

KENYA'S COLONIAL WELFARE LEGACY AND ITS IMPACT ON CARE FOR CHILDREN WITH DISABILITIES.

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- Kenya came under British colonial rule in **1895** as part of the British East Africa Protectorate.
- Became a crown colony in **1920**.
- Known for the Mau Mau Uprising between 1950 –
 1962 in which Britain's colonial government brutally killed thousands of freedom fighters.



- Gained independence in 1963
- **Became a republic** in **1964** with an elected President as Head of State.
- 60 year's later post-colonial Kenya still grapples with its colonial history. Welfare policies and infrastructures have developed around colonial remnants.

"Imperialism is total: it has economic, political, military, cultural and psychological consequences for the world today." -- Ngugi wa Thiong'o

Colonial welfare activities

Missionaries

Established schools for persons with disabilities

- **Salvation Army** Thika School for the Blind (1946), Joy Town School for the Physically disabled (1962)
- Catholic Church St. Lucy's Catholic School for the blind (1958)
- **Presbyterian and Methodist missions** also established schools for deaf people in Kiambu, Meru and Nyeri

Settlers



Involved in the formation of:

- **Kenya Society for the Blind (1956) :** affliated to Royal Commonwealth Society for the Blind (now Sight Savers International) – run mobile clinics
- Kenya Society for Deaf Children (1958) : affliated to Royal Commonwealth Society for the Deaf estabished schools
- Association for the Physically Disabled of Kenya APDK in 1959 by Humphrey Slade and Derek Erksine

Colonial Government



Collaborated with missionaries and settlers:

• Gave £1000 **financial assistance** to the Salvation Army for the construction of the Thika School for the Blind in 1945

Mapping activities onto various models of disability

These activities the foundations for care.

- The involvement of missions in the establishment of institutions proliferated the religious model of disability with misguided ideas of disability as a punishment for sin or as a test of faith.
- Settler establishment of various charities positioned people with disabilities as objects of pity and victims of circumstance who must rely on others for assistance; a feature of the **charity model of disability**.
- Settler activity also involved interaction with healthcare and medicine which allowed the pathologization of disabilities; a feature of the medical model of disability. It also placed medical professionals in a position of power in the care of children with disabilities.





IMPACT

Human rights instruments meet this legacy and infrastructure as a barrier to implementation.

- Over-reliance on institutions leads to exclusion from the community for persons with disabilities.
- Sector underfunded sector by government government shirks responsibility to donors, charities and missions
- Inclusive education an elusive dream boarding schools seen as the only options by many caregivers.
- Over-bureacratization many organisations established which end up acting as gatekeepers.

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