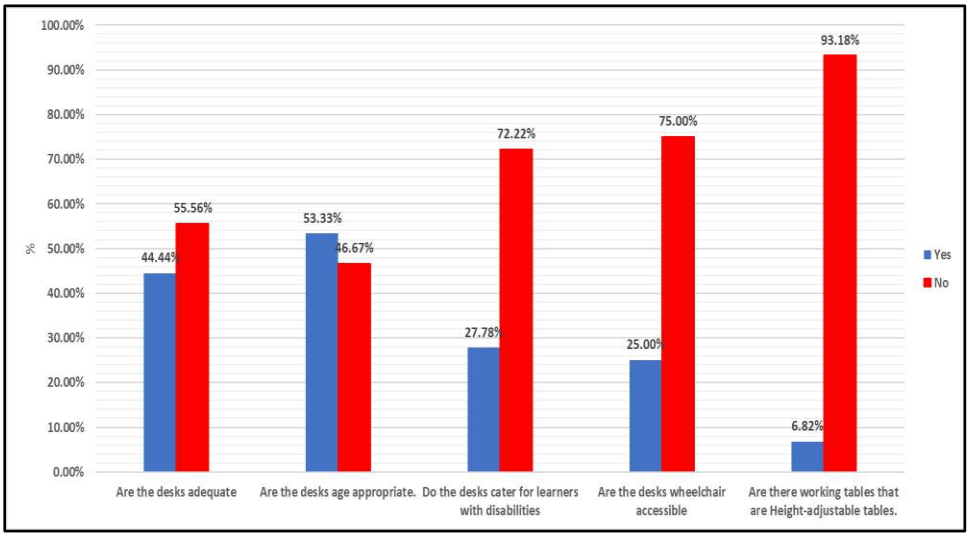
4.1.22 Adequacy and Appropriateness of Desks in ECDE Centres

The audit expanded its assessment to evaluate the suitability and sufficiency of desks within the ECDE Centres where they were provided. The findings uncovered several notable concerns:

- In approximately 55.56% of ECDE Centres equipped with desks, there was an inadequacy in the supply of desks, raising questions about whether there were enough desks to accommodate the student population effectively.
- In roughly 46.67% of the Centres, the desks were deemed inappropriate for the children's ages, suggesting that the furniture provided may not align with the needs and sizes of the young learners.
- Alarmingly, a significant 72.22% of the Centres lacked desks specifically designed to meet the unique requirements of Children with disabilities, highlighting a crucial gap in creating inclusive learning environments.
- Furthermore, in 75.00% of the Centres, the desks were not accessible for students who use wheelchairs, potentially limiting the participation of students with mobility impairments.
- Importantly, in an overwhelming 93.19% of the Centres, there were no working tables with height-adjustable features, a critical component for creating flexible and accommodating learning spaces.

These findings underscore the urgent need to address issues related to desk adequacy, appropriateness, and accessibility within ECDE Centres. Ensuring a sufficient supply of age-appropriate desks, providing furniture tailored to the needs of Children with disabilities, and making desks accessible for all students, including those with disabilities, is essential for fostering inclusive and safe learning spaces. Additionally, the inclusion of height-adjustable working tables can further enhance the adaptability and versatility of these educational spaces (Figure 43).

Figure 43. Adequacy and Appropriateness of Desks



4.1.23 Nature of Kitchen and Dining Area in ECDE Centres

The audit conducted an assessment of the kitchen and dining areas within ECDE Centres, focusing on their suitability and accessibility for Children with disabilities (Figure 30). The findings revealed several key observations:

- All (100%) of the schools had a kitchen or a makeshift kitchen where meals could be prepared.
- In a significant majority, approximately 90.16% of the ECDE Centres, there was a designated circulation path for wheelchairs at the exit of the eating area, indicating a conscious effort to provide accessibility for Children with disabilities.
- Approximately 36.07% of ECDE Centres had ensured that the height of the serving table was accessible to children with disabilities, potentially enhancing their independence and participation in meal activities.

- A smaller proportion, around 24.53% of the Centres, had provided a specific table designed for children with disabilities who use calipers or wheelchairs, demonstrating a commitment to inclusivity.

Regarding construction:

- In approximately 25.93% of the ECDE Centres, the kitchens were constructed using durable materials such as stone and concrete, contributing to the longevity and stability of these facilities.
- About 7.41% of the Centres had kitchens constructed with iron sheets, while 24.07% had thatched kitchens, reflecting a range of construction materials used within these Centres.
- In 11.11% of the Centres, children took their meals in an open outdoor area, potentially offering a more natural and spacious dining environment.
- Additionally, in 9.26% of the Centres, meals were served under trees, providing a shaded and serene setting for mealtime.

These findings highlight both positive efforts and areas for improvement in creating accessible and suitable kitchen and dining areas within ECDE Centres. The presence of wheelchair-accessible paths, appropriately designed serving tables, and specific tables for Children with disabilities are positive steps towards inclusivity. However, further enhancements in construction materials and ensuring a comfortable dining environment are essential to provide a conducive and inclusive space for all children (Figure 44).

Figure 44. Nature of Kitchen and Dining Area

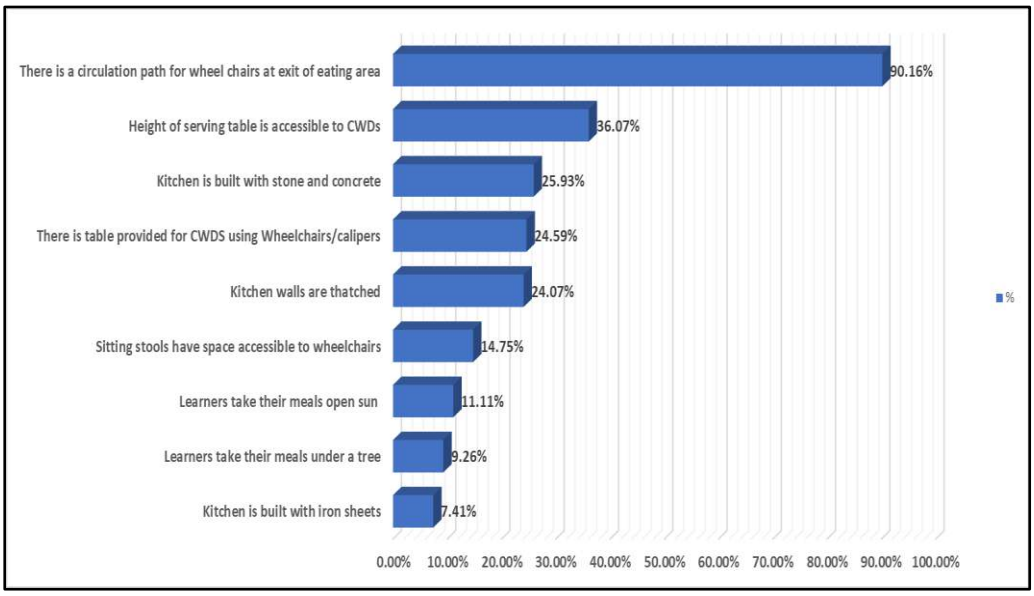


Figure 45. Makeshift Kitchens in ECDE Centres

4.1.24 Playground Safety in ECDE Centres

The survey established that in 47.89% of the Centres the playgrounds had sharp stones and thorns, while in 44.16% of the Centres the playgrounds were considered safe for Children with disabilities. In 22.73% of the Centres had trees that provided shade, 21.92% were fenced, 4.17% had seating places provided for Children with disabilities, and 1.43% had wheel chair tracks provided (Figure 46).

Figure 46. Playground Safety

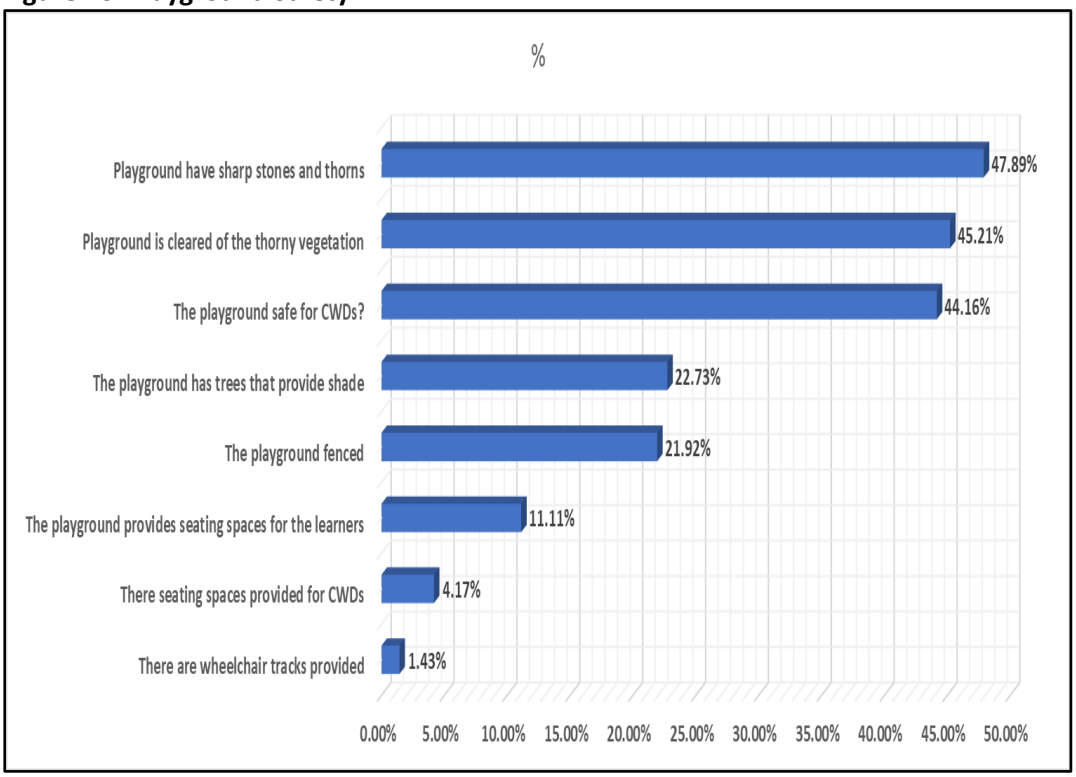


Fig 47a Learners during an outdoor activity with their teacher (at the Centre) in an open field

Figure 47.b A Playground in an ECDE Centre.

Note the Thorny Shrubs Adjacent to the Goal Posts

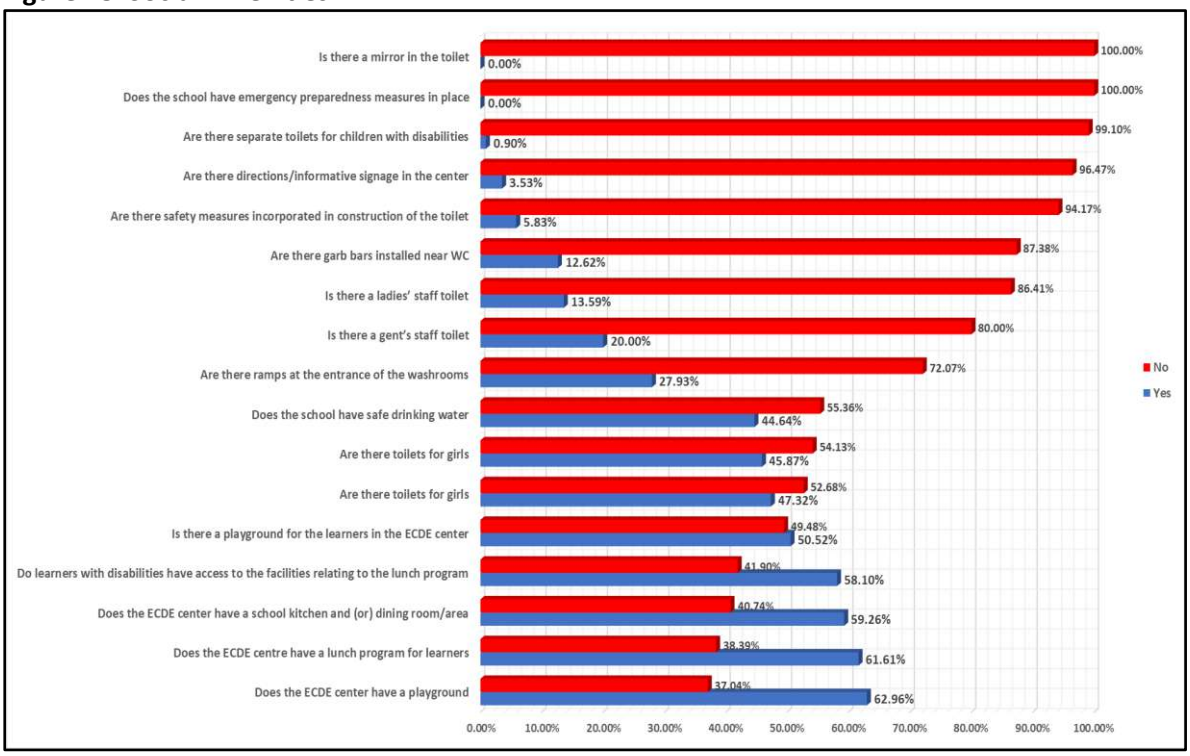
4.2.0 ACCESSIBILITY TO WASH FACILITIES FOR CHILDREN WITH DISABILITIES IN THE ECDE CENTRES

The assessment audit examined the availability and accessibility to wash facilities toilets, toilets with grab bars, handwashing, water taps, and other wash facilities in ECDE Centres.

4.2.1 Social Amenities in ECDE Centres

The audit results for the ECDE Centres have revealed significant deficiencies in their infrastructure and facilities. The findings indicate a pressing need for comprehensive improvements to ensure the safety, accessibility, and overall functionality of these vital educational institutions. First and foremost, the audit reveals a complete absence of mirrors and emergency preparedness measures in all toilets, underscoring a critical gap in basic amenities and safety protocols. Moreover, the lack of separate toilets for Children with disabilities in 99.10% of the Centres highlights an urgent need for inclusive and accessible facilities. Furthermore, the absence of directional signage in 96.47% of the Centres, coupled with the deficiency of safety measures integrated into their design (94.17%), poses a significant risk to the well-being of children and staff. Additionally, the absence of grab rails in 87.38% of the toilets raises concerns about accessibility for individuals with mobility challenges. Gender-specific facilities are also notably deficient, with 86.41% of Centres lacking a ladies' staff toilet and 80.00% lacking a gentleman's staff toilet. This shortage of basic amenities compromises the dignity and convenience of both learners and staff. A considerable portion of the ECDE Centres (72.00%) also lacks ramps at the entrance of washrooms, hindering accessibility for those with mobility impairments. Additionally, the absence of safe drinking water in 55.36% of the Centres poses health and hygiene risks. Finally, the absence of dedicated toilets for girls (54.13%) and boys (52.68%) underscores a need for gender-sensitive facilities that cater to the unique needs of all learners. In conclusion, the audit results emphasize the necessity for immediate and comprehensive renovations and upgrades to the ECDE Centres. Addressing these deficiencies is not only crucial for ensuring the safety and well-being of students and staff but also for promoting inclusive, gender sensitive, accessible and safe educational environments. Other findings are presented on Table 48

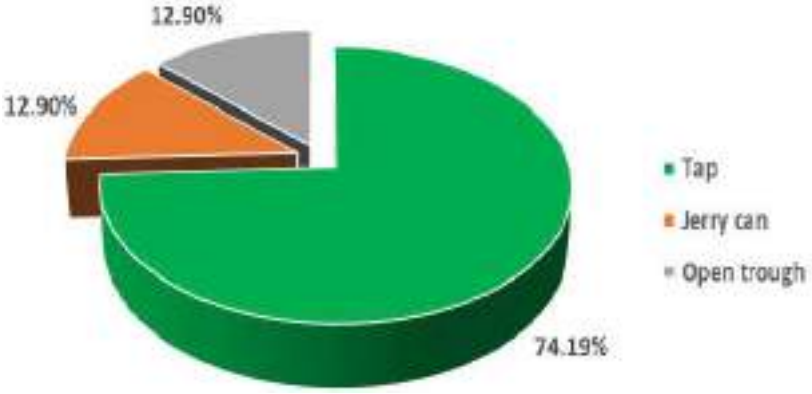
Figure 48. Social Amenities



4.2.3 Sources of Drinking Water in ECDE Centres

The audit of has revealed important findings concerning their water sources and accessibility for Children with disabilities. Regarding the sources of drinking water in these Centres, the audit found that 74.19% of ECDE Centres access water from taps, while 12.90% utilize jerry cans, and an additional 12.90% rely on open troughs as their water sources.
(Figure 49).

Figure 49. Sources of Drinking Water



4.2.4 Access to Water by Children with disabilities

In terms of water accessibility for Children with disabilities, the audit uncovered concerning statistics (Figure 34). In 60.00% of the Centres, the water taps were not positioned within the recommended height range of 800-1000mm, potentially making it challenging for Children with disabilities to access them. Furthermore, a striking 80.00% of the taps were found to be inaccessible for children with disabilities, highlighting a critical need for adjustments to ensure equitable access to water resources for all students, irrespective of their physical abilities. These findings emphasize the importance of improving the water infrastructure and accessibility measures in ECDE Centres to ensure that all

learners, including those with disabilities, can easily and safely access clean drinking water, promoting their health, well-being, and inclusivity within the educational environment.

Figure 50. Access to Water by Children with disabilities

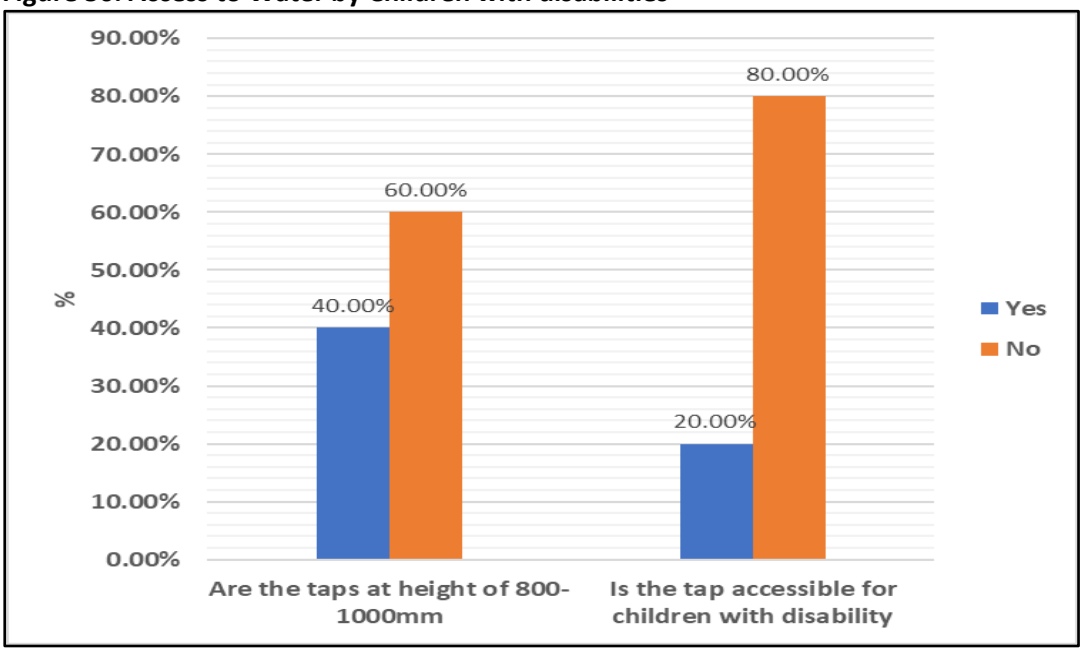
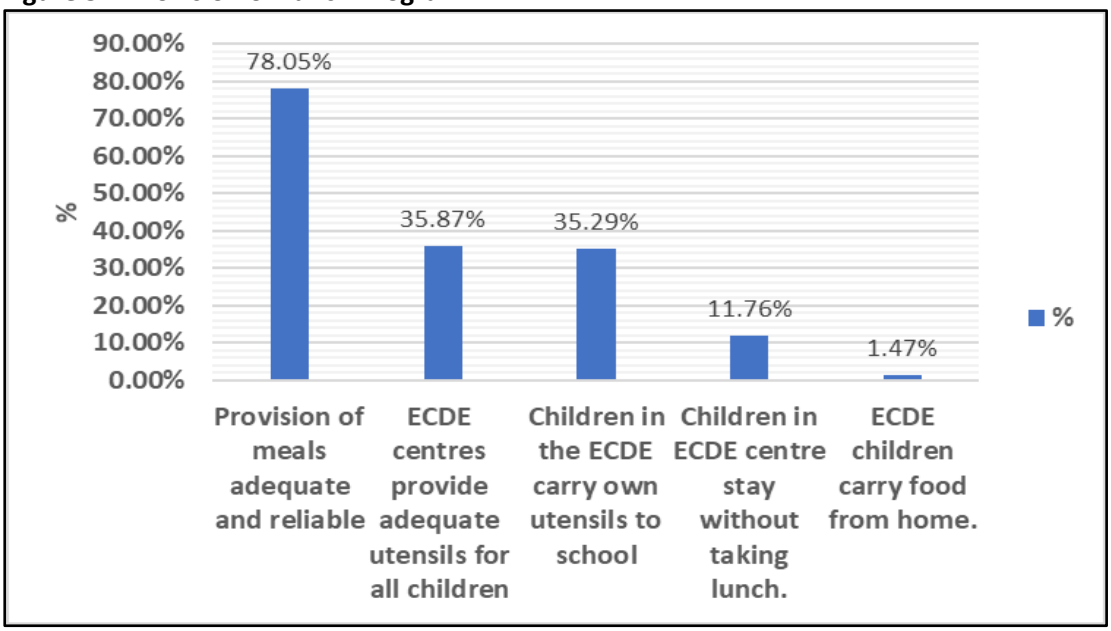


Figure 51. A Water on an Elevated Platform, Children on Wheelchairs have Challenges of Access

4.2.5 Provision of Lunch Program in ECDE Centres

The audit sought to find out whether the ECDE Centres had measures in place to provide lunch to children in the ECE Centres.

Figure 52. Provision of Lunch Program

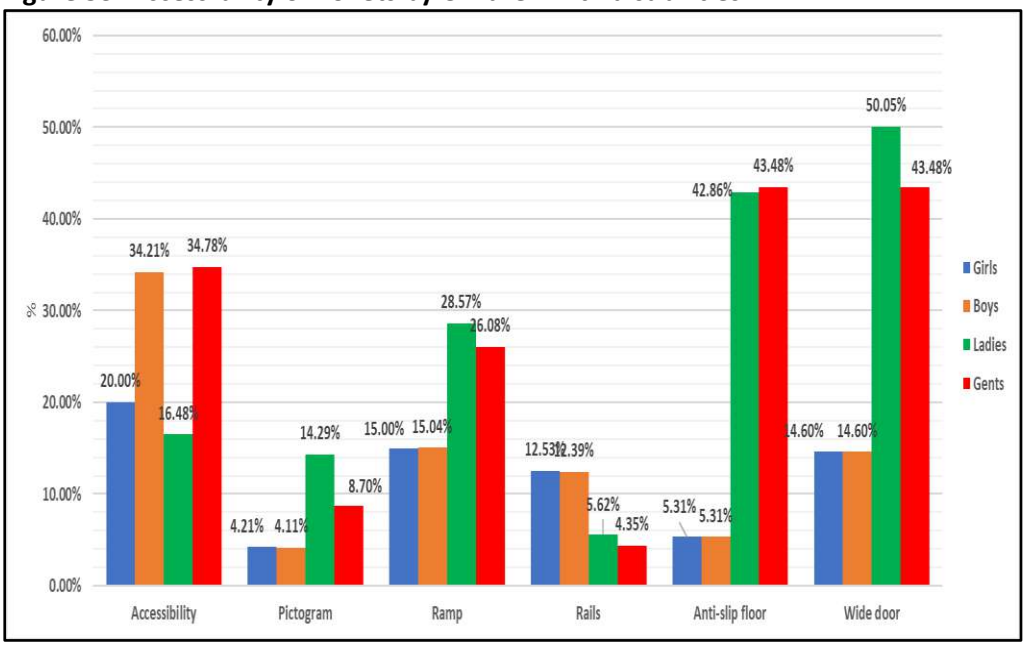


The findings presented in Figure 49 shed light on the provision of meals and utensils in ECDE Centres. It is encouraging to note that a majority, specifically 78.05% of the ECDE Centres, demonstrate a commendable level of commitment by offering adequate and dependable lunch provisions to the children they serve. This reflects a proactive approach to addressing the nutritional needs of young learners, contributing to their overall well-being. However, 11.7% carry own food to school, 8.72% have food delivered from home, and smaller proportion, 1.47% of the Centres, relies on children bringing their own food from home, which may have implications for the consistency and nutritional quality of meals. Another noteworthy finding is that only 35.87% of the Centres provide adequate utensils for the children, while in 35.29% of the Centres, children are expected to bring their own utensils from home. This indicates a potential area for improvement in terms of ensuring that children have access to the necessary tools for safe and hygienic meal consumption while at the ECDE Centres. In conclusion, the findings underscore the importance of continued efforts to enhance the provision of meals and utensils in ECDE Centres. While many Centres are successful in providing meals, there remains room for improvement in terms of consistently supplying utensils to children and addressing the reliance on children bringing their own utensils. These measures are crucial for ensuring that children receive adequate nutrition and enjoy a safe and healthy learning environment.

4.2.6 Toilets Facilities

The evaluation of sanitary conditions in ECDE Centres involved a comprehensive assessment of accessibility to restroom facilities for various user groups, including girls, boys, teachers/staff (ladies and gentlemen). This audit process encompassed a thorough examination of several key aspects, such as the presence of appropriate labeling through pictograms, the functionality of fixtures like ramps and side rails, the presence of anti-slip flooring, and the measurement of door widths leading to washroom facilities. By taking these critical factors into account, the assessment sought to provide a holistic view of the sanitary conditions within the ECDE Centres. This approach allowed for a detailed examination of the infrastructure and amenities in place to ensure the safety, accessibility, and usability of restroom facilities for all individuals, regardless of age or gender. The findings from this assessment serve as a valuable resource for identifying areas of improvement and implementing necessary changes to enhance the overall sanitary conditions in ECDE Centres, promoting a healthy and inclusive learning environment for all students and staff.

Figure 53. Accessibility of Toilets by Children with disabilities



The survey responses paint a gloomy picture of the accessibility and amenities within ECDE toilet facilities. In terms of accessibility, it was reported that only 20% of respondents found girls' toilets accessible, while boys' toilets were accessible to 34.21% of those surveyed. Ladies' toilets had a relatively low accessibility rate of 16.48%, whereas gents' toilets were accessible to 34.78% of respondents. When it came to labeling with pictograms to aid in navigation, the survey revealed that girls' toilets were labeled in only 4.21% of cases, and boys' toilets fared slightly better at 4.11%. Gents' toilets had pictogram labeling in 8.70% of instances, while ladies' toilets had the highest rate of pictogram labeling, with 14.29%. The installation of ramps, which is crucial for accessibility, was found to be lacking in many cases. Only 4.21% of girls' toilets and 4.11% of boys' toilets had ramps installed. In contrast, ladies' toilets had ramps in 14.29% of cases, and gents' toilets had ramps in 8.70% of cases. The fitting of rails within the toilet facilities was generally poor, with the highest percentage of rail fitting observed in ladies' toilets at 28.57%. Girls' toilets had rail fitting at a rate of 12.53%. Anti-slip floors, an important safety feature, were primarily present in ladies' and gents' toilets, with rates of 42.86% and 43.48%, respectively. However, both boys' and girls' toilets had anti-slip floors in only 5.31% of cases each. Wide doors, which are crucial for accommodating individuals with disabilities, were most prevalent in ladies' toilets, with a rate of 50.05%. Gents' toilets also had a significant presence of wide doors, with 43.48%. In contrast, girls' and boys' toilets had wide doors in only 14.06% of cases each. These findings underscore the disparities in the accessibility and amenities provided in ECDE toilet facilities. While some areas show relatively higher compliance, such as wide doors in ladies' toilets, others, like the fitting of rails and the presence of anti-slip floors, require significant improvement. Addressing these deficiencies is essential to ensure that ECDE Centres offer safe and inclusive facilities for all students and staff.

Figure 54. Girls' toilet in an ECDE centre. Note the signage and ramp however the doors are narrow for Children Using Wheel Chairs or other Mobility aids.

Figure 55. Toilet Inaccessible by Children with disabilities. Note the narrow doors and steps

Figure 56. Pit latrines with narrow falling doors that pose a danger to children

4.3.0 SUGGESTIONS ON HOW EXISTING INFRASTRUCTURE CAN BE MODIFIED TO EFFECTIVELY TO SUPPORT CHILDREN WITH DISABILITIES

4.3.1 Infrastructure Areas that Require Modification

The respondents highlighted several key Infrastructure areas that require modification, attention and improvement within ECDE Centres to create a more inclusive and accessible environment for Children with disabilities:

1. Ramps: The existing ramps, which are intended to aid Children with disabilities, have been identified as slippery hazardous, and others have no side rails. It is recommended that these ramps be modified to provide better support and safety for disabled children.
2. Toilet Facilities: The current toilet facilities, although suitable for children without disabilities, pose challenges for Children with disabilities. The construction of disability-friendly toilets is advised to ensure that all children can access these essential facilities comfortably.
3. Access to Drinking Water: Insufficient taps in ECDE Centres, especially those with high pupil enrollments, hinder disabled children's access to drinking water. The construction of additional disability friendly taps around classrooms is essential to address this issue.
4. Playgrounds and Tools: It is crucial to provide accessible and safe playing fields and equipment designed for disabled children to enable their active participation and enjoyment.
5. Classroom Arrangement: Adjustments can be made in classroom setups to ensure that blackboards are positioned to allow small children with and without disabilities small Children with disabilities to access them easily. Existing desks should be modified to accommodate Children with disabilities learning needs.
6. Accessibility of Permanent Structures: Modifications should be made to create permanent structures such as offices, toilets, and kitchens that are accessible to individual Children with disabilities with disabilities, including those who are blind.
7. Learning Materials: ECDE Centres should invest in learning materials that cater to children with audio-visual challenges, including formats like braille and sign language.
8. Electricity: The installation of electricity is recommended as it can significantly enhance the learning processes, particularly for children with disabilities who may benefit from specialized equipment and resources.
9. Personnel Training: Training and equipping personnel with expertise in constructing disability-friendly infrastructure is vital to ensure that ECDE Centres meet the specific needs of Children with disabilities.
10. Advocacy Committee: Establishing a permanent committee at the County /Sub County ECDE Departments focused on advocacy can play a crucial role in securing funding and support for projects aimed at improving ECDE centre facilities and services, especially those benefiting children with disabilities. This focus should be trickled down to the school level through teachers and Boards of management.

Addressing these areas of concern and implementing the recommended improvements will not only enhance the inclusivity of ECDE Centres but also provide a more supportive and equitable learning environment for all children, irrespective of their abilities or disabilities.

4.3.2 Cost-Effective Community-Based Recommendations to make ECDE Centres Safe and friendly to Children with disabilities

The strategies and recommendations put forward by the assessment encompass various aspects to improve the overall environment and support for children with disabilitiesin educational settings:

1. **Safety Measures:** Ensuring the safety of the physical environment is a priority, which includes removing hazards like protruding stones, thorns, and uneven surfaces to create a safer and more accessible space for all children.

2. **Shade Trees/Shade:** Community initiatives are suggested to plant shade trees or build local shades using locally available materials in playgrounds to protect children from strong direct sunlight, enhancing their comfort as they engage in play and learning activities.
3. **Integration:** Continue the Encouraging integrated classes where Children with disabilities and children without disabilities learn together is essential to reduce stigma and promote inclusivity within the community. This is crucial as the ECDE children are young and may not learn far from parental care.
4. **Field Clearing:** Clearing bushes, thorns and stones from playfields is crucial to create a safe and accessible environment, particularly for Children with disabilities.
5. **Proximity of Toilets and provision of hand washing:** Constructing toilets and provision of clean water for washing hands closer to the learning spaces is recommended to ensure easy accessibility for Children with disabilities , this will overall sanitation as the children will not be tempted to defecate in the bushes where toilets are far.
6. **Community Involvement:** Engaging the community in tasks such as clearing bushes, digging pit latrines, constructing classrooms with locally available materials can be a collective effort to enhance the physical environment of the school.
7. **Toilet Modifications:** Modifying existing toilets and their locations to make them disability-friendly is essential to accommodate the needs of Children with disabilities.
8. **Furniture and Learning Materials:** Initiatives within the community to purchase appropriate furniture, construct disability-friendly classrooms, and provide support learning materials from the local environment and equipment will significantly support the education of Children with disabilities.
9. **Fundraising organization initiatives:** Establishing an organizationFocus focused on fundraising initiatives with local stakehoders e.g churches, mosques, County Government for disability these projects that can help create more sustainability for impact created by this project. the secure the necessary resources to implement these improvements effectively.
10. **Skilled Personnel:** Identifying skilled personnel who can assist in facilitating the learning process for Children with disabilities is crucial for their academic success.
11. **Proposal Writing:** Lead ECDE teachers and other stakeholders should write proposals to seek support for these initiatives from relevant stakeholders and organizations is an essential step in securing the necessary funding and resources.
12. **Community Seminars/meetings:** County and subcounty education officers should hold seminars with community leaders to disseminate information and promote these initiatives through churches and community gatherings, such as Barraza's, can help garner support and involvement from a broader audience.

These recommendations reflect a comprehensive approach to improving the educational environment and opportunities for Children with disabilities, emphasizing community involvement, infrastructure enhancements, and inclusive educational practices.

4.4.0 IDENTIFY THE INFRASTRUCTURAL AND OTHER BARRIERS THAT HINDER ACCESS, RETENTION AND TRANSITION OF CHILDREN WITH DISABILITIES IN SCHOOL

4.4.1 Identification of Barriers that Hinder Access, Retention and Transition of Children with disabilities in School

The assessment has identified numerous challenges within ECDE Centres that need attention and improvement to create a more conducive and inclusive learning environment, particularly for Children with disabilities:

1. **Inadequate Classrooms:** Many ECDE Centres are grappling with an insufficient number of classrooms, which can lead to overcrowding and hinder effective learning.
2. **Poorly Constructed Infrastructure:** The structural integrity of classrooms in terms of walls, roofs, floors, doors, and windows is a major concern, as many are inadequately constructed.

3. **Door Safety:** The safety of doors within ECDE Centres is an issue that needs addressing, ensuring that doors are safe and functional.
4. **Disability-Friendly Fittings:** The fittings and accessories on doors are often not designed with disability considerations, making them inaccessible to Children with disabilities.
5. **Accessibility Challenges:** Access to classrooms for Children with disabilities is hindered by the lack of ramps and stairways that adhere to disability requirements, posing a challenge for their mobility.
6. **Obstructions:** There are obstructions and protruding objects within the path of travel in ECDE Centres, creating potential safety hazards for all students, especially those with disabilities.
7. **Shortage of Chairs:** ECDE Centres face a shortage of chairs, affecting the seating arrangements and comfort of students.
8. **Lack of Specialized Furniture:** There is a lack of specialized or modified furniture designed to accommodate the specific needs of Children with disabilities.
9. **Desk Shortage:** Inadequate provision of desks for children to place their books while reading or writing can hamper the learning process.
10. **Unsafe Playgrounds:** Playgrounds within ECDE Centres are often deemed unsafe, necessitating improvements in terms of safety measures and equipment.
11. **Toilet Shortage:** An inadequate number of toilets is a common issue, resulting in inconvenience and potential hygiene concerns.
12. **Disability-Friendly Toilets:** There is a lack of disability-friendly toilets, further limiting accessibility for Children with disabilities.
13. **Access to Clean Drinking Water:** Access to clean drinking water for Children with disabilities is limited in some ECDE Centres, impacting their well-being and hydration.
14. **Inadequate Lunch Provision:** Several ECDE Centres lack adequate and reliable provision of lunch to children, which can affect their nutrition and overall health.
15. **Limited Toilet Accessibility:** Accessibility to toilets within ECDE Centres is restricted, particularly for Children with disabilities, due to inadequate infrastructure and facilities.

4.4.0 THE ADEQUACY OF INCLUSIVE AND PLAY MATERIALS FOR CHILDREN WITH DISABILITIES IN ECDE CENTRES

4.4.1 Adequacy of Inclusive and Play Materials for Children with disabilities in ECDE Centres

The FGD highlighted key recommendations ensuring the adequacy of inclusive play materials thus improving the learning experience and inclusivity for Children with disabilities in ECDE Centres:

1. **Diverse Play Materials:** To enrich the educational experience, there is a call for the provision of a wider array of play materials, including modeling clay, toys, balls, skipping ropes, and cartoons. These materials contribute to a more stimulating and enjoyable learning atmosphere.
2. **Access to Instructional Materials:** Ensuring the availability of instructional materials such as braille books and hearing aids is crucial for Children with disabilities to facilitate their learning and participation.
3. **Assistive Devices and Support:** Providing assistive devices for Children with disabilities and supporting materials, along with school placement and follow-up, is essential to cater to the unique needs of each child and enable their academic progress.
4. **Resource Availability:** To maintain a sustainable and inclusive learning environment, it is imperative to guarantee the availability of teachers and skilled personnel, as well as secure the necessary resources and funds for materials.
5. **Technological Integration:** Leveraging technology, such as embossers, represents a forward-looking approach to enhancing accessibility and learning opportunities for Children with disabilities. These tools can convert regular textbooks into braille, promoting inclusive education.

6. **Collaboration Forums:** Organizing conference forums to facilitate the exchange of ideas among teachers fosters a collaborative and innovative educational community, which can lead to improved strategies for teaching Children with disabilities.
7. **Supportive Parent Involvement:** Involving parents in all aspects affecting their children in ECDE Centres is crucial for promoting a holistic approach to education and support, ensuring that the child's unique needs are met.
8. **Accessibility and Inclusivity:** Ensuring accessibility and inclusivity requires the provision of play materials, instructional resources, assistive devices, and a supportive community that works together to create a more enriching and empowering educational environment for all students, including Children with disabilities.

4.4.2 The Adequacy of Inclusive and Play Materials for Children with disabilities in ECDE Centres

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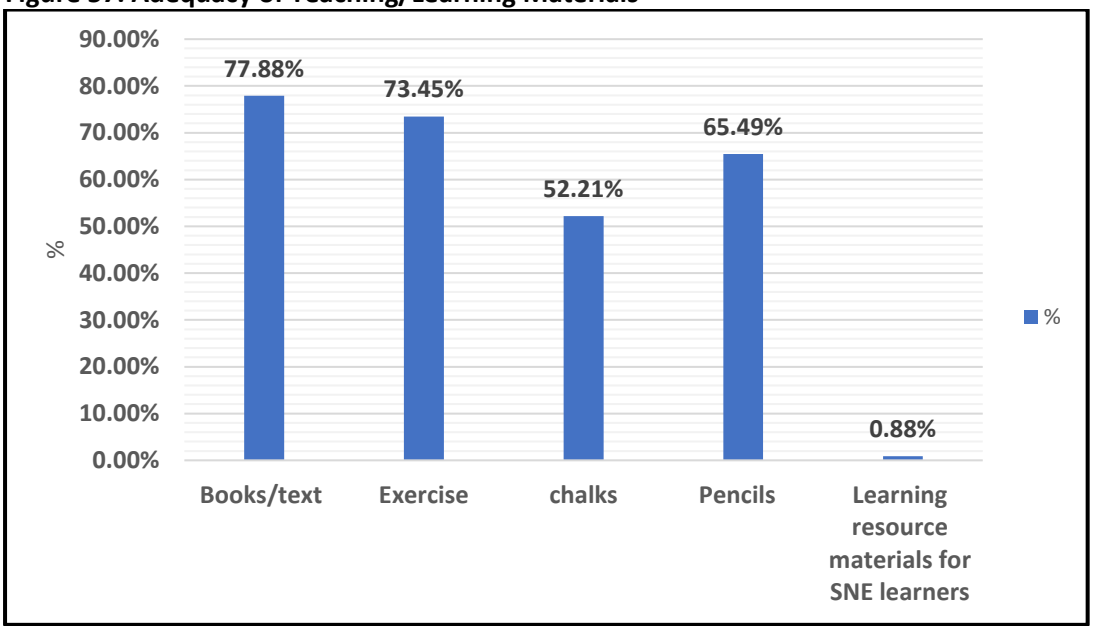
16. **Accessibility and Inclusivity:** Ensuring accessibility and inclusivity requires the provision of play materials, instructional resources, assistive devices, and a supportive community that works together to create a more enriching and empowering educational environment for all students, including Children with disabilities.

4.4.3 Adequacy of Teaching/Learning Materials in ECDE Centres

In order to access the availability of teaching/learning materials, the audit looked at availability of text books, exercise books, chalks, pencils and learning resource materials for from SNE learners. Textbooks were found to be available in 77.8% of the ECDE centres, exercise books in 73.45%, chalk in 52.21% and pencils in 65.49%. Learning resources materials for SNE were available in a paltry 0.88% of the ECDE centres (Figure 57).

Figure 57. Adequacy of Teaching/Learning Materials



4.5.0 INCLUSIVE EDUCATION PEDAGOGICAL COMPETENCIES AMONG TEACHERS IN ECDE CENTRES

4.5.1 Level of inclusive pedagogical competencies among teachers

The assessment of inclusive pedagogical competencies among teachers in ECDE centres employed a comprehensive evaluation methodology. Respondents were presented with a set of 10 items and asked to rate their level of competence on a five-point Likert scale, ranging from "not at all" (1) to "to a great extent" (5). Each item's score ranged from 1 (indicating no inclusive pedagogical competence) to 5 (representing outstanding inclusive pedagogical competence). The collected responses were then analyzed to compute mean scores for each statement and an overall mean score for the entire field of inclusive pedagogical competencies. These mean scores were interpreted based on the criteria outlined by Welch (2011), which classify the results into the following categories:

i. Very Poor (1.00-1.99): Scores falling within this range indicate a very low level of inclusive pedagogical competence among the teachers.
ii. Below Average (2.00-2.99): Scores in this range suggest that the inclusive pedagogical competence of the teachers is below the average expected level.
iii. Average (3.00-3.99): Mean scores falling between 3.00 and 3.99 indicate an average level of inclusive pedagogical competence among the teachers.
iv. Above Average (4.00-4.99): Scores in this range signify that the teachers exhibit competence in inclusive pedagogy that is above the average expected level.
v. Outstanding (5.0): A perfect score of 5.0 represents exceptional inclusive pedagogical competence among the teachers, indicating an outstanding level of proficiency in this area.

The assessment audit of ECDE teachers revealed varying levels of inclusive pedagogical competencies in their practices. The findings are summarized as follows:

Above Average Competencies:

i. ECDE teachers had received disability awareness training, enabling them to understand and recognize disability issues, demonstrating a strong commitment to inclusive education ($\bar{x}$ = 4.18).
ii. Centre managers and head teachers were knowledgeable about inclusive education, suggesting effective leadership in promoting inclusive practices ($\bar{x}$ = 4.16).

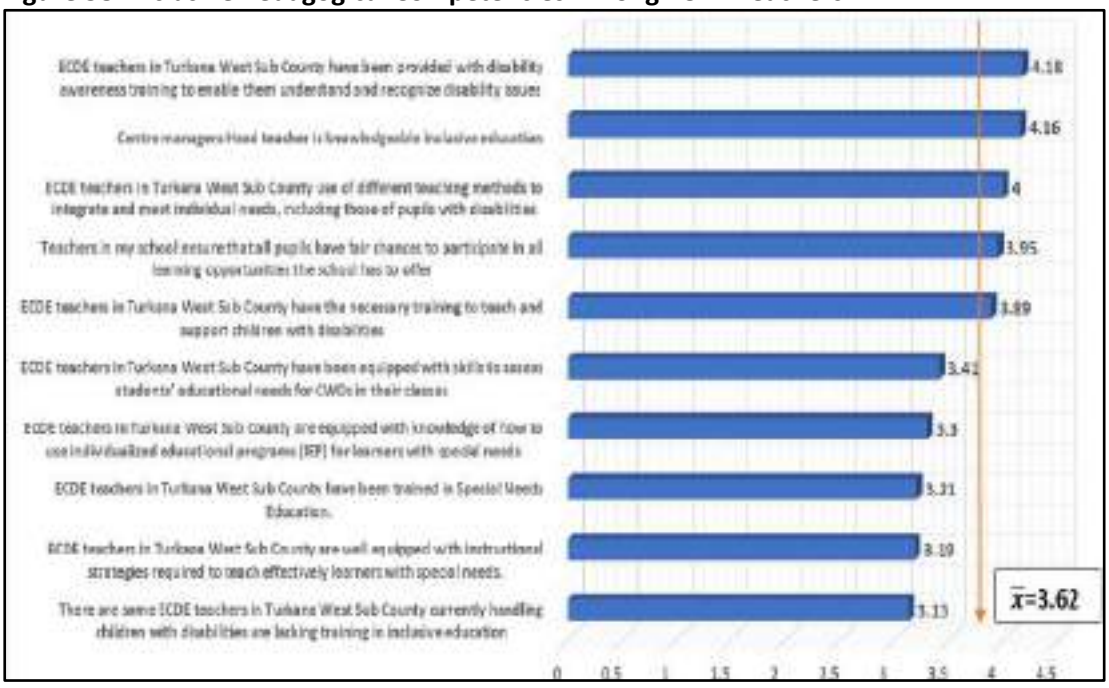
iii. ECDE teachers employed diverse teaching methods to integrate and meet the individual needs of all students, including those with disabilities ($\bar{x}$ = 4.00).

Average Competencies:

i. Some ECDE teachers handled children with disabilities without specific training in inclusive education, indicating the presence of teachers willing to work with diverse needs but lacking formal training ($\bar{x}$ = 3.13).
ii. ECDE teachers had received training to teach and support children with disabilities, showcasing a commitment to equipping educators with necessary skills ($\bar{x}$ = 3.89).
iii. ECDE teachers possessed skills to assess children's educational needs for students with disabilities in their classes, reflecting a fundamental aspect of inclusive teaching ($\bar{x}$ = 3.41).
iv. ECDE teachers were equipped with instructional strategies required for effective teaching of learners with special needs ($\bar{x}$ = 3.19).
v. ECDE teachers demonstrated knowledge of how to use Individualized Educational Programs (IEP) for learners with special needs, a critical component of inclusive education ($\bar{x}$ = 3.30).
vi. Some ECDE teachers had received training in special needs education, indicating ongoing efforts to enhance their expertise ($\bar{x}$ = 3.21).
vii. Teachers in ECDE centres ensured that all pupils had a fair chance to participate in learning opportunities, emphasizing inclusivity ($\bar{x}$ = 3.95).

The overall mean score for the ten statements was 3.62, indicating that, on average, ECDE teachers operate at an intermediate level concerning the use of inclusive pedagogical competencies in their interactions with children with diverse needs. While there are areas where their competencies are above average, there is room for improvement in other aspects to ensure a consistently inclusive educational environment for all students, including those with disabilities (Figure 58).

Figure 58. Inclusive Pedagogical Competencies Among ECDE Teachers



4.5.2 FGD on stakeholder responses on inclusive education pedagogical competencies among teachers in relation to the needs of Children with disabilities and their effective inclusion in active schooling.

The FGD underscored several inclusive education competencies that are central in enhancing the capacity of ECDE teachers in handling Children with disabilities effectively:

1. **Training for ECDE Teachers:** A significant percentage of ECDE teachers lack the necessary training to handle Children with disabilities. To address this gap, it is essential to provide

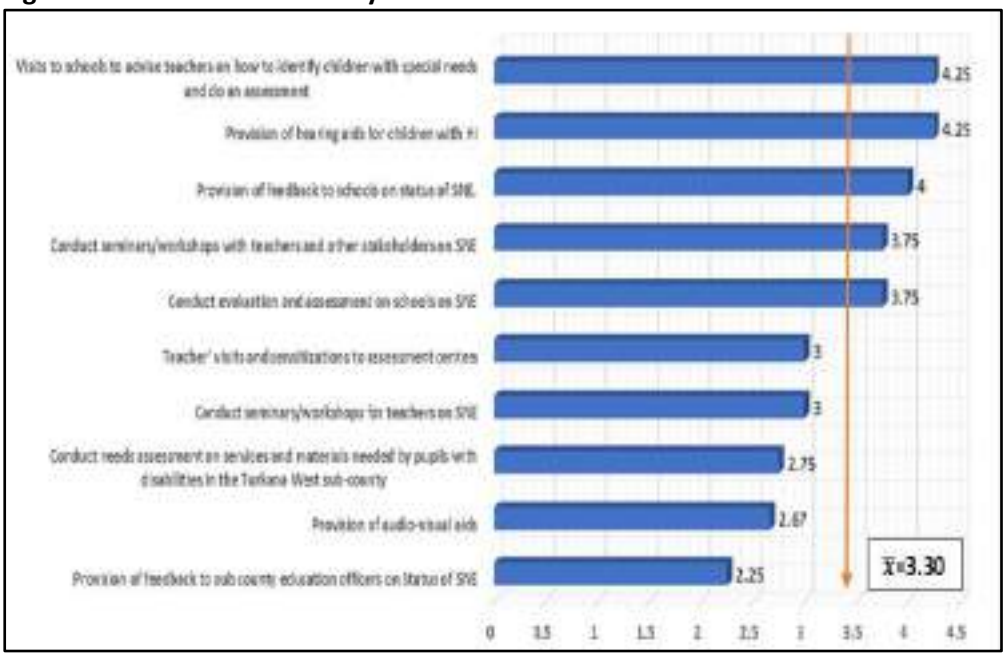
specialized training in special education. This training equips teachers with the skills and knowledge required to effectively support both Children with disabilities and typically developing children in the same classroom.

2. **Motivation and Support:** Motivating teachers through training and offering incentives can boost their energy levels and commitment to delivering effective learning experiences for all students. Recognizing their efforts and providing ongoing professional development opportunities can have a positive impact.
3. **Availability of Teaching and Learning Materials:** Ensuring the availability of adequate teaching and learning materials in ECDE centres is essential for creating an inclusive and conducive learning environment. These materials should be designed to cater to the diverse needs of students, including Children with disabilities.
4. **Professional Development Opportunities:** Encouraging participation in seminars, conferences, and workshops for ECDE teachers, both those working with Children with disabilities and those in mainstream classrooms, can foster the exchange of knowledge and best practices. Such opportunities promote continuous learning and improvement in teaching methods.
5. **Seasonal Therapy and Support:** Organizing seasonal therapy, counselling, and spiritual support sessions for teachers in ECDE centres can provide them with emotional and psychological support. This support is particularly valuable when working with diverse student populations, including Children with disabilities.

4.6.0 STATUS OF AVAILABILITY OF RESOURCES AND SERVICES IN THE EARCS, FOR EFFECTIVE IDENTIFICATION AND SUPPORT OF CHILDREN WITH DISABILITIES IN ECDE CENTRES

4.6.1 Availability of Resources in the EARCs

Figure 59. Status of Availability of Resources and Services in the EARCs



4.6.2 FGD on Status of availability of resources in the EARC for effective identification and support for Children with disabilities observed the following.

i. Lack of Electricity and Technology: The absence of electricity and technology in ECDE Centres hampers access to academic materials, innovative teaching approaches, and the potential for collaboration with similar organizations nationally and internationally. This technological gap limits the educational resources available to both teachers and students.

ii. Shortage of Learning and Play Equipment: Inadequate learning and play equipment, as well as materials for training teachers, pupils, and parents in supporting Children with disabilities, is a notable challenge. The insufficiency of these resources can hinder the quality of education and inclusivity in ECDE Centres.
iii. Limited Knowledge and Skills Among Stakeholders: There is a recognized lack of knowledge and skills among stakeholders, including teachers and parents, regarding effective strategies for handling and supporting Children with disabilities. This knowledge gap can impact the overall quality of education and support provided to these children.
iv. Lack of Counselling for Teachers: Despite encountering psychological challenges when working with Children with disabilities, teachers often lack access to counselling and support services. Addressing the psychological well-being of teachers is essential to ensure their effectiveness in the classroom.
v. Language Barrier: Communication barriers arise due to language differences, as some parents may struggle to express themselves in the national language. Effective communication is vital for building collaborative relationships between teachers and parents in supporting Children with disabilities.
vi. Basic Needs Deprivation: The lack of essential resources, such as food and clean water, can overshadow the importance of providing educational materials and equipment. Meeting basic needs is a foundational prerequisite for effective learning and development.
vii. Fragmented Efforts: Coordination among key stakeholders, including parents, teachers, organizations, and government agencies, appears fragmented. Collaborative efforts are essential to ensure the availability of necessary equipment and materials for the effective support of Children with disabilities.

4.7.0 EFFECTIVENESS OF REFERRAL PROCEDURES OF CHILDREN WITH DISABILITIES IN ECDE CENTRES TO SCHOOLS AND MEDICAL REHABILITATIVE FACILITIES

4.7.1 Identification and Effectiveness of Referral Procedures

The identification and effectiveness of referral procedures of Children with disabilities in ECDE Centres to schools and medical rehabilitative facilities was rated using 9 items in a likert scale that ranged from; not at all (1), very little (2), little (3), somewhat (4) and to a great extent (5). The items were keyed such that a higher score means better identification and effectiveness of referral procedures. The responses obtained were used to compute a mean score on a scale of 1-5 for each statement and a global mean score for the entire field, as follows; 1.00-1.99 (Very Poor), 2.00-2.99 (Poor), 3.00-3.99 (Fair), 4.00-4.99 (good) and 5.0 (very good). The mean scores were used to rate the identification and effectiveness of referral procedures of Children with disabilities in ECDE Centres to schools and medical rehabilitative facilities.

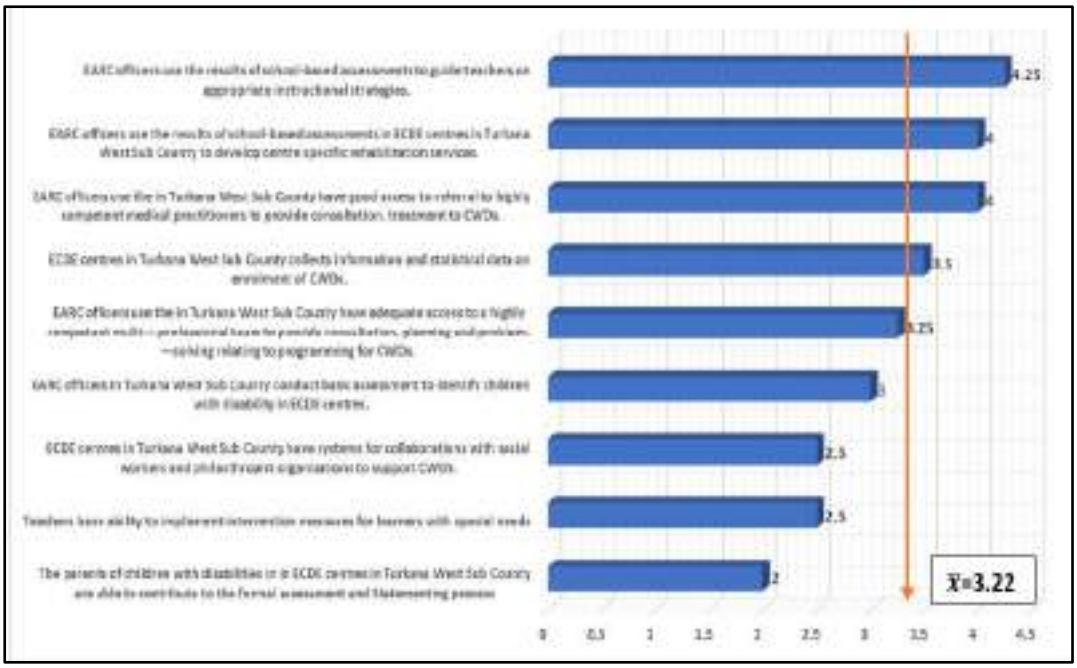


Figure 60. Identification and Effectiveness of Referral Procedures of Children with disabilities in ECDE Centres

The respondents rated the level of operation of the following statements as good; EARC officers used the results of school-based assessments to guide teachers on appropriate instructional strategies ($\bar{x} = 4.25$). EARC officers use the results of school-based assessments in ECDE to develop centre specific rehabilitation services ($\bar{x} = 4.00$). EARC officer's referral of Children with disabilities to highly competent medical practitioners to provide consultation, treatment to Children with disabilities ($\bar{x} = 4.00$).

Additionally, the following statements was rated as fair; ECDE Centres collects information and statistical data on enrolment of Children with disabilities ($\bar{x} = 3.50$). EARC officers in Turkana West Sub County conduct basic assessment to identify children with disability in ECDE Centres ($\bar{x} = 3.00$). EARC officers' access to a highly competent multi--professional team to provide consultation, planning and problem--solving relating to programming for Children with disabilities ($\bar{x} = 3.25$).

Lastly, the respondents rated the level operation of the following attributes as poor; the parents of children with disabilities in ECDE centre's ability to contribute to the formal assessment and Statementing process ($\bar{x} = 2.00$). Teachers' ability to implement intervention measures for learners with special needs ($\bar{x} = 2.50$). ECDE Centres systems for collaborations with social workers and philanthropist organizations to solicit for support CHILDREN WITH DISABILITIES ($\bar{x} = 2.50$).

The overall mean score ($\bar{x} = 3.22$) of all the 13 statements indicated that the identification and effectiveness of referral procedures of Children with disabilities in ECDE Centres was fair. (Figure 59).

4.7.2 FGD on existence and effectiveness of referral procedures to ECDE Centres and medical rehabilitative facilities for Children with disabilities

- Parents should be enlightened on basic symptoms of disabilities in relation to a child's development milestones and also be guided early diagnosis.
- Basic sign language should be taught to children with and without disabilities, teachers and parents of Children with disabilities so as to ensure effective communication takes place.

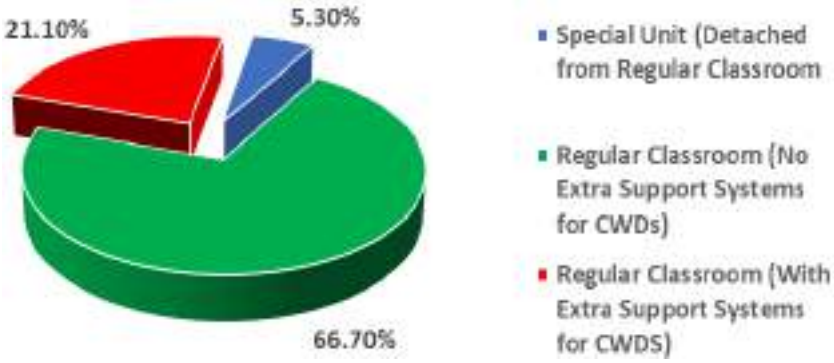
- Any meeting, training or forum conducted for teachers should include some sensitization of issues of Children with disabilities.
- Guidance and counselling should be conducted for ECDE teachers, parents of Children with disabilities and Children with disabilities.
- The ministry of Education, Ministry of Health, county government among other stakeholders should facilitate transportation, accommodation and meals whenever it is important to take a child for assessment of medical examination or treatment.
- It is important to build a model for centre for inclusive education and disability training in the county.
- Ensuring skilled personnel are posted in areas where they can have easy access with ECDE Centres, teachers, parents and Children with disabilities.
- Ensuring that experts' addressing issues pertaining to Children with disabilities are in touch with teachers so as to enhance sensitization and skill transfer on Children with disabilities.
- Hold annual workshops/seminars/conferences to train ECDE teacher on inclusive educational practices.
- Equip ECDE teachers with skills to enable them to cater for all the children in an inclusive class.
- Put in place measures/incentives to raise motivation ECDE teacher towards their work.
- Ensure positioning, the interests of the child in front.

4.8.0 INTEGRATION OF Children with disabilities IN REGULAR CLASSROOM AND SCHOOL ACTIVITIES IN ECDE CENTRES

4.8.1 Extent of Integration of Children with disabilities in Regular Classrooms

The assessment audit examined the extent of integration of Children with disabilities in regular classroom and school activities in ECDE Centres. The findings revealed that 66.7% of ECDE Centres accommodated children with disabilities in regular classrooms that were devoid of any extra support systems for children with disabilities, 21.10% of the ECDE Centres had some form of support for Children with disabilities while 5.30% had special units that were detached from the regular classrooms (Figure 62).

Figure 61. Ways used to Integrate ECDE Children with disabilities into Regular Classrooms



4.8.2 FGD on the Extent of Integration of Children with disabilities in Regular Classrooms and School Activities

The assessment has illuminated various aspects of the integration of children with disabilities in ECDE centres, shedding light on both the challenges and positive outcomes of this process:

a) Challenges to Integration of Children with disabilities in Regular Classroom and School Activities:

The audit established that: -

i. The current state of integration for children with disabilities in ECDEff43iy Centres is marked by a low extent of incorporation. There exists ample room for enhancement, particularly in the areas of providing essential materials, adequate equipment, and optimizing classroom setups to facilitate a more seamless integration process.
ii. Integration efforts are impeded by various barriers, including a shortage of skilled personnel and specialists, as well as a deficiency in instructional equipment and materials. The insufficiency in these crucial elements hinders the effective inclusion of Children with disabilities in ECDE Centres.
iii. Children with physical disabilities encounter challenges related to mobility within ECDE Centres. This becomes especially pronounced when classes and social amenities lack designs that cater to the specific needs of individuals with disabilities.
iv. The schooling experience for Children with disabilities is often marred by stigmatization, verbal insults, and name-calling from their peers. Such experiences not only make the educational journey arduous but also take an emotional toll on the children.
v. Teachers, particularly in inclusive settings, contribute to the difficulties faced by some Children with disabilities through harsh treatment. This behaviour exacerbates the challenges these children encounter in their educational pursuits.
vi. Language barriers, both among ECDE children and due to unskilled teachers, present communication challenges that significantly impact the overall learning experience for Children with disabilities.
vii. Social isolation, stemming from both fellow pupils and teachers, can have emotionally distressing consequences for Children with disabilities. The lack of social integration exacerbates the already challenging educational environment.
viii. Additionally, the absence of counselling services, both within ECDE Centres and at home, further compounds the struggles faced by Children with disabilities. The lack of guidance and encouragement hinders their ability to cope with the myriad challenges inherent in their educational journey.

b) Positive Outcomes of Integration:

The audit uncovered several positive outcomes resulting from the integration of Children with disabilities in regular classrooms:

i. Enhanced Self-Esteem: Integration plays a pivotal role in elevating the self-esteem of children with disabilities (Children with disabilities). By providing them with a sense of belonging and purpose, the inclusive environment fosters confidence and a positive self-image.
ii. Parental Hope: Integration instil hope among parents, assuring them that their children with disabilities have a meaningful and valued place in society. This shift in perspective promotes a more inclusive mindset within the community.
iii. Benefits for Children Without Disabilities: The advantages of integration extend beyond Children with disabilities to benefit children without disabilities. The inclusive environment ensures that all students, regardless of ability, have access to resources donated by organizations to Early Childhood Development and Education (ECDE) Centres. This not only enriches the overall learning experience but also contributes to reducing stigma and promoting integration.
iv. Encouragement for Attendance: Integration serves as a powerful motivator for Children with disabilities to attend school regularly. The inclusive setting reinforces their sense of importance and belonging in the educational system, encouraging consistent participation.
v. Promoting Inclusivity: Inclusive activities, such as interschool events, play a crucial role in fostering acceptance of self-image among Children with disabilities. By engaging in these activities, children with disabilities become active participants in the school community, contributing to the development of a more inclusive and supportive environment.

4.9.0 FACTORS HINDERING INTEGRATION OF Children with disabilities IN REGULAR CLASSROOMS

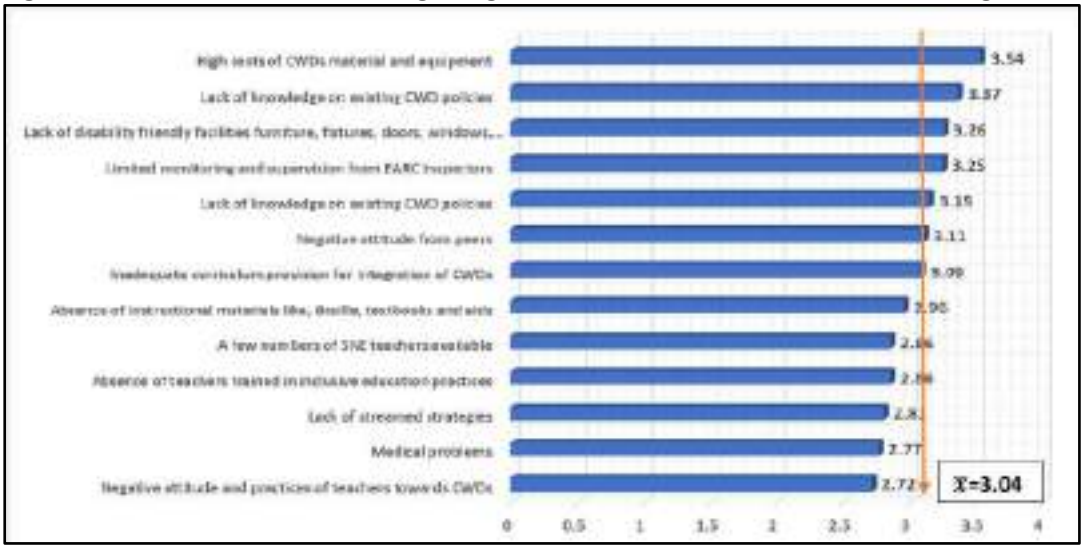
4.9.1 School Factors Hindering Integration of Children with disabilities

The analysis of the responses of school factors hindering integration of Children with disabilities revealed that the following statements hindered integration of Children with disabilities into regular classes to a moderate extent; High costs of Children with disabilities materials and equipment ($\bar{x} = 3.54$). Lack of knowledge on existing Children with disabilities policies ($\bar{x} = 3.37$). Lack of disability friendly facilities furniture, fixtures, doors, windows, wash facilities, etc ($\bar{x} = 3.26$). Limited monitoring and supervision from EARC inspectors ($\bar{x} = 3.25$). Lack of knowledge on existing Children with disabilities policies ($\bar{x} = 3.15$). Negative attitude from peers ($\bar{x} = 3.11$). Inadequate curriculum provision for integration of Children with disabilities ($\bar{x} = 3.09$).

In addition, the following constructs were rated as hindering integration of children with disabilities to a little extent; Absence of instructional materials such as, Braille, textbooks and aids ($\bar{x} = 2.96$). Lack of adequate numbers of SNE teachers ($\bar{x} = 2.86$). Absence of teachers trained in inclusive education practices ($\bar{x} = 2.86$). Lack of streamed strategies ($\bar{x} = 2.81$). Medical problems ($\bar{x} = 2.77$). Negative attitudes and practices of teachers towards Children with disabilities ($\bar{x} = 2.72$).

The global mean score ($\bar{x} = 3.04$) of all the 13 statements combined indicated that the factors under review were hindering integration of Children with disabilities to a moderate extent.

Figure 62. School Factors Hindering Integration of Children with disabilities in Regular Classrooms



4.9.2 FGD on Factors Hindering integration of Children with disabilities in regular classrooms in ECDE Centres

Several significant challenges have been identified that hinder the integration and support of Children with disabilities in educational settings. These challenges encompass various aspects:

1. **Lack of Societal Awareness**: There is a prevailing lack of awareness within society regarding the rights of Children with disabilities, which contributes to their marginalization and discrimination.
2. **Inadequate Legislative Framework**: The absence of legislative procedures and penalties for individuals engaging in cultural practices that lead to the stigmatization of Children with disabilities makes it difficult to hold such actions accountable.
3. **Complex Referral Processes**: The process of seeking help and support for Children with disabilities, starting from ECDE Centres to social workers, then to Education Assessment and Resource Centres (EARC) for functional assessment, hospitals for medical assessment, and finally school placement and follow-up, is characterized by numerous bottlenecks and complexities.

4. **Weak Advocacy for Integration**: Advocacy efforts to promote the integration of Children with disabilities into regular classrooms within ECDE Centres are relatively weak, hindering progress in this regard.
5. **Challenges Faced by Social Workers**: Social workers lack adequate resources, particularly in terms of transportation, and face difficulties reaching Children with disabilities due to the expansive subcounty. As a result, their impact in combating stigma and isolation is limited.
6. **Inadequate Disability-Friendly Infrastructure**: The physical environments of ECDE Centres are not designed to be disability-friendly, making it challenging for Children with disabilities to access and navigate these spaces.
7. **Unsuitable Wash Facilities**: Wash facilities in ECDE Centres have not been adapted to cater to the specific needs of Children with disabilities, further complicating their daily routines.
8. **Lack of Awareness**: There is a lack of awareness among the general public regarding the potential and capabilities of Children with disabilities, which need to be nurtured and supported.
9. **Teacher Training**: The majority of teachers have not received training in sign language and other inclusive education techniques.
10. **Inadequate Medical Staff**: Both health facilities and EARC Centres within the subcounty suffer from a shortage of medical staff, impacting the assessment and support provided to Children with disabilities.
11. **Transportation Challenges**: Lack of suitable transport facilities poses difficulties in bringing Children with disabilities, especially those with physical disabilities, to school.
12. **Scattered Services**: The services needed for the referral of Children with disabilities are dispersed over a wide area. Centralizing these services in one geographical area could greatly enhance efficiency.
13. **Insufficient Inclusive Education Training**: Teachers in the subcounty often lack adequate training in inclusive education practices, limiting their ability to support Children with disabilities effectively.
14. **Shortage of Social Workers**: The subcounty faces a shortage of social workers, making it challenging to provide support to every school in the area.
15. **Underrepresentation of PLWDs**: Persons living with disabilities (PLWDs) are not sufficiently involved as stakeholders in activities related to the education of Children with disabilities.

4.10.0 AVAILABILITY OF ADDITIONAL SUPPORT SERVICES FOR Children with disabilities AND THEIR FAMILIES

4.10.1 Additional Support Services for Children with disabilities and their Families

The assessment audit sought to find out the availability of additional support services provided to Children with disabilities and their families. The respondents were provided with 14 items in a dichotomous Yes/No format. Analysis of the responses revealed that in 67.27% of the ECDE Centres, parents had formed groups and were involved in income generating activities, 90.91% of the ECDE Centres had formed partnerships with different agencies, development organizations, and NGOs that worked specifically with parents of Children with disabilities. 53.70% of Centres had sought additional funding and capitation to support education service delivery for Children with disabilities. Additionally, in 92.73% of the Centres parents had received sensitization and awareness on the existing policies on Children with disabilities, 74.55% had lobbying initiatives and sensitization programs being undertaken by special representatives of PLWDs and 77.78% had poverty reduction strategies being mainstreamed in all development initiatives that consider parents with Children with disabilities. Lastly, in 85.71% Centres parents were working with other professionals and agencies in matters relating to inclusive education practices, 81.82% ECDE Centres had linkages with donor organizations that provide support to Children with disabilities education and 73.21% of the ECDE Centres had partnership with religious organizations in child welfare for Children with disabilities.

TABLE 6. Additional Support Services for Children with disabilities and Their Families

	Statement	Yes	No	Total
1.	Formation of parent groups and involvement in income generating activities.	67.27%	32.73%	100.00%
2.	Partnerships and coordination between all actors, including different agencies, development organizations, and NGOs and specifically with parents of Children with disabilities	90.91%	9.09%	100.00%
3.	Additional funding and capitation to support education service delivery for Children with disabilities.	53.70%	46.30%	100.00%
4.	Sensitization and awareness raising on the existing policies	92.73%	7.27%	100.00%
5.	Lobbying initiatives and sensitization programs being undertaken by special representatives of PWDs.	74.55%	25.45%	100.00%
6.	Poverty reduction strategies being mainstreamed in all development initiatives that consider parents with Children with disabilities.	77.78%	22.22%	100.00%
7.	Working with other professionals and agencies in matters relating to inclusive education practices	85.71%	14.29%	100.00%
8.	ECDE Centres have linkages with donor organizations that provide support to Children with disabilities education.	81.82%	18.18%	100.00%
9.	ECDE Centres have partnership with religious organizations in any child welfare for Children with disabilities	73.21%	26.79%	100.00%

4.10.2 FGD ON ADDITIONAL SUPPORT SERVICES FOR CHILDREN WITH DISABILITIES AND THEIR FAMILIES

i. The FGD revealed that parents of Children with disabilities lack familiarity with social workers. This hindered their ability to access essential support services and resources.
ii. Children with disabilities have often been misused for data collection purposes by both non-governmental organizations and government agencies. These data collection efforts were frequently disconnected from the provision of actual support or funds, leading to frustration among parents and diminishing trust in social workers sent by such agencies.
iii. Advocacy efforts should focus on raising awareness about disabilities in various community settings, including schools, homes, places of worship (churches and mosques), and local chief barazas.
iv. Ensuring the presence of skilled personnel within ECDE Centres is crucial to providing adequate support and specialized assistance to Children with disabilities.
v. Social workers should conduct outreach programs to educate families in every home about how to identify Children with disabilities and connect them with appropriate support agencies and resources.
vi. The government should take an active role in supporting Children with disabilities and their families. This can include sending representatives or delegations to benchmark with other sub-counties that have successful models for Children with disabilities support.
vii. There is a need to establish correct procedures and processes for the enrolment, retention, and transition of Children with disabilities in educational institutions. This ensures that these children have access to continuous education tailored to their needs.
viii. Health care Centres should provide comprehensive medical assessments for Children with disabilities to identify specific needs and potential interventions.
ix. Advocacy efforts should include raising awareness within the community about cultural practices that negatively influence attitudes toward Children with disabilities.

x. There was a call for legal protection measures to be put in place to safeguard the rights and well-being of Children with disabilities.

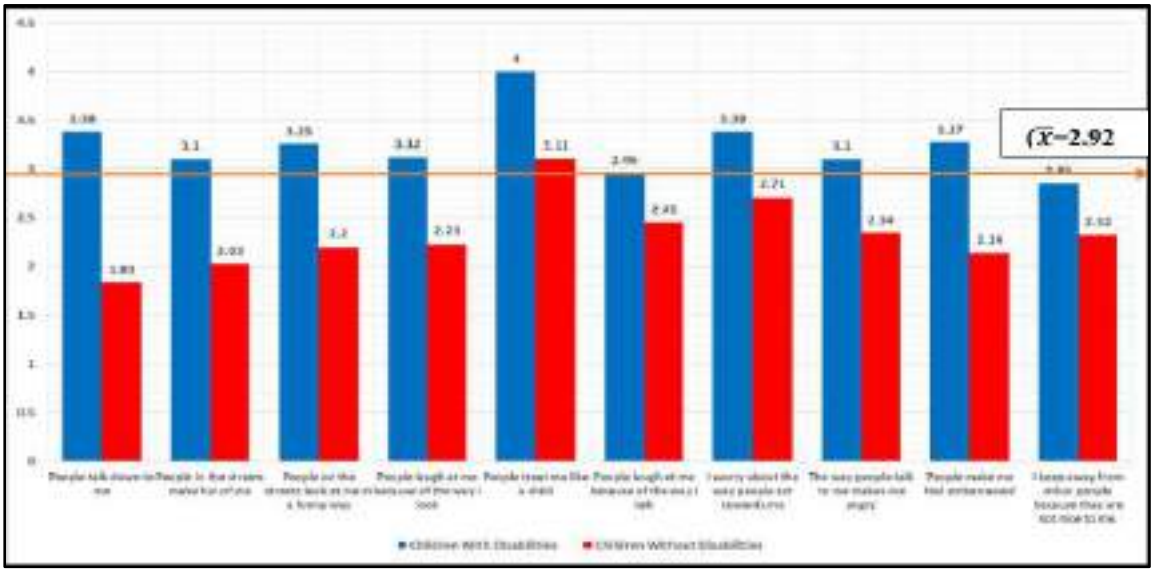
4.11.0 EXTENT OF STIGMATISATION OF ECDE CHILDREN WITH AND WITHOUT DISABILITIES

Analysis of the responses obtained indicated that stigmatization of Children with disabilities was rife and profound in ECDE Centres and community in Turkana West Sub County.

The computed values of stigmatization for Children with disabilities and children without disabilities respectively were as follows; People talk down to me ($\bar{x} = 3.38, 1.83$). People in the streets make fun of me ($\bar{x} = 3.10, 2.03$). People on the streets look at me in a funny way ($\bar{x} = 3.25, 2.20$). People laugh at me because of the way I look ($\bar{x} = 3.12, 2.23$). People treat me like a child ($\bar{x} = 4.00, 3.11$). People laugh at me because of the way I talk ($\bar{x} = 2.96, 2.45$). I worry about the way people act towards me ($\bar{x} = 3.38, 2.71$). The way people talk to me makes me angry ($\bar{x} = 3.10, 2.34$). People make me feel embarrassed ($\bar{x} = 3.27, 2.14$). I keep away from other people because they are not nice to me ($\bar{x} = 2.85, 2.32$).

The assessment audit established that all the 10 statements used to rate the stigmatization of ECDE children indicated a higher value among Children with disabilities compared to children without disabilities, this indicates that there existed stigmatization of ECDE children on account of their disabilities (Figure 63).

Figure 63. Extent Of Stigmatization Of Children with disabilities In The ECDE Centres And Communities



4.11.2 FGD ON EXTENT OF STIGMATIZATION AND SOCIAL EXCLUSION OF CHILDREN WITH DISABILITIES IN ECDE CENTRES IN TURKANA WEST SUB COUNTY

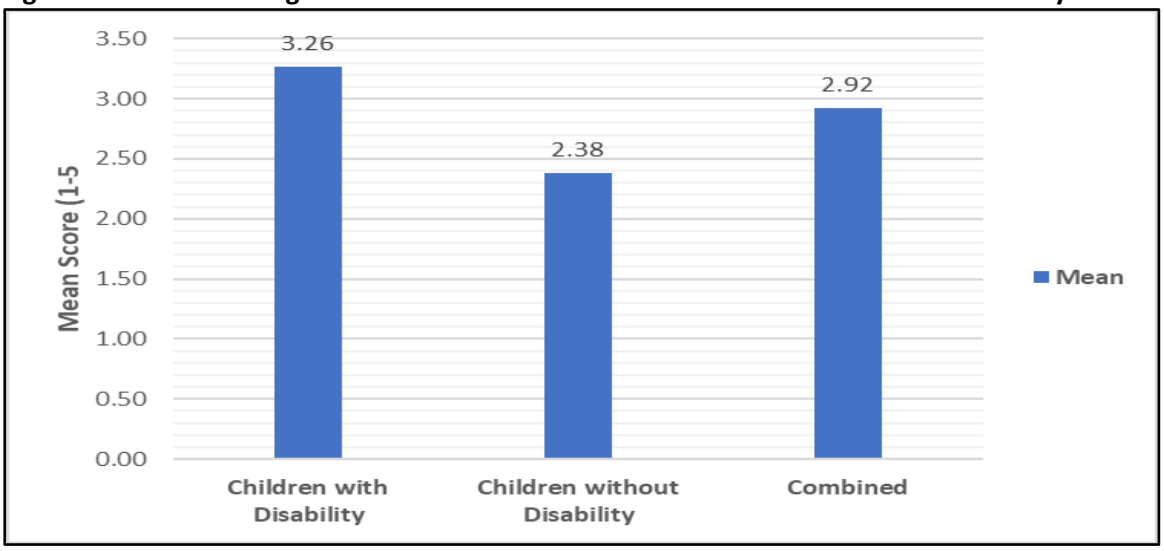
In Turkana West Sub County, several deeply ingrained challenges and beliefs contribute to the marginalization and stigmatization of Children with disabilities within ECDE Centres and the broader community:

1. Teachers in ECDE Centres often view Children with disabilities as burdens and inconveniences when they seek enrollment. Some may neglect to find ways to actively engage these children, particularly those with more severe disabilities.
2. There is a prevalent traditional belief in the community that perceives disability as a curse. This belief is so strong that it extends to families, where children without disabilities may be warned not to associate with their disabled siblings.
3. Children with disabilities may face exclusion within the school environment. They might not be allowed to participate in group discussions with their classmates without disabilities and

may face reprimands if they attempt to handle school equipment out of concern that they might damage it.

4. Children with disabilities are consistently excluded from leadership positions and are not given responsibilities within the school or community settings.
5. Religious organizations and clergy members also contribute to the marginalization of Children with disabilities. Some religious practices may exclude Children with disabilities from participating fully in religious activities, such as taking holy communion with their peers.
6. There is a shortage of assistive devices for Children with disabilities, such as wheelchairs, hearing aids, calipers, braille materials, and canes. Limited funds hinder the procurement of these essential devices.
7. The absence of successful individuals with disabilities who advocate for the rights and inclusion of Children with disabilities leaves a void in terms of positive role models.
8. The broader society holds misinformed beliefs about disability, contributing to the stigmatization of Children with disabilities. Additionally, there is a lack of penalties for cultural practices that promote such stigmatization.
9. The playgrounds in ECDE Centres are often not designed to accommodate Children with disabilities, which further restricts their participation in recreational activities.

Figure 64. Perceived Stigma of Children with disabilities and Children Without Disability

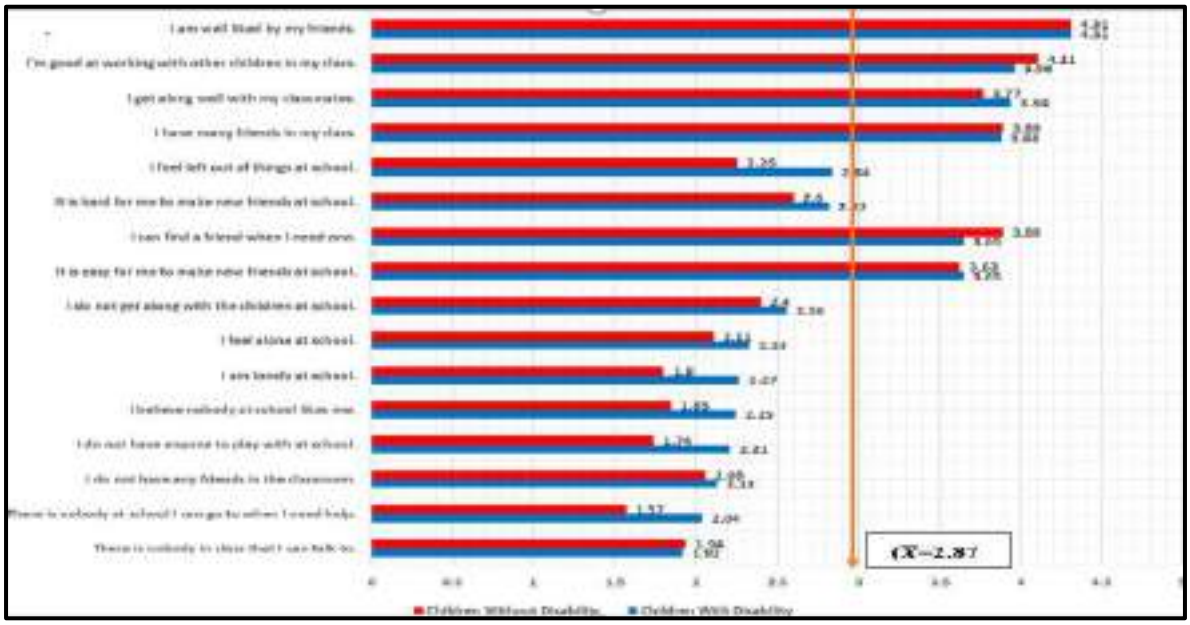


4.11.3 EXTENT OF SOCIAL EXCLUSION OF CHILDREN WITH DISABILITIES IN THE ECDE CENTRES IN TURKANA WEST SUB COUNTY

Data analysis revealed that; the likelihood of making friends was high for both Children with disabilities and children without disabilities respectively were ($\bar{x}$ = 4.31, 4.31). I am lonely at school ($\bar{x}$ =1.80, 2.27). I do not have anyone to play with at school ($\bar{x}$ =1.74, 2.21). I believe nobody at school likes me ($\bar{x}$ = 1.87, 2.25). I feel alone at school ($\bar{x}$ = 2.11, 2.33). I do not have any friends in the classroom ($\bar{x}$ = 2.06, 2.13). I do not get along with the children at school ($\bar{x}$ = 2.40, 2.56). I feel left out of things at school ($\bar{x}$ = 2.26, 2.84). There is nobody in class that I can talk to ($\bar{x}$ = 1.94, 1.92). I have many friends in my class ($\bar{x}$ = 3.89, 3.88). I get along well with my classmates ($\bar{x}$ = 3.77, 3.94). I'm good at working with other children in my class ($\bar{x}$ = 4.11, 3.96). It is easy for me to make new friends at school ($\bar{x}$ = 3.63, 3.65)

I can find a friend when I need one ($\bar{x}$ = 3.89, 3.65). It is hard for me to make new friends at school ($\bar{x}$ = 2.60, 2.32). I am well liked by my friends ($\bar{x}$ = 4.31, 4.31). (Figure 67).

Figure 65. Social Exclusion of Children with disabilities and Children Without Disabilities in the ECDE Centres



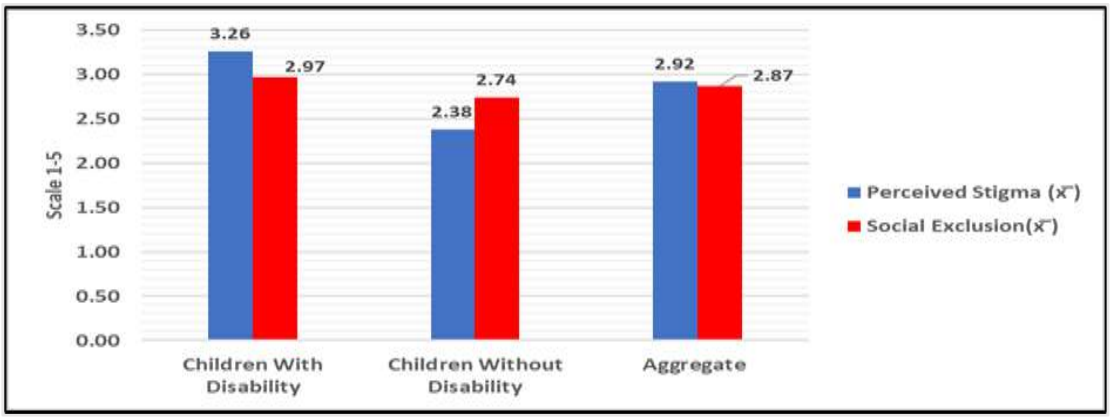
The analysis of the data revealed several insights:

1. Both children with disabilities and children without disabilities had a high likelihood of making friends, with mean scores of 4.31 for both groups.
2. Children with disabilities reported slightly lower feelings of loneliness compared to children without disabilities, with mean scores of 1.80 and 2.27, respectively.
3. Children with disabilities reported having fewer playmates at school compared to children without disabilities, with mean scores of 1.74 and 2.21, respectively.
4. Children with disabilities tended to perceived themselves as less liked by others at school, with a mean score of 1.87 compared to 2.25 for children without disabilities respectively.
5. Children with disabilities reported feeling slightly more alone at school compared to children without disabilities, with mean scores of 2.11 and 2.33, respectively.
6. Children with disabilities reported having fewer friends in their classroom, with a mean score of 2.06, compared to 2.13 for children without disabilities.
7. Children with disabilities indicated that they did not get along as well with other children at school compared to children without disabilities, with mean scores of 2.40 and 2.56, respectively.
8. Children with disabilities reported feeling left out of things at school to a slightly higher extent, with a mean score of 2.26, compared to 2.84 for children without disabilities.
9. Children with disabilities and children without disabilities reported similar levels of availability of someone to talk to in the classroom, with mean scores of 1.94 and 1.92, respectively.
10. Both groups reported having many friends in their class, with mean scores of 3.89 for Children with disabilities and 3.88 for children without disabilities.
11. Children with disabilities and children without disabilities generally reported positive relationships with their classmates, with mean scores indicating good rapport.
12. Both groups expressed that it was relatively easy for them to make new friends at school, with mean scores around 3.63-3.65.
13. Both groups reported similar levels of confidence in finding a friend when needed, with mean scores of 3.89 for Children with disabilities and 3.65 for children without disabilities.

4.11.4 COMPARISON OF STIGMATIZATION AND SOCIAL EXCLUSION OF CHILDREN WITH DISABILITIES AND CHILDREN WITHOUT DISABILITIES

Figure 67 below presents a comparison of stigmatization and social exclusion experienced by Children with disabilities and children without disabilities in ECDE Centres in Turkana West Sub County. As indicated Children with disabilities experienced more stigma ($\bar{x} = 3.26$) than social isolation ($\bar{x} = 2.97$). On the other had Children without disabilities experienced more social isolation ($\bar{x} = 2.38$) than stigma ($\bar{x} = 2.74$). However, Children with disabilities experienced more stigma and more social isolation compared to children without disabilities.

Figure 66. Stigmatization and Social Exclusion of ECDE Children



5.0 SUMMARY, CONCLUSIONS AND RECOMMENDATIONS FOR HOST COMMUNITIES

5.1 SUMMARY

The audit of ECDE Centres in Turkana West Sub County revealed significant findings. While most Centres had wide approach paths, nearly half had hazards like sandy terrain. Perimeter fences, often made of thorny bushes or wire, were common. Car parks lacked clear markings and sometimes blocked paths. Around half of the Centres had classrooms for PP1 and PP2, while others used makeshift spaces. Most had doors, but some were not accessible for kids with disabilities. Ramps often fell short of standards. Classroom windows were generally suitable, offering ample lighting. Lighting sources included natural sunlight, solar power, and electricity, but neglect and disrepair were noted. Protruding objects posed obstacles. None of the Centres had specialized furniture for children with disabilities. Kitchen and dining areas were generally accessible, but serving tables sometimes weren't. While most had playgrounds, they often lacked safety features for kids with disabilities.

The ECDE Centres audit exposes critical infrastructure deficiencies, urging immediate comprehensive reforms. Widespread absence of amenities like grab rails, dedicated washrooms for children with disabilities (Children with disabilities), and informative signage, along with a significant gap in separate toilet facilities, is concerning. Inadequate access to clean drinking water, often beyond reach for Children with disabilities, raises further issues. On a positive note, most Centres provide a reliable lunch, meeting basic nutritional needs. However, scrutiny is needed for children bringing food from home in terms of nutrition standards and safety. In conclusion, urgent reforms are needed in toilet accessibility, provision of clean water, and equitable access for Children with disabilities. While meal provision has positive aspects, optimizing ECDE quality demands further attention. The assessment of sanitary conditions highlights varying accessibility, with girls facing the lowest and boys and gents' relatively better access. Issues include the lack of labelling, ramps, and poor fitting of rails. The study underscores the need for inclusive measures to enhance toilet facilities in ECDE Centres, ensuring safety for all users.

The assessment highlights urgent needs in ECDE Centres for children with disabilities (Children with disabilities). Modifications are imperative for slippery ramps, and the construction of disability-

friendly toilets is crucial. Inadequate taps hinder water accessibility; adding more taps can address this. Ensuring accessible playing fields, tools for Children with disabilities, and strategic placement of blackboards are vital. Introducing braille, sign language resources, and electricity installation addresses audio-visual challenges. Trained personnel are needed for constructing disability-friendly infrastructures. Establishing a permanent committee for advocacy and funding is crucial for continuous improvement in ECDE Centres, ultimately fostering a more equitable and supportive learning environment for Children with disabilities.

To improve ECDE Centres for children with disabilities (Children with disabilities), cost-effective community-based measures include prioritizing safety by removing hazards, proposing shade initiatives, and encouraging integrated classes. Clearing playfields, constructing disability-friendly toilets, and engaging the community in tasks like bush clearing are crucial. Initiatives for appropriate furniture, fundraising, skilled personnel, and writing proposals are vital. These actions aim for a comprehensive approach, emphasizing community involvement, infrastructure improvements, and inclusive education for Children with disabilities in ECDE Centres.

The assessment exposes critical shortcomings in ECDE Centres, particularly impacting children with disabilities. Inadequate classrooms and deficient structural integrity hinder effective accommodation. Safety concerns arise from doors that need improvement for child security, with fittings unsuitable for Children with disabilities. Accessibility challenges persist due to a lack of proper ramps and stairways, compounded by obstructions in travel paths. Inadequacies extend to the availability of chairs, specialized furniture, desks, and unsafe playgrounds. Hygiene and sanitation are compromised, marked by insufficient toilets, a lack of disability-friendly facilities, and limited access to clean water for children with disabilities. Addressing these issues is crucial for the overall improvement of educational facilities and opportunities for all children. The focus group discussion highlighted key recommendations for enhancing inclusivity in ECDE Centres for children with disabilities. These include advocating for diverse play materials, ensuring access to instructional materials like braille books, and providing assistive devices, support, and proper school placement for Children with disabilities. The need for resource availability, technological integration, collaborative teacher forums, and supportive parent involvement is emphasized to create a sustainable, inclusive, and enriching educational environment for all students, including Children with disabilities.

The audit recognizes challenges faced by ECDE teachers in handling children with disabilities due to a lack of specialized training. It stresses the need for training in special education to create a more inclusive learning environment. Motivation and support, including incentives and ongoing training, are deemed essential for effective teaching. Availability of teaching materials is crucial for a conducive educational environment, enhancing instruction quality. The proposal recommends promoting professional development through seminars, conferences, and workshops for teachers in both ECDE Centres with and without Children with disabilities. Additionally, organizing seasonal therapy, counselling, and spiritual support for teachers is suggested to help them cope with challenges and ensure their well-being. In summary, these recommendations emphasize the importance of training, motivation, access to resources, and professional development for ECDE teachers to create an inclusive and effective learning environment for all children, including those with disabilities.

The audit revealed above-average ratings for EARC officers' school visits, hearing aid provision, and feedback on Special Needs Education (SNE). Areas like teacher training, school evaluations, and stakeholder engagement received average ratings, indicating room for improvement. Some services were rated as poor, including needs assessments for materials for children with disabilities (Children with disabilities), provision of audio-visual aids, and feedback to sub-county education officers on SNE, requiring immediate attention. Feedback from the Focus Group Discussion highlighted shortages in learning and play equipment, underscoring the challenge in providing a comprehensive educational experience for Children with disabilities. Insufficient knowledge among stakeholders in handling Children with disabilities suggests a need for enhanced training. The absence of counselling services for teachers dealing with Children with disabilities emphasizes the importance of addressing educators' mental well-being. Language barriers and fragmented efforts among stakeholders stress

the necessity of improved communication strategies and collaborative approaches for the betterment of Children with disabilities.

Respondents rated several attributes as good, including EARC officers using school-based assessments, developing centre-specific rehabilitation services based on assessment results, and referring Children with disabilities to competent medical practitioners. These ratings suggest effective processes for assessment and support. However, some attributes were rated as fair, such as collecting information on enrolment for children with disabilities, basic assessments by EARC officers, and access to a multi-professional team for problem-solving. These areas indicate room for improvement to enhance identification and referral procedures. Some attributes were rated as poor, including parental involvement in the assessment process, teachers implementing intervention measures, and collaboration with social workers and philanthropic organizations for support. These ratings highlight significant challenges and gaps in identification and support. In summary, while some aspects perform well, there is a need for improvement in certain areas to enhance overall support and inclusion of children with disabilities in ECDE programs.

Integration of children with disabilities in ECDE Centres is currently limited, requiring improvements in learning materials, equipment, and classroom setups. Barriers include the absence of mediation Centres, a shortage of skilled personnel, and inadequate instructional equipment. Positive impacts on Children with disabilities' self-esteem and parental hope for societal inclusion highlight the benefits of integration. However, challenges like mobility issues, stigmatization, and language barriers persist. Teacher behaviour and social isolation further affect the schooling experience of Children with disabilities. The absence of counselling, limited parental involvement, and a lack of interschool activities for children with disabilities are additional concerns. Integration initiatives contribute to instilling hope in parents and empowering children with disabilities to actively participate in their education. Comprehensive support and awareness are crucial for creating an inclusive environment where all children can thrive.

The analysis identifies moderate obstacles, such as high costs, limited policy awareness, and insufficient facilities hindering the integration of children with disabilities (Children with disabilities). Minor hindrances include the absence of specific materials, a shortage of SNE teachers, and negative teacher attitudes. Recommendations include advocating for support, partnerships with NGOs, awareness campaigns, accessibility improvements, anti-bullying programs, curriculum enhancements, and collaboration with healthcare agencies to create a more inclusive educational environment for Children with disabilities.

The assessment audit focused on evaluating support services for children with disabilities and their families in ECDE Centres. Findings indicate active parental involvement in income-generating activities (67.27%), strong partnerships with various agencies and NGOs (90.91%), and proactive efforts in pursuing additional funding (53.70%). Sensitization programs for parents on Children with disabilities related policies were reported by 92.73% of Centres. Ongoing lobbying initiatives and poverty reduction strategies were observed in 74.55% and 77.78% of Centres, respectively. Collaboration with professionals and donor organizations stood at 85.71% and 81.82%, while partnerships with child-focused religious organizations were reported by 73.21% of Centres.

Analysis revealed that stigmatization of children with disabilities was widespread in both ECDE Centres and the community. Despite a high likelihood for both groups to make friends, Children with disabilities reported slightly lower feelings of loneliness and fewer playmates. They perceived themselves as less liked, felt more alone, and had fewer friends within their classrooms compared to children without disabilities. Challenges included difficulties in making new friends and feeling left out, while positive aspects included generally positive peer relationships and popularity among friends. The findings highlight both shared social experiences and nuanced differences between the two groups, emphasizing the importance of fostering inclusive and supportive environments for all students.

5.2 CONCLUSION

In conclusion, the audit of ECDE Centres in Turkana West Sub County exposes critical infrastructure deficiencies, including hazards in access paths, makeshift classrooms, and inadequacies in playground safety. The absence of specialized furniture, accessibility issues, and insufficient amenities for children with disabilities is alarming. Urgent reforms are needed to address toilet accessibility, provision of clean water, and equitable facilities for children with disabilities. While meal provision has positive aspects, further attention is required to optimize ECDE quality. The assessment underscores the need for inclusive measures and comprehensive reforms to ensure the safety, accessibility, and overall improvement of educational facilities for all children.

The audit also highlights significant challenges faced by ECDE teachers in handling children with disabilities due to a lack of training. Recommendations emphasize the importance of training, motivation, resource access, and ongoing professional development for teachers to create an inclusive and effective learning environment for all children.

Moreover, the assessment of ECDE Centres for Children with disabilities reveals a pressing need for modifications, including safer ramps, disability-friendly toilets, additional water taps, accessible playing fields, and strategic placement of educational resources. Establishing a permanent committee for advocacy and funding is crucial for continuous improvement and inclusivity.

Additionally, the audit exposes critical shortcomings in ECDE Centres, particularly impacting Children with disabilities, such as inadequate classrooms, safety concerns, accessibility challenges, and insufficient resources. Urgent actions are required to address these issues for the overall improvement of educational facilities and opportunities for all children.

Furthermore, the focus group discussion emphasizes key recommendations for enhancing inclusivity in ECDE Centres, including diverse play materials, access to instructional materials, assistive devices, and collaborative efforts from stakeholders. These measures aim for a comprehensive approach, emphasizing community involvement, infrastructure improvements, and inclusive education for Children with disabilities in ECDE Centres.

In summary, the assessments across various aspects underscore the need for immediate, comprehensive reforms and community-based measures to create inclusive, safe, and supportive learning environments for all children, including those with disabilities, in ECDE Centres.

5.3 RECOMMENDATIONS

1. **Infrastructure Improvement:**
    - Address hazards like sandy terrain to ensure safe access paths.
    - Improve perimeter fences, replacing thorny bushes or wire with safer alternatives.
    - Clearly mark car parks to avoid blocking paths and enhance safety.
    - Ensure classrooms for PP1 and PP2 meet standards, avoiding the use of makeshift spaces.
    - Make all doors accessible for children with disabilities and upgrade ramps to meet standards.
    - Address neglect and disrepair of lighting sources, ensuring adequate lighting in all areas.
    - Remove protruding objects to eliminate obstacles.
    - Provide specialized furniture for children with disabilities.
    - Enhance safety features in playgrounds, making them inclusive for all children.
2. **Amenities and Facilities:**
    - Install grab rails, dedicate washrooms for children with disabilities, and improve informative signage.
    - Address the significant gap in separate toilet facilities for children with disabilities.
    - Ensure equitable access to clean drinking water for all, especially children with disabilities.
    - Scrutinize nutrition standards and safety for children bringing food from home.

- Optimize meal provision to meet higher quality standards.

3. **Sanitary Conditions:**
    - Improve toilet accessibility, focusing on the specific needs of children with disabilities.
    - Enhance safety by adding more taps for improved water accessibility.
    - Ensure accessible playing fields, tools, and strategic placement of blackboards.
    - Introduce braille, sign language resources, and electricity installation for audio-visual challenges.
    - Train personnel for constructing disability-friendly infrastructure.
    - Establish a permanent committee for advocacy and funding to foster continuous improvement.
4. **Community-Based Measures:**
    - Prioritize safety by removing hazards, proposing shade initiatives, and encouraging integrated classes.
    - Clear playfields and construct disability-friendly toilets with community involvement.
    - Initiate efforts for appropriate furniture, fundraising, and skilled personnel.
    - Propose writing proposals to garner support for comprehensive improvements.
5. **Teacher Training and Support:**
    - Provide specialized training in special education for ECDE teachers.
    - Offer motivation and support through incentives, ongoing training, and professional development.
    - Ensure availability of teaching materials for a conducive educational environment.
    - Organize seasonal therapy, counselling, and spiritual support for teachers dealing with children with disabilities.
6. **Enhancing Stakeholder Engagement:**
    - Improve communication strategies among stakeholders.
    - Encourage collaborative approaches for the betterment of children with disabilities.
7. **Support Services and Inclusivity:**
    - Advocate for diverse play materials, access to instructional materials, and assistive devices for children with disabilities.
    - Support proper school placement and ensure collaborative teacher forums.
    - Emphasize the importance of supportive parent involvement.
    - Enhance resource availability and technological integration for a sustainable, inclusive, and enriching educational environment.
8. **Integration Challenges:**
    - Address barriers to integration, including the absence of mediation Centres, shortage of skilled personnel, and inadequate instructional equipment.
    - Implement awareness campaigns, accessibility improvements, and anti-bullying programs.
    - Collaborate with healthcare agencies to create a more inclusive educational environment for children with disabilities.
9. **Support Services Evaluation:**
    - Improve services rated as fair or poor, including needs assessments for materials, provision of audio-visual aids, and feedback to sub-county education officers on Special Needs Education (SNE).
10. **Identification and Support Procedures:**
    - Strengthen attributes rated as fair or poor, such as parental involvement in the assessment process, implementation of intervention measures by teachers, and collaboration with social workers and philanthropic organizations.

6.0 ASSESSMENT OF INFRASTRUCTURAL ACCESSIBILITY FOR CHILDREN WITH DISABILITIES ECDE CENTRES IN KALOBEYEI REFUGEE CAMP, TURKANA WEST SUBCOUNTY

6.1.0 Introduction

The accessibility of Early Childhood Development Education (ECDE) centres in refugee camps, presents significant challenges (UNESCO, 2019). Cultural barriers, regulatory constraints, and limited budgets often hinder efforts to create inclusive learning environments (Save the Children, 2018). Inadequate facilities, inaccessible washrooms, and a lack of ramps restrict the involvement of children with disabilities, worsening the already challenging circumstances faced by refugee populations (UNHCR, 2020). However, ensuring accessible infrastructure is crucial for fostering inclusive education environments where every child can thrive (UNESCO, 2019). This requires collaborative efforts among government agencies, NGOs, community leaders, and other stakeholders to address funding shortages, bureaucratic processes, and environmental factors (UNHCR, 2020). Implementing a comprehensive strategy, including constructing wheelchair-accessible facilities and providing capacity-building programs for ECDE teachers and staff, is essential (UNESCO, 2019). Furthermore, robust monitoring and evaluation mechanisms are necessary to track progress and make necessary adjustments to ensure continuous improvement (Save the Children, 2018).

As stated earlier, ECDE is essential in refugee situations for children to grow holistically. This is especially true in settings such as Turkana West Sub county's Kalobeyei Refugee Camp. Encouraging inclusive education depends critically on the infrastructure of ECDE centres being easily accessible. The accessibility of these centres was assessed by this audit, which also offered suggestions for enhancement. The evaluation of the infrastructure included a number of elements, including structures, playgrounds, restrooms, classrooms, and walkways. Physical accessibility, evaluating the existence of ramps and wheelchair-accessible routes, and guaranteeing appropriate furniture for kids with mobility disabilities were all important factors to take into account. Accessibility to restrooms and other sanitary facilities was found to be essential for upholding children's dignity and encouraging good hygiene. The assessment took adherence to hygienic requirements and characteristics like handrails and manoeuvrable space into consideration.

Playgrounds and outdoor areas were evaluated with an eye on play equipment inclusiveness and accessibility for kids with disabilities, and strategies were developed to remove any obstacles that were found.

In order to develop inclusive learning environments that meet the different requirements of learners, including those with disabilities, classroom environment evaluation took into account elements like seating arrangements, lighting, and acoustics. In order to obtain insights on accessibility difficulties, the community was consulted, including the viewpoints of children with disabilities and their families. Ramp installation, facility modifications, better signage, and a focus on universal accessibility requirements for long-term sustainability were among the suggestions for improvement. In order to successfully address accessibility challenges and prioritize genuine inclusion and community empowerment, collaborative activities including government agencies, non-governmental organizations, community groups, and stakeholders were deemed vital.

It was highlighted that in order to properly track progress, evaluate impact, assure responsibility, and promote ongoing development, a framework for tracking and assessing accessibility improvements needed to be established. In conclusion, enhancing the ECDE centres physical accessibility in the Kalobeyei Refugee Camp is essential to establishing inclusive learning settings. Every kid, regardless of ability, may have equal access to high-quality education via thorough evaluations, stakeholder involvement, and focused interventions.

6.1.2 Audit Purpose and Objectives

Examining the current state of educational accessibility for children with and without disabilities in ECDE centres inside Kalobeyei Refugee centre in Turkana West Sub County, Kenya, was the main goal of this assessment audit. The audit specifically focused on evaluating the accessibility of classrooms, restrooms, play areas, and other facilities for both child populations. Finding the right therapies was the goal in order to help these kids become more socially and educationally included. The evaluation also took into account recommendations from the local community targeted at improving the security and inclusiveness of ECDE facilities for kids with impairments.

It investigated barriers to the integration of children with disabilities into conventional classrooms and school environments, assessed the suitability of inclusive teaching and learning resources, and looked at both structural and other factors impacting access.

The audit also evaluated the following: -

a) Forms of disability among children in ECDE centres in refugee camps.
b) Approach pathways, car parks and classrooms in 3 ECDE centres in refugee camps.
c) Driveway/car access areas/car park in ECDE centres in refugee camps.
d) Status of gates in the ECDE centres in refugee camps.
e) Availability and nature of classrooms.
f) Nature of doors in refugee ECDE centres.
g) Classroom access where ramps/steps are provided.
h) Classroom safety, lighting and ventilation in refugee ECDE centres.
i) General obstructions-protruding objects within the paths.
j) Specialized/modified classroom furniture for children with disabilities.
k) Adaptive classrooms.
l) Blackboards.
m) Learning materials.
n) Drinking water.
o) Availability of sanitation and wash facilities and their safety.
p) Ramps/steps/hand rails in the washrooms.
q) Playgrounds in refugee ECDE centres.
r) Lunch program for learners.
s) Availability and nature of kitchen and dining facilities
t) Emergency preparedness in ECDE centres located in refugee camps
u) Signage directional or informative signage

6.2 METHODOLOGY

6.2.1. Scope

This assessment audit was conducted in Kalobeyei Refugee Camp in Turkana West Sub-County of Turkana County, Kenya.

6.2.2 Data Collection and Management

The WKP team members worked in conjunction with a group of enumerators selected from the surrounding communities to collect the data for this project. This strategy worked well because it allowed for easy involvement and conversation with the respondents in their local tongues. Peron Agencies played a significant role in providing the data collectors with training and technical skills required for data gathering techniques using an observation guide scoring. The instruments had previously been submitted to Pan Africa Christian University's Ethical Review Board, and approval had been granted. In addition, the WKP personnel rendered invaluable assistance in managing field

logistics, encompassing securing local permits and arranging meetings for data gathering with both the targeted persons and ECDE facilities. This thorough and organized method of gathering and analysing data for the accessibility audit emphasizes the project's dedication to sound research procedures and ethical issues.

6.2.3 Data Management

A professional data manager was designated to oversee the integrity and accuracy of the data, and to handle any issues or concerns that arose during the data collection process. In order to successfully explain the results of the assessment audit, a variety of visualizations, including graphs, tables, and figures, were used to show the analysis's conclusions in a comprehensive manner. This method improved the overall rigor and reliability of the audit conclusions in addition to enabling a comprehensive presentation of the quantitative data. The amalgamation of methodical data processing, meticulous analysis, and lucid presenting techniques resulted in a well recorded and dependable depiction of the research outcomes.

6.2.4 Desk Review

In order to build robust audit tools, namely the observation schedule, Peron Agencies carried out a thorough desk review during the planning phase. This review entailed a detailed analysis of the body of research as well as empirical accounts of analogous investigations carried out in Kenya and other nations. The reports and methods employed in similar audits were closely examined in order to extract insightful information. Materials and audit results unique to the study topic inside the Kalobeyei Refugee Camp, Turkana West Sub County, were also taken into consideration. Subsequent to the desk review, the study tools were subjected to a pilot phase to assess their reliability and validity. This critical step ensured that the tools were well-suited to the local context and capable of producing accurate and dependable data for the audit. The preparatory process, which encompassed both international and local perspectives, reflects a diligent approach to tool development and a commitment to conducting a robust and valid study.

6.2.5 Population and Sample

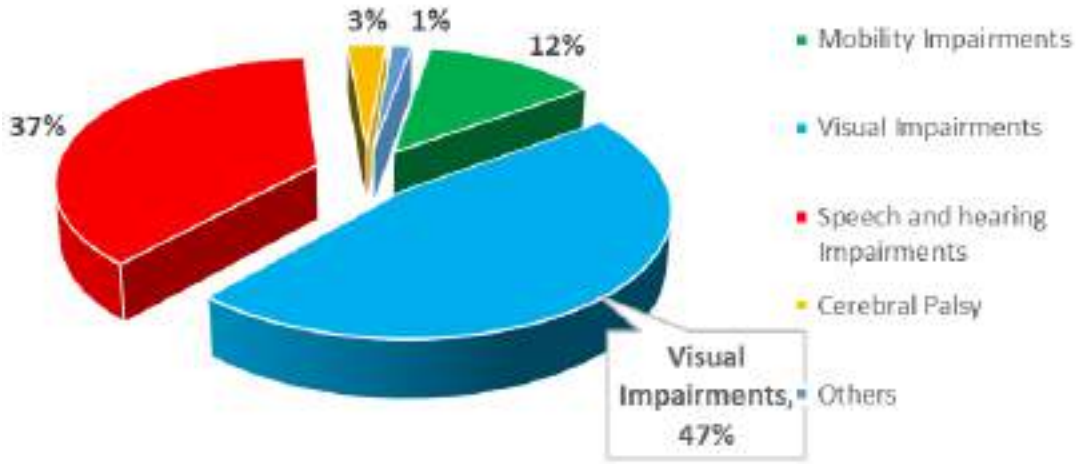
The target population of the assessment audit comprised of 3 ECDE centres in Kolobeyei refugee in camp Turkana West Sub County. Census technique was used since the target population small and manageable. An observation guide was used to gather data on infrastructural resources, in the ECDE centers, namely; classes, wash facilities, toilets, playground, signage, ramps water points etc. among other amenities in the schools.

6.3.0 FINDINGS OF ASSESSMENT AUDIT

6.3.1 Distribution of Forms of Disability Among Children in ECDE Centres in Refugee Camps

The audit uncovered significant insights into the prevalence of disabilities among children. According to the findings, visual impairments affected 47% of Children with Disabilities, while 37% experienced both speech and hearing impairments. Mobility impairments were observed in 12% of the Children with disabilities surveyed. Additionally, 3% of the children were diagnosed with cerebral palsy, while other forms of impairments collectively accounted for 1%. These findings underscore the diverse range of challenges faced by children with disabilities and highlight the importance of tailored support and interventions to address their unique needs within the camp setting.

Figure 67. Forms of Disability Among Children in ECDE Centres in Refugee Camps



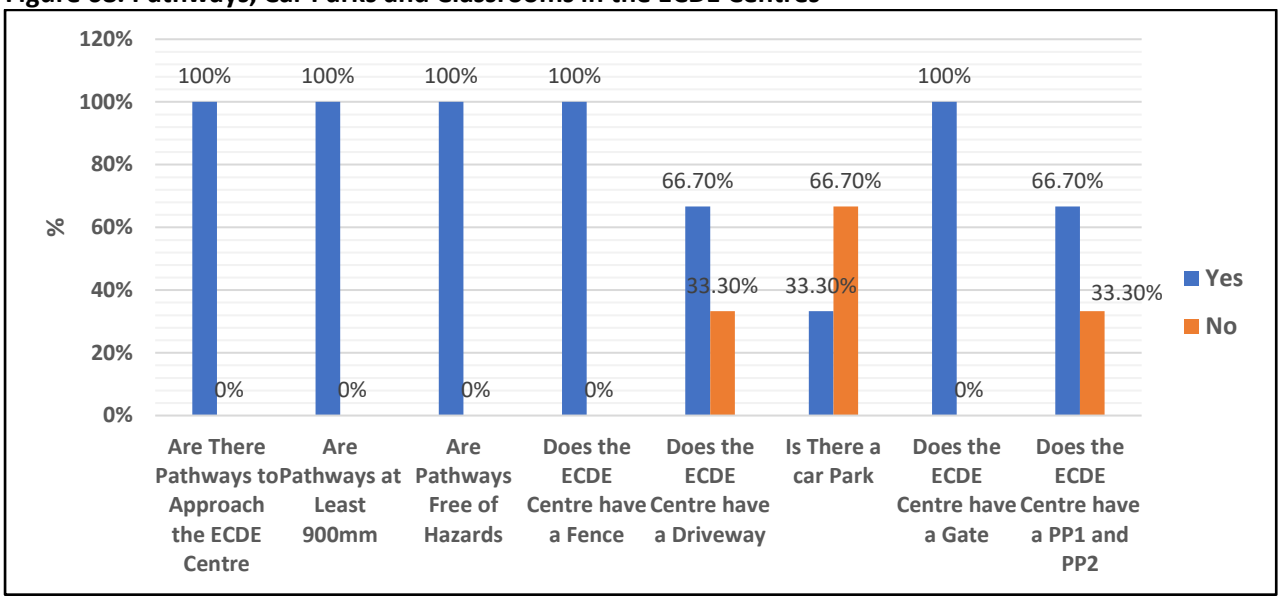
6.4.0 PHYSICAL INFRASTRUCTURE IN ECDE CENTRES IN REFEGEE CAMPS IN RELATION TO ACCESSIBILITY AND INCLUSION

External and Internal Environment

6.4.1 Approach Pathways, Car Parks and Classrooms in 3 ECDE Centres in Refugee Camps

The audit findings regarding pathways, parking areas, and classrooms within Education ECDE Centres in refugee camps were as follows. It was discovered that all centres (100%) were equipped with pathways leading to the ECDE centre, each at least 90mm wide and free of hazards. Furthermore, all centres had a gate and a perimeter fence. However, only 66.7% of the centres had a designated driveway, while 33.3% possessed a designated car park. Additionally, 66.7% of the centres had both PP1 and PP2 classes.

Figure 68. Pathways, Car Parks and Classrooms in the ECDE Centres



6.4.2 Nature of Footpaths

The audit found out that all the (100%) of the ECDE centres in refugee camps had footpaths made of sandy or dusty material.

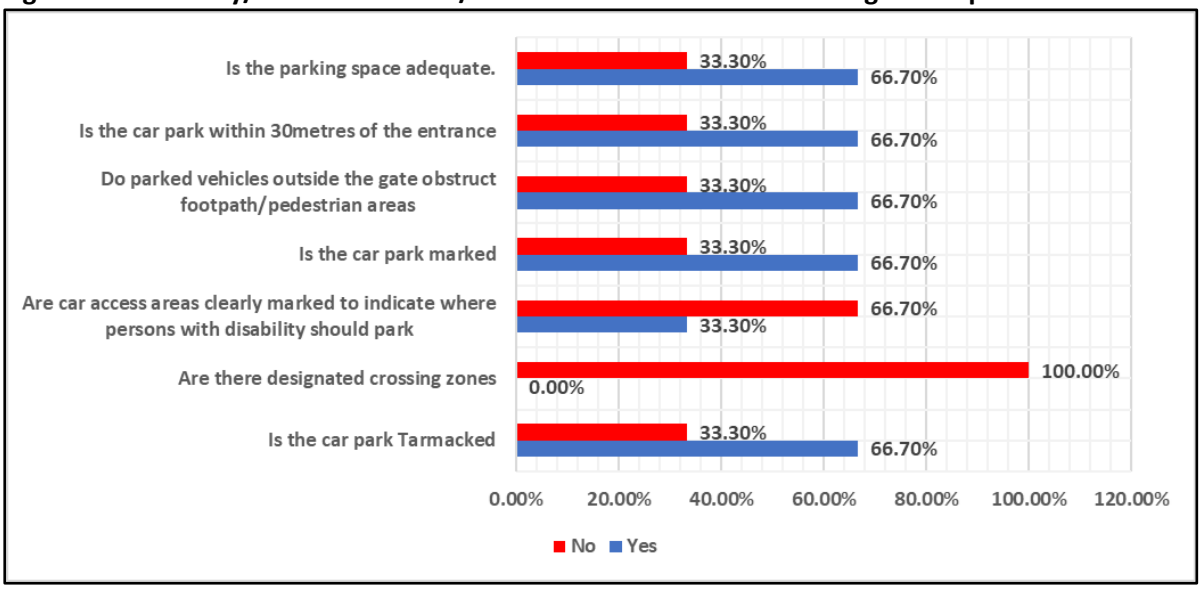
6.4.3 Perimeter Fencing

All (100%) ECDE centres within the refugee camps had perimeter fences made of chain-link and were rated as being in good condition.

6.4.4 Driveway/Car Access Areas/Car Park in ECDE Centres in Refugee Camps

None of the ECDE centres in the refugee camps had designated crossing zones, but 66.7% had sufficient parking located within 30 meters of the entrance, with clearly marked spaces. In 66.7% of the centres, vehicles parked outside the gate obstructed footpaths or pedestrian areas, and there were no clearly marked access areas for people with disabilities to park. Only 33.3% of the car parks were paved.

Figure 69. Driveway/Car Access Areas/Car Park in ECDE Centres in Refugee Camps



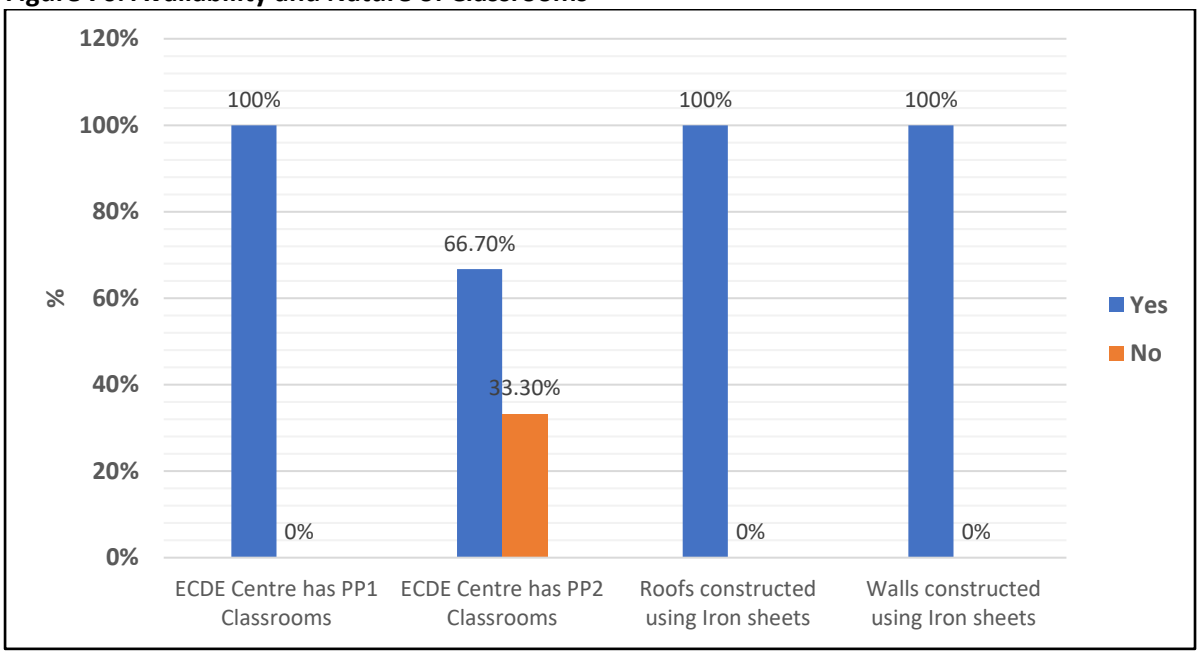
6.4.5 Status of Gates in the ECDE Centres in Refugee camps

All (100%) of the ECDE centres in the refugees' camps had metallic gates located in the front entry that were deemed safe and served their intended purpose.

6.4.6 Availability and Nature of PP1 and PP2 Classrooms

All (100%) of the ECDE centres in Kalobeyei refugee camp had classrooms. All (100%) the classrooms had walls and roofs which were constructed using iron sheets and had concrete floors. However, in one of the ECDE centres the roof had been blown away by the wind.

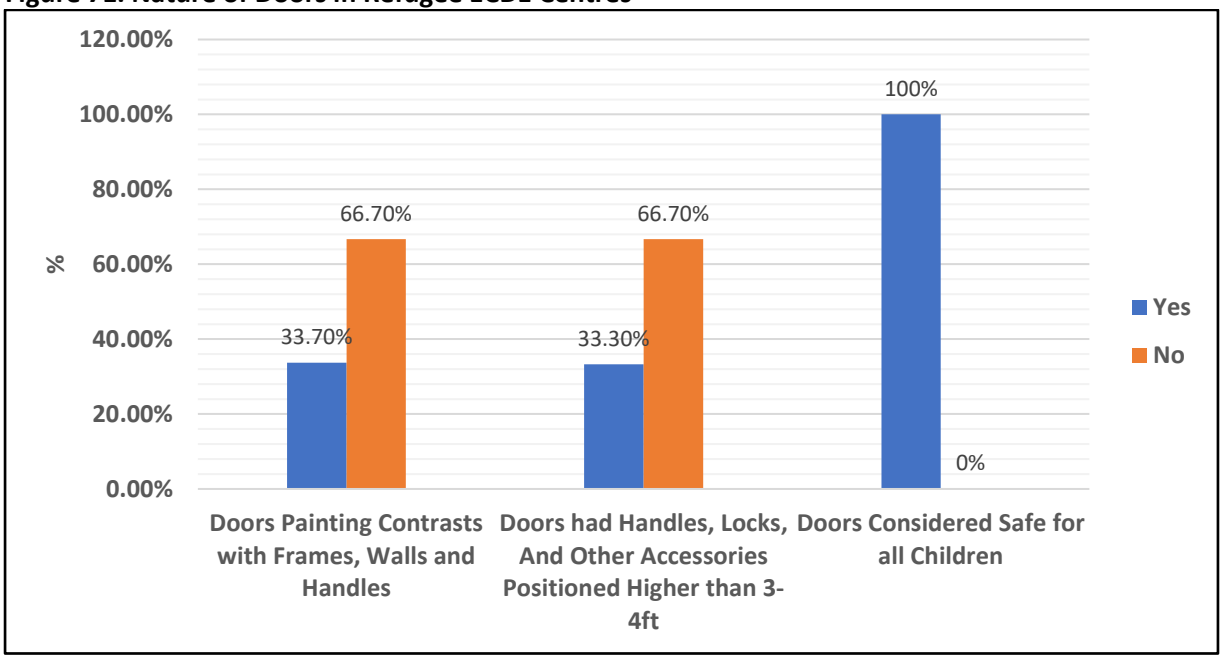
Figure 70. Availability and Nature of Classrooms



6.4.7 Doors

Every centre (100%) had metallic doors equipped with locks accessible to individuals with disabilities. However, in 66.7% of the cases, the doors were painted in colours that lacked contrast with the frames, walls, and handles, whereas 33.3% had contrasting colours. Additionally, 33.3% of the doors had handles, locks, and other accessories positioned higher than 3-4ft. Despite this, the doors were considered safe.

Figure 71. Nature of Doors in Refugee ECDE Centres



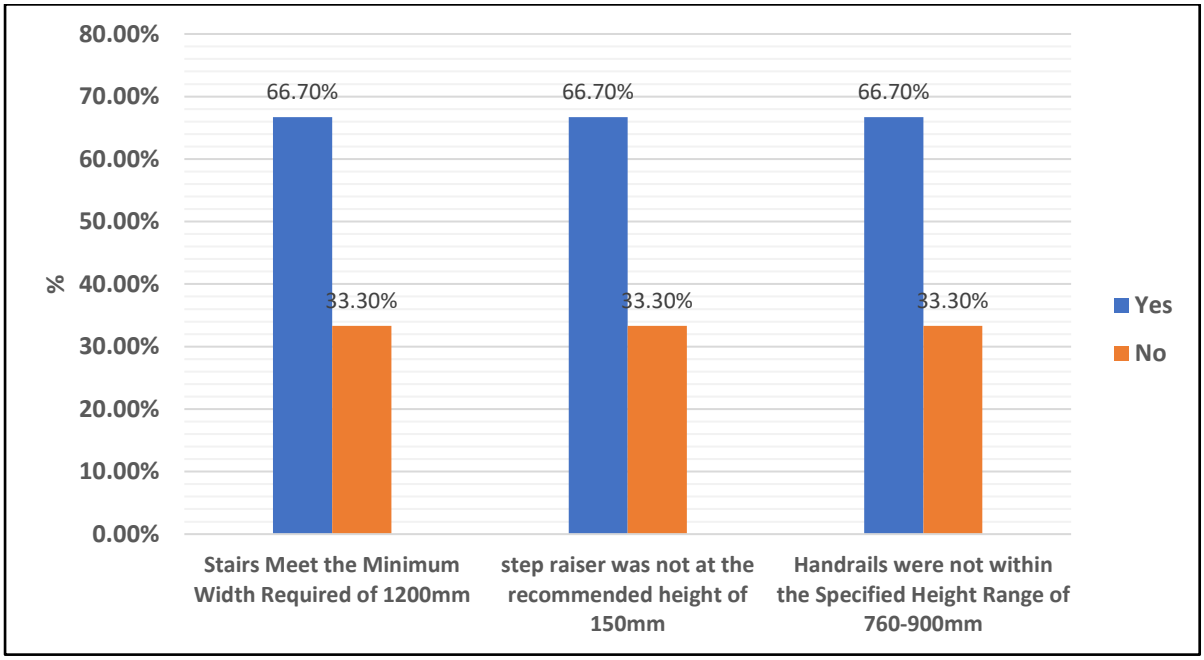
6.4.8 Classroom Access Where Ramps are Provided

The audit found that in all (100%) of the ECDE centres classroom had ramps equipped with edge protection and handrails on both sides, ensuring accessibility for all students, regardless of disabilities. However, in 66.7% of the centres, the ramps did not meet the recommended standards for gradient and width.

6.4.9 Classroom Access Where Steps are Provided

In 33.7% of the ECDE centres, the stairs did not meet the minimum width requirement of 1200mm, the step raiser was not at the recommended height of 150mm, and the handrails were not within the specified height range of 760-900mm. Additionally, these stairs lacked handrails on both sides.

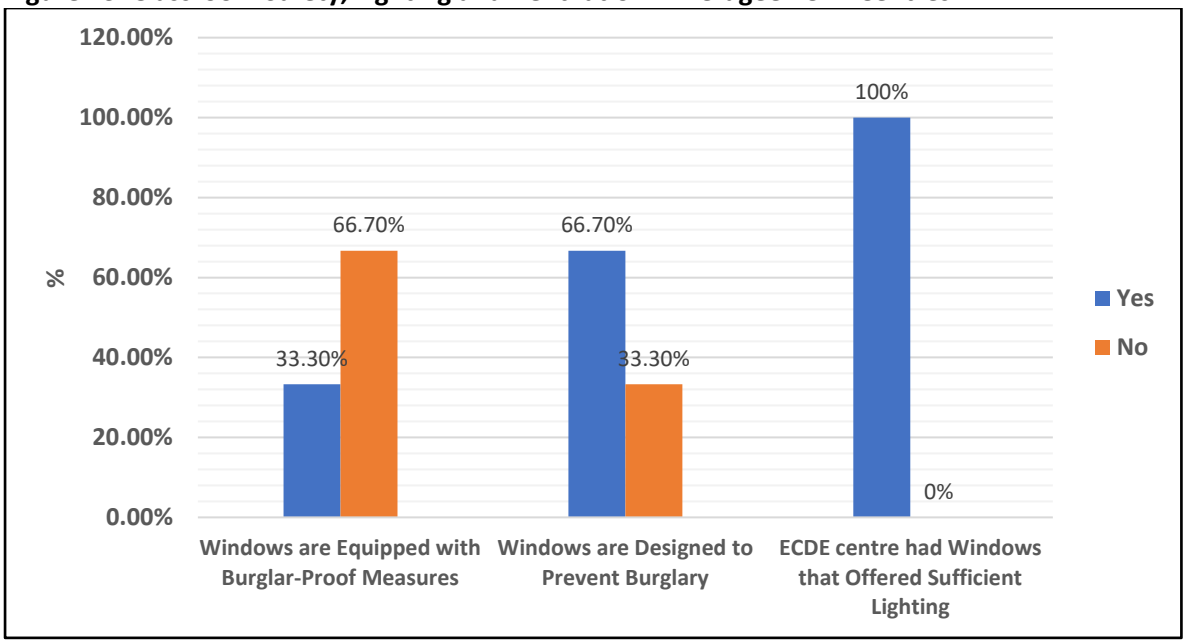
Figure 72. Classroom Access Where Steps are Provided in Refugee ECDE Centres



6.4.10 Classroom Safety, Lighting and Ventilation in Refugee ECDE Centres

All (100%) the ECDE centre had windows that offered sufficient lighting. However, in 66.7% of the centres, the windows were not designed to prevent burglary, while 33.3% were equipped with burglar-proof measures.

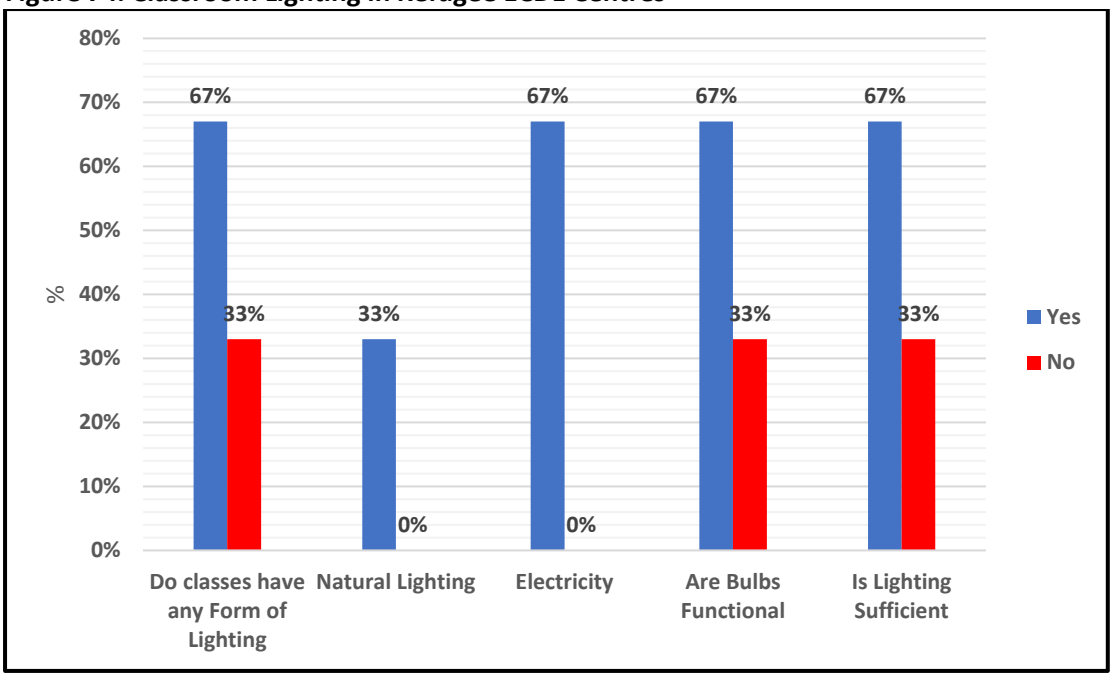
Figure 73. Classroom Safety, Lighting and Ventilation in Refugee ECDE Centres



6.4.11 Classroom Lighting in Refugee ECDE Centres

In 67% of the ECDE centres, additional sources of lighting were present in the classrooms, whereas in 33%, they relied solely on natural lighting. Among these centres, 67% had electricity, and the bulbs were operational, providing adequate illumination.

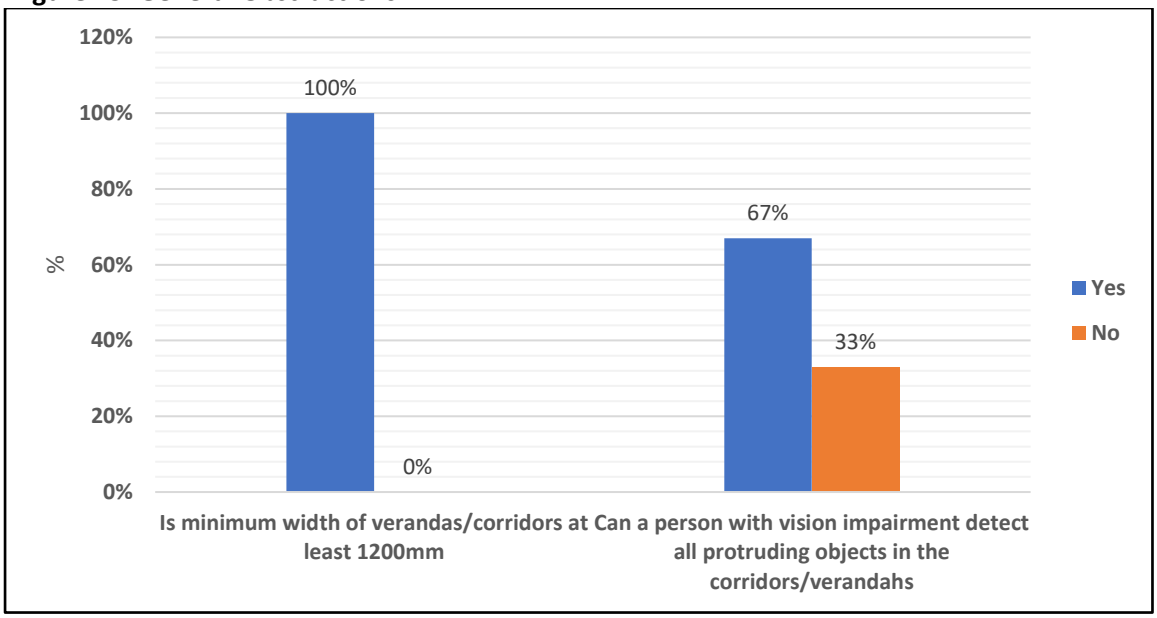
Figure 74. Classroom Lighting in Refugee ECDE Centres



6.4.12 General Obstructions-Protruding Objects Within the Paths

In approximately 33% of the centres there were no protruding objects that obstructed the pathways, 33% had obstructions could not impede passage of Children with Disabilities. All (100%) of the classes had adhered to the minimum width 1200mm for verandahs and corridors.

Figure 75. General Obstructions

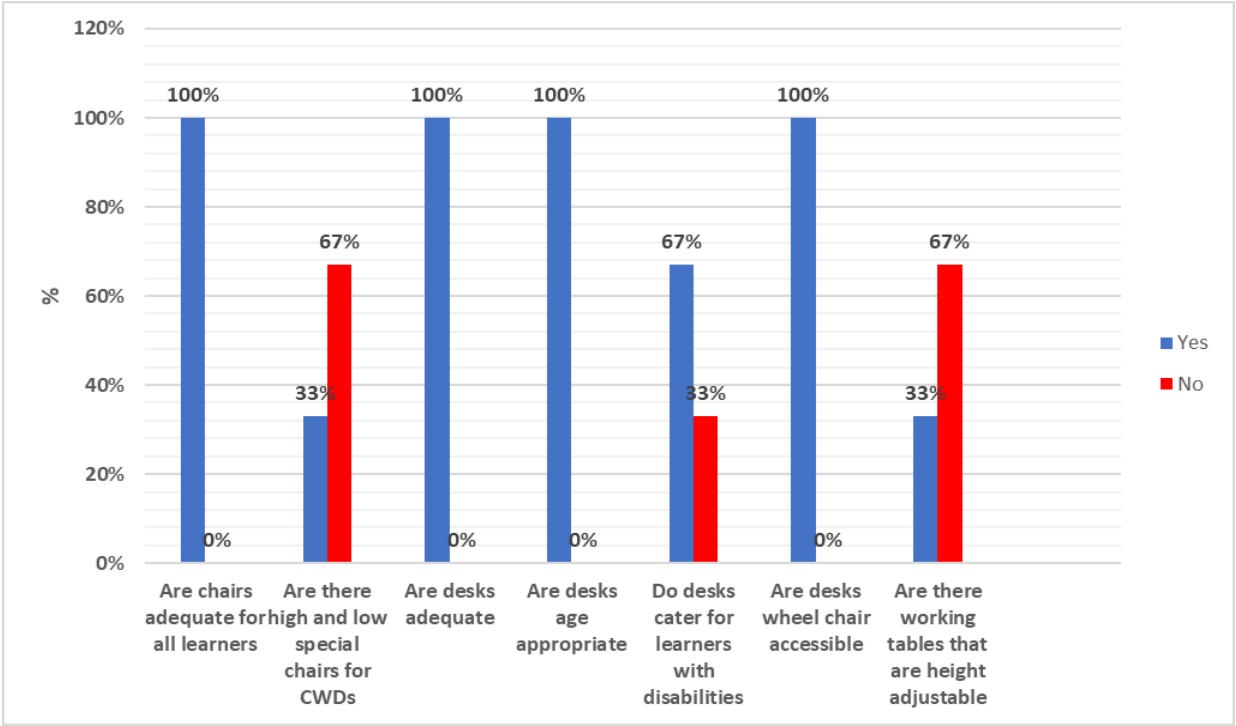


6.4.12 Internal Environment

Specialized/Modified Classroom Furniture for Children with Disabilities

All refugee ECDE centre (100%) possessed sufficient chairs and age-appropriate desks that were accessible for children with disabilities. However, 67% of these centres had specialized high and low chairs for children with disabilities, and only 67% provided desks suitable for learners with disabilities. Additionally, in 67% of the centres, there were no working tables with adjustable heights.

Figure 76. ECDE Centre has Specialized/Modified Classroom Furniture for children with disabilities



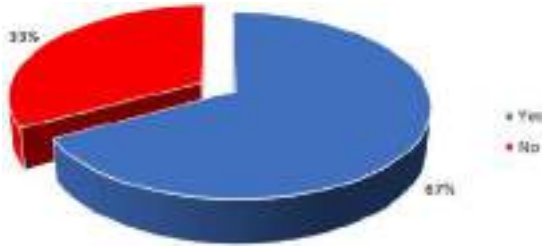
6.4.13 Adaptive Classrooms

None (0%) of the ECDE centres in refugee camps had specialized/modified classroom furniture for Children with Disability.

Blackboards

In 67% of the centres, blackboards were present, whereas 33% did not have them.

Figure 77. ECDE Centre has Blackboards



6.4.14 Learning Materials

All (100%) of the refugee ECDE centres confirmed the provision of teaching materials, including textbooks, exercise books, chalk, and pencils. However, 33.3% reported a lack of learning resources for learners with special needs and orthopaedical materials for children with disabilities.

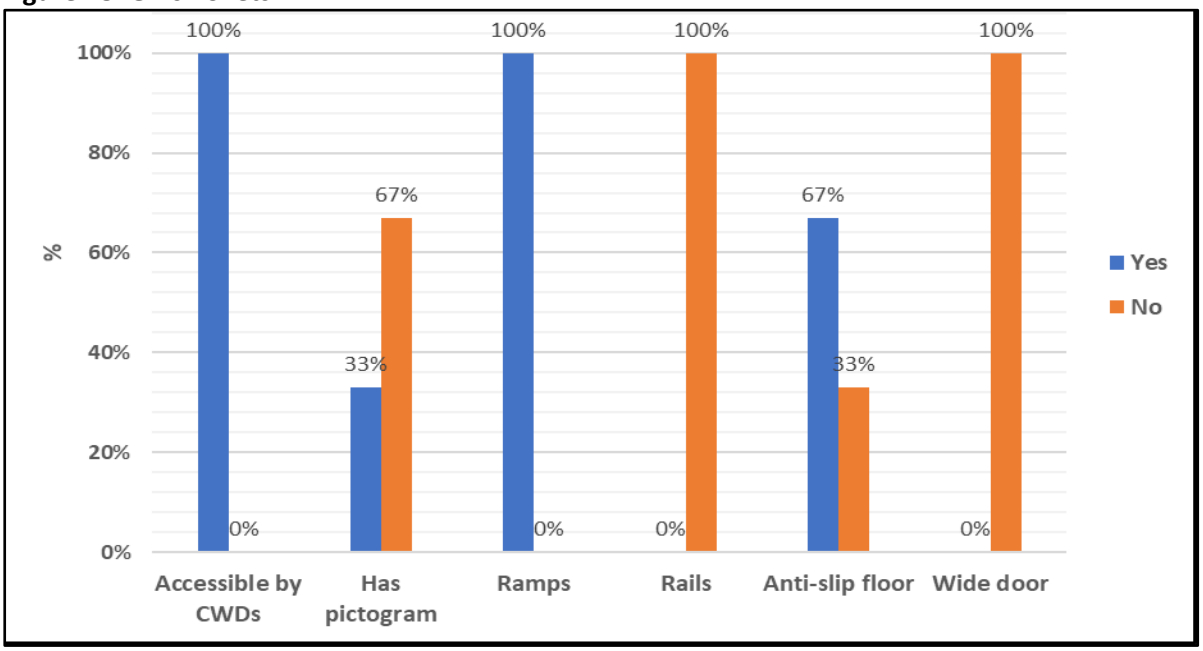
6.4.15 Drinking Water

All (100%) of the ECDE centres had access to safe drinking water that underwent treatment. Among these centres, 66.7% had piped water. However, in the same proportion of centres (66.7%), the taps were not positioned at a height of 800-1000mm, making them inaccessible to children with disabilities.

6.4.16 Girls Toilets

All the centres provided toilets for girls that were accessible to children with disabilities. The ratio of toilets to girls was 1:120, indicating one toilet for every 120 girls. Thirty-three percent (33%) of the centres had pictograms provided to mark the toilets. In all centres (100%), the toilets were equipped with ramps, while 67% had anti-slip floors but lacked rails, wide doors, and other features for children with disabilities.

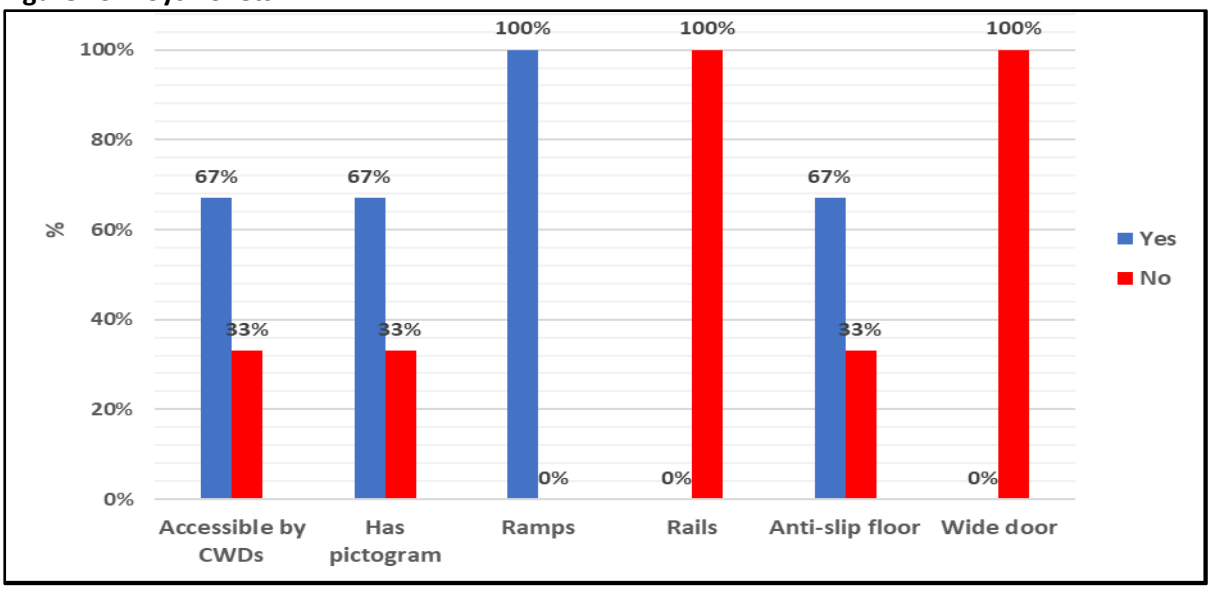
Figure 78. Girls Toilets



6.4.17 Boys Toilets

All centres (100%) provided toilets for boys, of which 67% were accessible to children with disabilities. The ratio of toilets to boys was 1:123, indicating one toilet for every 123 boys. In 67% of the centres, pictograms were provided to mark the toilets. Additionally, all centres (100%) had ramps for accessibility, and 67% had anti-slip floors, but they lacked rails, wide doors, and other features for children with disabilities.

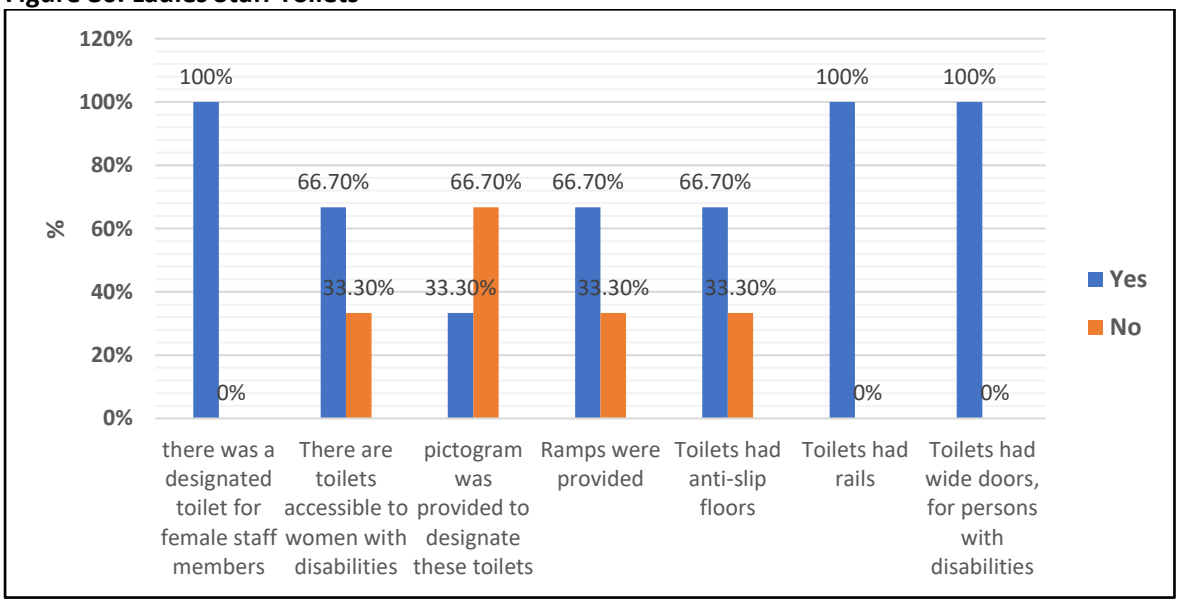
Figure 79. Boys Toilets



6.4.18 Ladies Staff Toilets

In all ECDE centres, there was a designated toilet for female staff members. Among these centres, 67% had toilets accessible to women with disabilities, while in 33% they were not accessible. Additionally, in 67% of the centres, no pictogram was provided to designate these toilets. Regarding facilities, 67% of the centres had ramps, while 33% had anti-slip floors but lacked rails, wide doors, and other features for persons with disabilities.

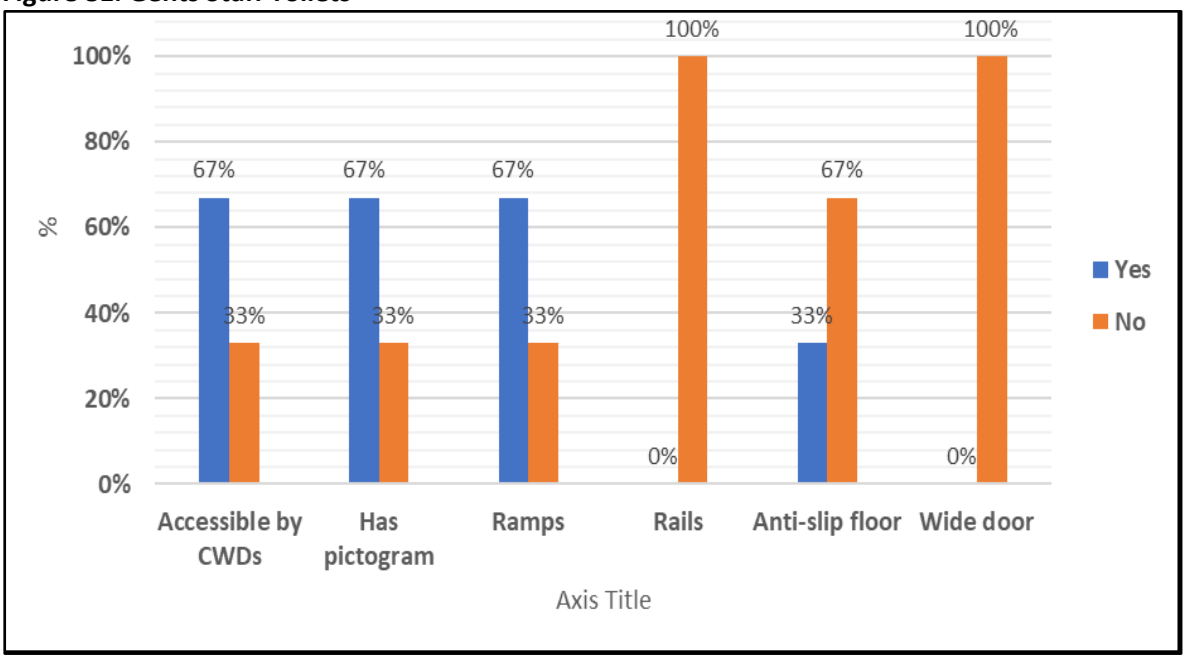
Figure 80. Ladies Staff Toilets



6.4.19 Gents Staff Toilets

All refugee ECDE centres were equipped with male staff toilets, with 67% being accessible to individuals with disabilities and 33% not meeting accessibility standards. Among these centres, 67% had pictograms displayed to denote the toilets, while 33% did not. Additionally, 67% of the centres had ramps, whereas 33% had anti-slip floors.

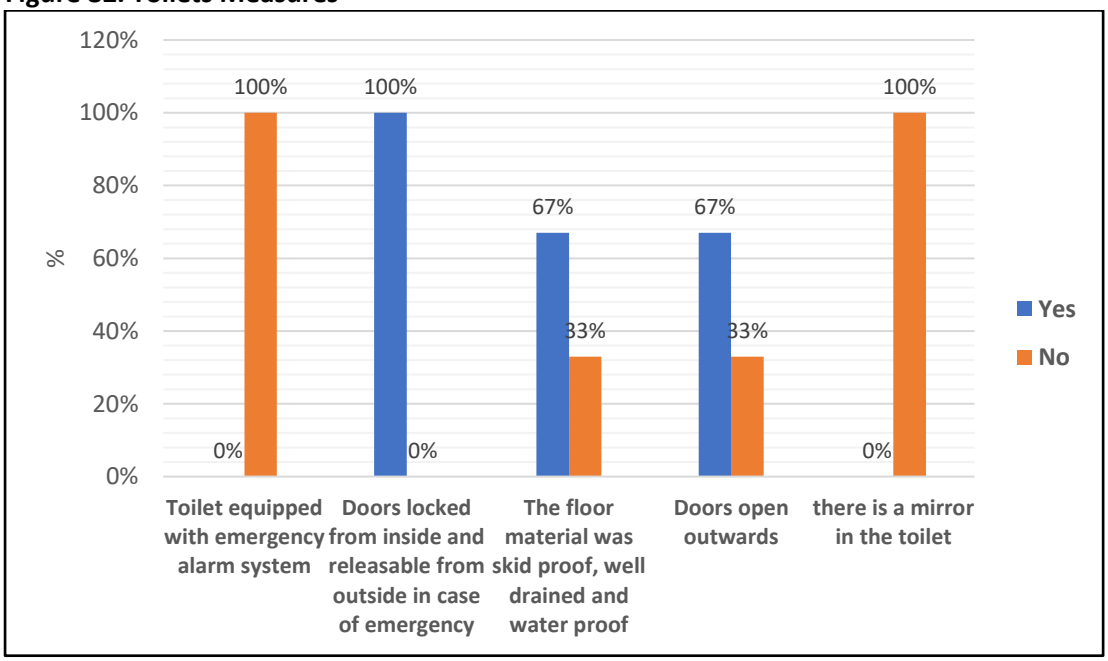
Figure 81. Gents Staff Toilets



6.4.19 Toilets Safety

In all the ECDE centres, safety measures were integrated into the construction of the toilets. However, none of the toilets were equipped with emergency alarm systems. All doors could be locked from the inside but released from the outside in case of an emergency. In 67% of the centres, the floor material was skid-proof, well-drained, and waterproof. Additionally, doors opened outward in 67% of the centres.

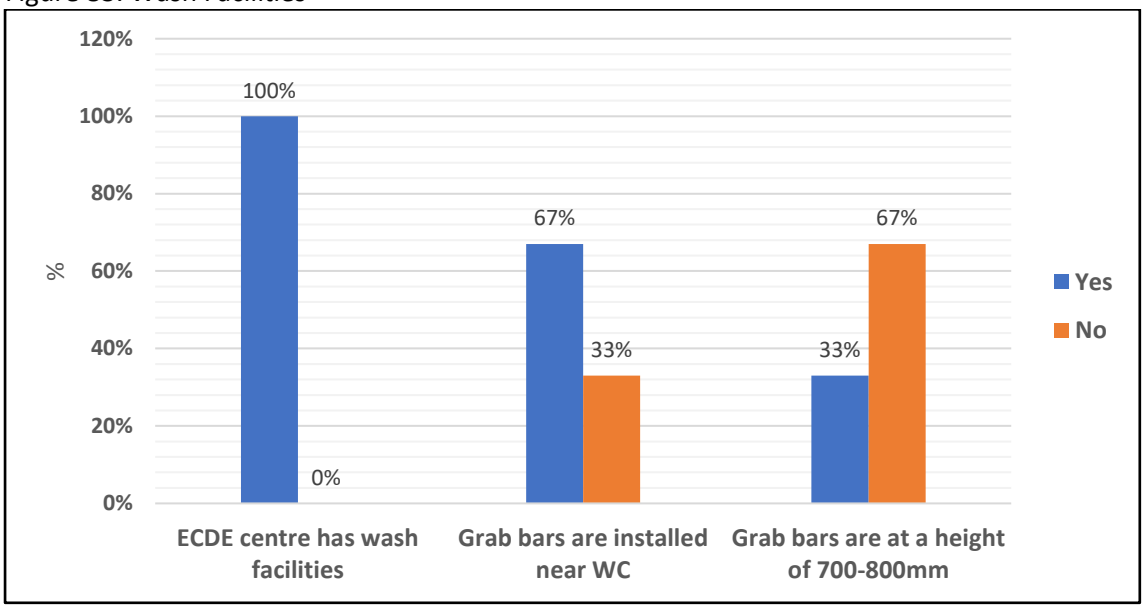
Figure 82. Toilets Measures



6.4.20 Wash Facilities

All the ECDE centres had wash facilities, 67% did not have grab bars installed near WC, while in 33% the grab bars were at a height of 700-800mm.

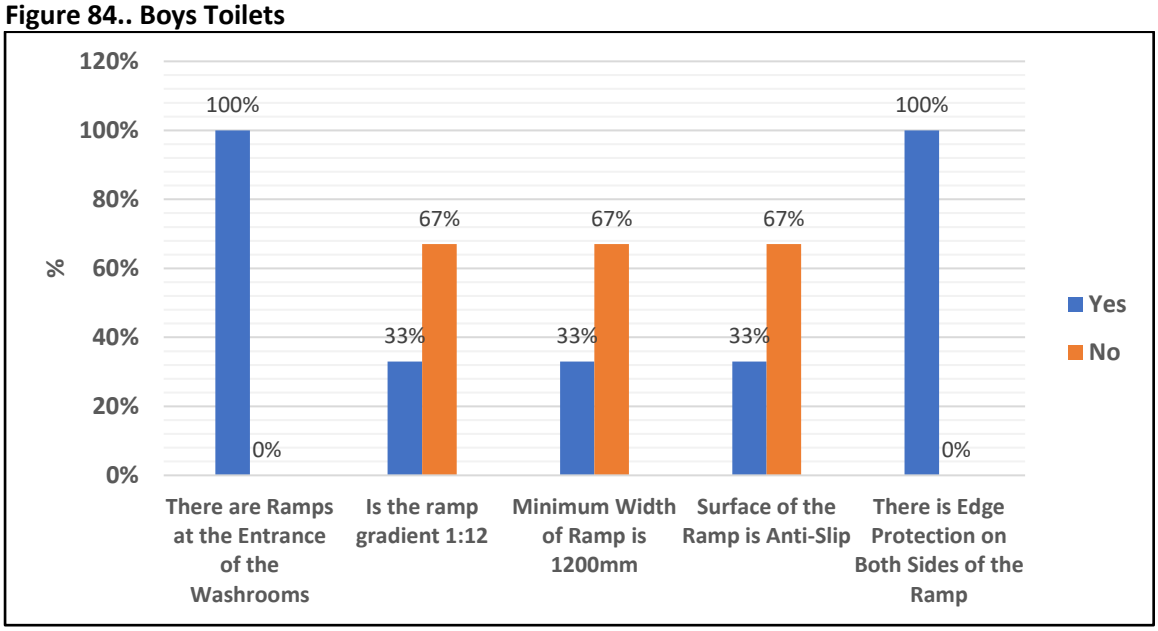
Figure 83. Wash Facilities



6.4.21 Ramps/Steps/Hand Rails in the Washrooms

Every ECDE centre had ramps at the entrance of washrooms with edge protection on both sides. However, in 67% of the centres, the ramp gradient did not meet the specified standard of 1:12, the minimum width was not adhered to at 1200mm, and the surface was not anti-slip.

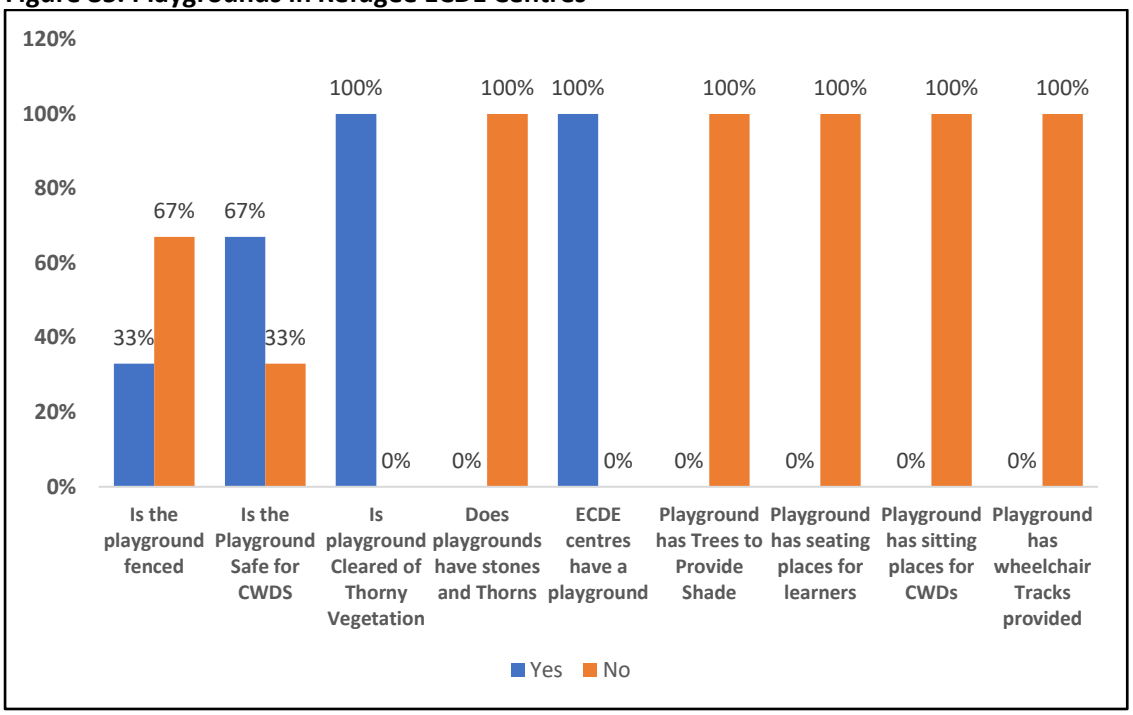
Figure 84.. Boys Toilets



6.4.22 Playgrounds in Refugee ECDE Centres

All the ECDE centres had playgrounds that were cleared of thorny vegetation and stones, featured trees for shade, provided seating for all learners including those with disabilities, and had wheelchair tracks. However, in 67% of the centres, the playgrounds were not fenced, although they were deemed safe for children.

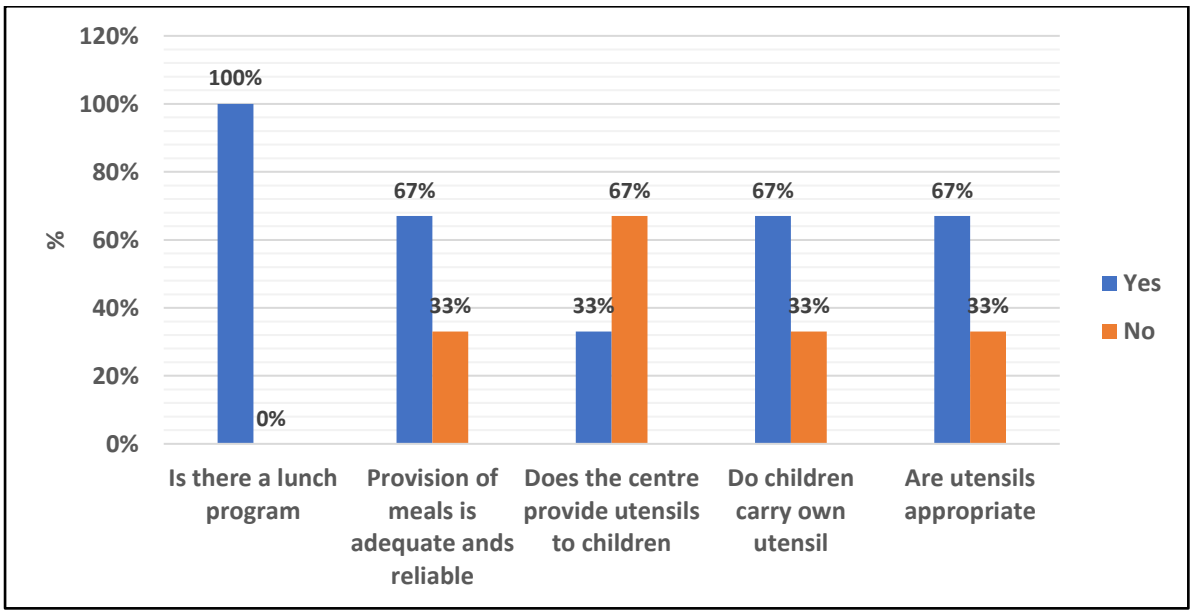
Figure 85. Playgrounds in Refugee ECDE Centres



6.4.23 Lunch Program

All (100%) of the ECDE centres in the refugee camps had lunch program, which was considered adequate and reliable for the children. However, 67% of the centres did not provide adequate utensils for all children hence the children carried their own which were not considered appropriate.

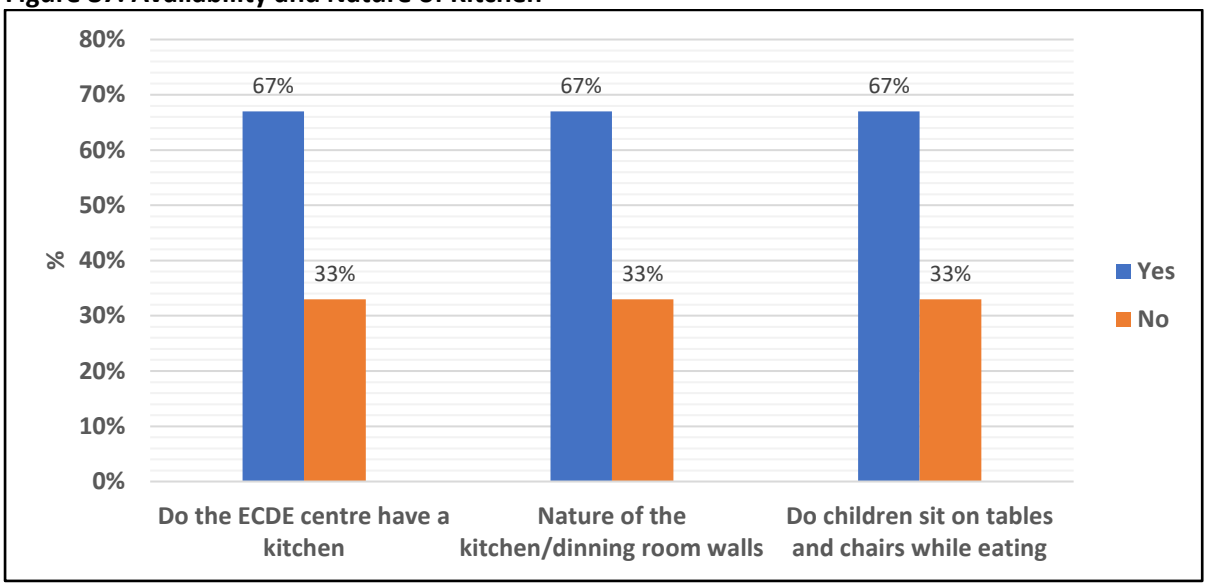
Figure 86. Provision of Lunch Program



6.4.24 Does the ECDE Centre have a Kitchen

In refugee camps, 67% of the ECDE centres had kitchens, while 33% did not. The walls of these kitchens were constructed of iron sheets. Additionally, 67% of the kitchens lacked tables and chairs for the children to sit on while eating, resulting in them sitting on the ground instead. 33% of Children with disabilities had access to the lunch program

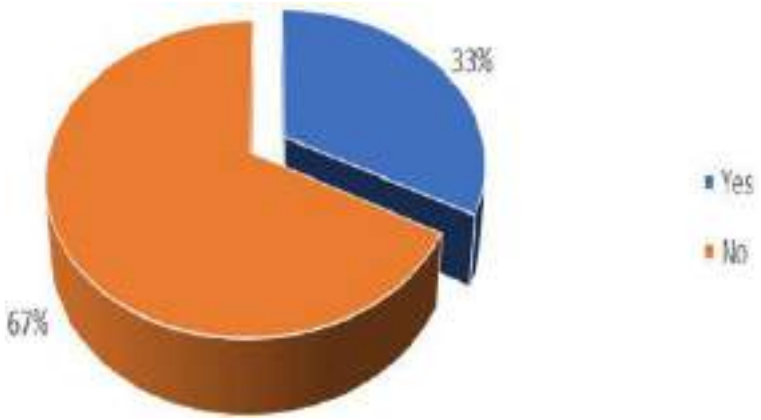
Figure 87. Availability and Nature of Kitchen



6.4.25 Emergency Preparedness in ECDE Centres Located in Refugee Camps

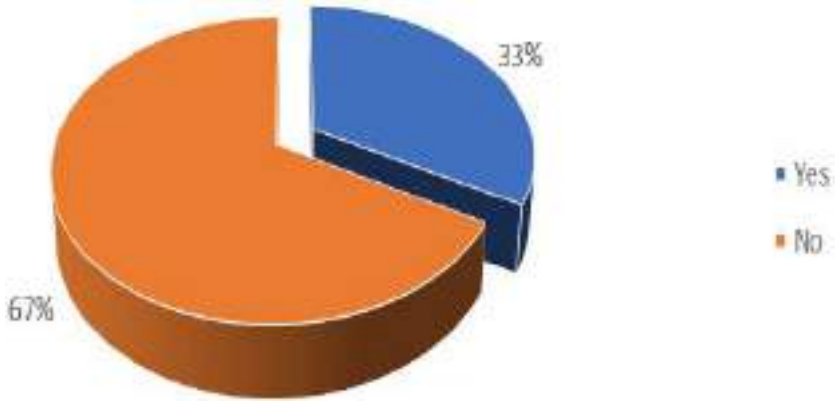
Emergency preparedness measures were absent in 67% of the ECDE centres located in refugee camps.

Figure 88. Emergency Preparedness in ECDE Centres Located in Refugee Camps



6.4.26 Signage Directional or Informative Signage

67% of the ECDE Centres Lacked Directional or Informative Signage.



7.0 SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

7.1 SUMMARY

The audit conducted in ECDE centres within refugee camps yielded valuable insights. It revealed that nearly half of the children with disabilities surveyed were affected by speech impairments, while a significant portion also experienced speech and hearing impairments together. Mobility impairments were observed in a notable percentage of the surveyed children, with a smaller proportion diagnosed with cerebral palsy. Other forms of impairments were less common.

In terms of infrastructure within the ECDE centres, pathways leading to the centres, perimeter fences, and gated entrances were found in all facilities. However, designated driveways and car parks were not uniformly present. Regarding classroom facilities, while all centres had basic amenities such as walls, roofs, and metallic doors, some lacked sufficient contrast for visually impaired individuals. Although ramps for classroom access were available in all centres, many did not meet recommended standards for gradient and width. Similarly, some stairs lacked proper dimensions and handrails.

While natural lighting was present in all classrooms, additional sources of lighting were lacking in some. Furthermore, burglary-proof measures for windows were not consistently implemented. Classroom furniture was generally accessible, but specialized furniture for children with disabilities was lacking in most centres. Toilets for students and staff were provided, but accessibility features varied, with some lacking essential elements like emergency alarm systems.

Wash facilities had ramps and handrails, yet they often did not meet recommended standards. Playgrounds were available in all centres but were not consistently fenced. Although lunch programs were provided in all centres, utensils were inadequate in many, and a portion of children with disabilities did not have access to the program. Kitchens, when present, lacked seating for children during meals.

Emergency preparedness measures and directional signage were also lacking in a significant portion of the centres. These findings underscore the pressing need for tailored support and interventions to address the diverse challenges faced by children with disabilities in ECDE centres within refugee camps, ensuring their access to quality education and facilities.

7.2 CONCLUSION

The findings from the audit of ECDE centres in refugee camps provide a comprehensive picture of the challenges faced by children with disabilities in accessing quality education and facilities. The prevalence of visual impairments among children with Disabilities is a significant area of concern, followed by mobility impairments and speech/hearing impairments. While the infrastructure of the ECDE centres generally meets basic standards with pathways, fences, and gates, there are notable deficiencies in designated driveways and car parks.

Classroom facilities, although present, lack uniform accessibility standards, with issues such as inadequate contrast for visually impaired individuals and non-compliance with recommended ramp dimensions. Furthermore, the lack of additional lighting sources and inconsistent implementation of burglary-proof measures for windows raise safety concerns.

While efforts have been made to provide basic amenities such as toilets and wash facilities, accessibility features are often inadequate, with a notable absence of emergency alarm systems. Additionally, shortcomings in playground fencing and lunch program provisions further highlight the need for improvement in ensuring equal access for all children, regardless of disability.

Overall, the audit underscores the urgent need for tailored support and interventions to address the diverse challenges faced by children with disabilities in ECDE Centres within refugee camps. By implementing comprehensive accessibility standards, providing specialized resources and facilities, and enhancing emergency preparedness measures, these centres can better serve the needs of all children, fostering an inclusive learning environment that promotes their holistic development and well-being.

7.3 RECOMMENDATIONS

Based on the findings of the audit of ECDE centres in refugee camps, several recommendations can be made to address the challenges faced by children with disabilities and improve the overall accessibility and quality of education and facilities:

a) Develop and implement comprehensive accessibility standards for ECDE centres, ensuring that pathways, driveways, car parks, classrooms, and other facilities meet the needs of children with disabilities. This includes adhering to recommended dimensions for ramps, stairways, doorways, and toilet facilities to ensure easy access for all.

b) Address deficiencies in infrastructure such as designated driveways and car parks by constructing or designating suitable areas to accommodate vehicles, including those of caregivers and staff. Ensure that pathways are clear, well-maintained, and free of hazards to facilitate safe movement for children with disabilities.

c) Enhance classroom facilities to meet uniform accessibility standards, including providing adequate contrast for visually impaired individuals, ensuring proper dimensions for ramps, and installing additional lighting sources to improve visibility and safety.

d) Implement consistent burglary-proof measures for windows and doors to enhance safety and security within the ECDE centres. Install emergency alarm systems in toilets and other facilities to ensure prompt response to emergencies.

e) Address shortcomings in playground fencing to ensure the safety of all children, including those with disabilities. Provide inclusive play equipment and amenities to cater to the diverse needs of children with disabilities.

f) Ensure that the lunch program provisions are adequate and inclusive, providing appropriate utensils and meals for all children, including those with disabilities. Consider the dietary (balanced diet) and accessibility needs of children when planning and implementing the lunch program.

g) Equip ECDE centres with specialized resources and facilities, including adaptive classroom furniture and learning materials tailored to the needs of children with disabilities. Provide training and support for teachers and staff to effectively cater to the diverse needs of children with disabilities and create an inclusive learning environment.

h) Develop and implement comprehensive emergency preparedness plans and protocols for ECDE centres, including training staff and students on emergency procedures and ensuring accessibility features are in place to facilitate safe evacuation during emergencies.

8.0 COMPARISON BETWEEN PHYSICAL INFRASTRUCTURE IN ECDE CENTRES IN REFUGEE CAMPS AND HOST COMMUNITIES

In Turkana West Sub County, the comparison between ECDE centres in refugee camps and host communities revealed several notable differences.

a) Regarding the distribution of forms of disability, physical disability is most common in host communities, affecting 24.39% of children (among those with disabilities), whereas in refugee camps, speech impairments are predominant at 47%. This indicates varying needs across the settings, emphasizing the necessity for tailored support.

b) In terms of infrastructure, pathways and security features like gates are present in all refugee camp centres, albeit with deficiencies in designated driveways and car parks. In host communities, while pathways are more prevalent, hazards are common, posing potential safety risks.

c) The nature of footpaths also differs, with refugee camp pathways primarily sandy or dusty, whereas host community pathways exhibit diverse characteristics, including thorns, rocks, and uneven surfaces.

d) Perimeter fencing is more common in refugee camps, providing a secure environment for children. In contrast, only a little over half of the host community centres have perimeter fences, with various rudimentary materials used.

e) Concerning kitchen facilities, a significant number of host community centres have designated cooking areas, whereas refugee camp centres show inconsistencies in kitchen provision and lack of tables and chairs for dining.

f) The presence of gates is widespread in both settings, albeit with differences in safety ratings, with refugee camp gates deemed safer overall.

g) In terms of classroom infrastructure, while all refugee camp centres provide classrooms, a significant proportion in host communities lack dedicated spaces, impacting the learning environment.

h) The provision of desks is more consistent in refugee camp centres, whereas shortages are common in host community centres, leading to concerns about seating and learner accommodation.

i) Regarding toilets, safety measures are integrated into construction in all centres, yet emergency alarm systems are absent. Accessibility features vary between the settings, with refugee camp centres generally showing better provision for children with disabilities.

a) Water and sanitation facilities also differ, with safe drinking water more prevalent in refugee camps, while at the host ECDE centres, the audit highlighting potential health, and hygienic risks and sometimes life-threatening risks due to acute water scarcity in some areas.

b) Refugee camp centres demonstrate better provision in certain aspects like water and sanitation, host community centres face challenges such as insufficient infrastructure and accessibility barriers. Addressing these disparities is crucial to ensure quality early childhood education for all children in Turkana West Sub County.

9.0 AVAILABILITY OF EQUIPMENT IN EARC FOR ASSESSMENT OF CHILDREN WITH DISABILITIES

9: a The EARC at Kakuma town managed by (LWF) Lutheran World Federation.

STATUS OF THE EARC CENTRE IN KAKUMA TOWN

This EARC is the only facility in the whole of Turkana West sub county where children with perceived disabilities can come for screening and educational assessment. It was constructed and managed by LWF an International NGO that runs the operations of ECDE centres in Kakuma refugee camp under the mandate of UNHCR. The EARC was constructed with funding from various donors. The facility is meant to cater for children from the two refugee camps as well as children from the host community. Turkana West is vast in distance and over 85% of the children in the host cannot access this facility due to transport cost.

An examination of the assessment centre's equipment and resources for children with disabilities revealed the following:

a) Audit results showed that the available equipment for assessing children with disabilities includes an audiometer, otoscope, eye graph chart, and speech kit.

b) The process for acquiring, maintaining, and replacing equipment at the EARC Centre involves procurement through the LWF process when grants are available, with maintenance and storage managed by EARC.

c) Essential equipment for assessments and therapy sessions includes an audiometer, otoscope, speech kit, therapy device, eye graph chart, Oterex, and therapy bed.

d) Equipment storage relies on assessment rooms rather than specific storage areas, and inventory checks occur once per year, with no tracking system for monitoring equipment condition.

e) Equipment used daily is well maintained, with technicians engaged when needed for repairs, and designated personnel handle maintenance, although they receive no training on specialized equipment for children with disabilities.

f) Thus far, there have been no equipment malfunctions or breakdowns experienced at EARC, and the available equipment is deemed inclusive.

g) Equipment is typically sourced through funds from ECHO/HI, and no challenges have been encountered in equipment acquisition.

h) Plans are in place to expand and update the inventory, including the addition of bathrooms and a data management system, as well as the recruitment of human resources such as community outreach workers and eye specialists.

i) Additional needs include computers, WIFI for data sharing, data management software, and construction for assessment and waiting rooms.

9. b The waiting bay at the EARC in Kakuma town managed by LWF) Lutheran World Federation

ANNEXES: QUESTIONNAIRES AND FOCUS GROUP DISCUSSIONS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ANNEX 2.pdf


ANNEX 3.pdf


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Annex 16: Assessment Audit Ethics Certificate


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